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### The impact of discharge planning for the hospitalized hyperglycemic patient

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Discharge of the hyperglycemic patient from inpatient care is associated with increased risk for all patients and particularly for those with a history of diabetes or new-onset hyperglycemia. Continuity of care is considered essential at the time of discharge by the American Association of Clinical Endocrinologists (AACE) and the ADA. Current recommendations suggest that planning for discharge to outpatient settings should begin at the time of hospital admission, with plans updated to reflect changes in anticipated patient needs, patient home environment and support. At the time of discharge, there may be risk of continuation of anti-hyperglycemic therapy, initiated to cover medical stress, in doses that will subsequently be unsafe. In the face of this complexity, educational programs alone will not suffice to improve care. Institutional commitment and systems changes are essential. As they are readied for hospital release, discharge planning should prepare patients for self-monitoring and self-care at home and give them the survival skills necessary to maintain glycemic control. A treatment plan devised by a multidisciplinary team is the best means to ensure that patients receive a practical and successful treatment regimen that can be readily overseen by themselves, their families, and their post discharge medical team.

#### **Biography**

Deborah Paschal began her career as a Clinical Nurse practitioner with the cardiothoracic surgery division at Presbyterian Medical Center and is currently working at Jefferson Aria Health in the endocrine division as Co-Director for Clinical Updates for Nurse Practitioners and Physician Assistants program with the National Association for Continuing Education. She has attended Germantown School of Nursing, where she Graduated with her Diploma in 1988. At LaSalle University, she has completed her Bachelor of Science in Nursing, Masters of Science in Nursing and Adult Nurse Practitioner program in 1997 and UPENN Streamlined Post-Master's Adult Gerontology Acute Care NP in 2016.

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