Diabetic Education: Healthy Carbohydrates and Carbohydrate Counting

Michael J. De Rosa BSN, RN
Lehigh Valley Health Network, michael_j.derosa@lvhn.org

Nelli V. Jordan BSN, RN
Lehigh Valley Health Network, nelli_v.jordan@lvhn.org

Emily A. Truesdale BSN, RN
Lehigh Valley Health Network, emily_a.truesdale@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/patient-care-services-nursing

Part of the Nursing Commons

Published In/Presented At
Diabetic Education: Healthy Carbohydrates and Carbohydrate Counting

Michael De Rosa BSN RN, Nelli Jordan BSN RN, and Emily Truesdale BSN RN
Lehigh Valley Health Network, Allentown, Pennsylvania

Purpose/Background:

Would type 2 diabetic patients verbalize knowledge and make healthier carbohydrate food choices after receiving education about different types of carbohydrates and about carbohydrate counting.

Diabetes self-management education, the process of teaching individuals to manage their diabetes, has been an important part of the clinical management of individuals with diabetes since the 1930’s.

The American Diabetes Association recommends assessment of self-management skills and knowledge at least annually, and the encouragement of continuing diabetes education. (Norris 1159)

Studies show that glycemic control improves in type 2 diabetes patients with a structured education program in self-management. (Fiore Scain 604)

Process:

Pre-test: Ask the patient to make Breakfast, Lunch and Dinner selections utilizing the current network approved menu.

Educate the Patient using a hospital approved brochure on food choices that facilitate optimum glycemic control.

Post-test: Ask the patient again to make Breakfast, Lunch, and Dinner selections utilizing a new copy of the current network approved menu.

Compare the menus, noting whether or not the patient was able to benefit from the education by making food choices post education, that would facilitate improved glycemic control.

Results:

Thirty patients were educated and interviewed in our study. Out of thirty patients sixteen patients understood the education and made the appropriate food choice; five out of thirty made partial progress towards the goal and nine were not receptive to the education and did not make a change of their food selection post education.

Evidence:

As of 2014, 29.1 million people in the United States, or 9.3 percent of the population, have diabetes. One in four people with diabetes don’t know they have the disease. An estimated 86 million Americans aged 20 years or older have pre-diabetes. (Diabetes Association, 2016)

The American Diabetes Association recommends assessment of self-management skills and knowledge at least annually, and the encouragement of continuing diabetes education. (Norris, 2002)

Conclusion:

53% of the sample demonstrated improved carbohydrate choice and carbohydrate counting.

References:

Fiore Scain, S., Friedman, R., & Gross, J. L. (2009). A Structured Educational Program Improves Metabolic Control in Patients With Type 2 Diabetes: A Randomized Controlled Trial. The Diabetes Educator, 35(4), 603-611. doi:10.1177/0145721709336299
