

Background:

- Disasters can impact those with chronic illnesses, such as diabetes
- People are often without electricity, refrigeration, or have limited access to medical facilities and medications
- Glycemic control may deteriorate after disasters
- It is important for healthcare providers to ensure their diabetic patients are always prepared

Statistics:

- Hemoglobin A1c values increased** from 7.74 to 8.34% after the Kobe Earthquake in Japan
- During the Gulf War, **hemoglobin A1c and weight increased** in diabetic patients
- After Hurricane Charley:
 - 1/3 of households had at least one medical condition **worsen**
 - 9% of households reported at least one **without access** to prescription medications
- Only 9% of all chronic care medications were supplied after Hurricane Katrina



Scan for emergency plan!

Be Aware of Diabetic Ketoacidosis Symptoms:

- Excessive thirst, polyuria, elevated blood glucose, ketonuria
- Nausea, vomiting, abdominal pain
- Fruity breath
- Confusion
- Diabetes ketoacidosis can lead to coma

Sick Days:

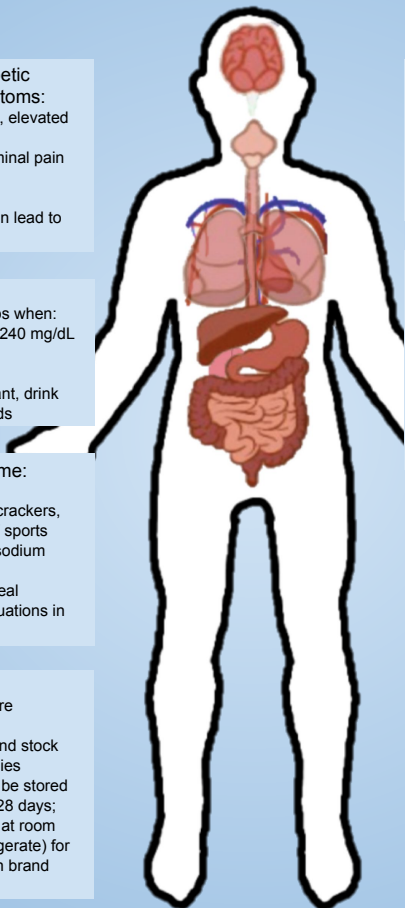
- Urine ketone testing strips when:
 - Blood glucose is over 240 mg/dL
 - Vomiting
 - Symptoms of DKA
- Hydration is very important, drink plenty of sugar-free liquids

Food and Mealtime:

- Prepare nutritional and non-perishable options: crackers, peanut butter, fruit juice / sports drink, cans of tuna, low-sodium soup
- Erratic mealtimes and meal contents can cause fluctuations in blood glucose levels

Monitoring:

- Check blood glucose more frequently
- Watch expiration dates and stock of medications and supplies
- Opened insulin vials can be stored at room temperature for 28 days; in-use insulin pens-store at room temperature (do not refrigerate) for 10-42 days depending on brand and type



Protect the Skin:

- Avoid outdoor activity if possible
- Wear protective, light colored clothing and sturdy shoes
- Check for slow healing wounds, blisters, and infections, especially on feet

Cardiovascular:

- Increased stress can lead to higher blood pressure, increasing the risk of CVD
- The risk of stroke for a diabetic is 2-4 times higher than a non-diabetic
- Excess glucose can cause restricted blood flow, damaging blood vessel

Things to Remember:

- Stress can raise blood glucose
- Excessive work to repair damage can lower blood glucose levels
- Excessive exercise when blood glucose levels are over 250 mg/dL can result in even higher levels

Resources for Diabetic Patients and References:

How to Prepare:

- Develop an Emergency Kit
 - Medications: Insulin (basal and bolus), oral and injectables, glucagon kit
 - Medical alert bracelet
 - Supplies: testing strips, lancets, insulin syringes and pen needles, alcohol swabs, hard, plastic container for sharps
 - Lots of water, 1 week of non-perishable foods
 - Batteries, blood glucose meter
 - Health history, including allergies, providers' contact info, and emergency contacts
- Switching insulin usually requires medical supervision, but under emergency conditions, the following may be done:
 - Different brand can be substituted for the same type of insulin, on a unit by unit basis
 - e.g. rapid-acting with rapid-acting
 - Switching from intermediate to long-acting may be switched; add total daily intermediate dose / day and administer as a single dose of long acting, and may need to decrease by 20%
 - Switching from long-acting to intermediate-acting by halving the dose and administering twice a day, with breakfast and dinner. However, the onset, peak, duration, and hypoglycemia risk of NPH are different from long-acting insulins.



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