



Diabetes Mellitus

What is diabetes mellitus?

Having diabetes means that there is too much sugar (glucose) in your blood. When you eat food, your body breaks down much of the food into glucose. Your blood carries the glucose to the cells of your body for energy. Your body uses insulin to help move the glucose from the bloodstream into the cells. When your body does not make enough insulin, or has trouble using insulin, glucose cannot get into your cells. The glucose level in your blood goes up. Too much glucose in your blood (also called hyperglycemia or high blood sugar) can cause many problems.

There are 3 common types of diabetes: type 1, type 2, gestational, and a related condition called prediabetes.

Type 1 diabetes is when you have no insulin. Your body just stops making it. This usually happens in childhood or young adulthood. The cause is not yet understood. Type 1 diabetes requires taking insulin the rest of your life.

Type 2 diabetes is when you cannot use your own insulin. People are at higher risk for type 2 diabetes if they are of certain race (it's more prevalent among African Americans, Latinos, Native Americans, and Asian Americans), have a family history, get little physical activity, are overweight, or eat a high-calorie diet.

Gestational diabetes is when a woman has high blood sugar levels during pregnancy. Diagnosis and treatment is very important. The mother can have problems from high blood sugar, such as high blood pressure. The baby can have problems, such as being born too early.

Prediabetes is a term used for people whose blood sugar level is above normal but not yet high enough to be called diabetes. People who have prediabetes are at high risk of getting diabetes. These people need to lower their risk by eating healthy and increasing their activity.

All of these types of diabetes, and prediabetes, have one thing in common: blood sugar levels that are too high if not treated.

What can I expect in the hospital?

You may need to stay in the hospital because:

- Your blood sugar is either very high or very low.
- Your blood sugar is not controlled by your medicine.
- You have other medical conditions which are making your diabetes worse.
- You have other serious medical conditions caused by your diabetes.

- You are taking medicines which are making your diabetes worse.

Several things may be done while you are in the hospital to monitor, test, and treat your condition. They include:

Monitoring

- You will be checked often by the hospital staff.
- You may have fingersticks to check your blood sugar regularly. This may be done as often as every hour. You will learn how to check your blood sugar level in order to manage your diabetes when you go home.
- A heart (cardiac) monitor may be used to keep track of your heartbeat.
- Your blood oxygen level may be monitored by a sensor that is attached to your finger or earlobe.
- Your fluid intake may be monitored closely by keeping track of everything you eat and drink and any IV fluids you receive.
- You may have a small tube (catheter) placed into your bladder through the urethra (the opening from the bladder to the outside of the body) to drain and measure urine from the bladder.

Testing

Testing may include:

- Blood tests (Hemoglobin A1c) to check your average blood sugar over the past 3 months.
- Blood tests to check for infections.
- Blood tests to check to see if your body is making insulin
- Blood, urine, or other tests to monitor how well your organs are functioning
- Urine tests to check for bacteria in your urine.
- Arterial blood gas (ABG): A blood test to measure the levels of oxygen and carbon dioxide in your blood.
- X-rays: Pictures of the inside of the chest to check for infection.

Treatment

The treatment for diabetes mellitus depends on the type of diabetes that you have and how well your blood sugar is controlled with treatment. The goal is for you to keep your blood sugar level in a normal range.

- You will have a needle (IV) inserted into a vein in your hand or arm. This will allow for medicine to be given directly into your blood and to give you fluids, if needed.
- You may receive oxygen through a small tube placed under your nose or through a mask placed over your face.

- Your provider may prescribe medicines to:
 - Keep your blood sugar controlled
 - Treat other medical problems that may have been caused by or made worse because of diabetes.
 - Treat pain
 - Treat or prevent an infection
 - Prevent side effects, such as nausea or constipation, from other treatments
- Your healthcare provider will tell you about which foods you should eat and how many calories you should eat each day. Your provider will refer you to a dietitian to help you learn about diet planning and meal management when you go home.

What can I do to help?

- You will need to tell your healthcare team if you have new or worsening:
 - Increased urination or trouble emptying the bladder
 - Increased thirst and dry mouth
 - Increased appetite or loss of appetite
 - Fast or irregular heartbeat
 - Tiredness
 - Fruity odor to breath
 - Change in vision, such as double vision, blurred vision, or trouble seeing out of one or both eyes
 - Floaters, which are black spots or cobweb-like shapes in your vision
 - Numbness in your feet or hands
 - Redness, bumps, blisters, or sores on your skin
 - Infection that does not go away or frequent infection
- Ask questions about any medicine or treatment or information that you do not understand.

How long will I be in the hospital?

How long you stay in the hospital depends on your symptoms and how well you respond to treatment. The average amount of time to stay in the hospital with diabetes is 2 to 6 days.