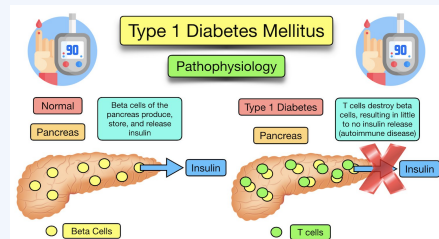


Guidelines & References

Handbook p179

T1DM



What is it?

Dependent on insulin. The body does not produce insulin (no beta cells - autoimmune). Cells starve → liver gluconeogenesis and glycogen released → hyperglycaemia → glucose in urine → excessive thirst & urination

S/S

3 Ps (polyuria, polydipsia, polyphagia).
Glucosuria

Management

1 unit of insulin for every 15g CHO – varies on individual sensitivity – insulin resistance higher in overweight, children, teens.
Doctor will prescribe dose, we can make sure that they match their intake.

Insulin Sensitivity Factor (ISF)[only related to bolus insulin] = 1 unit insulin: 2mmol reduction

General healthy eating principals. 45% CHO, 15-20% P, 20-30% fat

Nut Objectives Achieve or maintain body weight, HbA1c <7%, delay or prevent complications.

Strategies

Carb counting app, label reading, matching insulin w/ CHO intake

Get pt to create a CHO list based on their common foods

Get pt to pre-portion amounts into bags, so they don't need to weigh all the time

Education: T2DM vs T1DM, complications, hypos after exercise, hypos when drinking

Treatment hypoglycaemia

BGL <4.0mmol (with or without S/S)

S/S: Hunger, Irritability, Sweating, Weakness/shaking, Light headedness, and/or Headache

STEP 1

1. Consume 15g CHO – lollies, juice, soft drink
2. Wait 10-15 mins. Check again.
3. BGL >4.5mmol, they can process to step 2
4. If levels hasn't risen to >4.5mmol, they need to repeat with another 15g of CHO

STEP 2

1. If your next meal is less than 20 minutes away, consume this meal
2. If your next meal is more than 20 minutes away, eat some slower acting

Example PESS

P: *inadequate energy intake, inappropriate intake of types of carbohydrates, inconsistent carbohydrate intake*



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Page 1 of 1.

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