

Patient and Family Engagement
Adverse Drug Events (ADE)
Hypoglycemic Agents

By engaging patients and families in the care team, care providers can further pursue the most effective paths of treatment, particularly once aware of the patient’s home life and any relevant socio-economic situations. Furthermore, when care providers recognize the family as a partner, they become available to assist the care team with a patient’s treatment regimen compliance, monitoring for side effects and enacting necessary lifestyle changes.

Patient’s and family can be allies in the promotion of medication safety. Helping patients and families to understand the benefits and potential risks of prescribed medications will allow them to be alert for early warning signs of an ADE after discharge. Self-management is effective when patients and families are educated on and involved in both medication management and treatment throughout their hospitalization and even after discharge.

Through engagement and communication with patients and family, providers are often able to obtain information about a patients’ access to transportation and food, which may impact adherence to discharge instructions. The inability to secure transportation to laboratory appoints may lead to lack of drug effect monitoring and can potentially lead to life threatening results from either over or under treatment. Diabetic on limited income may become hypoglycemic when they have no money to purchase food, a situation sometime referred to as the “food cycle” of hypoglycemia.

Ideas for Patient and Family Engagement

Communication	<ul style="list-style-type: none"> • Provide patient education in a language and literacy level that both the patient and family can understand.
Insulin specific	<ul style="list-style-type: none"> • Provide hypoglycemic rescue protocols to patient and families in a manner that they will understand. • Use teach back to verify understanding. • Provide oral-concentrated glucose solutions and possibly glucagon for management of rescue events. • Allow hospitalized patients to perform self-management when safe and appropriate. • Instruct patients that glucose targets in the hospital may be higher than what they have been taught by their doctor. This is because it is easier to become hypoglycemic in hospitals.
Explore and understand the	<ul style="list-style-type: none"> • Patient’s may have very different dietary habits at home. Low-income patients have been shown to have high carbohydrate diets. Blood glucoses

patient's social situation	may drop precipitously when admitted to the hospital due to illness and changes in appetite or diet occur. Families should be discouraged from bringing food from home to the patient.
Discharge	<ul style="list-style-type: none">• Institute teach back at discharge by the bedside nurse, discharging nurse, pharmacist or physician.

Adapted from "Adverse Drug Events (ADE); Change Package" 2016 update