Diabetes raises the risks of cardiovascular disease and sudden cardiac arrest. A study looked at how nurses record measures to reduce risks linked to diabetes and prevent premature death. About half of those affected by sudden cardiac death directly and indirectly is associated with a significantly lower premature death rate. The documentation of consultations was sparse. Qualitative analysis showed nurses discussed patients’ efforts to reduce the risk of complications, but this documentation did not show that patients understood what had been said. The notes described a lack of disease awareness in some patients and indicated several factors that could affect adherence to treatment.

Preventing cardiac death in diabetes

A study looked at how nurses record measures to reduce risks linked to diabetes and prevent premature death.

Method
We included 56 people diagnosed with diabetes who died of a sudden cardiac arrest between 2003 and 2005. We compiled all the documentation in patients’ computerised medical records concerning visits to nurses due to diabetes, or in connection with cardiac problems. Information was analysed using a qualitative and a quantitative method.

Qualitative analysis results
The qualitative content analysis of documentation resulted in four categories:

1. Individualised goals for diabetes care
The records reported that patients’ diabetes was tolerably controlled, or results were good or less good. However, they lacked information on individual goals for diabetes nursing and care.

2. Preventing complications
One nurse described different angina symptoms in several records. Blood pressure readings, which were sometimes high, were recorded in two. Smoking was mentioned in three records. Two patients had considered giving up smoking, and one was given advice and information on smoking cessation.

3. Self-care
In seven records, self-care revealed a diabetic diet or plain food. Nine showed that nurses gave information and advice on nutrition. The level of patients’ physical activity was detailed a dozen times; this varied from occasional walks to regular training. In three notes, nurses suggested increasing activity. Four nurses asked about blood glucose measures taken at home.

4. Factors that may affect ability to adhere to treatment
Nursing documentation revealed factors that may influence and complicate care. For example, eight notes recorded that patients cancelled and did not attend appointments. Poor adherence to treatment was documented in eight notes. Six notes described excess consumption of alcohol and four showed patients were overweight and obese.

Quantitative analysis results
Forty-five (80%) subjects were men and 11 (20%) women. Twenty-three (41%) died before the age of 66. The mean age at death was 65 for men and 67 for women.

Risk factors and frequently documented diagnoses included hypertension and congestive heart failure. Twenty-nine (52%) patients were former smokers or non-smokers. There was no documentation of smoking habits for 11 patients. Records showed that 70% were overweight or obese.

Measurements for HbA1c, cholesterol, triglycerides, HDL and diastolic blood pressure were documented for patients who had reached benchmarks for good metabolic control according to guidelines (Swedish National Board of Health and Welfare, 1999).

Discussion
Documentation of consultations was sparse. Qualitative analysis showed nurses discussed patients’ efforts to reduce the risk of complications, but this documentation did not show that patients understood what had been said. The notes described a lack of disease awareness in some patients and indicated several factors that could affect adherence to treatment.

Conclusion
To prevent complications and a premature death in patients with diabetes, it is necessary to do more than ask questions about lifestyle or measure blood pressure. The challenge for nurses is to involve patients in their own care to improve prognosis. Individualised goals for diabetes care, drawn up jointly by nurses and patients may improve adherence to treatment. This may also lower the risk of complications such as sudden cardiac death.

Keywords: Diabetes/Cardiovascular disease/Documentation

References

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