

*SELF*-care For the Nurse!     **APRIL 16, 2021**

**POSTER PRESENTATION ABSTRACTS**

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**Diabetes in Primary Care: A Retrospective Study**

1. Learners will be able to discuss the importance of Face-to-Face Patient Encounters Related to Type 2 Diabetes

**Background:** Diabetes is one of the leading causes of the death in the United States. As a result of the stay-at-home orders and the fast spread of Covid-19, many primary care visits moved to telehealth in an effort to protect patients and staff. Diabetes is heavily monitored and commonly diagnosed in primary care due to ongoing monitoring and assessment; this was temporarily interrupted by the Covid-19 pandemic. The purpose of this scholarly project was to complete a retrospective study, assessing patients during the time prior to state-wide stay at home orders and after resumption or relaxation of stay at home orders allowing for routine patient visits. The assessment is directly related to Type 2 diabetes and its assessment factors.

**Methods:** The targeted population were adults (18 years of age or older) who are not diagnosed with type 1 diabetes mellitus, gestational diabetes, or currently pregnant. Patients who were considered non-diabetic, pre-diabetic, and Type 2 Diabetic were included in the study. The following variables were assessed: age, sex, race, marital status, diabetic status, hemoglobin A1C (A1C), body mass index (BMI), weight (kg), fasting blood glucose (FBG), hypertension (HTN), systolic blood pressure (SBG), diastolic blood pressure (DBP), glomerular filtration rate (GFR), serum creatinine (creatinine), and blood urea nitrogen (BUN).

**Results:** There was a negative change in all assessed areas except for fasting blood glucose, which was already considered hyperglycemic in the “pre” period.

**Conclusion:** Although increases were slight, it is clear that the disruption in healthcare did overall negatively impact patient data. The lack of close monitoring and face-to-face follow-up allows patients to slack on self-care and providers are not able to keep track of patients’ true management without in-person visits.