

**40375** FERRAMENTA INFORMATIVA PARA QUEM CONVIVE COM PESSOAS QUE TÊM DIABETES

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**Introdução:** A informação sobre diabetes é direcionada principalmente a pessoas com diabetes ou com risco de desenvolvê-lo. Porém, esquece-se de que os familiares e amigos de quem tem diabetes também precisam de informação. **Objetivo:** Educar pessoas que convivem com quem tem diabetes, por meio de informações específicas publicadas em *blog* elaborado para esse fim. **Método:** Foi criado o *blog* “Meu amigo com diabetes” e a *fanpage* no Facebook de mesmo nome para publicar e divulgar os textos com periodicidade semanal (às segundas-feiras), sempre acompanhados de imagens ilustrativas. Foram levantados os números de visualizações e de curtidas à divulgação no Facebook, e o número de acessos ao *blog* durante um mês. **Resultados:** O *blog* foi criado em 4 de junho de 2015, e até 4 de julho de 2015 teve mais de 1.300 acessos, de várias partes do mundo, incluindo: Portugal, Estados Unidos, Tailândia e, principalmente, Brasil. A *fanpage* do *blog*, no mesmo período, foi curtida por 547 pessoas. A primeira publicação do *blog* foi feita no dia 15 de junho e contou com 115 acessos e 2 comentários em uma semana. Nesse mesmo período, recebeu 26 curtidas e 5 compartilhamentos na *fanpage*. A partir de um desses compartilhamentos, recebeu mais 21 curtidas. O maior alcance da divulgação aconteceu no dia 16 (terça-feira), quando 490 pessoas viram a publicação.

**40392** STANDARDIZATION OF GLYCEMIC STATUS MANAGEMENT IN HOSPITALIZED PATIENTS THROUGH A NURSING EDUCATION PROGRAM

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**Introduction:** Hyperglycemia or hypoglycemia can increase in-hospital mortality and length of stay. The correct treatment of glyce-mic status in hospitalized patients, either diabetic or not, is crucial for the adequate control of the disease. **Objectives:** To assess the influence of an education program upon the handling of glyce-mic status among nurses and nursing assistants. **Methods:** This is a non-randomized clinical trial, with pre and post intervention analysis. We included nurses and nursing technicians of clinical units in a tertiary hospital in southern Brazil who responded to the invitation through posters and communication with the nursing leadership. All participants answered a 5-question questionnaire (clinical cases), regarding routine situations of hypoglycemia or hyperglycemia management. The answer sheets were not identified, only encoded. After the initial evaluation, all watched a quick presentation on the subject, developed by three endocrinologists and one intensive care physician. Then, they answered other five issues of the same subject with similar approach. **Results:** Eight nurses and 35 nursing assistants at five different clinical units agreed to participate. The first question concerned the management of hyperglycemia in an asymptomatic patient: 87.5% nurses, and 25.7% nursing assistants answered correctly. After the education program, 87.5% nurses answered correctly, while nursing assistants increased their scores to 60%. When we presented a situation of a non-severe symptomatic hypoglycemia, 37.5% of nurses and 82.8% of nursing assistants gave the wrong answer. After the presentation, all nurses and 94.2% of nursing assistants responded correctly. Then, we asked how to approach a type 1 diabetes patient who needs fasting before exams. 87.5% of nurses and 68.6% of assistants gave the wrong answer. After the presentation, all nurses and 91.4% of nursing assistants were aware of the right choice. All participants considered it important to clear medical prescription and understood the need of pre-prandial blood glucose measurements in insulin users. A statistically significant difference was demonstrated between pre- and post intervention answers. **Conclusion:** Education programs are a useful strategy to improve inpatients diabetes care for all professionals and the correct interpretation of medical prescriptions should be periodically evaluated.