Diabetes Care for Older Adults at Home: A National Practice Module

Caring for older adults with diabetes at home.

Why this module matters. About 40 million Americans have diabetes and more than half of adults 65 and older have prediabetes. For older adults, low blood sugar is one of the most dangerous and preventable risks.

About this module

This module gives teams a shared, evidence-based approach to caring for older adults with diabetes at home. It draws on current federal rules and national guidance, and it ends with a checklist that agencies, clinicians, and families anywhere in the United States can adopt.

Item	Details
Who it is for	Family caregivers, home care aides, nurses, and clinicians
Format	6 units, case scenarios, a knowledge check, and a national checklist
Time	About 1.5 hours
How to use it	Caregivers focus on Units 3 to 5. Clinicians and agencies use all units.

Learning objectives

After completing this module, learners will be able to:

1. Describe diabetes in older adults nationally.
2. Explain 2026 national guidance for older adults.
3. Recognize and treat low blood sugar.
4. Recognize high blood sugar.
5. Support daily diabetes care.
6. Link diabetes with falls and dementia.

Scope. Aides and family caregivers observe, support, and report. Clinical assessments, medication changes, and treatment decisions belong to licensed clinicians. Follow your state scope-of-practice rules and agency policies.

Unit 1. The national picture

Measure	Figure	Source
People with diagnosed or undiagnosed diabetes	40.1 million (2023)	CDC, 2026
Adults with diabetes who do not know it	11.0 million (27.6%)	CDC, 2026
Adults 65 and older with prediabetes	31.3 million (52.1%)	CDC, 2026
Adults with prediabetes overall	115.2 million	CDC, 2026

Diabetes is common in older adults, and it raises the risk of heart disease, stroke, kidney disease, vision loss, foot problems, falls, and memory problems.

Unit 2. National guidance for older adults

The American Diabetes Association's 2026 Standards of Care set the national approach. Key points for older adults:

Topic	2026 guidance
Blood sugar goals	Individualized by age, frailty, and health. Less strict goals are often safer for frail older adults.
Simplifying treatment	A new stepwise framework for deintensifying and simplifying treatment in older adults, to reduce low blood sugar and burden
Continuous glucose monitors (CGM)	Recommended for adults on insulin, and for those on oral medicines that can cause low blood sugar
Blood pressure	Below 130/80 if achievable safely for most older adults; below 140/90 for those in poor health or at high risk of side effects
Protein	At least 0.8 g per kg of body weight a day to maintain muscle and function
Geriatric screening	Screen for memory, mood, falls, and function

> **Personal targets.** The clinician sets each person's goals. Caregivers should know the person's own targets and what to do if readings are outside them.

Unit 3. Low blood sugar (hypoglycemia)

Low blood sugar is one of the biggest dangers for older adults with diabetes, especially those on insulin or sulfonylureas. It can cause falls, confusion, heart problems, and hospital visits.

Signs	What to do
Shaky, sweaty, hungry, fast heartbeat, dizzy, irritable, confused, unusual behavior	Check blood sugar if possible. If low or unsure and the person can swallow, give fast sugar (for example, 4 ounces of juice or glucose tablets), wait 15 minutes, recheck, and repeat as the plan says. Then give a snack or meal.
Unresponsive, seizure, or cannot swallow	Call 911. Do not give food or drink. Use glucagon if prescribed and trained.

Report every low blood sugar episode to the nurse or clinician. Medicines may need to change.

Unit 4. High blood sugar

Signs	Action
Very thirsty, urinating often, tired, blurred vision	Check blood sugar; encourage water; report high readings as the plan says
Vomiting, unable to keep fluids down, confusion, very high readings	Call the clinician urgently or 911

Illness, infection, and missed medicines often cause high blood sugar. Follow the clinician's "sick day" plan.

Unit 5. Daily care at home

Area	What caregivers can do
Medicines	Give as prescribed; never double up after a missed dose without advice
Monitoring	Check and record blood sugar as directed; learn the CGM or meter
Meals	Regular meals; balanced plate; do not skip meals with insulin
Activity	Walking and strength exercises as cleared by the clinician
Feet	Check daily for cuts, blisters, redness; well-fitting shoes; never go barefoot; report sores
Skin and mouth	Keep skin clean and moist; dental care
Eyes and kidneys	Keep yearly eye exams and lab checks

Unit 6. Diabetes and other conditions

- **Falls:** low blood sugar, numb feet, and vision problems raise fall risk. Use the Fall Prevention module.
- **Dementia:** the person may forget meals or medicines and may not recognize low blood sugar. Simpler plans are often safer.
- **Heart and kidney disease:** common in diabetes; follow combined plans.
- **Depression:** common; report low mood.

Case scenarios

Case 1. Shaky before lunch

Mrs. S, on insulin, is sweaty and confused at 11:30 a.m. Her meter reads 58.

- What should the caregiver do?

Discussion: She can swallow, so give fast sugar, wait 15 minutes, recheck, repeat if still low, then a meal. Report the episode to the nurse the same day.

Case 2. A foot sore

A caregiver sees a small blister on the bottom of Mr. T's foot. He did not feel it.

- Why is this important?

Discussion: Numb feet hide injuries that can become serious infections. Report it the same day.

Knowledge check

1. How many Americans have diabetes? *(About 40.1 million)*
2. What share of adults 65+ have prediabetes? *(About 52%)*
3. Who should have a CGM under the 2026 ADA Standards? *(Adults on insulin, and on oral medicines that can cause low blood sugar)*
4. What is the first step for a conscious person with low blood sugar? *(Give fast sugar, wait 15 minutes, recheck)*
5. When do you call 911 for low blood sugar? *(Unresponsive, seizure, or cannot swallow)*
6. How often should feet be checked? *(Every day)*

National Diabetes Care for Older Adults Checklist

This checklist turns the 2026 ADA Standards and CDC data into one tool for families, agencies, and clinicians. The “National basis” column shows where each item comes from. Adapt it to your state rules and policies.

Name or ID	Date	Completed by and role
Agency or organization	Reviewed by	Next review date

A. Plan

Action	National basis	Done	Notes
Personal blood sugar and blood pressure targets written in the plan	ADA 2026	☐	
Low and high blood sugar action plan written	ADA 2026	☐	
Sick day plan written	ADA 2026	☐	
Treatment reviewed for simplification if frail or at risk of lows	ADA 2026	☐	
CGM considered if on insulin or medicines that cause lows	ADA 2026	☐	

B. Daily care

Action	National basis	Done	Notes
Medicines given as prescribed	Best practice	☐	
Blood sugar checked and recorded as directed	ADA 2026	☐	
Feet checked daily	ADA 2026	☐	
Regular meals and activity	ADA 2026	☐	

C. Report and follow up

Action	National basis	Done	Notes
Every low blood sugar reported	ADA 2026	☐	
Foot sores reported the same day	ADA 2026	☐	
Yearly eye, kidney, and foot exams kept	ADA 2026	☐	
Fall risk, memory, and mood screened	ADA 2026; CDC STEADI	☐	

Completed by: signature	Printed name and title	Date

Reviewed by: signature	Printed name and title	Date

Sources and further reading

CDC: National Diabetes Statistics at a Glance (Sept. 2026) (cdc.gov)

Diabetes on the Net: Factsheet on the ADA Standards of Care 2026 (diabetesonthenet.com)

CDC STEADI Pocket Guide (cdc.gov)

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