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| **Date** | **My Preferences and Needs** | |
|  | * I am diabetic, and at risk for complications associated with high or low blood sugars. * My diabetes is:   + Insulin dependent   + Non-insulin dependent * The following conditions may contribute to high or low blood sugars:   + Choosing not to adhere to a diabetes-friendly diet   + Choosing not to accept medications as recommended/ordered   + Renal failure/dialysis   + TPN   + Medications (e.g. steroids, antibiotics, etc.)   + Acute condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Date** | **My Goals** | **Target Date** |
|  | * My risks for complications related to high or low blood sugars will be minimized with monitoring and interventions through next review date. * My blood sugar and hemoglobin A1C will be within acceptable parameters in accordance with target goals through next review date:   + Target blood sugar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + Target hemoglobin A1C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + Target fasting glucose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Date** | **Support I Need** | **Discipline** |
|  | * I need to know the results of my fingersticks and lab values so I can make informed decisions about my eating habits. * I prefer to use my community podiatrist and eye doctor, and need assistance with obtaining transportation to and from appointments. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Nurse  Nurse, SS |
| **Date** | **Other Interventions** | **Discipline** |
|  | * Obtain fingerstick blood glucose as ordered. (see current physician’s orders and MAR). Report to physician if blood sugar is less than \_\_\_\_\_\_ or more than \_\_\_\_\_\_. * Administer oral medications as ordered (see current physician’s orders and MAR) and observe for any side effects. * Administer insulin as ordered (see current physician’s orders and MAR) and observe for any side effects. * Monitor for s/s of unstable blood sugar levels. Report to physician if evident:   + Tremors   + Shaking   + Confusion   + Headache   + Irritability   + Hunger   + Nausea/Vomiting   + Cool, Clammy, Pale Skin   + Sweating   + Decreased LOC * Provide diet as ordered. * Monitor intake of meals. Offer substitutes, supplements, or alternate choices PRN. * Obtain weight: □ Monthly □ Weekly. Notify physician and RD of significant gains or losses. * Obtain labs as ordered. Report abnormal findings to physician. * Encourage exercises, physical mobility as tolerated. * Discuss with me and my representative any concerns, fears, issues regarding diabetes diagnosis. * Educate me and my representative on diagnosis, treatment, and risks for complications as needed. * Document any non-compliance, any efforts to promote compliance, and any response. * Provide tobacco cessation education as needed. * Podiatry and optometry consults as indicated. * Protect feet:   + Well-fitting, closed-toe shoes.   + Diabetic shoes, if indicated.   + Do not walk barefoot.   + Wash and dry feet well and inspect daily.   + Do not use moisturizers between toes. * Observe me for signs and symptoms of infection and notify physician if noted. * Observe my skin for signs of breakdown, diabetic ulcer formation, edema, etc., and notify nurse and/or physician if noted. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Nurse  Nurse  Nurse  Nurse  Nursing, Dietary  Nursing, Dietary  Nursing, Dietary  Nurse  Nurse  Nurse  Nurse  Nurse  Nurse  Nurse, SS  Nursing, CNA  NSG  Nursing, CNA |