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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **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.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | NurseNurse, 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.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 | NurseNurseNurseNurseNursing, DietaryNursing, DietaryNursing, Dietary NurseNurseNurseNurseNurseNurseNurse, SSNursing, CNANSGNursing, CNA |