Communication Checklist: Signs and Symptoms of Hyper or Hypoglycemia with Diabetes

This tool can be:

- Used to provide a SBAR framework for change in condition communication when signs or symptoms of hyperglycemia or hypoglycemia are identified.
- Modified to include facility-specific protocols for hyperglycemia or hypoglycemia.
- Used as part of your staff orientation and training on change in condition communication.

<table>
<tr><td>SBAR Prompts</td><td colspan="2">Admission Date: ____________________
Resident Name: ____</td></tr>
<tr><td>Variation in patient blood sugar levels</td><td>☐ Hypoglycemia (low blood sugar)
check all observed:
☐ shakiness ☐ dizziness
☐ sweating
☐ inability to concentrate
☐ fast heartbeat ☐ confusion
☐ irritability or moodiness
☐ headache ☐ hunger
☐ anxiety or nervousness
☐ asymptomatic
Time period symptoms observed (e.g., 1 reading, 3 breakfasts with abnormal levels): _______</td><td>☐ Hyperglycemia (high blood sugar)
check all observed:
☐ fruity smelling breath ☐ coma
☐ nausea and vomiting
☐ weakness ☐ shortness of breath
☐ dry mouth ☐ abdominal pain
☐ confusion ☐ asymptomatic
Time period symptoms observed (e.g., 1 reading, 3 breakfasts with abnormal levels): _______</td></tr>
<tr><td>Current blood sugar reading</td><td colspan="2">Value: ___________________ Time of reading: ____________________</td></tr>
<tr><td>PRN Medications Utilized</td><td>Medication: ________________
Dose: ________________
Date: __________ Time: __________
Post Medication Blood Sugar: ________</td><td>Medication: ________________
Dose: ________________
Date: __________ Time: __________
Post Medication Blood Sugar: ________</td></tr>
<tr><td>Most Recent HGA1C and date</td><td colspan="2">Date: _______________________ HBA1C Value: _______________________</td></tr>
<tr><td>Vital Signs</td><td colspan="2">Temperature: _____________ Route: ____________ Baseline Temperature: _____________
B/P: _____________________ Heart Rate: _____________ Respiratory Rate: __________________</td></tr>
<tr><td>Current mentation</td><td colspan="2">☐ Alert ☐ Confused ☐ Difficult to arouse ☐ Other: _________________________________
Is this the baseline for resident/patient? ☐ Yes ☐ No</td></tr>
<tr><td>Goals of Care</td><td colspan="2">Briefly list goals of care (e.g., do not hospitalize)</td></tr>
</table>

Current Diabetic medications	☐ Oral Agent ☐ Insulin Name: ___ Dose: ___ Frequency: ___	☐ Oral Agent ☐ Insulin Name: ___ Dose: ___ Frequency: ___	☐ Oral Agent ☐ Insulin Name: ___ Dose: ___ Frequency: ___
Routine sliding insulin scale	☐ Yes ☐ No If yes, has resident been requiring more ☐ or less ☐ than usual?		
Medications that impact blood sugar	☐ Antibiotics (med): ___ ☐ Corticosteroid (med): ___ ☐ Heart/BP meds (med): ___ ☐ Quinine: ___ ☐ Estrogens: ___ List any of these medications that are new:	☐ Dilantin: ___ ☐ Thyroid medications (med): ___ ☐ Antipsychotics (med): ___	
Recent medications changes	Date: ___ Medication: ___ Dose: ___ Date: ___ Medication: ___ Dose: ___ Date: ___ Medication: ___ Dose: ___		
Changes in eating patterns	Time period of observation: ___ *(i.e. last 3 meals)* Amount eaten: ___ *(i.e. 25%, 50% of meals)*		
Co-morbidities	☐ Heart Disease: *diagnosis* ___ ☐ Kidney Disease: *diagnosis* ___ ☐ Respiratory Disease: *diagnosis* ___ ☐ Liver Disease: *diagnosis* ___ ☐ Obesity		
Interdisciplinary Team Recommendations	☐ Pharmacist: ___ ☐ Registered Dietitian: ___ ☐ Other: ___		

Notes:

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