Diabetes Nursing Home Adverse Drug Event CHECKLIST

Resident ID Number: _____ Resident Name: _____

Admission Date: _____ Resident Age: _____

Discharge Date: _____ Date: _____

HYPOGLYCEMIA RELATED TO USE OF ANTIDIABETIC MEDICATION

Risk Factors:

- ☐ Insulin use
- ☐ Sliding scale insulin
- ☐ Oral diabetes medication
- ☐ Decrease in oral intake while taking a diabetes medication

Signs & Symptoms:

- ☐ Hypoglycemia (<50mg/dL)
- ☐ Falls
- ☐ Headache
- ☐ Shakiness, nervousness, anxiety
- ☐ Sweating, chills, clamminess
- ☐ Irritability, impatience
- ☐ Change in mental status
- ☐ Emotional changes (anger, sadness, stubbornness)
- ☐ Lightheadedness, dizziness
- ☐ Hunger
- ☐ Nausea
- ☐ Complaints of blurred or impaired vision
- ☐ Tingling or numbness in lips and/or tongue
- ☐ Weakness, fatigue or somnolence
- ☐ Incoordination
- ☐ Seizures
- ☐ Unconsciousness
- ☐ Rapid heartbeat

Clinical Interventions:

- ☐ Stat administration of Glucagon or IV dextrose
- ☐ Administration of orange juice or other high-sugar food or fluids in response to blood sugar readings or symptoms
- ☐ Transfer to hospital

Probing Questions:

- Does the care plan reflect interdisciplinary monitoring for:
  - Signs/symptoms of hypoglycemic episodes?
  - Changes in oral intake?
- Is there evidence that blood glucose testing and insulin administration are coordinated with meals?
- Is there evidence the facility has addressed any pharmacy recommendations?
- If sliding scale insulin is used, does the medical record contain documentation of risk vs. benefits? Clinical rationale?
- If an EHR is used, are finger stick glucose testing results incorporated into it?
- Is there evidence that finger stick glucose results are routinely reviewed for effectiveness as part of the care plan?
- Is there evidence that the facility routinely educates caregivers on risk factors and symptoms/signs of hypoglycemia?
- Is the resident and family educated on the signs and symptoms of hypoglycemia and the resident's diabetes management plan?
- Does the facility have low blood sugar protocols in place?

- Is there a system to ensure lab results, including finger stick blood glucose results, are appropriately communicated to the physician and the dietician, including when panic values are obtained?
- Is there evidence that glucose monitoring equipment is maintained and that staff technique meets standards of practice?

KETOACIDOSIS RELATED TO INSULIN THERAPY

Risk Factors:

- ☐ Diabetic residents with concurrent illnesses
- ☐ Infection
- ☐ Diabetic residents with consistently high blood glucose levels
- ☐ Episodes of high physical and/or emotional stress or trauma
- ☐ A diabetic resident who frequently declines antidiabetic medications or consumes foods not included in the diet

Signs & Symptoms:

- ☐ Lab results indicating:
  - o Profound dehydration
  - o Elevated blood glucose
  - o Ketones in urine
- ☐ Excessive thirst
- ☐ Frequent urination
- ☐ Nausea/vomiting
- ☐ Abdominal pain
- ☐ Weakness/fatigue
- ☐ Shortness of breath
- ☐ Fruity-scented breath
- ☐ Confusion
- ☐ Rapid respirations
- ☐ Elevated temperature

Clinical Interventions:

- ☐ Stat order for lab testing, including evaluation of blood sugar and fluid and electrolyte status
- ☐ Stat order for insulin
- ☐ New order for and administration of IV fluids
- ☐ Transfer to hospital

Probing Questions:

- Is there evidence of a system for routine monitoring of blood sugar?
- If the resident refuses antidiabetic medication or consumes foods not included in the usual/planned diet, is there evidence of an interdisciplinary plan to address refusals that includes the prescriber and the family, as appropriate?
- For residents with risk factors for ketoacidosis, does the care plan reflect multi-disciplinary monitoring for signs/symptoms of ketoacidosis?
- Is there evidence that the facility routinely educates caregivers on risk factors and symptoms/signs of ketoacidosis?
- Does the facility have elevated blood sugar protocols in place?
- If sliding scale insulin is used, does the medical record contain documentation of risk vs. benefits? Clinical rationale?
- Is there a system to ensure lab results, including finger stick results, are appropriately communicated to the physician and the dietician, including when panic values are obtained?

Source:

1. Adverse Drug Event Trigger Tool: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/Adverse-Drug-Event-Trigger-Tool.pdf

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