

NAME _____

Risk for Unstable Blood Glucose Level

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	<p>Related To:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Type I Diabetes <input type="checkbox"/> Type II Diabetes <input type="checkbox"/> Diagnosis of Hypoglycemia <input type="checkbox"/> other (list) <p>AEB:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BS > 200 <input type="checkbox"/> BS <60 <input type="checkbox"/> polydipsia <input type="checkbox"/> polyuria <input type="checkbox"/> blurred vision <input type="checkbox"/> dry mouth <input type="checkbox"/> increased tiredness <input type="checkbox"/> leg pain <input type="checkbox"/> nausea/vomiting <input type="checkbox"/> confusion <input type="checkbox"/> weakness <input type="checkbox"/> nervousness/ anxiety <input type="checkbox"/> hunger <input type="checkbox"/> headaches <input type="checkbox"/> cold/clammy <input type="checkbox"/> sweaty <input type="checkbox"/> heart rate >100 <input type="checkbox"/> irritability <input type="checkbox"/> slurred speech <input type="checkbox"/> other (list) 	<ol style="list-style-type: none"> 1. BS level <200; A1C <7 2. Demonstrated diet and med compliance 	<p>NURSING</p> <ol style="list-style-type: none"> 1. Assess for signs if ↑ or ↓ Blood Sugar 2. Teach actions to raise blood sugar as needed 3. Assess med regime and compliance 4. Assess dietary intake 5. Monitor target Blood Sugar /A1C _____ (freq) 6. Administer insulin as ordered <ul style="list-style-type: none"> • Monitor person self-administering at least quarterly 7. Educate about diabetes and dietary restrictions 8. Assess and monitor feet 9. Monitor VS as ordered/appropriate 10. Monitor physical activity and alcohol intake _____(freq) 		<p><i>(Address all items listed in "goal/outcome" column. If goal not met, revise plan)</i></p>	

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			DELEGATE 1. Assist with po meds as ordered 2. Check Blood Sugar _____ (freq) 3. Weigh _____ (freq) 4. Encourage daily exercise according to ability/instruction (active/passive) 5. Monitor and encourage appropriate food/liquid intake 6. Monitor and encourage foot care and protection (No bare feet) 5. Other (list)			
RN SIGNATURE:			DATE:			