

SHINE Nursing Contact Log- Control Group

Shift Change Check In

Glucose

-Did glucose drop below 70 mg/dL?

-If **YES**:

-How many times?

-Was stroke team alerted?

-Was stat serum glucose ordered?

-Was the hypoglycemic event form completed?

*If 3 or more episodes of hypoglycemia, Independent Safety Monitor **MUST BE CALLED 800-915-7320 ext.2***

-If **NO**:

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-Did glucose go above 500 mg/dL?

-If yes, *Independent Safety Monitor **MUST BE CALLED 800-915-7320 ext.2***

Daily Check-Ins

Sliding Scale Level (at 24 hours)

-Is the patient's glucose <180 mg/dL?

-If **YES**:

-Stay on same level

-If **NO**:

-Has the glucose been ≥ 180 mg/dL for the last two finger sticks?

-If **YES**:

-Move to level 2

-If **NO**:

-Stay on level 1

Sliding Scale Level (at 48 hours)

-Is the patient's glucose <180 mg/dL?

-If **YES**:

-Stay on same level

-If **NO**:

-Has the glucose been ≥ 180 mg/dL for the last two finger sticks?

-If **YES**:

-Move to level 3

-Make sure one-time basal insulin injection administered (=40% of previous day's entire insulin dose)

-If **NO**:

-Stay on level 2

End of Treatment Check-In

-Remind nurses of drip stop time