

## SHINE Nursing Contact Log- Intervention 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***

### Meal Check-In

-Is the patient PO?

-If **YES**:

-Is carb consumption being entered into the GlucoStabilizer?

-Is meal insulin being administered?

-If **NO**:

-Is patient on bolus tube feeds?

-If **YES**:

-Is carb consumption being entered into the GlucoStabilizer?

-Is meal insulin being administered?

-If **NO**:

-Are subcutaneous saline injections being administered at 09:00 and 21:00?

-Let us know of changes to diet

End of Treatment Check-In

-Remind nurses of drip stop time