SHINE Shift Change Checksheet- Intervention

Please review time on the study protocol, clinical or safety events or other concerns as well as the items below. Page the Stroke Pager (215-452-2793) or call Melissa Kruszewski (215-264-4382) with questions or concerns.

Shift change date/time/initials: _____, _____, _____

Notes:

- ☐ Have nurses been documenting finger sticks, drip rates, D50 administration and SQ insulin/saline administration in**all three places** (Sunrise,study laptop and paper treatment log)?
- ☐ Have there been episodes of hypoglycemia (<70mg/dL), severe hypoglycemia (<40mg/dL) or severe hyperglycemia (>500mg/dL)?
- ☐ Is a new study infusion due bag due?
  - a) Remember the IDS prepares this – bag expires:_____
  - b) Is infusion pump programmed with 'New guardrail drug' instead of insulin/saline?
- ☐ Has there been neuroworsening that has persisted(NIHSS ≥4 points higher than prior NIHSS)? Has the study team been notified?
  - a) Remember that NIHSS score is required 24 hours from the onset ifpersists.
- ☐ Nutritional status
  - a) Has there been a change from NPO to PO? Is change anticipated?
  - b) If PO or on bolus tube feeds,
    - i) Are both a 60 gram carbohydrate diet and prandial insulin ordered?
    - ii) Remind nurse **how**to estimate proportion of meal consumed about 20 minutes after start of meal.
  - c) If NPO or on continuous tube feeds, was SQ saline administered around 0900/2100 per study protocol?
  - d) If continuous tube feeds are paused:**STOP/HOLD STUDY INFUSION. "**Restart" if <1 hour, "Start New Drip" if >1 hour
- ☐ Has the drip been paused or will it need to be for scheduled procedure? Has the study team been contacted?
- ☐ Will the patient be discharged before 72 hours? Has the study team been notified?
- ☐ Have there been any problems with the study laptop or internet?

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