Hartford Hospital
A Hartford HealthCare Partner

6814

DIABETES SERVICE NURSE PRACTITIONER FOLLOW-UP

□ T1DM □ T2DM □ Secondary DM □ Insulin Pump □ GDM □ Other _____

Patient new to me? □ Yes □ No

CC: _____

Current hospital DM Regimen:

1._____ 2. _____

3._____ 4._____

Usual Home DM Regimen:

1._____2. _____

3. _____ 4._____

Nutrition/diet status: _____

Steroids: □ Yes □ No If yes what type?_____

HbA1c_____% (**Date** _____)

ROS:

Gen: □ Fatigue □ **Yes** □ **No** □ Fevers □ **Yes** □ **No** □ Chills □ **Yes** □ **No**

Neuro: □ Headaches □ **Yes** □ **No** □ Numbness _____ □ Tingling _____

□ Other: _____

CV: □ Chest pain □ **Yes** □ **No** □ Palpitations □ **Yes** □ **No** □ Other _____

Pulm: □ Cough □ **Yes** □ **No** □ Shortness of breath □ **Yes** □ **No** □ Other _____

GI: □ Abdominal pain □ **Yes** □ **No** □ Nausea □ **Yes** □ **No** □ Vomiting □ **Yes** □ **No**

□ Constipation □ **Yes** □ **No** □ Diarrhea □ **Yes** □ **No** □ Appetite_____

Comments:_____

_____

_____

PE: Vitals: TEMP:_____ BP:_____ HR:_____ Weight:_____ BMI:_____

Gen: □ AAOx3 □ Awake □ Alert □ Lethargic □ Confused □ _____

Cor: □ RRR □ Tachycardic □ Irregular rhythm □ Murmur _____ □ Other

□ Edema _____ □ Normal DP/PT pulses □ _____

Pulm: □ Clear □ Rales _____ □ Rhonchi _____ □ Wheezing _____ □ Decreased breath sounds _____

GI: □ Soft □ Nontender □ Normal bowel sounds □ Other_____

Neuro: □ Moving all extremities normally □ Normal sensation □ Other _____

MS: □ WNL □ Clubbing □ Cyanosis □ Joint swelling □ Limb swelling

Skin: □ WNL □ Warm & dry □ Surgical incisions _____

Comments:_____

_____

_____

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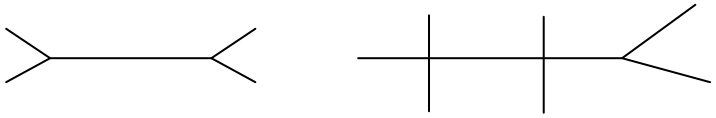
Blood Glucose/Insulin Dose Key: fsbg = Finger Stick Blood Glucose

Date	Time/ fsbg	Insulin Dose	Time/ fsbg	Insulin Dose	Time/ fsbg	Insulin Dose	Time/ fsbg	Insulin Dose	Time/ fsbg	Insulin Dose	Time/ fsbg	Insulin Dose

Labs :



Assessment: _____ Diabetes Mellitus □ Controlled □ Uncontrolled □ Comment _____

□ On continuous tube feeds □ On nocturnal tube feeds □ On TPN

Complications: **□ Retinopathy □ Nephropathy □ Neuropathy □ Macrovascular complications**

Plan:_____
□ Continue current DM regimen:

1. _____

2. _____

3. _____

4. _____

Discharge Plan:_____

_____

_____

Follow up:_____

Frequency of Blood Sugar Checks:_____

Total Time: _____ minutes. Greater than 50% of time spent on education/counseling? □ Yes □ No

Signature: _____ Date:_____ Time:_____

The Point of care Reference Range form is located in the laboratory section of all in-patient medical records. For outpatient or procedural areas, it is located in an area of the chart designated by the department.

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