

Review a minimum of **10** and a maximum of **20** medical records.

## Focus:

For this review, select charts of inpatients (e.g. the last 10) who had a blood sugar below the hospital defined threshold (< 40, 50,60 or 70 mg/dl) or above the hospital defined threshold (>240 or > 300-320 mg/dl) drawn at any time in the hospital stay. Do not include charts where the blood glucose was drawn in the ED on the day of admission.

## Instructions:

When reviewing the medical record, if documentation is found for the process, mark “**Yes**” in the box. If documentation is not found for the process, mark “**No**”. If the process being reviewed is not applicable to the medical record, mark “**N/A**”. After completing the review of all records, note the rows with the highest number of “No” responses. This will identify priority focus areas for improvement.

**Note:** Do not spend more than 20-30 minutes per medical record.

**SUBMIT YOUR DISCOVERY TOOL FINDINGS WHEN COMPLETE:** Take a 2 minute survey to report your findings. By submitting your findings, you will have taken the time to identify process gaps in which to focus improvement and to guide educational activities.

**[CLICK HERE TO SUBMIT YOUR FINDINGS](#)**

# Glycemic Control Process Improvement Discovery Tool

Medical Record #											
Target glucose is 140 – 180 mg/dL.											
If Glucose < 100 occurred, the insulin regimen was reduced. Otherwise "N/A"											
If Glucose < 70 occurred, the insulin regimen was reduced. Otherwise "N/A"											
If an inpatient was not on basal/bolus insulin and IF the patient had two or more glucose values > 220 mg/dL in a 24-hour period, THEN the patient was placed on a basal/bolus insulin regimen.											
If a critically ill inpatient had two or more glucose values > 180 mg/dL during their ICU stay, THEN the patient was placed on an insulin drip.											
Patient was receiving basal insulin.											
Patient eating AND receiving bolus insulin.											
Patient was NOT receiving Sliding Scale Insulin alone.											
If sudden loss of parenteral glucose occurred, it was managed promptly through standing nursing orders. **SEE NOTE BELOW											
If sudden NPO occurred, it was managed promptly through standing nursing orders. **SEE NOTE BELOW											
If sudden loss of appetite occurred (includes nausea, vomiting, etc) it was managed promptly through standing nursing orders. **SEE NOTE BELOW											
Home dietary intake and insulin regimen were evaluated on admission and insulin doses were reduced as appropriate for expected lower carb intake in hospital.											
Documentation exists showing appropriate meal-insulin coordination. (insulin within 15 minutes before or after meal delivery to patient)											
There is evidence that (1) insulin management in the hospital was discussed with the patient, (2) how it is different from home care, AND (3) that the patient understood the how to get help should their glucose levels drop below 70 mg/dL. (Y/N)											

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<p>If the patient's glucose was managed at home with a system that included an insulin pump and a continuous glucose monitor (CGM), the patient was allowed to continue to use those system and actively be involved in their glucose management as allowed by hospital policy. (Y/N/NA)</p> <p><b>NOTE:</b> If the patient was on a pump and a CGM and no hospital policy exists, enter N</p>										
<p>Other (specify)</p>										

## Glycemic Control Discovery Tool

(Stated in the positive/rows with blanks mean best practices are absent)

- Target glucose less that 140 mg/dL. (clue: look for correction scales where insulin given if < 150 mg/dL)
- If the glucose dropped below 100 mg/dL at any time, the insulin regimen was changed.
- If the glucose dropped below 70 mg/dL at any time, the insulin regimen was changed.
- If an inpatient was not on basal/bolus insulin and IF the patient had two or more glucose values > 220 mg/dL in a 24-hour period, THEN the patient was placed on a basal/bolus insulin regimen.
- If a critically ill inpatient had two or more glucose values > 180 mg/dL during their ICU stay, THEN the patient was placed on an insulin drip.
- Patient received daily basal insulin. (N/A if in ICU on insulin drip)
- If eating, the patient received prandial doses of insulin. (also called nutritional or bolus insulin)
- The patient was not managed with sliding scale insulin as the sole method of glycemic control.
- If the patient had a sudden loss of parenteral glucose, nurse driven standing orders were implemented.
- If the patient was suddenly and without warning made NPO, nurse driven standing orders were implemented.
- If the patient has sudden loss of appetite, nurse driven standing orders were implemented.
- There is evidence that the home dietary and insulin needs were evaluated by the physician upon admission and that appropriate changes (typically reductions) were made in the home insulin regimen upon admission.
- There is evidence that insulin administration and meal delivery were coordinated such that there was no more than a 15-minute lag between insulin administration and meal deliver, or vice versa.

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