

Specific Action(s)	Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
7) Management of insulin: assessment of nutrition and fluid status	<p>7a) The facility has a process in place to coordinate blood glucose checks, meals and insulin administration times.</p> <p>The facility has a process in place to monitor for mismatch between nutritional intake in patients with fixed prandial dosing:</p> <p>7b) Upon admission.</p> <p>7c) For patients with inconsistent nutritional intake or failure to eat after prandial insulin dose has been given.</p> <p>7d) At transitions in care.</p> <p>The facility has a process in place that requires new insulin orders and BG monitoring for patients on insulin with:</p> <p>7d. Change in nutrition status (e.g., new NPO status, transition from parenteral nutrition (PN) to enteral nutrition (EN), transition from continuous to cyclic PN or EN).</p> <p>7e. Discontinuation of TPN/dextrose containing IV fluid or EN.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8) Management of insulin: with other medications affecting blood glucose control	<p>The facility has a process in place for management of insulin used with other medications that may affect blood glucose control, which includes:</p> <p>8a) Assessing appropriateness of continuation of injectable non-insulin, anti hyperglycemic agents and oral agents upon admission.</p> <p>8b) Ensuring that appropriate warnings appear in information systems (e.g., CPOE, MAR, pharmacy) when medications that significantly alter BG levels or insulin regimen requirements are started or stopped or the dose is increased, e.g., Corticosteroid taper, Quinolones Octreotide, antipsychotic agents, continuous renal replacement therapy (CRRT), vasopressors, immunosuppressants.)</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
9) Management of insulin: with disease states affecting blood glucose control	<p>The facility has processes in place for management of insulin use in the following disease states:</p> <p>9a) Renal dysfunction: use of an algorithm to determine need for reduction of weight-based insulin dosing.</p> <p>9b) Liver dysfunction: use of an algorithm to determine need for reduction of weight-based insulin dosing.</p> <p>9c) Malnutrition/low body weight: use of an algorithm to determine need for reduction of weight-based insulin dosing.</p> <p>9d) Type 1 Diabetes: should have dextrose added to IV fluids if no caloric intake.</p> <p>9e) Hyperkalemia: Insulin should be used to treat hyperkalemia only via the use of a protocol that includes specific blood sugar monitoring.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10) Management of insulin: handoffs and transitions	<p>A standard hand-off/transition communication process is in place for all patients receiving insulin which includes the following information, at minimum:</p> <p>10a) Communication of last blood glucose check.</p> <p>10b) Date and time of last insulin dose given.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Therapeutic Strategies				
11) Systems and processes for insulin therapeutic strategy practices	<p>11a) The facility has a process in place to encourage co-management of insulin with patients who are capable and willing, (e.g., encourage patients to question doses and timing of insulin administration.)</p> <p>The facility has insulin management practices in place, which include:</p> <p>11a) Matching insulin prandial dosing to the amount of carbohydrate consumed.</p> <p>11b) Checking blood glucose within 30 minutes before meal</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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	11c) Administering rapid-acting prandial insulin within 30 minutes post first bite. 11d) Avoiding dose stacking (e.g., Corrective insulin should not be given more frequently than every 4 hours for rapid-acting insulin or every 6 hours for regular insulin).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
12) Management of insulin:	<p>The facility has a process in place for management of hyperglycemic patients using basal/bolus insulin, which includes:</p> 12a) Intermittent sliding scale insulin regimens are consistently used with a basal insulin. 12b) Rapid acting insulin is the standard choice of therapy for prandial insulin. 12c) Prandial and correction scale insulin should be the same type of insulin and given in one injection when possible. <p>The facility has a process in place for management of hyperglycemic patients using mixed insulin which includes:</p> 12d) Dosing occurs only before breakfast and before dinner; not at bedtime. 12e) Patients are monitored for nocturnal hypoglycemia. 12f) Change to basal/prandial if patient becomes NPO or exhibits inconsistent nutritional intake (e.g. poor appetite).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
13) Management of insulin:	<p>The facility has an established standard order set or protocol, approved by medical staff committee, in place for management of hypoglycemic patients which includes:</p> 13a) A standard method for management of hypoglycemia, including triggers to administer glucose, (e.g., blood glucose value below threshold, signs and symptoms of hypoglycemia) is readily available to caregivers. 13b) Allows nurses to administer hypoglycemia “rescue” agents without prior physician order. 13c) Hypoglycemia “rescue” agents (dextrose, glucagon) are readily accessible throughout the facility where care is provided.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Critical Thinking & Knowledge Strategies				
14) Implement appropriate critical thinking and knowledge strategies	<p>The facility has a process in place which evaluates staff competencies related to hypoglycemic agent use including:</p> 14a) Hypoglycemia is always considered when a patient receiving insulin has an altered level of consciousness for no apparent reason. 14b) Hypoglycemia should not be ruled out as a cause of confusion or altered behavior based on a capillary BG result; a venous lab result should also be obtained. <p>The facility provides interdisciplinary education on hypoglycemic agent therapy, which includes:</p> 14c) Initial training for new hires and existing staff, including protocols and guidelines. 14d) Post test incorporating a case-study approach to demonstrate proficiency; covers topics such as: frequency of glucose checks; non-standard insulin concentrations (e.g., U-500 insulin); correction insulin scale(s); basal insulin dosing; prandial insulin dosing (carbohydrate/non-carbohydrate); pre-operative or pre-procedural protocols; converting from oral agents to insulin. 14e) Plan for targeting gaps in knowledge. 14f) Hypoglycemic agent education is provided to direct care staff when new relevant information is available.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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Patient Education				
15) Provide patient and family education	<p>The facility has a process in place to educate patients and families using teach-back method on diabetes "survival skills" to ensure safe therapy including:</p> <p>15a) Nutritional management</p> <p>15b) Self-blood glucose monitoring</p> <p>15c) Medication management</p> <p>15d) Hyperglycemia and hypoglycemia recognition</p> <p>15e) Treatment and prevention</p> <p>15f) Exercise</p> <p>15g) Sick day guidelines</p> <p>15h) Resources</p> <p>15i) Post-discharge follow-up appointment</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



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