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NEO QI Hub
NORTHEAST OHIO QUALITY IMPROVEMENT HUB

Resource B1.3:
Nurse Visit Template

Nurse Visit Template	
Referring provider/PCP:***	
Last seen by provider/PCP:***	
Patient was referred to DSMES/ MNT	Date referred: Attended?: ☐ Yes ☐ No Date attended:
Goals: *(per referring provider, if available)*	A1C goal: CGM goal: Time in range: Time CGM active: Blood glucose goal: Blood pressure goal:
Took medications today:	
Any medication changes:	
Patient brought in medications:	
Any medication adherence concerns:	
Ask the patient to describe how they take their diabetes, hypertensive, and cholesterol medications, including insulin. Ask if there is a glucose number for which the patient does NOT take their insulin.	
List medications not being taken consistently:	
Any patient concerns about medications:	
Patient brought in blood glucose logs or glucose device with blood glucose readings:	☐ Yes ☐ No, but is checking blood glucose ☐ No, not checking blood glucose. Why?: *(If due to not having a device for monitoring, please pend order for CGM [or other covered glucose monitor] to referring provider or PCP, to sign)*

CGM Readings

Date	Time in Range	Time CGM Active	% Very High	% High	% Target	% Low	% Very Low	% Hypoglycemia	Number of Serious Hypoglycemic Events	Glucose Variability

Blood Glucose Readings *(if no CGM readings)*

Date	FBS	ppBkft	acL	ppL	acD	ppD	HS

Any Symptoms of Hypoglycemia?

☐ Shaking	☐ Palpitation	☐ Hunger	☐ Anxious
☐ Diaphoretic	☐ Headaches	☐ Fatigue	☐ Irritable
		☐ Blurred vision	☐ Dizzy

Frequently occurring hypoglycemia (more than 2 symptomatic hypoglycemia episodes per week):	Any episodes of severe hypoglycemia (caused an MVC, emergency room visit brought in by EMS, or use of hospital for titration):

Any Symptoms of Hyperglycemia?

☐ Nausea	☐ Blurred vision	☐ Polyphagia
☐ Drowsiness	☐ Dry skin	☐ Polydipsa
		☐ Polyuria

Dietary Changes?	
24 Hour Diet Recall:	
Breakfast:	
Snack:	
Lunch:	
Snack:	
Dinner:	
Evening snack:	
Overnight snack:	
Beverages:	

Diabetes Assessment and Plan		
What is the patient doing for activity/exercise?		
Does the patient drink beer, wine, or other forms of alcohol?	☐ Yes ☐ No	If yes, how much in the last week?:
Does the patient smoke or use tobacco products?	☐ Yes ☐ No	If yes, what form, and how much in the last week?:
Patient had questions about:		

Vitals Signs			
Temp:	**HR:**	**BP:**	**SpO2:**
Last 3 Weights:	Wt: BMI: Date:	Wt: BMI: Date:	Wt: BMI: Date:
Last 3 A1C:	A1C: Date:	A1C: Date:	A1C: Date:
Last 3 BP Readings:	BP: Date: Home/Clinic:	BP: Date: Home/Clinic:	BP: Date: Home/Clinic:

Diabetes Assessment and Plan

Has A1C goal been met?	☐ Yes ☐ No
Has CGM goal been met? *(Defined as 70% time in range and <5% hypoglycemia with no severe hypoglycemia events)*	☐ Yes ☐ No ☐ N/A
Has blood glucose goal been met?	☐ Yes ☐ No ☐ N/A
Has the BP goal been met?	☐ Yes ☐ No
If BP above goal, do they have home BP monitor?	☐ Yes ☐ No

If the patient does not have a BP monitor, please send a BP monitor order for provider to sign if covered by insurance or see if patient can buy at pharmacy (arm cuff) and educate on home BP measurement.

Education Tailored to the Patient Risks and Needs *(Choose all that apply)*

☐ Taking medications	☐ Monitoring	☐ Healthy coping
☐ Healthy eating	☐ Problem solving	☐ DASH diet
☐ Being active	☐ Reducing risk	☐ Other

Patient Was Offered Additional Support Follow-Up: Referred to *(Choose all that apply)*

☐ DSMES	☐ Pharmacy disease state management	☐ Dental
☐ Ambulatory nutrition	☐ Diabetes group clinic	☐ DASH diet
☐ Weight management	☐ Optometry/Ophthalmology	☐ Behavioral health
		☐ Social work

Guidance for Follow Up:

- If A1C is at goal, follow up with PCP in 6 months.
- If A1C is at goal but blood glucose is above goal, follow up with RN, clinical pharmacist, or other appropriate team member in 1 month.
- If blood glucose is above goal per CGM readings (if available) after 3 RN visits, follow up with the prescribing provider.
- If A1C is above goal, follow up with PCP, PharmD, APP (APRN or PA), or RN in 1 month.
- If 1 severe hypoglycemia episode or 2 symptomatic hypoglycemia episodes, notify provider and follow up with PCP in 2-4 weeks.
- If unexplained persistent hyperglycemia, blood glucose greater than 300 x 2 and/or symptoms (nausea, vomiting, fever, dehydration), notify provider and follow up with PCP.

Follow up with MD/APRN/PA_____in ___weeks.

CC/Routing to *** (Referring provider/PCP)

Patient agrees with plan: ☐ Yes ☐ No

This resource is part of the AHEAD Initiative Diabetes QI Clinical Toolkit. For access to this toolkit and additional resources, please visit NEOQIHub.org.

In partnership with

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