

Resource B1.3:

Nurse Visit Template

Nurse Visit Template	
Referring provider/PCP:***	
Last seen by provider/PCP:***	
Pt was referred to DSMES/MNT	Date referred: Attended?: Yes No Date attended:
Goals:	Individual blood glucose goals: <i>(per referring provider, if available)</i> A1C goal: Blood glucose goal: Blood pressure goal:
Took Medications today:	
Any medication changes:	
Patient brought in medications:	
Any medication adherence concerns:	
<i>Ask the patient to describe how they take their diabetes, hypertensive and cholesterol medications, including insulin. Ask if there is a blood sugar number for which the patient does NOT take their insulin</i>	
Please list medications not being taken consistently:	
Any patient concerns about medications:	
Patient brought in blood sugar logs:	Yes No, but is checking blood glucose No, not checking blood glucose. Why?: <i>(If due to not having a glucometer, please pend glucometer and testing supplies for referring provider, or PCP, to sign.)</i>

Blood Sugar Readings							
	FBS	ppBkft	acL	ppL	acD	ppD	HS
Date							



Resource B1.3: Nurse Visit Template — *Continued*

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	Polydipsia
		Polyuria

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



Resource B1.3: Nurse Visit Template — *Continued*

Diabetes Assessment & 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 HbA1c:	A1c: Date:	A1c: Date:	A1c: Date:
Last 3 BP Readings:	BP: Date: Home/Clinic:	BP: Date: Home/Clinic:	BP: Date: Home/Clinic:

Diabetes Assessment & Plan	
Has A1C goal been met?	Yes No
Has Blood glucose goal been met?	Yes No
Has the Blood Pressure 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.



Resource B1.3: Nurse Visit Template — *Continued*

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)*

DSME	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 at goal, follow up with PCP in 6 months.
- If A1C at goal, but blood glucose above goal, follow up with RN in 1 month.
- If blood glucose above goal, after 3 RN visits, then follow up with prescribing provider.
- If A1C 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 wks.
- 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

