

Condition	Assessment	Interventions	Follow-Up/Evaluation
Hyperglycemia	Immediate Immediate	Immediate Intervention	
Also see care pathway on Diabetes	Patient is documented to have a history of DM with 2 or more of the following symptoms: <ul style="list-style-type: none"> <input type="checkbox"/> High blood glucose levels (>400) <input type="checkbox"/> Great thirst and/or dry mouth <input type="checkbox"/> High levels of ketones in the urine <input type="checkbox"/> Fruity odor to breath <input type="checkbox"/> Frequent urination <input type="checkbox"/> Leg cramps <input type="checkbox"/> Dry, flushed skin <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> N&V <input type="checkbox"/> Confusion <input type="checkbox"/> Blurred vision <input type="checkbox"/> Drowsiness <input type="checkbox"/> Lethargy/fatigue <input type="checkbox"/> Delirium <input type="checkbox"/> Rapid breathing <input type="checkbox"/> Unresponsive <input type="checkbox"/> Signs of dehydration <input type="checkbox"/> History of recent illness/infection OR <input type="checkbox"/> Comatosed 	<ul style="list-style-type: none"> <input type="checkbox"/> If hyperglycemic symptoms exhibited <u>during a visit</u>, give insulin, assess condition and report to MD, or: <input type="checkbox"/> Call 911 ~or~ <input type="checkbox"/> Transportation to ED confirmed <input type="checkbox"/> Support provided via phone until 911 personnel arrived <input type="checkbox"/> Contact MD 	<ul style="list-style-type: none"> <input type="checkbox"/> Appropriate Home Health staff notified
	Risk Level: Potentially Urgent	Interventions Required	
	Reports of blood glucose reading level of 300 or reports of blood glucose level below 300 with some or all of the following symptoms <ul style="list-style-type: none"> <input type="checkbox"/> Increased thirst <input type="checkbox"/> Increased urination <input type="checkbox"/> Tiredness/drowsiness <input type="checkbox"/> Headache <input type="checkbox"/> Blurred vision <input type="checkbox"/> Dry mouth <input type="checkbox"/> Skin itching <input type="checkbox"/> Hunger 	<ul style="list-style-type: none"> <input type="checkbox"/> Make home visit <input type="checkbox"/> Contact MD 	<ul style="list-style-type: none"> <input type="checkbox"/> Appropriate Home Health Staff notified
	Risk Level: Non-urgent	Interventions Required	
	Reports symptoms of: <ul style="list-style-type: none"> <input type="checkbox"/> Flu <input type="checkbox"/> Cough <input type="checkbox"/> Body aches <input type="checkbox"/> Fever <input type="checkbox"/> Blood glucose minimally above “normal” for patient 	<ul style="list-style-type: none"> <input type="checkbox"/> Coordinate care with primary nurse 	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule on-site visit for next day <input type="checkbox"/> Follow-up phone call

Decision support tools are “guides” only & may not apply to all clients & all clinical situations. Thus, they are not intended to override clinician’s judgment. Material adapted from HHQIOSC document 8SOW-PA-HHQ06.152.