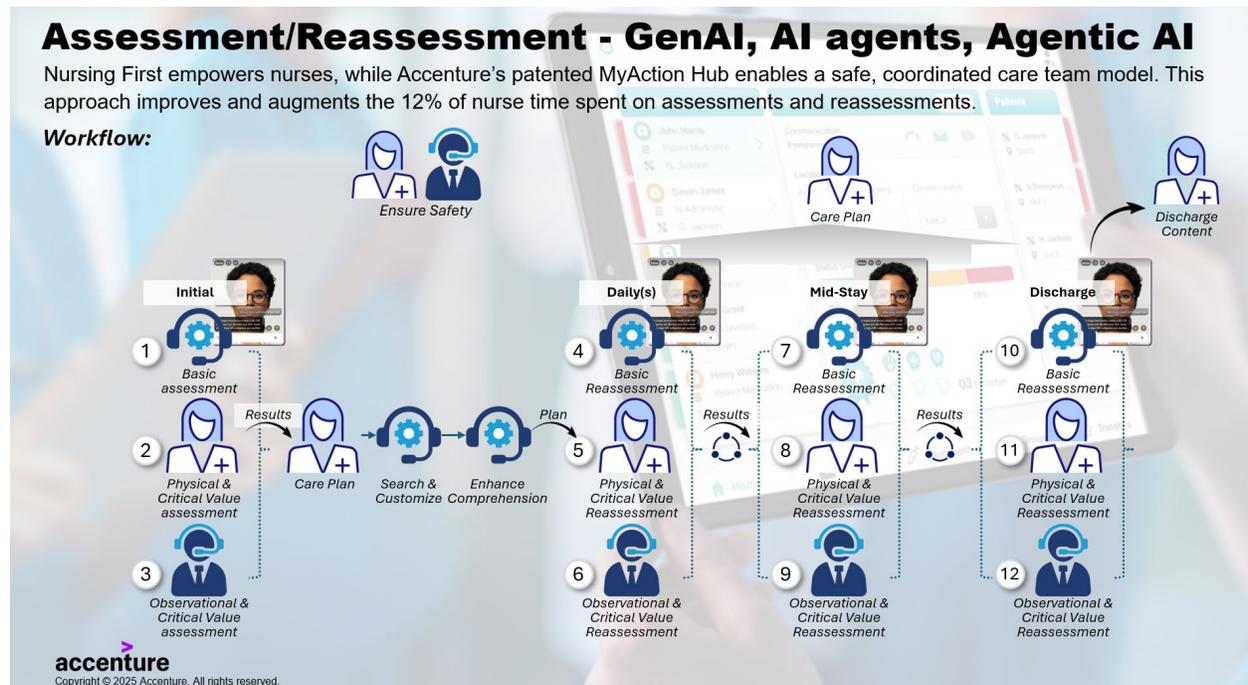


Structured Diabetes Inpatient Assessment & Progress Tracking

The content within this document focuses on the portions of assessments and reassessments that can be captured directly from the patient without requiring physical or observational interventions. The results from these assessments would be combined with physical, observational, or critical value assessments.

The results from these assessments are used to inform future assessments, the care plan, and patient/family education or communication.



Timing Overview

Age Group	LOS Assumption	Assessment Timing
18-40 years	5-8 days	Initial (Day 0), Daily Reassessments (Days 1-4+), Discharge Review (Day 4-5)
>40 years	7-12 days	Initial (Day 0), Daily Reassessments (Days 1-6+), Mid-Stay Review (Day 5-6), Discharge Review (Day 7-9)

Initial Assessment (Admission)

Baseline knowledge, habits, barriers.

Domain	Sample Question	Goal	Progress Anchor
Understanding of Condition	“Can you tell me what you understand about why you are in the hospital today?”	Gauge baseline comprehension of diagnosis.	Compare future responses for increased clarity & self-awareness.
Medication Knowledge	“What medicines do you take for your diabetes, and when do you take them?”	Identify adherence and knowledge gaps.	Track if they recall full regimen and timing by discharge.
Symptom Recognition	“What symptoms do you notice when your blood sugar is too high or low?”	Establish baseline recognition.	See if responses become more specific over time.
Nutrition Habits	“Walk me through what you typically eat in a day.”	Identify dietary risks.	Revisit to measure adoption of hospital dietary advice.
Self-Monitoring	“How often do you check your blood sugar at home? What device do you use?”	Baseline home monitoring routine.	Compare readiness to demonstrate proper technique at discharge.
Support System	“Who helps you with your diabetes care at home?”	Plan for discharge support.	Confirm patients have stronger support plan at discharge.
Barriers & Concerns	“What is the hardest thing for you about managing your diabetes?”	Identify emotional/behavioral obstacles.	Monitor if barriers are reduced or addressed.

Daily Reassessments (AM; Starting Day 1)

Track progress daily using initial responses as benchmarks.

Domain	Sample Question	Focus	Progress Tracking
Understanding Today's Plan	“Can you explain what today’s plan is for your diabetes care?”	Assess comprehension and engagement.	Compare to baseline understanding to track confidence in discussing care plan.
Medication Confidence	“Can you show me how you’d give yourself insulin or take your meds if you needed to right now?”	Check hands-on readiness.	Observe if demonstration improves from verbal-only recall (Day 1) to confident demonstration (Day 3+).
Symptom Awareness	“How would you know if your blood sugar was too high or low today?”	Reinforce recognition of warning signs.	Look for specificity and accuracy growth vs. admission.
Diet Recall	“What choices did you make for meals yesterday to help your blood sugar?”	Applied learning.	Compare it to initial habits; goal is consistent meal planning skills.
Self-Monitoring Practice	“If you had to check your blood sugar now, what steps would you take?”	Check skill acquisition.	Track if technique moves from verbal steps → successful demonstration.
Emotional Check-In	“How are you feeling about your diabetes today?”	Emotional status.	Look for increased confidence, decreased fear over time.
Barriers & Concerns	“What is the hardest thing for you about managing your diabetes?”	Identify emotional/behavioral obstacles.	Monitor if barriers are reduced or addressed.

Progress within Recurring Daily Reassessment

Each domain is asked daily by phrasing that adapts to the prior day's score for that domain.

Domain	Hospital-Focused (0–4)	Blend (5–7)	Home-Focused (8–10)	Progress Anchor
Understanding Today's Plan	“While you are here, explain today's plan—insulin, meals, glucose checks, activity, fluids.”	“Explain today's plan and what you could do yourself with the nurse watching.”	“At home, how will you follow today's plan—insulin, meals, checks, activity, hydration?”	Increasing clarity and confidence day-to-day.
Medication Confidence	“Describe what you/the nurse is doing now to prepare and take your diabetes meds—dose, timing, as prescribed.”	“Show your steps and what you want the nurse to double-check.”	“At home, how will you prepare and take each med—dose, timing with meals, avoiding missed doses?”	Move from observation → safe, independent demonstration.
Symptom Awareness (High)	“If high now, what steps will you and the team take—hydrate, walk if safe, check ketones >250, reduce carbs, notify nurse?”	“Walk through your steps; what do you want the nurse to confirm?”	“At home, if high (e.g., >250), what will you do—hydrate, short walk if cleared, ketones when appropriate, reduce carbs, when call provider?”	Specificity and correctness increase vs. admission.
Symptom Awareness (Low)	“If low here, what are first steps—15g fast carbs, recheck in 15 min, snack/meal, safety (no driving), notify nurse?”	“What would you do first, and what would you ask the nurse to confirm?”	“At home, exact steps—15g carbs, recheck in 15 min, snack/meal, safety, when to contact provider?”	Immediate safety → independent response.
Diet Choices	“What choices did you make here yesterday that helped—vegetables, lean protein, whole grains, no sugary drinks, portion control?”	“Which choices will you practice again today with support?”	“At home, what choices will you plan—veggies, lean protein, whole grains, avoid sugary drinks, portion control?”	Consistent application vs. admission habits.

Domain	Hospital-Focused (0–4)	Blend (5–7)	Home-Focused (8–10)	Progress Anchor
Self-Monitoring Technique	“Describe how the nurse/you check sugar now—wash hands, insert strip, fingerstick, apply blood, record result.”	“Show your steps; what should staff watch?”	“At home, step-by-step, how will you check and log your result?”	Verbal steps → correct demonstration.
Emotional Check-In	“How are you feeling about diabetes today while you’re here stressed, overwhelmed, okay, confident, need support?”	“One feeling to share and one thing that would help today?”	“How confident do you feel about managing at home; what support will help?”	Emotional readiness grows over time.
Barriers Today	“Is anything here making it hard—pain, nausea, equipment, cost, understanding? We can fix it now.”	“Name one barrier and one team action to reduce it today.”	“At home, what barriers might you face (cost/supplies/understanding), and what’s your plan?”	Surface/resolve barriers pre-discharge.
Follow-Up Steps	“What is the team planning for your next step/visit and what might you need to bring?”	“What’s still unclear and what can we confirm today?”	“After discharge, what is your next appointment (date/time), how will you get there, and what will you bring (meter/log)?”	Concrete follow-up plan is clear before discharge.

Mid-Stay Review (Day 5–6, for >40 group)

Ensures long-stay patients are progressing toward self-management.

Domain	Mid-Stay Question	Purpose	Progress Anchor
Confidence & Independence	“If you were home right now, how comfortable would you feel managing your diabetes?”	Self-efficacy.	Compare confidence ratings to admission; expect measurable increase.
Support Planning	“Who will help you after discharge, and do you feel ready for that?”	Caregiver readiness.	Confirm support network matches or exceeds initial plan.
Lifestyle Changes	“What changes are you thinking about making at home to prevent another hospital stay?”	Future planning.	Assess whether initial barriers are now actionable changes.
Barriers & Concerns	“What is the hardest thing for you about managing your diabetes?”	Identify emotional/behavioral obstacles.	Monitor if barriers are reduced or addressed.

Discharge Readiness Review

(Day 4–5 for younger; Day 7–9 for older)

Domain	Question	Purpose	Progress Anchor
Teach-Back on Meds	“Can you tell me how and when you’ll take each of your diabetes medicines at home?”	Confirm mastery.	Must show improvement from initial recall gaps.
Self-Management Plan	“What’s your plan for checking your blood sugar and adjusting meals at home?”	Ensure independent care plan.	Look for clear, stepwise plan vs. initial uncertainty.
Warning Signs	“What symptoms would make you call your doctor or go to the hospital?”	Safety net knowledge.	Expect specific and correct red flag recognition.
Follow-Up Plan	“When is your next doctor’s appointment, and how will you get there?”	Confirm follow-up care.	Compare with the initial response; should now have specific appointments arranged.
Equipment Readiness	“Do you feel confident using your glucose meter or insulin pen?”	Technical proficiency.	Must show successful demonstration.
Support Network	“Who will you call if you need help with your diabetes?”	Safety planning.	Response should be concrete and detailed vs. vague at admission.
Barriers & Concerns	“What is the hardest thing for you about managing your diabetes?”	Identify emotional/behavioral obstacles.	Monitor if barriers are reduced or addressed.

How This Tracks Progress:

- **Red = Baseline (Initial):** Capture what they know/do at admission.
- **Yellow = Daily Checkpoints:** Reinforce skills, see if knowledge deepens.
- **Green = Readiness (Discharge):** Must demonstrate mastery, confidence, and resources.
- Prior answers form a **narrative of progress**: vague → specific, hesitant → confident, unplanned → organized.