



MR.JDCNN

SVPOD-136 (2/05)



ST. VINCENT CHARITY  
MEDICAL CENTER

2351 EAST 22ND STREET  
CLEVELAND, OH 44115  
stvincentcharity.com

A Ministry of the Sisters of Charity Health System

PATIENT LABEL

DIABETES ASSESSMENT, EDUCATION RECORD AND DISCHARGE PLANNING FORM		
ON ADMISSION		
Have glucose levels been ordered?	Yes No	If no, notify physician
Have diabetes medications and a meal plan been ordered?	Yes No	If no, notify physician
What is the expected discharge date?	Expected discharge date: _____	
Does the patient:	Yes	No
Know what diabetes is?	Yes	No
Know the name(s), and schedule for their diabetes medication?	Yes	No
Do home glucose monitoring?	Yes	No
(If applicable) know the signs of hypoglycemia and how to treat it?	Yes	No
Know when to call for help if sugars are high?	Yes	No
Follow a diabetes meal plan?	Yes	No
REFER TO JOSLIN EDUCATOR at 216-363-3301 FOR THE FOLLOWING:	Referral made?	What is discharge plan for unmet need?
Newly diagnosed diabetes	Yes No	
New to insulin/problems injecting	Yes No	
Insulin pump use	Yes No	
Physical or mentally challenged patient	Yes No	
Recurrent DKA	Yes No	
Recurrent severe hypoglycemia	Yes No	
Pregnancy	Yes No	
To learn how to use a glucose meter	Yes No	

AT DISCHARGE DOES THE PATIENT ALSO HAVE THE FOLLOWING?

A plan for diabetes medical care?	Yes	No	Appointment with: _____
A plan for ongoing diabetes education?	Yes	No	Appointment with: _____

Educational materials available to patient:  
Joslin Smart Box Materials

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JOSLIN DIABETES CENTER AFFILIATE at St. Vincent Charity Hospital  
Phone: 216-363-3301 Fax: 216-363-3304

Nurse's Name \_\_\_\_\_

Date \_\_\_\_\_