

# ***PROCEDURE***

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**ORIGINAL DATE: 04/14**

## **Home Health Foundation, Inc.**

**SUBJECT: ENDOCRINE SYSTEM – INSULIN ADMINISTRATION VIA TELEPHONIC CUEING**

- PURPOSE:**
1. To identify patient selection criteria for the establishment of a plan of care that includes daily insulin administration and/or blood glucose monitoring via telephonic cueing performed by a skilled nurse.
  2. To determine continued appropriateness and ongoing ability of the patient to safely self-administer insulin utilizing telephonic cueing.
  3. To support appropriate self-care of patients while maintaining medication safety, adherence and ongoing management of a complex plan of care.

### ***Considerations***

1. A patient's appropriateness and potential ability to self-administer insulin via telephonic cueing will be determined by the patient's primary nurse in consultation with the CDE when available and the Clinical Manager.
2. Patient Selection Criteria:
  - a) Patients with the following characteristics are candidates for the program:
    1. Require daily insulin administration and
    2. Exhibit the manual dexterity and physical ability to inject insulin and/or perform glucometer self-tests and
    3. Require oversight, guidance and cueing by a skilled nurse to ensure adherence and safety due to mild to moderate cognitive impairments and
    4. Do not have an available and willing caregiver to administer insulin seven days per week
  - b) Strong caregiver support is highly desirable. Presence of either a family caregiver and/or paraprofessional at the time of telephonic cueing is desirable but not required.
  - c) Stable glucose readings
  - d) Glucose reading parameters for when to notify the physician
  - e) Insulin dose via insulin pen
  - f) Adequate supply on hand of insulin and supplies necessary to administer insulin/and or perform glucometer testing
  - g) The absence of any other medical or psychiatric condition that would require daily on-site skilled nursing visits

- h) Ongoing care coordination by the skilled nurse must be complex enough to support the need for skilled management and evaluation of a patient plan of care
- i) For Medicare patient visits, documentation should reflect that the focus of the visit is for the purpose of management of a complex plan of care

### ***Guidelines***

1. A verbal order is obtained from the physician and includes the following: insulin administration and/or glucometer testing will be supervised by the HHVNA skilled nurse via telephonic cueing; frequency of cueing; frequency of on-site visits; order for skilled management and evaluation of a patient care plan.
2. Cueing will take place daily, Monday through Friday. The patient must have a caregiver able to take over insulin cueing and/or administration on the weekend and on holidays. The designated caregiver(s) will be educated and observed successfully providing cueing and/or insulin administration before this task is delegated. If the caregiver is periodically unavailable, HHVNA will provide a skilled nursing visit to administer insulin.
3. The patient must have a telephone with speaker phone capabilities.
4. A thorough assessment of the patient's ability to safely demonstrate insulin administration and/or glucose monitoring via cueing must be performed. A detailed, step-by-step script of the approved cueing instructions must be generated to ensure that the telephonic skilled nurse uses a consistent, patient-specific approach.
5. In-home skilled nursing visits will be performed along with telephonic cueing until it is determined by the in-home skilled nurse that the patient can be safely cued via the telephone.
6. In-home skilled nursing visits will be scheduled at intervals sufficient to verify the patient's ability to safely continue with telephonic cueing, to assess for any change in the patient's physical or cognitive condition that would impact the patient's continued ability to safely administer insulin via telephonic cueing protocol, and to manage and evaluate the patient's plan of care including the provision of home health aide services and any other services ordered for the patient.
7. Prior to each cueing telephone call, the HHVNA nurse will verify the patient's current insulin dose orders by reviewing the patient's electronic medical record.
8. The patient will be asked to report his/her most recent blood glucose reading. If the patient is unable to report the most recent value, or if the patient is not independent in obtaining a blood glucose reading, the skilled nurse will cue the patient through the process of performing the blood glucose test. The skilled nurse will evaluate if the blood glucose result falls within parameters necessary to cue the administration of insulin, and will follow up with the physician for any results falling outside of the patient-specific orders. Depending on the reading and other signs and symptoms ascertained by the telephonic skilled nurse, the patient may receive a prn skilled nursing visit.
9. The skilled nurse will perform telephonic cueing for insulin administration following the patient specific script. If for any reason the skilled nurse performing the cueing feels that the patient is not able to reliably follow the directions being given, a skilled nursing visit will be scheduled in order to assess the patient and administer the insulin.

10. Cueing instruction will include instructing the patient, caregiver and/or non-skilled aide worker (if present at the time of cueing) to mark the dose administration in a medication administration record located in the home. Review of the medication administration record will occur during in-home skilled nursing visits and will be part of the overall evaluation of continued appropriateness for participation in the telephonic cueing program.
11. Documentation of the telephonic cueing will be in the form of a call log and will include: the date and time of the call; the CBG reading; presence or absence of caregiver in the patient's home at the time of the cueing; insulin dose, type and site of injection; patient's ability to follow directions and response to cueing.

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Approved Policy Committee: 04/14