

SBAR SHIFT REPORT – Patient: Daniel “Danny” Reynolds

Date: 03/12/2025

Time: 1900

Nurse Giving Report: Jessica Martinez, RN

Nurse Receiving Report: [Insert Name], RN

Room Number: 412-B

Code Status: Full Code

S – Situation

- 22-year-old male with Type 1 Diabetes Mellitus admitted yesterday for DKA secondary to insulin pump failure.
- Now stable, transitioning to subcutaneous (SC) insulin and preparing for discharge tomorrow morning.
- Current Status: Alert, ambulating independently, tolerating diet, BG stable (130-180 mg/dL).
- IV Fluids D/C'd at 1400, maintaining hydration orally.

B – Background

- Admitted 03/11/2025 with polyuria, nausea, vomiting, fatigue, and hyperglycemia (BG 512 mg/dL, large ketones, AG 20, pH 7.24).
- Treated per DKA protocol with IV insulin, fluids, and electrolyte replacement.
- Labs showed metabolic acidosis with mild dehydration—anion gap now closed, and patient no longer acidotic (pH 7.37).
- Diabetes Education provided on insulin pump troubleshooting, ketone monitoring, and sick day management.
- Physical Therapy evaluated: Patient weak initially but now ambulating well with no dizziness.
- Social work assessed for financial concerns: Insurance covers insulin and supplies, but patient needs better meal planning strategies.

A – Assessment

- Vital Signs: BP 108/68, HR 88, RR 16, Temp 98.1°F, SpO₂ 98% RA.
- Neurological: Alert & oriented x4, no deficits.
- Cardiovascular: HR improved from tachycardia, no murmurs or arrhythmias.
- Respiratory: Lungs clear, no distress.
- GI/GU: Eating well, voiding appropriately, no nausea/vomiting.
- Skin: No signs of infection at previous IV site or insulin pump site.
- Pain: 0/10 at this time.
- Current Medications:
 - Lantus (Glargine) 18 units SQ nightly (transition from IV insulin).
 - Novolog SQ with meals PRN (per sliding scale).
 - Glucagon Emergency Kit at bedside.

R – Recommendation

- Monitor BG q4h overnight—if BG > 250 mg/dL, check urine ketones.
- Ensure no nausea, dizziness, or signs of DKA recurrence.
- Encourage continued hydration—remind patient to drink fluids before bed.
- Prepare for discharge in AM—ensure patient understands discharge instructions and has a follow-up with endocrinology in 1 week.
- Reinforce insulin pump education—patient states he feels comfortable, but watch for signs of site failure.
- Call MD if:
 - BG > 300 mg/dL despite insulin correction.
 - Patient shows signs of dehydration or recurrent ketosis.

Final Notes:

- Patient stable for the night, no acute concerns at this time.
- MD aware, case management confirmed follow-up appointments.
- Room clean, bed alarm OFF, fall risk LOW.