



Checklist: Blood Glucose Curve Admission

To be read to the client at admission (Please circle as required)

- 1. How is your pet?**
Improved Stable Deteriorating
- 2. How is their appetite compared to normal (before they developed diabetes)?**
Increased Same (i.e. normal) Decreased
- 3. How is their appetite compared to their previous visit?**
Increased Same Decreased
- 4. How is their thirst compared to normal (before they developed diabetes)?**
Increased Same (i.e. normal) Decreased
- 5. How is their thirst compared to their previous visit?**
Increased Same Decreased
- 6. If increased thirst is present, is this consistent during the day/night or have you noticed it more at certain times of day? If so, when?**
Increased thirst consistently Increased thirst occasionally
Occasional increases when?
- 7. Do you measure your pet's water intake?**
Yes No
If so, what is it?ml/24hrs
- 8. How is their urination compared to normal (before they developed diabetes)?**
Increased Same (i.e. normal) Decreased
- 9. How is their urination compared to their previous visit?**
Increased Same Decreased
- 10. If increased urination is present, is this consistent during the day/night or have you noticed it more at certain times of day? If so, when?**
Increased urination consistently Increased urination occasionally
Occasional increases when?
- 11. Since the last visit have you noticed your pet's weight/condition:**
Increase Remain stable Decrease
- 12. Body weight today:** **BCS: /9**
Increase Stable Decrease

- 13. Would you describe your pet's behaviour as:**
 Normal Abnormal
 If abnormal, please describe:.....
- 14. Does your pet have any other symptoms? Eg vomiting, diarrhoea, odd behaviour etc**

- 15. What type of insulin are you giving your pet?.....**
- 16. How many units of insulin are you giving?.....**
- 17. What times do you give the insulin doses?.....**
- 18. When is the next dose due?.....**
- 19. Are you happy with insulin storage/handling and injection technique at home?**
 Yes No
 If no, please arrange a refresher on this at the time of patient discharge (30 minute RVN consult)
- 20. What type of food is your pet fed on?.....**
- 21. How much food does your pet get at each meal?.....**
- 22. What times do you feed your pet?.....**
- 23. Do you ever vary the diet or give snacks?**
 Yes No
 If yes, what?.....
- 24. Have you been advised your pet requires further tests as well as a blood glucose curve?**
 Yes No
 If yes, what?.....
- 25. Have you had an estimate for today's procedure?**
 Yes No
 If no, is one required immediately?.....
- 26. What is the best contact phone number for today?.....**
- 27. Do you have a discharge appointment already booked?**
 Yes No
 Time.....
- 28. Do you need more insulin/needles/a sharps bin?**
 Yes No.
 If yes, what?.....
- 29. Is there anything else you need to tell us?.....**
- 30. Please TPR patient and hand to case vet/ward vet as applicable.**
 Weight: Temp: Pulse: RR: MM: