

Hypoglycemic Event Analysis Tool (HEAT)

	Not Pa	rt of Medio	cal Record					
Event [Date and Time							
Blood (Glucose (BG) Level Investiga	ting Regis	tered Nurse (RN)					
Calori	e Intake at Time of Event: Nothing by mout Intravenous (IV)		□ By mouth (PO) □ Tube Feeding □ Total parenteral nutrition (TPN) with insulin					
	Patient's dietary status changed within 24 hou		t.					
	Status change was discussed with the provider Patient ate since last meal.	r.						
	nount of meal, prior to event, that was consum	od %						
	nents for reviewer:	cu/						
Drug	Administration							
	Insulin order changed within 24 hours of even	t.						
Time	between insulin administration and the meal ne	earest to e	vent:					
	minutes before meal or minute	s after me	al					
Place	Patient Label Here		nendation for an intervention to prevent a					
Name		uture event:						
	of Birth							
ID#	Room #							
Presci	iber Notification (Complete shaded sec		-					
	Documentation of prescriber notification of gl							
	Documentation of prescriber notification of se	evere hypo	glycemia (BG < 40) at time of event.					
Causa	tive Factors—Choose a maximum of three	e of the n	nost important factors (definitions on back).					
Prescr	ibing Related (Dosing not in alignment with pa	atient's m	edical condition prior to event.)					
	Home regimen continued as inpatient	Г						
	Event while treating elevated potassium		Contributing and Other Factors					
	Basal-heavy regimen		Diabetic agents received prior to admission					
	High-dose sliding scale insulin		Diabetes Type:					
	Sulfonylurea-related hypoglycemia		🗆 Type I					
	Inpatient regimen not adjusted due to:		🗆 Туре II					
	 Glucose trend not recognized Gianificant advection in stempid data 		Gestational					
	 Significant reduction in steroid dose Decreased putritional intake 		Home Diabetic Regimen					
	Decreased nutritional intake Event related to outpatient or emergency		Insulin					
	Event related to outpatient or emergency department drug administration		Oral agent					
Drocos	s Related	L						
		chronized						
	Insulin administration and food intake not synchronized Point-of-Care (POC) glucose reading not linked to							
	insulin administration							
	POC glucose reading not synchronized with food intake							
Admin	istration Related							
	Wrong drug, dose, route, patient, or time		Was the medical doctor (MD) notified of the findings					
	Insulin stacking		□ Yes					
Monit	oring Related		Not available for discussion					

□ Insufficient glucose monitoring

Invalid Alert

□ Erroneous lab value

Was the RN notified of the findings?

- □ Yes
- □ Not available for discussion



Definition for Causative Factors:

- 1. **Basal heavy regimen**—Greater than 0.5 Units/kg of basal insulin without any or minimal mealtime insulin OR > 0.3 Units/Kg basal insulin without any or minimal mealtime insulin in patients with renal impairment (CrCl < 30 mL/min).
- 2. High-dose sliding scale insulin (SSI)—Event due to "high" dose SSI being ordered.
- 3. Insulin stacking—Rapid-acting insulin administered and repeated within 3 hours (or less) or regular insulin administered and repeated within 4 hours (or less) resulting in hypoglycemia.
- 4. **Sulfonylurea-related hypoglycemia**—Sulfonylurea primary cause of or contributed to the event. *Mark especially if sulfonylurea alert fired.*
- 5. Event related to outpatient or emergency department (ED) drug administration—Medication given in ED or prior to admission and is the proximate cause of inpatient hypoglycemia.
- 6. Insufficient glucose monitoring—Improper time gap of ordering or drawing of glucose levels.
- 7. **Glucose trend not recognized**—BG level < 90 and/or significant change in BG levels where current insulin regimen poses a patient safety risk.
- 8. Significant change reduction in steroid dose—Steroid tapered or discontinued without change in insulin requirements.
- 9. **Decreased nutritional intake**—Event secondary to lack of insulin adjustment in patient with poor food intake, other enteral nutrition, or NPO.

Timeline: Start with event and complete for up to 24 hours prior to event.

Date/ time	POC/ Venous	Scheduled Time	Admin Time	Agent	Dose Ordered	Dose Admin	Correc- tional?	Notes
	(Event)						Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	

Optional Narrative:

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