

Answering RPM Alerts

On the 2C RPM dashboard you might spot the following kinds of alert notifications:

A. Time Lapse Alert:

- In case of **missed reading**, call the patient and remind them to take the reading while still on call.
- Text/Chat patient reminders

B. Out of Range Alert:

- In case of **out of range reading**, call the patient and ask them to take their reading again to rule out any errors with the device.
- If the **reading taken again is also out of range** then see if it is within the **Emergent** range or not.
- Ask the patient if they are having any warning signs or symptoms.
- The Out-of-Range alerts can be further divided into **Emergent alerts** (range above or below normal that requires action) and **Urgent alerts** (range above or below normal that requires immediate action).

I. Emergent Reading:

- If the reading is in the Emergent range and not because of missed medication dosage then schedule a visit with the doctor as soon as possible to discuss health.
- Inform the clinic (according to the clinic's protocol/communication means i.e. text/email/call/telephonic encounter on EMR).

II. Urgent Reading:

Blood pressure urgent range:
Systolic (upper reading): ≥ 180 mmHg

STEP 1: If systolic is 180 or above, then call the patient and take history.

STEP 2: Take Action according to the scenario:

Scenario 1:

If systolic is **180 or above** along with **ANY** of the following symptoms:

- Blurry vision
- One-sided weakness(or any other new neurological symptoms)
- Headache
- Chest pain

then follow Clinic Emergency Protocol (as mentioned in Blue Book).

Scenario 2:

If systolic is **180 or above** without above-mentioned symptoms then:

- Check if the patient has taken medication(s). If not, ask them to do so and take the reading again in one hour. Prescribing medications is outside the scope of our practice.
- Check if the patient has taken caffeine or smoked
- Ask about any vigorous exercise
- Ask about meal
- Infection
- Other new medications

Ask the patient to **take at least two more readings** over the next 10 min.

Scenario 3:

If systolic blood pressure is **still 180 or above** after repeated readings
then follow Clinic Emergency Protocol (as mentioned in Blue Book).

STEP 3: Inform the patient that you will call for follow up the next day.

STEP 4: Inform the clinic regardless of the outcome.

Blood pressure urgent range:
Systolic (upper reading): ≤ 100 mmHg

STEP 1: If systolic is 100 or below, then notify CM and call the patient to take history:

STEP 2: Take Action according to the scenario:

Scenario 1:

If systolic is **100 or below** along with **ANY** of the following symptoms:

- Dizziness
- Vertigo
- Generalized Weakness
- Fever (sepsis)
- Vomiting, diarrhea, bleeding, excessive sweating (fluid loss)
- Low blood sugar (if diabetic)

Then follow Clinic Emergency Protocol (as mentioned in Blue Book).

Scenario 2:

If systolic is **100 or below without above-mentioned symptoms** then check if the patient has taken medication(s):

- New Medication started
- Repeated dose

Then wait and take **three more readings** over the next 6 hours. In case reading still 100 or below without any symptoms then schedule a visit with PCP ASAP.

Scenario 3:

If systolic blood pressure is **still 100 or below after 6 hours** and **any of the above-mentioned symptoms appear** then follow **Clinic Emergency Protocol (as mentioned in Blue Book).**

STEP 3: Inform the patient that you will call for follow up the next day.

STEP 4: Inform the clinic regardless of the outcome.

Blood glucose urgent range:
≤70 mg/dl with or without symptoms

STEP 1: If blood glucose is below 70 mg/dl, then call the patient and take history.

- Check if patient has taken medication/insulin
- Check if the patient has had a meal (Missed Meal causes low blood sugar)
- Check if the patient has indulged in vigorous physical activity

STEP 2: Take Action according to the scenario:

If the patient is experiencing low blood sugar regardless of symptoms of hypoglycemia, follow the **15-15 rule** i.e.

Ask the patient to take 15 grams of carbohydrate to raise blood sugar and check it after 15 minutes. If it's still below 70 mg/dL, ask them to have another serving. Repeat these steps until blood sugar is at least 70 mg/dL. Once blood sugar is back to normal, ask the patient to eat a meal or snack to make sure it doesn't lower again. Patient can take:

- Glucose tablets (see instructions)
- Gel tube (see instructions)
- 4 ounces (1/2 cup) of juice or regular soda (not diet)
- 1 tablespoon of sugar, honey, or corn syrup
- Hard candies, jellybeans or gumdrops—see food label for how many to consume

Many people tend to want to eat as much as they can until they feel better. This can cause blood sugar levels to shoot way up. Using the step-wise approach of the "15-15 Rule" can help you avoid this, preventing high blood sugar levels. When treating a low, the choice of carbohydrate source is important. Complex carbohydrates, or foods that contain fats along with carbs (like chocolate) can slow the absorption of glucose and should not be used to treat an emergency low.

If blood glucose does not increase then follow Clinic Emergency Protocol (as mentioned in Blue Book).

STEP 3: Inform the patient that you will call for follow up the next day.

STEP 4: Inform the clinic regardless of the outcome.

Blood glucose urgent range:
≥240 mg/dl with symptoms

STEP 1: If blood glucose is above 240 mg/dl, then call the patient and take history since high blood sugar levels can lead to Diabetic Ketoacidosis (DKA)

Check if patient has:

- Not used enough insulin or oral diabetes medication or missed a dose or used incorrect insulin type
- Not injected insulin properly or using expired insulin
- Not followed their diabetes eating plan
- Been inactive
- Been suffering from an illness or infection
- Been using certain medications, such as steroids
- Been injured or having surgery
- Been experiencing emotional stress, such as family conflict or workplace challenges

STEP 2: Take Action according to the scenario:

Scenario 1: Patient has blood glucose above 240 mg/dl with following symptoms especially any ⚠ warning symptoms:

DKA usually develops slowly. But when vomiting occurs, this life-threatening condition can develop in a few hours.

Early sign and symptoms include the following:

- Thirst or a very dry mouth
- Frequent urination
- ⚠ High levels of ketones in the urine (if patient has ketone stick available)

Late sign and symptoms appear:

- Constantly feeling tired
- Dry or flushed skin
- ⚠ Nausea, vomiting, or abdominal pain. Vomiting can be caused by many illnesses, not just ketoacidosis. If vomiting continues for more than two hours, contact your healthcare provider.
- ⚠ Difficulty breathing
- ⚠ A hard time paying attention, or confusion

then follow Clinic Emergency Protocol (as mentioned in Blue Book).

Scenario 2: Patient has blood glucose above 240 mg/dl without any of the mentioned symptoms.

- Check if the patient has missed medication/insulin. If so, then ask them to take it and repeat reading after 2 hours and keep a close eye. If it continues to be high then schedule a visit with the doctor as soon as possible to discuss health.

STEP 3: Inform patient that you will call for follow up the next day.

STEP 4: Inform the clinic regardless of the outcome.

RPM Alert Guide



