

Student Name: Carleigh Zerkle

N201: Nursing Diagnosis Form

List the two Nursing Diagnoses along with rationale, at least 2 goals, assessments, and nursing interventions for each patient.

Patient Problem # 1 Risk for unstable glucose

Rationale for selecting: Inadequate glycemic control, poor diet control, poor secretion of insulin.

Goals: 1. Client will maintain fasting blood glucose level between 70-110 during my time of care.

2. Client will properly be able to self-administer insulin at scheduled times during my time of care.

Ongoing Assessments: Capillary blood glucose QID AC HS, I&O q 8 hr, Monitor LOC q 2 hours, Assess vital signs q 4 hours.

- NI:
1. Administer insulin PRN per physician order.
 2. Ensure client is able to and is aware of when to check blood sugar levels once a shift.
 3. Educate signs and symptoms of hypo/hyperglycemia during my time of care.
 4. Encourage client to administer insulin by themselves at each scheduled dose.
 5. Educate on dietary management of diabetes during my time of care.
 6. Educate both client and family the importance of monitoring blood sugar throughout the day during my time of care.

Patient Problem # 2 Deficient knowledge: Type 1 diabetes

Rationale for selecting: New diagnosis, too young to understand

Goals: 1. Both client and family will demonstrate the ability to take capillary blood glucose levels and calculate insulin dose PRN during my shift.

2. Both client and family will properly be able to explain the need for simple carbs once during my time of care.

Ongoing Assessments: Assess client and family's readiness to learn once every shift, assess ability for both client and family to demonstrate teach back or verbalize understanding q shift, Assess the client and family's knowledge of material at the start of each shift.

- NI:
1. Educate how to take a capillary blood glucose level and the need to switch fingers each time once a shift.
 2. Educate how to calculate insulin dose based on blood glucose level PRN during my time of care.
 3. Educate the need to rotate sites for insulin administration TID.
 4. Ensure client and family has a controlled diet plan once before discharge.
 5. Encourage client and family to verbalize understanding or demonstrate teach back when important information is given.
 6. Encourage client and family to express concerns and ask questions about diagnosis before discharge.

Directions:

Initials/ Signature: CZ/Carleigh Zerkle

Chart any and all nursing interventions done for your patient during your time of care (if nursing interventions performed by others, write as an “E” note). After each intervention, document your patient’s response to the intervention (evaluation note).

Time	I or E <small>(NI or Eval)</small>	Notes	Specify NDx #
0900	E	Client presents to doctors office and mom states “Derek just hasn’t been acting himself lately, he doesn’t seem to have any energy at all” mom also states for client to have been wetting the bed recently but no fever has been discovered. No fever noted at time of visit. Client currently c/o blurred vision, increased thirst, excessive hunger, slow wound healing, and the losing weight-----CZ	1,2
0930	E	Urine dipstick done and Blood sugar level is 271, provider explains that these tests suggest client may have diabetes, and the need to be admitted to the hospital to confirm diagnosis and get BG levels WNL. Mother of client expresses concern and asks about possible need for insulin and provider educates that a treatment plan will be made after diagnosis conformation. -----CZ	1,2
1200	E	Admitted to hospital-----CZ	2
1215	I	Folder provided containing information on diabetes and educated on the treatment plan at the moment and need for insulin to lower blood sugar levels-----CZ	1
1220	E	Verbalized understanding, BG 274-----CZ	1, 2
1245	I	Administered 4 units of insulin and educated on Hmg A1C levels and importance of regular testing for proper diabetes management-----CZ	1, 2
1255	E	Verbalized understanding-----CZ	1
1400	E	Mother of client expresses that client is hungry-----CZ	2
1410	I	Educated importance of having regular snacks after insulin administration to prevent Blood sugar from dropping too low, and provided client with whole grain crackers with cheese--CZ	1, 2
1415	E	Verbalized understanding -----CZ	1
0800	E	Client states to be feeling a little better this morning, FBG = 126, small amount of ketones in urine.-----CZ	2
0830	I	Educated FBG is still high but trending down and show improvement from previous day--CZ	1, 2
0850	E	Verbalized understanding. Mother of client asks the difference between fasting blood glucose and other tests done throughout the day-----CZ	1
0900	I	Educated FBG should be between 70-110 and it should be checked when no has been consumed to raise the BG-----CZ	1
0910	E	Verbalized understanding-----CZ	1
1000	E	Client complains of being tearful, sweating, and being irritable. Shows signs of being diaphoretic and hypoglycemic. -----CZ	2
1015	I	Provided 4 oz of simple carbohydrate, orange juice. Educated on importance of having simple carbs nearby for the instance of becoming hypoglycemic as well as s/sx of hypoglycemia. Also discussed the insulins the provider has prescribed-----CZ	1, 2
1020	E	Verbalized understanding, BG=124-----CZ	1, 2
1300	I	Educated on insulin administration equipment and importance of site rotation-----CZ	1, 2
1320	E	Verbalized concern for all the information needed to know and requested information and insulin pen-----CZ	1
1330	I	Educated both client and clients mother on use of insulin pens -----CZ	1
1340	E	Both verbalized understanding for the use of an insulin pen-----CZ	1
1400	E	Requested information on insulin pumps-----CZ	1
1415	I	Educated both client and mother of client about insulin pumps as well as provided written	1

		information-----CZ	
1425	E	Indicated understanding-----CZ	1
1600	I	Initiated conversation and education about management of diabetes when ill -----CZ	1, 2
1615	E	Verbalized understanding for needing to check blood sugar levels every 3 hours while sick, expresses concern for playing sports with having diabetes-----CZ	1, 2
1000	E	Educated on the need to eat a complex carbohydrate before exercising to prevent a hypoglycemic episode-----CZ	1, 2
1015	E	Preparing for discharge, does not express any other questions and confirms appointment--CZ	1
0900	E	States to be regulating blood sugar and handling insulin well, but client does not like to check his blood sugar around his baseball team because they make fun of him-----CZ	1
0915	I	Allows time for client to express concerns of being embarrassed for checking blood sugar around others-----CZ	1
0920	E	Client expresses that he does not like to have to walk away from his friends to “go poke his finger” he also expresses that his finger has been red and sore-----CZ	1
0930	I	Addresses concerns about fingersticks-----CZ	1
0940	E	Verbalized understanding -----CZ	1
0950	I	Indicated importance for wearing a medical alert bracelet or necklace -----CZ	1
0955	E	Verbalized understanding and need to pick one up on their way home-----CZ	1

Reflective Thinking: 1) Read over your notes
 2) Reflect on the patient problems you identified in your documentation
 3) Determine appropriate nursing diagnoses for your patient based on the problems you identified
 4) List your nursing diagnoses below, assigning each a number
 5) Return to your notes and write the corresponding nursing diagnosis # beside each entry

1	Deficient knowledge: Type 1 Diabetes
2	R/F unstable blood glucose

* Boxes that are blue should be completed using textbook information, what you expect to find. Boxes that are orange should be data collected from your patient’s chart and from your assessment.

Medical Diagnosis: **Type 1 Diabetes**

NCLEX IV (8): **Physiological Integrity/Physiological Adaptation**

NCLEX IV (7): **Reduction of Risk**

<p><u>Anatomy and Physiology</u> <u>Normal Structures</u> Insulin is produced by the pancreas And secreted by the beta cells of the pancreas. Insulin is known as the “lock and key” mechanism that allows transport of sugar into your cells. When sugar is consumed, insulin is released to help the transition from glucose in the bloodstream into the cells. Any extra is stored as glycogen in the liver which then keep the blood glucose level WNL.</p>	<p><u>Pathophysiology of Disease</u> With type 1 diabetes, it is an autoimmune disorder where the body becomes resistant to the insulin produced by the pancreas and then antibodies against natural insulin or the pancreatic b cells that produce the insulin are produced making it hard or impossible for the insulin to do its job. This then lead to increased glucose in the blood leading to hyperglycemia.</p>	<p><u>Actual Labs/ Diagnostics</u></p> <ul style="list-style-type: none"> • Urine dipstick • Capillary and serum blood glucose levels • Hmg A1C • CBC • CMP • Fasting blood glucose
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NCLEX II (3): **Health Promotion and Maintenance**

NCLEX IV (7): **Reduction of Risk**

<p><u>Contributing Risk Factors</u></p> <ul style="list-style-type: none"> • Hereditary • Age • Imbalance in body functioning 	<p><u>Signs and Symptoms</u></p> <ul style="list-style-type: none"> • <u>Polyuria</u> • <u>Polydipsia</u> • <u>Polyphagia</u> • <u>Nocturia</u> • <u>Low energy</u> • <u>Weight loss</u> • <u>Blurred vision</u> • <u>Delayed wound healing</u> 	<p><u>Therapeutic Procedures</u></p> <p><u>Non-surgical</u></p> <ul style="list-style-type: none"> • Insulin pump/ pen • Blood glucose monitor <p><u>Surgical</u> N/A</p>	<p><u>Prevention of Complications</u> (Any complications associated with the client’s disease process? If not what are some complications you anticipate)</p> <ul style="list-style-type: none"> • Slow wound healing • Prevent vascular complications • Neuropathy
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NCLEX IV (6): **Pharmacological and Parenteral Therapies**

NCLEX IV (5): **Basic Care and Comfort**

NCLEX III (4): **Psychosocial/Holistic Care Needs**

<p><u>Medication Management</u></p> <p>Insulin</p>	<p><u>Non-Pharmacologic Care Measures</u></p> <ul style="list-style-type: none"> • <u>Education</u> • <u>Dietary management</u> • <u>Physical activity</u> 	<p><u>Stressors the client experienced?</u></p> <ul style="list-style-type: none"> • <u>Embarrassed at baseball</u> • <u>Interferes with sports/friends</u> • <u>Injections</u> • <u>Lifestyle modification</u>
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Client/Family Education

NCLEX I (1): **Safe and Effective Care Environment**

<p><u>Document 3 teaching topics specific for this client.</u></p> <ul style="list-style-type: none"> • Site Rotations •Fingersticks – how, where, and when? • S/sx of hypoglycemia and treatment for it 	<p><u>Multidisciplinary Team Involvement</u> (Which other disciplines were involved in caring for this client?)</p> <ul style="list-style-type: none"> • Endocrinologist • PCP • Office nurse • Hospital nurse
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Reflection Paper

Directions: Write a 1-page reflection paper for each patient using Times New Roman, 12 pt. font and double-spaced. Include the following:

1. Describe an “Aha” moment you experienced during this learning experience.
2. What were the most important aspects of this simulation and what did you learn?
3. How will this simulation experience impact your nursing practice?

An “aha” moment that I experienced during this simulation is how scary it can be for parents when they get told their child may have a new diagnosis for anything especially a lifelong disease like diabetes. The mom brought her son in due to decrease in energy and a few other abnormal symptoms. For me, this was an “aha” moment because the parent of this child was not expecting to have to go to the hospital after a friendly doctor’s office visit. As the nurse it is important to be sensitive and understanding in this time as well as continuing to be “matter of fact.”

The most important aspects I took out of and learned from this simulation is that education is so important in times like this. You are not only educating the child who is the client but the mother and family of the client as well to ensure proper maintenance of the disease is handled. This scenario was really fun for me because I got to put the knowledge, I learned last semester in endocrine to the test but with a pediatric client. I also learned that when talking to kids’ therapeutic communication is just as important if not more to prevent them from being scared and including them in their care just as much as the parents.

This simulation will impact my nursing practice by making sure that I always offer education and ask if the client or family has any further concerns about the future care/treatment plan. Keeping the family and client as involved as possible because it reduces stress by a ton. In the future I plan to work with kids so making sure I understand the importance of being able to communicate therapeutically with them as well as their parents is so important to carry throughout my entire career in the field.

