Student Name: Drew Morris

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 blood glucose
Rationale for selecting: Lack of knowledge, on diabetes management or blood glucose management, developmental level, inadequate blood glucose monitoring.
Goals: 1.Will maintain a blood glucose reading of less than 180 mg/dL during my time of care.
2. Will verbalize understanding and use teach back methods for diabetic management during my time of care.

Ongoing Assessments: Monitor for signs of hyperglycemia (polydipsia, polyphagia, and polyuria) and hypoglycemia (tachycardia, diaphoresis, tremors, dizziness, fatigue, and hunger) q 2 hours. Monitor glucose levels before and after meals.

NI: 1. Assist the patient and parents in identifying eating patterns that need to be modified prn.

2. Educate about signs of hypoglycemia and hyperglycemia as indicated.

3. Administer sliding scale insulin as ordered.

4. Educate patient and parents about importance of adhering to diabetic treatment and management during my time of care.

5. Instruct patient and parents about appropriate actions to raise blood glucose if hypoglycemic as indicated.

6. Discuss the importance of balance exercise with food intake with patient and parents as indicated.

Patient Problem # 2: Deficient Knowledge
Rationale for selecting: Unfamiliarity with insulin injection, dietary modifications, and exercise for normoglycemia.
Goals: 1. Before discharge, patient will demonstrate knowledge of insulin injection, symptoms, and treatment of hypoglycemia and diet.
2. Will demonstrate and verbalize understanding about what to do during hypoglycemic and hyperglycemic episodes prior to discharge.

Ongoing Assessments: Assess the patient's and family's readiness to learn before initiating an education plan. Assess the patient and family's fears and major concerns about diabetes. Assess the patient and family members' understanding of the technique and timing of home monitoring of glucose prior to discharge.

NI: 1. Explain that insulin dosages may need to be adjusted depending on the blood glucose level prn.

2. Teach patient and family to rotate insulin injection sites as indicated.

3. Teach the patient and family to follow a low in simple sugars, low in fat, and high in fiber and whole grains diet prior to discharge.

4. Teach patient and family how to treat hypoglycemia (15g from a fast-acting source) as indicated.

5. Provide written information about diabetes management for the patient and family to refer to prn.

6. Provide a quiet, low-stimuli atmosphere when teaching prn.

Directions: Initials/ Signature: D.M./ D. Morris SNB

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* (NI or Eval)	Notes	Specify NDx #
0900	E	Mom states, "Derek just hasn't been himself lately. He doesn't seem to have any energy at all. He doesn't want to go outside and play with his friends like he usually does." Vital signs stable, no fever. Lost weight since last visit a few months ago, new onset enuresis and lack of energy. ----------DM	1,2
0910	E	Mom states, "He's been snacking a lot more. His pants seem to be fitting looser even though he always seems to be eating." States, "I'm thirsty a lot. I get up at night to get a drink of water and go to the bathroom." C/o "fuzzy vision." ----------DM	1,2
0930	I	Took blood sugar reading, instructed to pick which finger would be best. ----------DM	1
0935	E	Blood sugar 271. ----------DM	1
0940	E	Doctor explained that the symptoms presented are suggestive of diabetes. Instructed that a hospital visit is necessary to confirm this diagnosis and to decrease blood sugar. Mom voiced concerns about diagnosis of diabetes. ----------DM	1,2
1100	I	Instructed that a dietician will be in to talk about healthy food choices, and a social worker and pharmacist may be in as well. Provided with folder with information about diabetes management. Provided comfort to mom about new diagnosis and offered transparency and welcomed questions at any time. ----------DM	1,2
1105	E	Blood sugar 274. ----------DM	1
1130	I	Administered 4 units of insulin and provided education that insulin helps the body lower blood sugar. Provided positive reinforcement when accepted insulin administration. ------DM	1,2
1135	E	Mom asked about what a hemoglobin A1C measures. ----------DM	2
1135	I	Instructed that a hemoglobin A1C test indicates how much glucose is attached to red blood cells. The result reflect the average blood glucose level for the previous three months. ---DM	2
1230	E	C/o hunger. ----------DM	1
1230	I	Provided with education about the importance of snacking between meals and at bedtime to prevent hypoglycemia. ----------DM	1,2
1240	I	Provided with six whole grain crackers with 2 ounces mild cheddar cheese. ----------DM	1
0730	E	Mom asked about "the difference between a fasting blood sugar and the other tests you do throughout the day." ----------DM	2
0730	I	Stated that fasting blood glucose should be between 70-110. ----------DM	2
0900	E	C/o tearful "for no reason," sweating, and irritability. "Not acting like himself." ----------DM	1,2
0905	I	Provided with 4 ounces of orange juice. Educated that having a simple carbohydrate like hard candy or orange juice on hand in case hypoglycemic episodes occur. ----------DM	2
0907	E	Mom verbalized understanding. ----------DM	2
0910	I	Provided education that regular insulin begins working within 30 minutes following a subcutaneous injection. ----------DM	1,2
1100	I	Instructed that family members also need to be comfortable with injections and how to properly rotate injection sites. ----------DM	2
1105	E	Verbalized understanding. Mom asks about insulin pen that patients with diabetes use. Asked for more information about this. ----------DM	2

1110	I	Instructed that an insulin pen that has been opened should be stored at room temperature and not refrigerated and that insulin should be given at room temperature to prevent subcutaneous atrophy. ----------DM	2
1200	E	Mom asks about the usage of an insulin pump. ----------DM	1,2
1205	I	Educated that if an insulin pump is used, the needle and catheter would have to be changed approximately every two days to decrease the risk for infection.----------DM	1,2
1230	E	Mom asks, "Do we have to do something different when he is sick?" ----------DM	1,2
1230	I	Educated that blood glucose should be checked every 3 hours during an illness. Insulin dosages are determined based on blood glucose levels. ----------DM	1,2
1500	E	Mom expressed concerns about having diabetes and playing sports. ----------DM	1,2
1502	I	Instructed to consume a carbohydrate snack before exercise to decrease the risk of hypoglycemia. Also to bring an additional snack during prolonged episodes of exercise. -DM	1,2
1700	E	Mom asked about diabetic treatment and management following discharge. ----------DM	2
1705	I	Educated about appointment times and use of printed out diabetic information. ----------DM	2
1000	E	Voiced concerns about blood sugar checks and c/o being made fun of when checking blood sugar. ----------DM	1
1005	I	Used therapeutic communication techniques to explore and share feelings about diabetes management. ----------DM	1
1010	I	Reviewed diabetic management information and showed how to execute fingersticks without it hurting so much. ----------DM	2

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

NDx1	Risk for unstable blood glucose
NDx2	Deficient knowledge

***** 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: Diabetes

NCLEX IV *(8)*: **Physiological Integrity/Physiological Adaptation** **NCLEX IV** *(7)*: **Reduction of Risk**

Anatomy and Physiology	Pathophysiology of Disease	Actual Labs/ Diagnostics
Normal Structures The pancreas is a long, slender organ that sits in the upper middle part of the abdomen. It is primarily an exocrine gland, secreting a variety of digestive enzymes, however the pancreas also has endocrine cells. 80% of pancreatic cells produce enzymes that combine with bile to serve in digestion. Most of the remaining cells are endocrine cells. Clusters of pancreatic cells called the islets of Langerhans secretes glucagon, insulin, somatostatin, and pancreatic	When the pancreas is unable to secrete an adequate amount of insulin to control the glucose in the bloodstream, the blood becomes more viscous, leading to impaired circulation. As a result, platelets become coagulable and clog capillaries causing impaired circulation; the body's immune system also becomes challenged and the ability to combat infection decreases greatly. Type 1 Diabetes: Occurs as an autoimmune disease where the	A1C (5.7-6.4 is prediabetic, 6.5 or above is diabetic). Fast plasma glucose (100-125 is prediabetic, 126 or above is diabetic) Oral glucose tolerance test (140-199 is prediabetic, 200 or above is diabetic) Random plasma glucose test (200 or above is diabetic) Urine dipstick

polypeptide. Insulin reduces blood glucose levels, glucagon increases blood glucose levels, somatostatin inhibits insulin and glucagon release, and pancreatic polypeptide plays a role in appetite. The pancreas plays a vital role in glucose transportation and regulation. It secretes the hormone insulin, which enables glucose to become broken down so the body can use it for energy. As a result, the blood glucose in the body decreases, and blood sugar is transferred to target cells throughout the body via the "lock and key" process. The "lock and key" process is a system where insulin attaches to glucose molecules and allows glucose to enter the cells where they are either metabolized and utilized for energy or saved for storage.	pancreatic beta cells are destroyed by the body. Type 2 Diabetes: Occurs when the pancreas becomes overworked for an extended period and is unable to keep up with body's natural demand for insulin. As a result, the pancreas releases less insulin and/or the body becomes increasingly resistant to it- therefore, the body does not properly utilize it in the "lock and key" process.	

NCLEX II *(3)*: Health Promotion and Maintenance

Contributing Risk Factors	Signs and Symptoms
Age Familiar history	Diaphoresis Polydipsia Polyuria Irritable Lack of energy Blurred vision

NCLEX IV *(7)*: Reduction of Risk

Therapeutic Procedures	Prevention of Complications
Non-surgical Surgical	(Any complications associated with the client's disease process? If not what are some complications you anticipate) Microvascular complications: Retinopathy, nephropathy, and neuropathy. Macrovascular complications: Strokes and heart attacks.

NCLEX IV *(6)*: Pharmacological and Parenteral Therapies

Medication Management
Regular insulin

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

Non-Pharmacologic Care Measures
15g of carbohydrate during hypoglycemic episodes Education Support and open communication Non-judgmental environment

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

Stressors the client experienced?
Hospitalization Needles Kids making fun of client for diagnosis Anxious mother

Client/Family Education

Document 3 teaching topics specific for this client.

- Rotation of injection sites.
- What to do during hypoglycemic episodes.
- What to do to avoid hypoglycemia when exercising.

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

Multidisciplinary Team Involvement

(Which other disciplines were involved in caring for this client?)

Nurse
Family pediatrician
Endocrinologist

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 I experienced during this learning experience was when the nurse provided Derek with six whole grain crackers and 2 ounces of cheddar cheese during his hypoglycemic episode. I always assumed that when a patient is having a hypoglycemic episode to always give 15 g of simple carbohydrates, whether it comes from a healthy or unhealthy source of food. It made me realize how cautious a healthcare provider must be when teaching kids how to handle situations like this because they might take advantage of the fact that they are able to eat candy probably more often than their peers. This is why it is always good to teach the absolute correct way to handle the situation first, with healthier alternatives.

The most important aspects of this simulation to me was to always emphasize educational points like rotating injection sites, how to treat hypoglycemia/hyperglycemia, and peak times for different insulins to both the patient and family members. When treating a child, it is of utmost importance to ensure that the family members involved in care also adhere to the treatment/medication regimen as well as the patient. During the simulation, I learned that you need to change the needle and catheter approximately every two days on an insulin pen.

This simulation experience has impacted my nursing practice by teaching me the right way to educate and conduct patient care of a child. How interactive and educational the nurses were for both the child and parent showed me exactly how to handle a situation like this. I also learned that being patient and considerate when dealing with the parent's anxiety when a new diagnosis for their child occurs is also exceedingly important.