N201 Nursing Care of Special Populations
ATI Real Life Packet

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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, developmental level, inadequate blood glucose monitoring.
Goals: 1.Pt will maintain a blood glucose reading of less than 180 mg/dL during my time of care.
2. Pt 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. Educate about signs of hypoglycemia and hyperglycemia prn.
2. Assist the patient and parents in identifying eating patterns prn.
3. Administer sliding scale insulin as ordered.
4. Educate patient and parents about importance of following the diabetic treatment and management during my time of care.
5. Instruct patient and parents about appropriate actions to raise blood glucose if hypoglycemic prn.
6. Educate 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 euglycemia.
Goals: 1. Prior to discharge, pt will demonstrate knowledge of insulin injection, symptoms, and treatment of hypoglycemia and diet.
2. Pt 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. Educate patient and family to rotate insulin injection sites as indicated.
3. Provide a quiet atmosphere when teaching prn.
4. Educate patient and family how to treat hypoglycemia qshift.
5. Provide written information about diabetes management for the patient and family to refer to prn.
6. Educate 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.

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Directions: Initials/ Signature: JM SNB/ JMorris 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: no fever present. Lost weight since last visit a few months ago, new onset enuresis and lack of energy. ----------JM	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." Slow wound healing. Urine dipstick ordered.----------JM	1,2
0930	I	Took blood sugar reading, instructed to pick which finger would be best.Explained reason for procedure.---------- ----------JM	1
0935	E	Blood sugar 271.----------JM	1
0940	E	Provider explained that the symptoms are suggestive of diabetes. Instructed that a hospital visit is necessary to confirm this dx and to decrease blood sugar. Mom voiced concerns about diagnosis of diabetes. ----------JM	1,2
1100	I	Instructed that a dietician will be in to talk about healthy food choices, a social worker and pharmacist may be in as well. Provided information about diabetes management. Provided comfort to mom about new diagnosis.----------JM	1,2
1105	E	Blood sugar 274. ----------JM	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. ------JM	1,2
1135	E	C/o hunger. ----------JM	2
1135	I	Provided with six whole-grain crackers with 2 ounces mild cheddar cheese. ----------JM	2
1230	E	Mom asked about what a fasting blood sugar is. ----------JM	1
1230	I	Provided education regarding the expected range of fasting blood sugar and ways to maintain it. —----------JM	1, 2
1231	E	Verbalized understanding. —----------JM	1,2
1232	I	Educated about the importance having snacks between meals and at bedtime to prevent hypoglycemia. –----------JM	1,2
1240	E	Mother verbalized understanding and stated she will keep snacks available prn. —----------JM	1
0730	E	Mom asked about "the difference between a fasting blood sugar and the other tests you do throughout the day." ----------JM	2
0730	I	Stated that fasting blood glucose should be between 70-110. ----------JM	2
0900	E	C/o tearful "for no reason," sweating, and irritability. "Not acting like himself." ----------JM	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. ----------JM	2
0907	E	Mom verbalized understanding. ----------JM	2
0910	I	Provided education that regular insulin begins working within 30 minutes following a subcutaneous injection. ----------JM	1,2
0912	E	Verbalized understanding. —----------JM	1, 2
1100	I	Instructed that family members also need to be comfortable with injections and how to properly rotate injection sites. ----------JM	2

1105	E	Verbalized understanding. Mom asks about insulin pen that patients with diabetes use. Asked for more information about this. ----------JM	2
1110	I	Educated 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. ----------JM	2
1200	E	Mom asks about the usage of an insulin pump. ----------JM	1,2
1205	I	Educated that if an insulin pump is used, the needle and catheter would have to be changed q2 days to decrease the risk for infection.----------JM	1,2
1230	E	Verbalized understanding and then mom asks, "Do we have to do something different when he is sick?" ----------JM	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. ----------JM	1,2
1500	E	Mom verbalized understanding and expressed concerns about having diabetes and playing sports. ----------JM	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. -JM	1,2
1700	E	Mom asked about diabetic treatment and management following discharge. ----------JM	2
1705	I	Educated about appointment times and use of printed out diabetic information. ----------JM	2
1000	E	Expressed concerns about blood sugar checks and c/o being made fun of when checking blood sugar. ----------JM	1
1005	I	Used therapeutic communication techniques to explore and share feelings about diabetes management. ----------JM	1
1010	I	Reviewed diabetic management information and showed how to perform fingersticks without it hurting as bad. ----------JM	2
1015	E	Verbalized understanding and stated "I'm feeling better." Will wear an identification bracelet. —----------JM	1, 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**

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Anatomy and Physiology Normal Structures	Pathophysiology of Disease	Actual Labs/ Diagnostics
Pancreas: is a long, slender organ that is located in the upper middle part of the abdomen. The exocrine gland secretes digestive enzymes. 80% of pancreatic cells produce enzymes that combine w/ bile to help w/ digestion. Most of the remaining cells are endocrine cells. The islets of Langerhans secretes glucagon, insulin, somatostatin, and pancreatic 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 also helps w/ glucose transportation and regulation. It secretes the hormone insulin, which enables glucose to become broken down so the body can use it for energy. This causes the blood glucose in the body to decrease, and blood sugar is transferred to different 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/utilized for energy/saved for storage.	The pancreas is unable to secrete enough insulin to control the glucose in the bloodstream-blood becomes more viscous-this leads to impaired circulation-platelets become coagulable and clogs capillaries which causes impaired circulation. **Immune system**: becomes challenged and the ability to fight off infection decreases. **T1DM:** an autoimmune disease where the pancreatic beta cells are destroyed by the body. **T2DM:** the pancreas becomes overworked for an extended period and is unable to keep up with the body's insulin needs. This leads to the pancreas releasing less insulin and/or the body becomes increasingly resistant to it, then the body does not properly utilize it in the "lock and key" process.	Hgb A1C (5.7-6.4 is prediabetic, 6.5 or above is diabetic). Urine dipstick Oral glucose tolerance test (140-199 is prediabetic, 200 or above is diabetic) Fast plasma glucose (100-125 is prediabetic, 126 or above is diabetic) Random plasma glucose test (200 or above is diabetic)

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

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

NCLEX IV *(7)*: Reduction of Risk

Therapeutic Procedures	Prevention of Complications
Non-surgical Diet/meds Surgical: n/a	(Any complications associated with the client's disease process? If not what are some complications you anticipate) Microvascular complications: Retinopathy Nephropathy Neuropathy Macrovascular complications: Strokes Heart attacks

NCLEX IV *(6)*: Pharmacological and **NCLEX IV *(5)*: Basic Care and Comfort** **NCLEX III *(4)*: Psychosocial/Holistic**

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Parenteral Therapies

Medication Management
Regular insulin NPH Long-acting

Non-Pharmacologic Care Measures
15g of carbs during hypoglycemic episodes Education

Care Needs

Stressors the client experienced?
Hospitalization Needles Anxious family Normal life

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/School RN 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 Derek's mother was discussing the symptoms that Derek was experiencing and how they were the classic symptoms of diabetes. The mom assumed that Derek had the flu since he seemed "off" and proper education helped them realize that all of those symptoms that he was experiencing sound more like diabetes rather than the flu.

The most important aspects of this simulation to me was how all of the healthcare workers involved the child and the mother in the education that was provided for them. at the end of the day, the mother will not always be with him 24/7 so the child needs just as much education as the mother. This will also increase compliance from the child because he felt like he was involved in the plan of care. Another important aspect was the education about what to do during hypoglycemia events and hyperglycemia events; all of the nurses used easily to understand vocabulary and this helps the patient and family realize it is not difficult to manage this diagnosis.

This simulation experience has impacted my nursing practice in a positive way. This simulation provided a great example of how to educate a child that is diagnosed with diabetes mellitus and how that can be worrisome to the patient and family, but proper education helps relieve those fears and anxiety. I believe this simulation showed the process of how a diagnosis should go: going to your primary care provider, tests being conducted, hospital admission, discharge, and then follow-up with the primary care

provider. Throughout the entire process, nurses and providers were constantly teaching so that future hospitalizations can be avoided.