ATI Real Life Student Packet
N201 Nursing Care of Special Populations
2022

Student Name: ___Madison Hoehn_____

ATI Scenario: ____Type 1 Diabetes PED2_____

To Be Completed Before the Simulation

** Blue boxes should be completed using textbook information. What do you expect to find? This information should be collected before you start the ATI simulation.

Medical Diagnosis: ___Type 1 Diabetes_____

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

Anatomy and Physiology Normal Structures	Pathophysiology of Disease
The pancreas and an organ located behind the stomach. It is made up of two glands the exocrine and endocrine gland. The pancreas is responsible for secreting insulin and glucagon, which then effects the blood glucose. The right side of the pancreas, which is also the largest part is called the head. From the head it goes into the body and tail, getting smaller from the head to tail.	Type 1 Diabetes is an autoimmune disorder. The body develops antibodies against insulin and the pancreatic beta cells that produce insulin. Results in not enough insulin to survive. Genetic link and exposure to a virus can be cause Latent Autoimmune Diabetes in Adults which is a slowly progressing autoimmune form in adults. Idiopathic diabetes is strongly inherited but not related to autoimmunity .

Anticipated Patient Problems, Goals, & Interventions Based on Medical Diagnosis

** This worksheet should be completed before you begin the ATI simulation.

Problem #1: __ Readiness for enhanced health management_____

Patient Goals:

 1. __Will participate during education sessions regarding diagnosis after 1 day. _____

 2. __Will be able to use teach-back method to recall information learned by day 3 of care._____

Assessments:

 ➢ Determine learning style that works best by first day of care

➢ Assess for presence of a support person or family member to include in care by end of day 1.

➢ Assess current knowledge regarding diagnosis prior to education during my care.

Interventions (In priority order):

1. __Encourage to ask questions regarding diagnosis and treatment as needed during my care._____

2. __Encourage independence with medication administration by day 3 of care. _____

3. __Include family or support person in education and care as able during my care._____

4. __Encourage use of home health care services to assist in care as needed._____

5. __Educate on importance of follow up appointments as ordered by provider to monitor maintenance of

   diagnosis as needed._____

6. __Ensure understanding of information provided daily and as needed._____ _____

Problem #2: __Risk for unstable blood glucose _____

Patient Goals:

1. ___Maintain a blood glucose between 70-100 consistently after 3 days of treatment. _____

2. ___Demonstrate correct administration of prescribed medications within 2 days. _____

Assessments:

➢ Obtain blood glucose before each meal and at bedtime during my care.
➢ Monitor for signs and symptoms of hypoglycemia including: shakiness, dizziness, sweating, hunger, headache, pallor, and confusion Q2 during my care.
➢ Monitor for signs and symptoms of hyperglycemia including: polyuria, polydipsia, and polyphagia.

Interventions (In priority order):

1. __ Administer insulin as ordered during my care. _____

2. __ Educate patient and family about signs and symptoms of hypoglycemia daily during my care. _____

3. __ Educate on strictly adhering to medication regimen even when sick, daily during my care. _____

4. __Teach to maintain a blood glucose log to monitor effectiveness of treatment regimen daily. _____

5. __ Encourage collaboration with dietitian to determine food modifications to promote a normal blood

   sugar once during my care _____

6. __Report critical glucose values of <50 or >400 to provider as needed._____

To Be Completed During the Simulation
Nursing Notes

Time	I or E	Notes	Specify NDx #
1805	E	Patient and mother present in office for general complaint of not feeling well, fatigue, blurred vision, polydipsia, polyphagia, delayed wound healing on knee, and enuresis. Weight loss noted since last appointment a few months ago. All vital signs WNL.-- -MH,SNB	1,3,4
1810	I	Notified provider of symptoms. Urine dipstick ordered and completed. Blood glucose level also completed.--MH,SNB	2,4
1815	E	Blood glucose 271--- MH,SNB	2,4
1820	E	Provider expresses concern to patient and mother about a diagnosis of diabetes. Suggesting going to hospital to confirm and receive proper treatment.--------MH,SNB	1,2,3,4
1825	E	Arrived at hospital. Met with patient and mother. Explained plan of care. Blood sugar 274.---MH,SNB	1,2,3,4
1828	I	4 unit of insulin administered. --MH,SNB	2
1830	E	Hgb A1C is 12. --MH,SNB	2,4
1830	I	Educated that A1C reflects the average blood sugar over the past 3 months. And that this will routinely be monitored--MH,SNB	1,2,4
1840	E	Requesting snack---MH,SNB	1,2
1840	I	Educated importance of snacking between meals, snack provided. -----------MH,SNB	1,4
1845	E	Next morning – Mother requesting education on difference between fasting v. non fasting glucose.---MH,SNB	1,4
1845	I	Educated that fasting glucose is taken in the morning prior eating and should be between 70-110.--MH,SNB	1,4
1850	E	Rang call bell. Expressing symptoms of low blood glucose including: irritability, and sweating. Blood glucose checked and 4oz of orange juice provided. Educated on importance of keeping snacks available in case of hypoglycemia.--------------MH,SNB	1,2,3,4
1850	I	Educated on different types of insulin and the onset and peak time so they know how quick it can result in hypoglycemia. As well as assisting with practicing injecting insulin.---MH,SNB	1,2
1855	E	Mother requesting education on insulin pens.-------------------------------------MH,SNB	1,2
1855	I	Educated that insulin pens should be kept at room temperature once opened and must be discarded after 28 days---MH,SNB	1,2,4
1900	E	Mother requesting information about insulin pumps----------------------------MH,SNB	1,2
1905	I	Educated that an insulin pump still requires insulin amounts to be calculated, and the needle should be changed every 2 days, but sports can still be played, and the pump can be removed for up to an hour.--MH,SNB	1,2
1905	E	Verbalized understanding about insulin pumps. --------------------------------MH,SNB	1
1910	I	Educated importance to check blood sugar every 3 hours while sick and to continue taking insulin.--MH,SNB	1,2,
1915	E	Dressed and ready to be discharged. Requesting education regarding exercise and sports and how that effects diabetes.---MH,SNB	1,2
1915	I	Educated to eat a complex carb snack prior to exercise to decrease risk for hypoglycemia.---MH,SNB	1

1920	E	Ready for discharge. Received all information and instructions to make follow-up appointment. No further questions.--MH,SNB	1
1925	E	A few days later at follow-up appointment. States well control over diabetes. Expressed concern about checking blood sugar in front of peers at school. Also, expressed painful fingers due to glucose checks.--------------------------------MH,SNB	1,3
1930	I	Re-educated on how to check blood glucose. Also educated to get a medical alert bracelet to wear.--MH,SNB	1
1930	E	Verbalizes understanding. No further questions.---------------------------------MH,SNB	1

Initials/ Signature __MH,SNB   Madison Hoehn_____

Actual Patient Problems & Goals

** This worksheet should be completed after you complete the ATI simulation.

Problem #1: _____Readiness for enhanced health maintenance_____

    Patient Goals:

    1. __D will participate in choosing foods to maintain a balanced carb controlled diet by day 5.   Met ☐
            Unmet ☐

    2. _D will independently check his own blood glucose by day 5. _____   Met ☐
            Unmet ☐

Problem #2: __Risk for unstable blood glucose._____

    Patient Goals:

    1. ___D will maintain a blood glucose between 70 and 140 by day 5 of treatment.   Met ☐
            Unmet ☐
            Met ☐

    2. ___D will check his blood glucose before all meals and at bedtime and PRN._____   Unmet ☐

Problem #3: _____Anxiety_____

    Patient Goals:

    1. D will check his blood glucose in front of his peers without worry of their opinions after 7 days.
            Met ☐
            Unmet ☐

    2. ____D will verbalize any questions about treatment as needed.   Met ☐
            Unmet ☐

Problem #4: ___Ineffective health maintenance.

    Patient Goals:

    1. ___D will check blood glucose before meals and at bedtime and as needed after discharge. ___
            Met ☐
            Unmet ☐

    2. ___D will have a hemoglobin A1C <8 at next lab draw._____   Met ☐
            Unmet ☐

Problem #5: _____

    Patient Goals:

1. _____ Met ☐
                                                                       Unmet ☐

2. _____ Met ☐
                                                                       Unmet ☐

Patient Resources: ___Diabetic educator, support groups, dietitian

Patient Teaching: __Hypoglycemia treatment, snack prior to exercise, keep snacks available for hypoglycemia

---

To Be Completed After the Simulation

The orange boxes should be filled out with your simulation patient's actual results, assessments, medications, and recommendations.

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

Actual Labs/ Diagnostics
Hgb A1C – 12
Blood glucose levels – 271, 274
UA - + Ketones

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

Signs and Symptoms
Polydipsia
Polyphagia
Enuresis
Fatigue
Blurred vision
Weight loss

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

Contributing Risk Factors

Age
Genetics

Therapeutic Procedures
Non-surgical

Diet control

Surgical

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

Prevention of Complications
(Any complications associated with the client's disease process? If not what are some complications you anticipate)
Hypoglycemia
Hyperglycemia
Somoji effect
Dawn Phenomenon
Infection

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

Medication Management
Regular Insulin 4 units QID and 4 units with lunch and dinner
-Regular/NPH 70/30 4 units at breakfast and bedtime
- Glucagon 1mg IM PRN

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

Non-Pharmacologic Care Measures
Diet – low carb, sugar
Exercise
Decrease stress

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

Stressors the client experienced?
New diagnosis
Hospitalization
Checking glucose in front of peers

Playing sports

Client/Family Education   **NCLEX I** *(1)*: **Safe and Effective Care Environment**

Document 3 teaching topics specific for this client.	Multidisciplinary Team Involvement
• Injection techniques	(Which other disciplines were involved in caring for this client?)
• Onset and peak of insulins	Diabetic Educator
• Having snacks available for hypoglycemia	Primary care
	Support Groups
	Dietitian

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 I gave some inaccurate education to

the patient and his mother. This was an error because I as the nurse am responsible to provide accurate

information so that my patient and their family can safely care for their diagnosis at home. When the mother of

the patient was asking about the glucose pen, I educated them that the pen must be used within 6 days, but it is

actually good for 28 days at room temperature. Also, when the mother asked about the insulin pump it was important for them to know that the needle must be changed every 2 days to prevent infection and that they still must calculate the amount of insulin to administer, however I chose the answer that the insulin pump calculates the dose.

The most important aspects of this simulation are regarding education to the patient and family. This is the most important because this is a new diagnosis that they are not familiar with. So properly educating them as soon as possible is important so they can best treat the diagnosis of diabetes. This diagnosis came as a big surprise, so it is vital to support the patient and mother and ensure understanding of education and treatment. There were many things that needed to be taught to them. They needed to learn what diabetes is, onset and peak of insulin, proper use of insulin pens and insulin pump, how check your blood sugar and how often to do so. Also, how to treat hypoglycemia, and that exercise and being sick can affect diabetes and how to best treat during those times. This was an overwhelming amount of education and news to the patient and mother, so it was important to take the time to answer all questions they had and give accurate information.

The simulation will impact my nursing practice in couple ways. First, I will always be sure to take plenty of time to educate my patients in a way that they understand. This is important for them to best care for themselves at home independently and avoid complications regarding their diagnosis. Also, I will always be sure to give accurate information to my patients to avoid mistakes in care. Proving inaccurate education could result in complications that could have been prevented if proper education was given. Another thing I will bring on with me in my nursing practice is to emotionally support my patient and their families to the best of my ability. This is important to relieve stress. During the scenario the patient and mother were anxious at various times and needed support so they could continue to treat and learn about this new diagnosis of diabetes.