

Nursing Notes

Initials/Signature: JD, JSM, JB, SNB

Rm No: _____

Actual Patient Problem: Risk for unstable blood glucose			
Clinical Reasoning: Blood 228, previous DKA, ketones, carb diet, HGB A1C 10.5, 22 units of glargine	Goal: Pt blood glucose will remain between 70-110 during my time of care. UNMET		Met: ? Unmet: ?
	Goal: Pt will demonstrate proper administration of insulin during my time of care. UNMET		Met: ? Unmet: ?
Actual Patient Problem: Deficient Knowledge Diabetes			
Clinical Reasoning: Newly diagnosed diabetic, DKA, caffeine on bedside table, ketonuria	Goal: Pt will demonstrate understanding of types of insulin by the end of my shift. MET		Met: ? Unmet: ?
	Goal: Pt will demonstrate importance of blood glucose monitoring by the end of my shift. MET		Met: ? Unmet: ?
Additional Patient Problems: Impaired gas exchange, risk for aspiration			

Patient Problem	Time	Relevant Assessments Indicate pertinent assessment findings.	Time	Multidisciplinary Team Intervention What interventions were done in response to your abnormal assessments?	Time	Reassessment/Evaluation What was your patient's response to the intervention?
Deficient knowledge diabetes	0730	Dunkin caffeine, candy, sugar packets at bedside asks about eating pop tart	0735	Educated on decreasing sugar intake	1100	Uninterested in lunch provided
Deficient knowledge diabetes	0730	States "im hungry" ask wheres breakfast	0735	Educated on low carb low fat diet importance for diabetes.	0900	Did not eat any of breakfast provided
Risk of unstable blood glucose	0800	Poptarts, frosted flakes, pancakes syrup, incorrect breakfast meal tray	0802	Called nutrition for correct diabetic carb controlled diet.	1100	Didnt eat lunch states "This food is more boring than the last tray"
Impaired gas exchange	0900	SPO2 95% on RA, breaths sounds vesicular in all lobes anteriorly and posteriorly, unlabored breathing, suspected PNA, non productive cough	0910	Administered azithromycin 500mg IVPB	1100	No signs or symptoms of infection, skin warm
Risk for unstable blood glucose	1030	Blood glucose capillary 228	1040	Administered 16 units of insulin lispro, educated on types of insulin	1045	States "im gonna have to get used to that" Did not eat lunch provided

Patient Problem	Time	Relevant Assessments Indicate pertinent assessment findings.	Time	Multidisciplinary Team Intervention What interventions were done in response to your abnormal assessments?	Time	Reassessment/Evaluation What was your patient's response to the intervention?
Deficient knowledge diabetes	1030	Blood glucose 228, newly diagnosed diabetic, DKA, poor diet	1035	Educated on importance of monitoring blood glucose	1040	Demonstrates understanding of importance of blood glucose monitoring
Impaired gas exchange	1100	RR 14, SPO2 89%, lethargic, unresponsive, states "im dizzy"	1103	Applied 2L NC	1130	SPO2 95%, no signs of unlabored breathing
Risk for unstable blood glucose	1100	Blood glucose capillary 42, lethargic, states "im dizzy im gonna pass out", vomiting	1110	Administered 1mg glucagon IM	1135	Blood glucose capillary 100, alert and oriented
Risk for aspiration	1100	Vomiting, low hob, impaired cognition	1105	Repositioned to right side lying recovery position, provided basin	1135	SPO2 95%, 2L NC, vomiting subsided
Deficient Knowledge diabetes	1135	Alert and oriented, asks what happened to her	1136	Educated on hypoglycemic event, and importance of eating meals to keep glucose wnl.	1138	Demonstrates understanding of importance of diet "oh so I will need to take more insulin now because my sugars high.

Significant Event Documentation: Use the area below to document any significant events that happened during your time of care.

10:50	Left floor to get CT scan