

Nursing Notes

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Rm No: _____

Actual Patient Problem: Unstable blood glucose (1)

Clinical Reasoning: Newly Dx DKA, FS: 228, Glucose after insulin admin 46, 16 units of insulin administered, Glucagon administered IM

Goal: (Pt will maintain blood glucose >70, <200 during my time of care) Met: Unmet:

Goal: (Pt will verbalized S/Sx of hyper and hypoglycemia during my time of care) Met: Unmet:

Actual Patient Problem: Deficient knowledge (2)

Clinical Reasoning: Candy on table, dunkin donuts cappuccino, not eating meal after insulin administered, "I want to have some margs."

Goal: (Pt will verbalize S/Sx of hyper and hypoglycemia during my time of care) Met: Unmet:

Goal: (Pt will verbalize rationale for meds administered during my time of care) Met: Unmet:

Additional Patient Problems: Impaired gas exchange (3), Risk for electrolyte imbalance (4)

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?
3	0815	Lung sounds diminished in Left lower lobe posterior and anterior; rhythm regular, unlabored; 96% on RA	0815	Elevated HOB to 45 degrees	0815	Spo2: 96%
2	0815	Candy, sugar packet, Dunkin coffee on bedside table	0820	Educated on importance of sugar free products; referred to nutritionist	0820	Stated, "All of this change is a lot!" "I really like candy."
4	0815	IV site: clean, dry, intact, no edema, erythema, pain, pallor, or drainage	0830	IV site flushed w/ 10 mL, 0.9% NSS 1000 mL 75 mL/hr initiated	0900	Fluids infusing- drops falling, no pain at IV site reported at pt; IV site still clean, dry, and intact
1	0920	FS: 228	0930	Administered 16 units Lispro Subq in left lower ABD	0945	Did not eat lunch when to CT; Pt lethargic and slurring words; blood glucose: 46

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

0945	Pt went to CT scan of chest (r/t possible CAP)