

## Nursing Notes

Initials/Signature: RDH, SNB

Rm No: Sim Lab 2

**Actual Patient Problem:** Risk for Unstable Blood Glucose Levels

**Clinical Reasoning:** Blood sugar 228, high sugar coffee beverage, requests for popartarts, newly diagnosed type 1 DM      Goal: The patient will maintain blood glucose levels between 70 and 140 during my time of care.      Met:       Unmet:      Goal: The patient will not experience a hypoglycemic episode during my tome of care.      Met: -      Unmet:

**Actual Patient Problem:** Deficient Knowledge: Diabetes Mellitus

**Clinical Reasoning:** Newly diagnosed type 1 DM, episode of DKA on admission, expressed feelings of being overwhelmed with information      Goal: The patient will verbalize understanding of the signs and symptoms of hypoglycemia during my time of care. Met:       Unmet:      Goal: The patient will describe foods that she should avoid during my time of care. Met:-—Unmet:

Additional Patient Problems:

Risk for deficient fluid volume, Impaired gas exchange, Risk for impaired cardiovascular function

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?
Impaired gas exchange	0730	Bilateral anterior and posterior lung sounds clear but diminished posteriorly. Dry nonproductive cough. Spo2 97% on RA. WBC 11.4 on morning lab drawl. Temperature 37.1 degrees Celsius.	0840	Administered Azithromycin in D5W 500 mg IVPG as ordered by the provider.	0850	Spo2 100% on RA. Dry nonproductive cough. Taken to CT for chest scan.
Deficient Knowledge	0730	Dunkin donuts "frap" on bedside tray with pure sugar packets and candies on bedside.	0735	Educated on the importance of avoiding simple sugars including pure sugar packets and candies. Educated that these food items can cause hyperglycemia and should be substituted for zero sugar substitutes and other foods. Removed these items from the bedside.	0738 0930	"These are a lot of changes. If you bring me the zero sugar substitutes, I will try them."  "I sprinkled some of the zero sugar packets on my eggs and it was actually really good."
Risk for impaired cardiovascular function	0730	Potassium 3.4 on morning lab draw. HR 96. Not on telemetry.	0805	Administered Potassium Chloride 20 mEq oral as ordered by provider.	0830	HR 96. Normal rate and rhythm.
Risk for deficient fluid volume	0730	New order for continuous NSS infusion via peripheral IV. IV site on the left forearm is patent.	0805	Infused 0.9% normal saline at 75 mL/hour as ordered by the provider.	0835	Blood pressure 112/66.

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Deficient Knowledge	0825	"You can do whatever gets me out of here by the weekend so I can go out." History of drinking a few white claws a week.	0827	Educated that alcohol consumption should be limited as alcohol can lower blood sugar levels and cause hypoglycemic episodes. Educated that it may be necessary to monitor blood sugar levels while out at the bar.	0829	"This is all a lot. So many things are changing." Expressed interest in speaking with a diabetic educator.
Risk for Unstable Blood Glucose	0835	Capillary blood glucose 228. AOx4. Blood pressure 112/66.	0845	Administered 16 units of insulin Lispro recombinant subcutaneously as ordered by the provider. Educated on signs and symptoms of hypoglycemia. Reinforced importance of eating all the breakfast tray to prevent hypoglycemic episode.	0905	AOx0, responsive to verbal and physical stimulation, unable to communicate, lethargic appearance.
Risk for Unstable Blood Glucose	0840	Breakfast tray on bedside filled with frosted flakes, sugar packets, applesauce, and poptarts.	0843	Called dietary to confirm the correct tray and diet was received.	0905	New tray was delivered with zero calories sugar packets, eggs, oatmeal, milk, and a pear.
Impaired gas exchange	0845	CT scan confirmed by radiology, transport on the way. Left the floor with transport and was taken to CT without eating.	0850	Urged CT to wait for until breakfast was eaten.	0905	Returned to floor.
Risk for Unstable Blood Glucose	0907	Capillary blood glucose 48. AOx0, responsive to verbal and physical stimulation, unable to communicate, lethargic appearance. Blood pressure 96/51. Spo2% 89 RA.	0910	Administered 1 mg/mL of glucagon IM as ordered by provider. Applied oxygen via NC 2L.	0930	Spo2% 100 NC 2L. AOx4, responsive to verbal stimulation. Capillary blood glucose 110.

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

0930	Capillary blood sugar 48. Hypoglycemia protocol was followed, 1 mL of glucagon administered IM.
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