Nursing Problem Worksheet

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Anticipated Patient Problem and Goals	**Relevant Assessments** (Prework) What assessments pertain to your patient's problem? Include frequencies	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Problem: Deficient Fluid Volume Reasoning: treated for diabetic ketoacidosis in the ICU, on a continuous infusion of NS 1000 mL at 75 mL/hr, K 3.4, BUN 32. Goal: SH will maintain an SBP ≥90 mmHg during my time of care. Goal: SH will have a urine output ≥30 mL/hr during my time of care.	Assess VS (BP, HR) q4h.	Maintain NS 1000 mL at 75 mL/hr infusion continuously.
	Monitor for orthostasis q shift.	Educate on changing positions slowly and requesting assistance before ambulation PRN.
	Assess oral mucous membranes q shift.	Provide oral hygiene q shift and PRN if signs of dry oral mucous membranes.
	Assess for S/Sx of hyperglycemia (polyuria, polydipsia, polyphagia) PRN.	Administer insulin lispro 10 units, QIDACHS, subcutaneous and insulin lispro (LOW scale), QIDACHS, subcutaneous.
	Assess the color, amount, and consistency of urine q4h and PRN after voiding.	Encourage SH to drink 1500 mL of fluid q shift.
	Assess serum electrolytes (Na, K) q shift.	Administer potassium chloride 20 mEq PO daily.

Anticipated Patient Problem and Goals	**Relevant Assessments** (Prework) What assessments pertain to your patient's problem? Include frequencies	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Problem: Risk for Unstable Blood Glucose Level Reasoning: glucose 452 mg/dL, newly dx DM type 1, insulin naïve (on LOW scale), treated for diabetic ketoacidosis in ICU. Goal: SH will maintain a glucose level WNL during my time of care. Goal: SH will verbalize understanding of recognizing the S/Sx of hypoglycemia (tremors, diaphoresis, fatigue) by the end of my care.	Assess for signs of trending hypoglycemia PRN if SH has a blood glucose <70 mg/dL.	Provide 4 oz of juice, 8 oz of fat free milk, or 15 gm or a simple carbohydrate PRN.
	Assess for S/Sx of severe hypoglycemia (fatigue, diaphoresis, tremors) PRN if SH has a blood glucose <70 mg/dL.	Administer glucagon 1 mg, IM, PRN per hypoglycemia protocol.
	Assess for S/Sx of hyperglycemia (polyuria, polydipsia, polyphagia) PRN.	Administer insulin lispro 10 units, QIDACHS, subcutaneous and insulin lispro (LOW scale), QIDACHS, subcutaneous.
	Assess alcohol intake q shift.	Educate SH on avoiding excessive alcohol consumption without foot intake PRN.
	Assess eating patterns and knowledge of the carbohydrate-controlled diet.	Maintain carbohydrate-controlled diet and educate on counting carbohydrates prior to insulin administration PRN.
	Assess knowledge of type 1 DM q shift and PRN.	Educate SH on type 1 DM (insulin-dependent) and maintaining tight glycemic control after discharge PRN.