

Nursing Problem Worksheet

Name: _____

| Anticipated Patient Problem and Goals | Relevant Assessments (Pework) What assessments pertain to your patient's problem? Include frequencies | Multidisciplinary Team Intervention (Pework) What will you do if your assessment is abnormal? |
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| <p>Problem: risk for unstable blood glucose levels</p> <p>Reasoning: DM type 2, RLE great toe and calcaneus wound</p> <p>Goal: During my time of care, client will maintain blood glucose levels WNL (70–180) as evidenced by appropriate insulin administration.</p> <p>Goal: By the end of my time of care, the client will verbalize understanding of their diabetes management plan, including medication adherence, recognizing hypo/hyperglycemia symptoms, and dietary guidelines.</p> | Monitor blood glucose levels QID/ACHS | Administer insulin aspart SubQ 100 units/mL as ordered |
| | Evaluate renal function such as eGFR, creatinine, and BUN (affects glucose clearance) daily | Notify provider of worsening renal function |
| | Assess VS such as blood pressure and volume status q4h | Administer Lisinopril PO 10mg and Amlodipine 5mg PO as ordered |
| | Assess nutritional intake, including meal patterns, and carb consumption with every meal | Consult the dietitian to encourage and start a controlled carb diet |
| | Assess for signs and symptoms of hypoglycemia or hyperglycemia during hourly rounds | Educate the patient to recognize and report symptoms such as shakiness, sweating, thirst, or blurred vision |
| | Assess the patients understanding of their diabetes management | Provide education on blood glucose monitoring, medication adherence and encourage weight loss and regular exercise PRN |

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Nursing Problem Worksheet

Name: _____

| Goals | | |
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| <p>Problem: Risk for infection</p> <p>Reasoning: Right toe wound, poorly controlled diabetes, elevated CRP and ESR</p> <p>Goal: During my time of care, client will show no signs of systemic infection or sepsis, as evidenced by stable vital signs, absence of fever, and normal mental status.</p> <p>Goal: By the end of my time of care, client will demonstrate understanding of infection prevention strategies, including proper hygiene and daily foot inspection, by verbalizing at least two strategies.</p> | Assess for signs and symptoms of infection (fever, redness, swelling, warmth, pain) | Notify the provider for worsening symptoms |
| | Monitor WBC count, CRP, and ESR | Administer vancomycin IVPB 1g as ordered |
| | Assess skin integrity for breakdown such as the feet and legs q2h | Educate to inspect the feet daily for cuts, blisters or signs of infection. Consult wound care |
| | Assess VS such as HR, BP, RR, and temperature q2h | Administer acetaminophen 650mg PRN |
| | Monitor for signs of sepsis (confusion, hypotension, tachycardia) q2h | Encourage daily bathing and wound care for infection-prone patients. |
| | Evaluate immune system function daily | Encourage proper nutrition and hydration to strengthen immunity and proper immunization such as flu shot or pneumonia vaccines |