

Nursing Problem Worksheet

Name: _____

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?
<p>Problem: Risk for unstable blood glucose level</p> <p>Reasoning: DM type 2, insulin dependency, CKD, inadequate blood glucose monitoring</p> <p>Goal: by the end of my care, client will have a blood glucose reading no more than 180mg/dL</p> <p>Goal: by the end of my care, client will have a minimal urine output of 30mL/hr</p>	Assess blood glucose before meals/ PRN	Give prescribed dose of insulin, give 4 ounces juice and recheck every 15 minutes till 70, then snack
	Assessed behavior changes, slurred speech, seizure activity q4hrs	Reorient to time, place, person, situation, call within reach, side rails up, bed lowest position
	Assess I&O q4hrs/PRN	Encourage to void every 3 to 4 hours, increase fluids, provide clear path to bathroom
	Assess s/sx of hypoglycemia/hyperglycemia	Give PRN insulin/medication for hyperglycemic episode, give 4 ounces juice or 3 to 5 candies and recheck 15 minutes later for hypoglycemia
	Assess skin integrity q4hrs	Make sure to start q2hr Turns while on bedrest, three layers or less on bed, clean, dry linens and gown
	Assess understanding of glucose monitoring	Set aside time to go over blood glucose checks, sick day, rules, types of insulin, signs, and symptoms of hypo and hyperglycemia

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?
<p>Problem: Fluid and electrolyte imbalance</p> <p>Reasoning: CKD, type 2 DM, high potassium levels,</p>	Assess vital signs q8hrs/PRN	Encourage fluids for dehydration if allowed, raise HOB to at least 30 degrees, provide ice chips
	Assess lung sounds q8hrs/PRN	Place in high fowlers, administer o2 NC 2L, administer antidiuretic

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<p>Goal: By the end of my care, client will have a urine output of at least 30mL/hr</p> <p>Goal: by the end of my care, client will demonstrate improved hydration status by elastic skin turgor, moist mucous membranes, and adequate urine output</p>	Assess I&O q4hrs/PRN	Encourage to void every 3-4hrs, increase/decrease fluids
	Assess Glasgow coma scale q8hrs/PRN	Check BG levels to see for hyper/hypoglycemia, orient to person, place, time, and situation
	Assess skin integrity q8hrs/PRN	Maintain order of q2hr turns, apply aquacel bandage to sacrum, make sure there are 3 layers or less on bed, no wrinkles
	Assess BG levels/A1C q8hrs	Give 4oz juice then recheck in 15 minutes till above 70, then snack. Administer insulin dosage