Nursing Problem Worksheet

Name: Olivia Creamer

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 fluid & electrolyte imbalance **Reasoning**: Evidenced by oliguria (<30 mL/ hr), progressive weakness & malaise, a GFR of <60 mL/ min., and a medical diagnosis of CKD. **Goal**: Urinary output will be ≥ 30 mL/hr by the end of my care. **Goal**: Serum K+ will be between 3.5-5 mmol/L.	**Monitor CMP values daily (K+, Na+, Chloride, Mg+, & Ca+).**	**Administer Kayexalate _____ g PO as ordered.**
	Monitor I&O q2hr or PRN. Assess the color and clarity of urine q2h or PRN.	Administer diuretic as prescribed if applicable.
	Monitor weight daily.	Adhere to prescribed fluid restriction (i.e. 1000 mL/day). Perform oral care BID or PRN to alleviate thirst.
	Assess for edema in bilateral lower extremities and auscultate breath sounds q2h or PRN.	Elevate b/l lower extremities & reposition q2h to prevent ulcer/ wound formation. Elevate HOB & encourage use of the IS q hour.
	Assess BP, HR, RR, and SpO2 q4h or PRN.	**Administer lisinopril 10 mg PO and amlodipine 5 mg PO as ordered.**
	Assess at-home use of OTC medications like ibuprofen, ASA, or acetaminophen daily.	Educate that NSAIDs and acetaminophen are nephrotoxic and should be avoided or used in extreme caution. Educate that these OTC medications may also increase their risk for hyperkalemia or hyponatremia daily.

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Problem: Risk for unstable blood glucose **Reasoning**: Evidenced by a serum blood glucose of > 110 mg/dL, an A1C of > 6.5%, and a medical diagnosis of T2DM. **Goal**: Blood glucose values will be between 70-110 mg/dL by the end of my care. **Goal**: Will verbalize the importance of a low-CHO, low-sugar diet in the maintenance of T2DM by the end of my care.	**Monitor for signs & symptoms of hyperglycemia (i.e. Polyuria, polyphagia, & polydipsia) q4h or PRN.**	**Administer insulin glargine (Lantus) 20 units SubQ as ordered.**
	Monitor capillary blood glucose values QIDACHS	**Administer insulin Aspart (Novolog) SubQ as ordered (High order set)**
	Assess current knowledge & understanding of T2DM daily (S/Sx's, Tx therapies, & complications)	Request consult with a diabetic educator. Distinguish between hypo- vs. hyperglycemia (BS value ranges & S/Sx's) and provide education on the possible complications if left unmanaged daily.
	Assess for S/Sx's of hypoglycemia (Tremors, dizziness/ lightheadedness, tingling of the lips, & sweats) q4h.	Initiate Beebe Healthcare's hypoglycemia treatment protocol (If conscious, provide with 15 g of fast-acting CHO [4 oz. fruit juice or 1 carton of 8 oz. skim milk] & recheck glucose values q 15-30 min) (If NPO, admin. 25 mL of Dextrose 50% solution IVP bolus over 2 min.)
	Assess dietary habits & eating patterns daily.	Educate on the importance of closely monitoring CHO intake (Sugars, starches, & fiber) daily. Encourage scheduled mealtimes to prevent missed meals/ the risk of hypoglycemia.
	Assess pre-hospitalization exercise habits/ level of physical activity daily.	Educate that regular exercise (Minimum of 30 min. 3-5x/week) may help lower blood glucose & increase the body's sensitivity to insulin daily.