

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?
<p>Problem: Risk for unstable blood glucose</p> <p>Reasoning: poorly controlled type 2 diabetes</p> <p>Goal: Will have no signs of hyper/hypoglycemia during my time of care.</p> <p>Goal: Will be able to teach back the importance of a low carb diet by the end of my time of care.</p>	Assess blood glucose levels Q4hrs	Administer Insulin as ordered- Aspart and Glargine
	Assess for signs of hypo/hyperglycemia Q4hrs	Give juice if experiencing an episode of hypoglycemia, administer insulin for hyperglycemia
	Assess diet at mealtimes	Ensure low carbohydrate meals
	Assess last time insulin was given	Check blood glucose and administer insulin as ordered
	Assess for knowledge deficit about diabetes and blood glucose monitoring management PRN	Educate the importance that monitoring blood glucose frequently can help to detect hyper or hypo glycemia early- as well as helping to understanding when to take insulin & what the proper dosage is.
	Assess pt understanding of low carb diet PRN	Educate the importance that eating a low carb diet can help to maintain stable glucose levels

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 Fluid and Electrolyte Imbalance</p> <p>Reasoning: Has CKD and history of type 2 diabetes, progressive weakness and malaise</p> <p>Goal: Will not have any edema during my time of care.</p> <p>Goal: Will urinate 30mL/hr during my time of care.</p>	Assess electrolyte levels Q8hrs	Administer Kayexalate as ordered by provider
	Assess intake Q2hrs	Ensure water at bedside at all times
	Assess weight daily	Notify provider of fluid restriction may be needed due to fluid retention PRN
	Assess output Q4hrs	Administer diuretics as ordered PRN
	Assess legs bilaterally for edema Q4hrs	Notify HCP if they are not excreting urine, and auscultate lung sounds for signs of fluid overload PRN
	Assess for skin turgor Q4hrs	If skin is recoiling slowly, they may need to administer IV fluids