

Nursing Notes

Initials/Signature: Lizzy Masci, Kenna, Kaytlin, Riley

Rm No: _____

<p>Actual Patient Problem: Risk for Unstable blood glucose</p> <p>Clinical Reasoning: Polydipsia, polyphagia, polyuria, BS: 190, Ketones in urine , DKA, BS >500 on admission</p> <p>Goal: During my care, will maintain BS between 120-200 mg/dL MET</p> <p>Goal: During my care, will not experience signs/symptoms of hypo- or hyperglycemia (shakiness, sweating, confusion, fruity breath, cool, clammy skin). MET</p> <p>Actual Patient Problem: Deficit Knowledge</p> <p>Clinical Reasoning: New onset type 1 Diabetes, Foster parent asking multiple questions, unfamiliar with diabetes management.</p> <p>Goal: During my care, the pt OR family will verbalize understanding of blood glucose monitoring and insulin administration. MET</p> <p>Goal: During my care, the pt OR family will demonstrate correct technique for at least one self-care skill (glucose check, insulin injection, or carb counting). MET</p>						
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						drainage, erythema
Unstable blood glucose	1005	Emptied 100ml of clear, yellow urine in urinal, states "has to go peepee"	1010	Assisted with urinal, provided pad change.	1015	Moderate amount of yellow urine on pad, no difficulty/pain urinating.
Fluid/Electrolyte imbalance	1010	K of 3.8, Na 140, polyuria, DKA	1030	Administered D5 0.45% NACL with KCL 1000ml (97.5ml/hr)	1100	Awaiting lab redraw, heart sounds regular AP 90, No sign of hyperkalemia (tingling, muscle weakness)
Unstable blood glucose	1015	Blood glucose level 190 via AM draw	1030	Administered 10 units glargine insulin subq RLQ and 9 units aspart insulin RUQ subq	1045	Eating breakfast, no signs of hyper/hypoglycemia (shakiness, sweating, confusion, fruity breath, cool, clammy skin.) Injection site: No redness, itchiness, pain
Deficient knowledge	1030	Caregiver entered room, unsure about diagnosis, asks "what is DKA"	1030	Educated that DKA stands for diabetic ketoacidosis, and is the result of his glucose being high for an extended amount of time	1030	Expressed need for education on how to prevent this from happening again and states understanding of disease
Deficient knowledge	1030	Caregiver Expresses need for education on how to prevent blood glucose from rising	1035	Provided education and resources for new diabetes diagnosis, including support groups for caretakers	1040	Expressed thanks and interest in going to support groups, engaged in teaching by asking questions

Deficient knowledge	1045	Caregiver Expressed deficient knowledge on how to administer insulin injection, and websites to help learn	1050	Demonstrated how to administer insulin injection safely and educated on websites to use like “.org” rather than “.com”	1050	Caregiver practiced administering Insulin and taught back websites she could use to help learn.
Ineffective airway clearance	1045	CAP, WBC 14.4, diminished lung sounds bilateral lower lobes	1100	Administered Ceftriaxone IVPB 1000mg (100 ml/hr)	1100	No signs of drainage, edema, erythema, pain, pallor, pain at IV site.
Deficient knowledge	1100	Caregiver does not know how to use insulin pen	1100	Demonstrated how to use pen and has pt teach back how to correctly use pen	1105	Caregiver feels comfortable using pen
Ineffective airway clearance	1115	Stated “I feel like I can’t breathe”, O2 sat 93%, lung sounds: wheezing, diminished all lobes, labored breathing	1115	Administered Albuterol 2.5mg via Neb, provided therapeutic distraction by explaining it was like spiderman and would give him superpowers.	1120	Kept albuterol mask on and stated, “I feel better now”. O2 98%.

Significant Event Documentation: Use the area below to document any significant events that happened during your time of care.
