

Name: \_\_\_\_\_

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**Nursing Problem Worksheet**

| <b>Anticipated Patient Problem</b><br><br><b>and</b><br><br><b>Goals</b>   | <b>Relevant Assessments</b><br><br>(Prewrite) What assessments pertain to your patient’s problem? Include frequencies | <b>Multidisciplinary Team Intervention</b><br><br>(Prewrite) What will you do if your assessment is abnormal?                     |
|--|---|---|
| Problem: R/F unstable glucose<br>Reasoning: new onset DMT1, BG >500, A1C: 8.6, DKA<br>Goal: Blood glucose level will stay below 500mg/dl during my time of care.<br>Goal: will verbalize s/sx of hyperglycemia and hypoglycemia during my time of care | Assess POC BG monitoring Q 4hr PRN before meals.  | Administer insulin glargine in AM per order and Aspart before meals if necessary per order.                                       |
|  | Assess knowledge of safe glucose level and s/sx of hypo vs hyper glycemia q shift.                                    | Educate while family in room – reinforce 70-100 WNL, Hypo- shakiness, clammy, dizzy, HA and blurred vision, Hyper- 3 P’s q shift. |
|  | Assess dietary intake q 4hr PRN meals and snacks.   | Hypo- give juice and recheck q15 until above 70mg/dl<br>Hyper- administer insulin aspart 15 min pre meal.                         |
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|---|---|---|
| Problem: R/F electrolyte imbalance<br>Reasoning: DKA, K+: 5.8, ordered D5NS w/ KCL, strict I&O<br><br>Goal: K+ will be WNL during my time of care.<br><br>Goal: HR will stay between 60-100 BPM during my time of care. | Assess K+ values Q shift  | Continue D5NS w/ 20 mEq KCL – 1000mL at 95mL/ Hr.   |
|   | Assess HR q 4hr   | Continue w/ telemetry monitoring – acknowledging patterns of arrhythmias.   |
|   | Assess I&O q 8hr  | Encourage oral fluid intake (water, Gatorade) q 2 hr PRN thirst – if N/V administer 2mg ondansetron IVP q 6hr PRN N/V |
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