

**Nursing Notes**

Initials/Signature:  Alexa D, Alex B, Madison B

Rm No: \_\_\_\_\_

<b><u>Actual Patient Problem:</u> Risk For Unstable Glucose</b>	
<b><u>Clinical Reasoning:</u> Newly Diagnosed type 1 diabetes, DKA, Glucose of 522, UA positive for ketones</b>	
Goal: Will have no signs of hyper/hypoglycemia during my time of care.	Met: Yes
Unmet:0	
Goal: Glucose will remain between 150-250 during my time of care.	Met: Yes
Unmet:0	
<b><u>Actual Patient Problem:</u> Risk for Electrolyte imbalance</b>	
<b><u>Clinical Reasoning:</u> DKA, K+:5.8, ordered D5NS w/KCL, strict I&amp;O</b>	
Goal: K+ will be within normal limits of 3.5-5 during my time of care.	Met: Yes Unmet:0
Goal: Will have no signs of hypokalemia such as dysrhythmias during my time of care.	Met: Yes Unmet:0

**Additional Problems:** Anxiety, Defficient knowledge, Ineffective airway clearance

<b>Patient Problem</b>	<b>Time</b>	<b>Relevant Assessments</b> Indicate pertinent assessment findings.	<b>Time</b>	<b>Multidisciplinary Team Intervention</b> What interventions were done in response to your abnormal assessments?	<b>Time</b>	<b>Reassessment/Evaluation</b> What was your patient's response to the intervention?
RF unstable BG	0845	BG: 500mg/dl on admission, this AM BG: 190mg/dl	0915	Administered 10 units insulin Glargine in the AM.	1000	Awaiting future BG levels, no signs or symptoms of Hypoglycemia
R/F Electrolyte Imbalance	0845	Upset and crying upon entering room, stated "stomach was hurting" proceeded to start vomiting.	0900	Administered 2mg ondansetron IV push over two minutes.	0910	Symptoms improving, no signs of further vomiting or nausea able to drink water w/o issue.
Anxiety	0845	Stated "I want to go home, I don't like it here, I want my stuffy". Started crying.	0900	Mom brought stuffy in and continued to play comfort TV show. Administered 10 mg Prozac PO.	0900	Stopped crying, and demeanor was calm and cooperative once mom arrived and stuffy was in possession.

R/F Electrolyte Imbalance	0850	No breakfast tray available, "I really want my breakfast"	0855	Asked Adrian what his favorite food was, ordered pancakes and cherry shake for breakfast from dietary.	0930	Ate 100% of breakfast and 600 mL of liquid, "Breakfast was so good".
Anxiety, Deficient Knowledge	0900	Crying and anxious when presented with insulin injection needle.	0915	Demonstrated injection on stuffed animal in front of mom and Adrian. Explained each step and had mom repeat instructions.	0920	Adrian stopped crying and felt more comfortable, "if stuffy didn't cry I will be brave" and was ready for injection. Mom stated "I see how the injection is done".

R/F Unstable BG	0900	Blood Glucose Level of 190, 75 grams of carbs present on breakfast tray	0915	Administered 9 units of Rapid-Acting Insulin	1000	No signs of hypo or hyper glycemia was shown by end of care
Deficient Knowledge	0930	Diabetic management supplies dropped off	0935	Provided education to the mom about insulin pen and proper admin, signs and symptoms of hypo and hyper glycemia, and how to check blood sugar levels with glucometer	0940	The mom demonstrated how she would administer insulin with the pen, stated "I remember him peeing a lot when he first was sick, I will watch for that" and "This is a lot of information, but I will get used to it"
R/F Electrolyte Imbalance	0930	K+ : 5.8 on admission, 3.8 this morning. Dehydrated and	0940	Administered 1000ml of D5NS w/ 20 mEq KCL over 24 hrs @ 95mL/hr.	1000	Monitoring for signs and symptoms of hypokalemia, waiting for future labs
Ineffective airway clearance, Deficient Knowledge.	0945	New diagnosis of hospital acquired pneumonia, WBC: 24000 on admission, 14000 on 9/17	0945	Administered 1000mg ceftriaxone IVPB over 30 mins and explained what the medication was used for to mom.	1000	Continue to monitor breathing effort and WBC value. Mom agreed and verbalized understanding of the drug, stated" this will help clear the infection in his lung".
Ineffective Airway Clearance	0945	Coughing, lung sounds-wheezing, Stated, "I can't breathe", O2-94% on RA	0945	Administered 2.5mg albuterol in a nebulizer solution, inhaled 2.5mg/3mL	1000	O2-99%, unable to reassess lung sounds.

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



