

## Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Jesus Carrasco

**Unit:** South 10

**Pt. Initials:** JR

**Date:** 1/13/2021

### 1. Disease Process & Brief Pathophysiology

Diabetes Mellitus is an autoimmune disease in which the pancreatic Beta Cells produce little to no insulin or the body does not utilize insulin adequately/efficiently which results in hyperglycemia. This is due to the imbalance of concentration between insulin and glucose (released from liver) within the cell. The homeostatic amount is based on what is lacking or absent. Decreased/Insufficient use of insulin = Need for Glucose and vice versa. The most common types are Type 1 "Juvenile Onset" and Type 2 diabetes "Adult-Onset". Blood glucose monitoring is crucial in order to prevent severe complications such as Hypo/Hyperglycemia, Diabetic Ketoacidosis and Hyperosmolar Hyperglycemic Syndrome.

### 2. Factors for the Development of the Disease/Acute Illness

Family Hx (P), Disease of Pancreas, Infection (P), Illness, Overweight/Obese (P), Impaired Glucose Tolerance, Insulin Resistance, Ethnic Background (P), Gestational Diabetes, Sedentary Lifestyle (P), Polycystic Ovary Syndrome, Age (P), Environmental, Viral, Autoimmune Disease, Metabolic Syndrome (P), Hypertension (P), HgbA1C <6.5, History of CVD

### 3. Signs and Symptoms

DMI and II: Polyuria (P), Polydipsia, Polyphagia, Weight loss, weight gain (P), Fatigue (P), Increased Frequency of infections (P), blurred vision, poor wound healing (P), decreased energy (P), Metabolic Syndrome (P)

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**4. Diagnostic Tests pertinent or confirming of diagnosis**

Hemoglobin A1C

Fasting Blood Glucose (P)

2 Hour Postrandial or Oral Glucose Tolerance Test

Random Blood Glucose (P)

Supporting Tests: Blood Pressure (P), BMI, Labs: CBC (P), WBC(P), Blood Culture(P)

History and Physical Examination (P)

**7. Focused Nursing Diagnosis:**

Impaired elimination of excess fluid

**8. Related to (r/t):**

Injury and damage to small blood vessels and filtering units within the kidneys as a result of hyperglycemia due to uncontrolled diabetes.

**5. Lab Values that may be affected**

Fasting Blood Glucose Test (P)

Hemoglobin A1C Level

Complete Blood Count and White Blood Count due to infection (P)

**11. Nursing Interventions related to the Nursing Diagnosis in #7:**

1 .Monitor and/or guide in aerobic and stretching exercises while rest or in a chair/bed.

**Evidenced Based Practice:**

Stretching will assist in increasing blood flow to muscle groups in the upper/ lower extremities and in the abdominal area. Cited: In Mrs. Howards Power Point slide #164-170 Also, my 7 years of working as an Exercise Physiologist for UMC's Cardiac and Pulmonary Rehab.

**6. Current Treatment**

Insulin Therapy (P)

CHO Diet Management (P)

Antibiotic Therapy (P)

Anagesics (P)

Diuretics (P)

Antianxiety (P)

Independent Ambulation (P)

Physical Therapy (P) and Occupational Therapy (P)

**12. Patient Teaching:**

1. Instruct patient to monitor intake and output of both fluid and foods. May also set up a I/O log or journal.

2. Explain signs and symptoms of urinary tract infections with patient and to contact physician if voiding issues occur.

3. Importance of monitoring skin, tissue breakdown, and/or delayed wound healing. Fluid overload and edema can stretch and change integrity of skin.

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**9. As evidenced by (aeb):**

Patient is currently on high dose of diuretic of 80mg daily and continues to have increased fluid accumulation/pitted edema in lower extremities as well as history of multiple Urinary Tract Infections

**10. Desired patient outcome:**

Patient to demonstrate ability to ambulate 200-300 feet at least 3 times per day to activate muscle contraction and to stimulate blood flow and improve circulation back toward patient's heart for elimination. Will be assess tolerance by distance and vitals including blood pressure, HR and SOB.  
By: 1/13/21 at 1700.

**2.** Provide a emotional support while teaching strategies to increase adherence to healthier lifestyle changes.

**Evidenced Based Practice:**

Changing one's lifestyle to a healthier way of living can be overwhelming and to some feel impossible. Guidance and emotional support can help alliviate stress and patient will be more willing to learn.  
Cited: Mrs. Howards Diabetes PPT, Slide #141-144.

**3.** Assess and monitor patients weight daily to monitor for fluid retention.

**Evidenced Based Practice:**

If weight goes up 2 pounds in one day or 5 pounds in one week, patient may be retaining fluid. It is important to catch when fluid is being retained to prevent increase in Blood Pressure and further complications to the heart, kidneys and other vital organs. Cited: My 7 years of working as an Exercise Physiologist for UMC's Cardiac and Pulmonary Rehab. Cited: Patient discharge education presented by Sevinah Gomez, RN from Covenant Medical Center during CSON Clinicals 1/13/2021

**13. Discharge Planning/Community Resources:**

**1.** Silver Sneakers, exercise plan within select insurance companies which allows coverage for patients wanting to join a gym.

**2.** Patient can search MyPlate.Gov for online resources in healthier dietary needs

**3.** Market Street, Dietician Store Tours, guided tours with a dietician to show how to shop smart for a variety of lifestyle and health conditions.

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