

Case study 1

1. Diabetic ketoacidosis is caused by profound deficiency of insulin. This patient's wife told us that the patient stopped taking insulin 2 days prior to his hospital visit. He should have stuck to the sick day rules and used insulin as he regularly did.
2. Clinical manifestations that this patient exhibits include, Kussmaul breathing, fruity smelling breath, blood pH less than 7.30, and anorexia.
3. The patient's history of gastroenteritis with vomiting and anorexia, as well as stopping his insulin when he was unable to eat precipitated the DKA.
4. The priority nursing intervention should be to hydrate the patient and then get the patient's blood sugar under control.
5. DKA differs from HHS in many ways, the main one being that HHS happens in elderly type 2 diabetics. HHS has a more gradual onset, the blood glucose is above 600 mg/dl, the blood pH is greater than 7.3 and there are no ketones in the urine. Hypoglycemia is a low blood sugar, and the patient is cold, clammy, pale, and shakiness.
6. The priority teaching that should be done is, teach the patient the importance of normal blood glucose control when you are sick. The patient stopped controlling his blood glucose and DKA was the result.
7. The wife should be an advocate for her husband's diabetes control. She should know how to treat it as much as he does. She should be able to help maintain normal blood glucose when the patient is sick and not treating himself.
8. I would say imbalanced nutrition, less than body requirements is the priority nursing diagnosis. Which was caused by the gastroenteritis.
9. I would tell the wife that even when the husband gets sick his diabetes needs to be treated. His blood sugar will likely be different than normal, but it still needs to be monitored and end treated.

Case Study 4

1. The priority nursing diagnosis is impaired wound healing.
2. I would teach her the proper way to care for wounds, and to check lower extremities daily.
3. I would make sure that N.J. is sent home with proper supplies to help the healing process. I would also follow up with a social worker at the hospital to ensure N.J. gets proper care for her condition.
4. I would expect N.J. to contact her HCP at the first sign of any wound on the lower extremities.