

## Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Stephanie Pigg

**Unit:** S10

**Pt. Initials:** RR

**Date:** 3/23/2021

### 1. Disease Process & Brief Pathophysiology

Diabetes Mellitus type 2 is a metabolic disorder that may range from insulin resistance with moderate insulin deficiency to a severe defect in insulin secretion with insulin resistance that results in severe hyperglycemia, early always without ketosis.

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

Diabetes risk test

Hemoglobin A1C (P)

Fasting blood glucose

OGTT

Random blood glucose (P)

History and physical (P)

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

Obesity (P)

BMI  $\geq 26$  (P)

Physical inactivity (P)

HDL  $\leq 35$  MG/dL or TG  $\geq 250$  mg/dL

Metabolic syndrome

HTN (P)

### 5. Lab Values that may be affected

Hemoglobin A1C (P)

Blood glucose (P)

### 3. Signs and Symptoms

Polyuria

Polydipsia

Polyphagia

Recurrent Infections (P)

Prolonged wound healing (P)

Visual changes

Fatigue (P)

### 6. Current Treatment

Physical activity (as tolerated)

Health promotion and education

Diabetes management (monitor glycemic control)

T2DM step approach to treatment

Flu vaccination (P)

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**7. Focused Nursing Diagnosis:**

Poor wound healing

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

Type 2 Diabetes Mellitus

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

Chronic inflammation or chronic disease process (poor circulation)

**10. Desired patient outcome:**

The patient will demonstrate adequate diet as evidence by blood glucose, food intake, etc. within normal parameters for the patient, and be able to ambulate 10 feet by 3/24/2021

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

1 .Wash feet daily with mild soap and warm (not hot) water; check water temperature with water thermometer or elbow.

**Evidenced Based Practice:**

E/B: Patients with decreased sensation are at risk for burns if they are unaware that water temperature is too hot. Hot water and strong soaps also can promote dry skin, which can become irritated and breakdown.

2. Inspect feet daily for the present of erythema, discoloration, or trauma, using mirrors as necessary for adequate visualization.

**Evidenced Based Practice:**

E/B: These are signs the skin need vigilant assessment and preventive care. When the skin is no longer intact, the patient is at risk for infection that eventually can lead to amputation.

3. Use gentle, unsented moisturizers

**12. Patient Teaching:**

1. Teach pt. about the importance of following a diet that is controlled in simple carbohydrates, consistent in complex carbohydrates, low in fat, and high in fiber.

2. Teach about the importance of being very careful with their feet and not getting pedicures.

3. Encourage and teach the patient how to perform regular home blood glucose monitoring

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

1. American Association of Diabetes Educators (AADE)

2. Include written and verbal information about the importance of carrying a diabetic ID card, wearing a medical alert bracelet, and having ID card outline diagnosis and emergency treatment

3. Include written and verbal information about home monitoring of blood glucose.

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**Evidenced Based Practice:**

E/B: These products soften and lubricate dry skin.  
Moisturizers with scent contain alcohol, which may increase skin dryness.

