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Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology- T2DM-</p> <p>A malfunction of the insulin action & insulin secretion feedback loops results in high blood glucose levels in the blood. In the case of beta-cell dysfunction, insulin secretion is reduced which limits the body's capacity to maintain physiological glucose levels. Insulin resistance contributes to increased glucose production in the liver and decreased glucose uptake in the muscle, liver, and adipose tissue. When both beta-cell dysfunction and insulin resistance are present, hyperglycemia is amplified leading to the progression of T2DM.</p>	<p>2. Factors for the Development of the Disease/Acute Illness-</p> <p>Ethnicity Family history Obesity Unhealthy diet HTN PCOS Vascular disease Hx of Gestational DM Age > 45 Inactivity Blood lipid levels Areas of darkened skin</p>	<p>3. Signs and Symptoms-</p> <p>Polydipsia Polyuria Polyphagia Unknown reason for weight loss Fatigue Blurred vision Slow-healing sores Frequent infections Numbness/tingling in hands or feet</p>
<p>4. Diagnostic Tests pertinent or confirming of diagnosis-</p> <p>Hemoglobin A1C Random blood glucose Oral glucose tolerance test Fasting blood sugar</p>	<p>5. Lab Values that may be affected-</p> <p>LDL Triglyceride HDL UA Serum Creatinine Blood glucose</p>	<p>6. Current Treatment-</p> <p>Increasing exercise Insulin Blood sugar monitoring Weight loss Maintaining a healthy diet</p> <ul style="list-style-type: none"> - Fruits & veggies - Whole grains - High fiber - Fewer sweets and dairy products - Fewer calories - Healthy cooking oils (olive, canola)

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<p>7. Focused Nursing Diagnosis: Impaired tissue integrity</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Use a foot cradle on the bed, space boots for ulcerated heels, elbow protectors, and pressure-relief mattress.</p> <p>Evidenced Based Practice: These measures prevent pressure points and promote patient comfort.</p>	<p>12. Patient Teaching: 1. Teach the patient to inspect their feet daily for injuries or skin tears. They should use a mirror to make sure they can visualize the whole surface of the foot.</p> <p>2. Patient should avoid applying moisturizer between their toes because it may macerate the skin, causing breakdown.</p> <p>3. Educate the patient on how to prevent future pressure ulcers, and how to do wound care for the current injury.</p>
<p>8. Related to (r/t): Type 2 Diabetes Mellitus</p>		
<p>9. As evidenced by (aeb): Inactivity due to psychosocial disorder Pressure injury on sacrum Peripheral neuropathy Decreased tissue perfusion</p>	<p>2. Minimize patient activities and incorporate progressive passive and active exercises into the daily routine. Discourage extended rest periods in the same position.</p>	<p>13. Discharge Planning/Community Resources: 1. Home health to assist with wound care.</p> <p>2. Appointment set up with a diabetic educator.</p> <p>3. Make sure the patient knows where to obtain diabetic supplies, and if he is able to afford them.</p>
<p>10. Desired patient outcome: The pressure injury size decreases 1 cm by 11/5/21.</p>	<p>Evidenced Based Practice: These measures alleviate acute discomfort while preventing hemostasis.</p> <p>3. Inspect patient's feet daily for the presence of erythema, discoloration, or trauma.</p>	

	<p>Evidenced Based Practice:</p>	
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These are signs the skin needs 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.

Adopted: August 2016