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3N 1/22/20

Care plan

Nursing diagnosis- Ineffective health maintenance related to deficient knowledge of

uncontrolled blood glucose levels.

As evidenced by:

1.) Patient reports lack of education regarding how to monitor blood glucose levels.

2.) Patient experiences shortness of breath on exertion and rest.

3.) Patient has a blood glucose level of 1320 mmol/L.

4.) Patient consumes 2 L of soda per day.

5.) Patient is in a confused state and is alert and oriented X2.

6.) Patient has a high A1 C hemoglobin level at 16.3%

Goal- By discharge, the patient will be able to effectively display an understanding of proper

blood glucose levels and insulin administration**.**

Outcomes-

1.) Patient is able to explain the purpose of their insulin medication in order to maintain

blood glucose levels within normal limits.

2.) Patient denies shortness of breath on exertion and at rest.

3.) Patient has blood glucose level within normal limits 70-100 mmol/L

4.) Patient is compliant to a stable low-carb diet.

5.) Patient will be alert and oriented X3.

6.) Patient will have a A1 C hemoglobin level within normal limits (4.3-6.6%).

*** **Above goals and outcomes will be met by discharge**

Interventions-

1.) Assess blood glucose levels before and after meals (0800, 1200, 1800).

Rationale- Blood glucose levels can indicate the amount of carbs and sugar a patient can have**.**

2.) Assess SPO2 status of patient q2hr (0800, 1000, 1200, etc.)

Rationale- I will be able to monitor the status of my patients oxygenation level to look for improvement of dyspnea.

3.) Assess neurological status of patient q2hr (0800, 1000, 1200, etc.)

Rationale- I will monitor the neurological status of my patient as the blood glucose levels improve, neurological status will progressively improve.

4.) Assess patient's understanding before is education provided regarding diabetes and insulin administration BID (1200, 1800).

Rationale- In order to properly plan care for a patient, a nurse needs to assess the patient's level of compression in terms of learning abilities and disabilities.

5.) Assess patient understanding after education is provided regarding diabetes and insulin administration BID (1200, 1800).

Rationale- Using the teach back method will promote the patient to properly be able to inject insulin at home and understand the diagnosis of diabetes.

6.) Educate patient on diabetes and the purpose of both long and rapid acting insulin administration BID (1200, 1800).

Rationale- Patient is more likely to be compliant if aware of the purpose of the medication that is being received**.**

    7.) Teach patient proper insulin injection technique and rotation of injection sites BID (1200, 1800).

Rationale- Patient will be able to obtain the ability to perform insulin injections at home while not causing ecchymosis to an area of the skin.

    8.) Educate patient on how to follow a low-carb/sugar diet BID (1200, 1800).

Rationale- A diet that is low in carbs and sugar will decrease blood glucose

    9.) Patient will be placed on a 1800 ADA calorie diet for meals (0800, 1200, 1800).

Rationale- Patient will use this diet to control and regulate proper blood sugar.

    10.)   Administer Insulin Aspart TID subq with meals (0800, 1200, 1800).

Rationale- This medication is a rapid acting insulin used for carb coverage.

    11.)   Administer Insulin Detemir BID 20 units (0800, 2000).

Rationale- This medication is a long acting insulin that could be effective for over 24 hours.

    12.)   Administer Ergocalciferol po QID 50,000 units 0800, 1400, 2000, 0200).

Rationale- This is a vitamin that increases the absorption of calcium in which promotes the control of glycemic levels.

Evaluation: Goal partially met as evidenced by-

    1.) Patient is able to use teach back and understand how to monitor blood glucose levels.

    2.) No shortness of breath experienced on exertion or at rest.

    3.) Patient has a mildly high blood glucose level at 140 mmol/L.

    4.) Patient is consuming 75% water as fluid intake as well as two coffees per day.

5.) Patient is alert and oriented X3.

6.) Patient did not have another A1C hemoglobin test done.

- **Continue Plan of Care**

- **K. Adelman, SN FRMC**