N441 Care Plan

Lakeview College of Nursing

Rebecca Bishop

Demographics (3 points)

Date of Admission 09/28	**Patient Initials** MM	**Age** 75	**Gender** Female
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Single	**Allergies** NKDA NKFA
Code Status Full code	**Height** 165cm	**Weight** 77.7kg	

Medical History (5 Points)

Past Medical History: Hypertension, GERD, diabetes type 1, CAD, diabetic neuropathy, depression

Past Surgical History: Stent 2006, gallbladder removal 1994, hysterectomy 1978

Family History: Mother- diabetes type 1

Social History (tobacco/alcohol/drugs): Past tobacco use, no alcohol or drug use

Assistive Devices: Glasses

Living Situation: Living alone in her house

Education Level: High school education

Admission Assessment

Chief Complaint (2 points): Nausea and vomiting

History of present Illness (10 points): Patient is a type one diabetic with an insulin pump. Patient checked her insulin before going to bed and it was 163, she woke up through the night and had nausea and vomiting episodes. Upon rechecking her insulin her glucometer read 472. Patient came to the ED at 0230 and was being treated for her type one diabetes and upon reassessment of blood sugar it was 647. This was an emergent situation, so the patient came to the ED with trying anything to relieve the high blood sugar.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Diabetic ketoacidosis

Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points): Diabetic ketoacidosis (DKA) is a serious condition that can lead to diabetic coma or even death. When your cells don't get the glucose they need for energy, your body begins to burn fat for energy, which produces ketones (“*DKA (Ketoacidosis) & Ketones,”* 2019). Ketones are chemicals that the body creates when it breaks down fat to use for energy. The body does this when it doesn’t have enough insulin to use glucose, the body’s normal source of energy. When ketones build up in the blood, they make it more acidic. They are a warning sign that your diabetes is out of control or that you are getting sick (“*DKA (Ketoacidosis) & Ketones,”* 2019). The patient did have ketones in her urine, along with 7500 glucose. DKA usually develops slowly. But when vomiting occurs, this life-threatening condition can develop in a few hours. Early symptoms include thirst or a very dry mouth Frequent urination High blood glucose levels High levels of ketones in the urine. The patient will receive the following tests, labs such as glucose, CMP, arterial blood gas, urine sample and an EKG (“*DKA (Ketoacidosis) & Ketones,”* 2019).. The patient had elevations and abnormalities in all the testing minus the EKG. Symptoms of DKA include constantly feeling tired Dry or flushed skin Nausea, vomiting, or abdominal pain, difficulty breathing, fruity odor on breath, a hard time paying attention, or confusion. The urine is important to check because this how you detect ketones. You can detect ketones with a simple urine test using a test strip, similar to a blood testing strip. Many experts advise to check your urine for ketones when your blood glucose is more than 240 mg/dl (“*DKA (Ketoacidosis) & Ketones,”* 2019). The cause of DKA is not enough insulin, not injecting enough insulin, not enough food. When you are having

sick days, it is important to still eat because you can also have high levels of ketones when you miss a meal. If testing shows high ketone levels in the morning, you may have had an insulin reaction while asleep. Treatment for DKA includes fluid and electrolyte replacement, and insulin therapy ("Diabetic ketoacidosis- Symptoms and causes," 2019). The patient was able to get all three of DKA treatments.

Pathophysiology References (2) (APA):

References

Diabetic ketoacidosis - Symptoms and causes. (2019, December 11). Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/diabetic-ketoacidosis/symptoms-causes/syc-20371551

DKA (Ketoacidosis) & ketones. (2019). ADA. https://www.diabetes.org/diabetes/complications/dka-ketoacidosis-ketones

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.7-6.1	4.51	3.90	Diabetes can cause inflammation within the blood vessels causing a decrease in cells do to cutting off signal to the bone marrow (Leeuwen &Bladh, 2019, 1208).
Hgb	13-17 g/dL	14.1	12.3	
Hct	40%-52%	44.2	37.3	Lower Hct can be due to issues in the colon, anemia, or a drop in red blood cells (Leeuwen et al., 2019, p. 582).
Platelets	150-400	155	152	

WBC	4-10 x 10^9/L	12.4	16.9	An elevated WBC can be indicative of infection or inflammation (Leeuwen & Bladh, 2019, p. 433)
Neutrophils	2-8 x 10^9/L	90.6	85.8	
Lymphocytes	1-4 x 10^9/L	5.5	8.6	"Uses antibodies to stop bacteria or viruses from entering the body (B-cell lymphocyte) –kills off the body's cells if they've been compromised by a virus, inflammation, cancer cells (T-cell lymphocyte) (Ross, Jewell, 2016, para. 1)."
Monocytes	0.2-0.8	3.2	5.5	"Becomes a macrophage in the body's tissues, eating microorganisms and getting rid of dead cells while increasing immune system strength (Ross, Jewell, 2016, para. 1)."
Eosinophils	<0.5	0.1		
Bands	<1 x 10^9/L	0.6	0.1	

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-145 mmol/L	135	141	
K+	3.5-5 mmol/L	5.0	5.5	Potassium is increased in acidosis (Leeuwen &Bladh, 2019, p1140).
Cl-	95-105 mmol/L	96	104	
CO2	23-29	23	27	
Glucose	65-110 mg/dL	647	121	Diabetes type 1&2 is a potential cause for
BUN	8-21 mg/dL	23	30	Elevation with diabetes due to volume loss (Leeuwen &Bladh, 2019, p1140).
Creatinine	0.8-1.3 mg/dL	1.02	1.00	

Albumin	3.4-5.4g/L	3.7	N/A	
Calcium	8.5-10.3 mg/dL	9.8	N/A	
Mag	1.5-2 mEq/L	1.8	N/A	
Phosphate	0.8-1.5 mmol/L	4.7	N/A	DKA- imbalance causes intracellular phosphorus to move into the extracellular fluid (Leeuwen &Bladh, 2019, p1090).
Bilirubin	0.2-1.2	0.9	N/A	
Alk Phos	50-100 U/L	100	N/A	
AST	5-30 U/L	17	N/A	
ALT	5-30 U/L	15	N/A	
Amylase	30-125 U/L	N/A	N/A	
Lipase	10-150 U/L	5	N/A	Elevation can occur with pancreas inflammation (Leeuwen &Bladh, 2019, p914).
Lactic Acid	0.5-1mmol/L	N/A	N/A	
Troponin	0-0.4 ng/mL	<0.010	N/A	
CK-MB	0-4 ng/mL	N/A	N/A	
Total CK	25-200 U/L	N/A	N/A	

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.9-1.2	N/A	N/A	
PT	11-14 seconds	N/A	N/A	

PTT	20-40 seconds	N/A	N/A	
D-Dimer	< 500 mg/mL	N/A	N/A	
BNP	<125 mg/dL	N/A	N/A	
HDL	>60 mg/dL	N/A	N/A	
LDL	<100 mg/dL	N/A	N/A	
Cholesterol	<200 mg/dL	N/A	N/A	
Triglycerides	<150 mg/dL	N/A	N/A	
Hgb A1c	<6%	N/A	N/A	
TSH	0.4 mg/dL	N/A	N/A	

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Light yellow & clear	Yellow &clear	N/A	
pH	5-9	5	N/A	
Specific Gravity	1.001-1.029	1.024	N/A	
Glucose	Negative	7500	N/A	Increased due to diabetes and vomiting (Leeuwen &Bladh, 2019, p1398).
Protein	Negative	Negative	N/A	
Ketones	Negative	H	N/A	Increased due to diabetes and vomiting (Leeuwen &Bladh, 2019, p1398).
WBC	<5	2	N/A	
RBC	<5	<1	N/A	
Leukoesterase	Negative	Trace	N/A	Increased due to diabetes and vomiting (Leeuwen &Bladh, 2019, p1398).

Arterial Blood Gas Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.35 - 7.45	7.29	N/A	Decreased in metabolic acidosis, DKA, vomiting (Leeuwen &Bladh, 2019, p1398).
PaO2	75 - 100 mmHg	43.6	N/A	Decreased in metabolic acidosis, DKA, vomiting (Leeuwen &Bladh, 2019, p1398).
PaCO2	35- 45 mmHg	44.2	N/A	
HCO3	22 - 26mEq/ L	19.6	N/A	Decreased in metabolic acidosis, DKA, vomiting (Leeuwen &Bladh, 2019, p1398).
SaO2	94 - 100%	75.1	N/A	Decreased in metabolic acidosis, DKA, vomiting (Leeuwen &Bladh, 2019, p1398).

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings

Urine Culture	Negative	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (APA):

Leeuwen, A. M., & Bladh, M. L. (2019). *Davis's Comprehensive Manual of Laboratory and Diagnostic Tests with Nursing Implications*. F.A. Davis.

Heather Ross and Tim Jewell. (2016, August 30). *Blood Differential Test: Purpose, Procedure, and Complications*. Healthline. https://www.healthline.com/health/blood-differential

Brand/Generic	Aspirin (acetylsalicylic acid)	Tylenol/ acetemenophen	Lopressor/Metoprolol	Citalopram	Neuro
Dose	81mg	500mg	50mg	60mg	300mg
Frequency	daily	PRN every 4 hrs	daily	daily	daily
Route	Oral	Oral	Oral	oral	oral
Classification	Antiplatelet	Nonopioid analgesic	Beta-blocker	SSRIs	Antico
Mechanism of Action	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandins synthesis (*Jones & Bartlett learning*, 2019, p.100)	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system (*Jones & Bartlett learning*, 2019).	Blocking the action of certain natural chemicals	Selectively inhibits the reuptake of serotonin	Is stru gamm acid, t inhibit neurot the bra *Bartle* 2019).
Reason Client Taking	-Lower chances of a heart attack	To reliever mild to moderate	Lowers the heart rate	Depression	Diabe

		pain, antipyretic			
Contraindications (2)	Allergy to tartrazine dye, asthma, bleeding problems (*Jones & Bartlett learning*, 2019).	Hypersensitivity to acetaminophen, severe hepatic impairment (*Jones & Bartlett learning*, 2019).	Low blood sugar Diabetes (*Jones & Bartlett learning*, 2019).	Hypersensitivity Increase risk of bleeding (*Jones & Bartlett learning*, 2019).	Hyper gabap compo *Bartle* 2019)
Side Effects/Adverse Reactions (2)	-Decreased blood iron levels -prolonged bleeding time (*Jones & Bartlett learning*, 2019).	Diarrhea, nausea and vomiting (*Jones & Bartlett learning*, 2019).	Dizziness Nausea (*Jones & Bartlett learning*, 2019).	Nausea, tiredness (*Jones & Bartlett learning*, 2019).	Agitat Abdor (*Jones learni*
Nursing Considerations (2)	-Don't crush time released -Ask about tinnitus (*Jones & Bartlett learning*, 2019).	Use acetaminophen cautiously in pts with hepatic impairment. Before and during long term therapy, monitor AST, ALT, bilirubin, and creatinine. Monitor renal functions (*Jones & Bartlett learning*, 2019).	-Take atypical pulse before administering -Do not crush (*Jones & Bartlett learning*, 2019).	Can cause sleep problems and dizziness (*Jones & Bartlett learning*, 2019).	May b mixed apples Admi bedtin advers (*Jones learni*
Key Nursing Assessment(s) Prior to Administration	Lab levels such as platelets, surgery pt	Monitor AST, ALT, bilirubin, and creatinine. Monitor renal functions (*Jones & Bartlett learning*, 2019).	Monitor vitals especially heart rate (*Jones & Bartlett learning*, 2019).	Neurovascular checks can cause drowsiness (*Jones & Bartlett learning*, 2019).	Neuro checks cause *& Bar* 2019)
Client Teaching needs (2)	-Advise pt not to take ibuprofen because it may reduce the	Caution pt not to use over the recommended amount and	-teach patient how to monitor heart rate -Do not double up on medication if a dose is	- Do not take with alcohol	Urge watch suicid especi

	cardioprotective and stroke preventative effects of aspirin -not to use aspirin with a vinegar like smell to it (*Jones & Bartlett learning,* 2019).	keep acetaminophen in a safe area (*Jones & Bartlett learning,* 2019).	missed (*Jones & Bartlett learning,* 2019).	- Know the effects before driving (*Jones & Bartlett learning,* 2019).	doses Urge p (*Jones learni*

Burke, A. (2020, February 25). *Laboratory Values: NCLEX-RN*. RN Programs - Registered Nurse || RegisteredNursing.org. https://www.registerednursing.org/nclex/laboratory-values/

Diagnostic Imaging

All Other Diagnostic Tests (5 points): EKG

Diagnostic Test Correlation (5 points): An EKG would have been used to rule out any cardiac issues. Two things can be shown with an EKG, that is measuring time intervals and how long the electrical wave takes to pass through the heart. By measuring the amount of electrical activity going through the heart a cardiologist may be able to find out if parts of the heart are too large or overworked ("Electrocardiogram (ECG or EKG)," 2020).

Diagnostic Test Reference (APA):

Electrocardiogram (ECG or EKG). (2020). www.heart.org. https://www.heart.org/en/health-topics/heart-attack/diagnosing-a-heart-attack/electrocardiogram-ecg-or-ekg

Current Medications (10 points, 1 point per completed med)
***10 different medications must be completed*Home Medications (5 required)**

Brand/Generic	Normal Saline	D5NS	Lovenox (Enoxaprinl)	Insulin regular	D5 in 0.45%		
Dose	125mL/hr	30mL/hr	40mg	100ml/78kg	150ml/hr		

Frequency	125mL/hr	30mL/hr	daily	Until blood sugar reaches normal levels	150ml/hr		
Route	IV	IV	sq	IV	IV		
Classification	Sodium chloride	potassium chloride in 5% dextrose and sodium chloride injection	Antithrombotic	Antidiabetic	Dextrose and sodium chloride		
Mechanism of Action	Sodium Chloride (sodium chloride (sodium chloride injection) injection) Injection, USP is a sterile, nonpyrogenic solution for fluid and electrolyte replenishment in single dose containers for intravenous administration ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	Sodium chloride in water dissociates to provide sodium (Na+) and chloride (Cl−) ions. Sodium (Na+) is the principal cation of the extracellular fluid and plays a large part in the therapy of fluid and electrolyte disturbances. Chloride (Cl−) has an integral role in buffering action when oxygen and carbon dioxide exchange occurs in the red blood cells. The distribution and excretion of sodium (Na+) and chloride (Cl−) are largely under the control of the kidney which maintains a balance between intake and output (*Potassium Chloride in Dextrose*	Potentiates the action of antithrombin III, a coagulation inhibitor, rapidly binds with and inactivates clotting factors (*Jones & Bartlett learning*, 2019).	Lowers blood glucose by: stimulating glucose uptake in skeletal muscle and fat, in-hibiting hepatic glucose production. Other actions of insulin: inhibition of lipolysis and proteolysis, enhanced protein synthesis (F.A. Davis Company, 2015).	When administered intravenously, these solutions provide a source of water, carbohydrate and electrolytes. Solutions which provide combinations of hypotonic or isotonic concentrations of dextrose and of sodium chloride are suitable for parenteral maintenance or replaceme		

		and Sodium Chloride - FDA prescribing information, side effects and uses, 2020).			nt of water and electrolyte requirements with minimal carbohydrate calories (VISIV, n.d.).		
Reason Client Taking	Dehydration	-Fluid and electroliyte replenishment	-To prevent DVT during hospital stay (*Jones & Bartlett learning*, 2019).	DKA/diabetes	Solutions containing carbohydrate in the form of dextrose restore blood glucose levels and provide calories (VISIV, n.d.).		
Contraindications (2)	-Severe renal impairment -liver cirrhosis ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	-Severe renal impairment -liver cirrhosis ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	-Active major bleeding, Hypersensitivity to benzyl alcohol (*Jones & Bartlett learning*, 2019).	Hypoglycemia; Allergy or hypersensitivity to a particular type of insulin, preservatives, or other additives (F.A. Davis Company, 2015).	None known (VISIV, n.d.).		

Side Effects/Adverse Reactions (2)	-Fever -Injection site swelling ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	-Fever -Injection site swelling ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	-Hemorrhage -Anemia (*Jones & Bartlett learning,* 2019).	HYPOGLYCEMIA. lipodystrophy, (F.A. Davis Company, 2015).	Used with care if pt has congestive heart failure or renal inefficiency (VISIV, n.d.).		
Nursing Considerations (2)	-Used to replace fluid loss -Caution in cardiac or renal disease ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	-Used to replace fluid loss -Caution in cardiac or renal disease ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	-Use with extreme caution in pts with history of heparin induced thrombocytopenia -Use extreme caution with pts with active GI disease or *Jones & Bartlett* 2019).	-interacts with beta blockers -do not use if cloudy or discolored (F.A. Davis Company, 2015).	-do not administer unless solution is clear -do not administer for a prolonged amount of time (VISIV, n.d.).		
Key Nursing Assessment(s) Prior to Administration	Baseline vital signs ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	Baseline vital signs ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	Monitor vitals Baseline vital ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	-BMP	Baseline vital signs, BMP for electrolytes (VISIV, n.d.).		
Client Teaching needs (2)	-Let the nurse know if you feel a burning while flushing -Will feel cold around the I.V. site ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	-Let the nurse know if you feel a burning while flushing -Will feel cold around the I.V. site ("Normal Saline: Uses, Dosage, Side Effects, Interactions, Warning," 2020).	-Emphasize the importance or follow up visits -Caution pt not to rub the site after injection (*Jones & Bartlett* 2019).	Explaintopatientthatthismedicationcontrols hyperglycemiabutdoesnotcure diabetes. Therapy is long term. Instruct patient in proper testing of serum glucose and ketones.	-Let the nurse know if you feel a burning while flushing -Will feel cold around the I.V. site ("Normal Saline: Uses, Dosage,		

				These tests should be closely monitored during periods of stress or illness and health care professional notified of significant changes (F.A. Davis Company, 2015).	Side Effects, Interactions, Warning," 2020).		

Hospital Medications (5 required)

Medications Reference (APA):

2019 Nurse's drug handbook. (2019). Jones & Bartlett Learning.

VISIV. (n.d.). *5% Dextrose and 0.45% Sodium Chloride Injection, USP*. https://www.accessdata.fda.gov/drugsatfda_docs/label/2006/017607s123lbl.pdf

F.A. Davis Company. (2015). *Insulin Regular*. DavisPlus - student and instructor online resource center supporting F.A. Davis titles. https://davisplus.fadavis.com/3976/meddeck/pdf/insulinregular.pdf

Normal Saline (Sodium Chloride Injection): Uses, Dosage, Side Effects, Interactions, Warning. (2020). RxList. https://www.rxlist.com/normal-saline-drug.htm
(F.A. Davis Company, 2015).

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A&Ox4, the pt is calm and collective. She is in no overall distress and appearance is normal	
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin is warm, dry, and pink. Skin turgor bounces back within 3 seconds, there are no rashes, bruises, or wounds.	
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical with no tracheal deviation. Ears are equal with the tops of the pinna and symmetrical. Nose is midline with no drainage and patent nostrils. Teeth are normal, intact. Thyroid is not enlarged or swollen.	.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Pt heart sounds are present with normal S1, S2. No edema, peripheral pulses all normal (radial and pedal +3), no neck vein distensions, and cap refill within 3 seconds	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube:** **Size of tube: N/A** **Placement (cm to lip): N/A** **Respiration rate: N/A** **FiO2: N/A** **Total volume (TV): N/A** **PEEP: N/A**	Pt is on room air. Breath sounds are within normal limits, no wheezes or rhonchi and that is within posterior and anterior lobes.	.

VAP prevention measures: N/A		
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Diet at home and in the hospital is consistent carb diet and carb counting. Bowel sounds are present in all quadrants. Last BM was the morning of 09/26/2020 at 1000. Upon palpitation there is no lumps, mass, or pain. Upon inspection the belly is normal, no protrusion.	.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:** **CAUTI prevention measures:**	Pt has a normal light-yellow urine, with no malodor, no notable pain with urination. No rashes, wounds, or skin break down upon inspection of genitals while helping with bathroom assist.	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 35 **Activity/Mobility Status:** Mobile **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Active PERLA. Pt is A&Ox4, glasses as assistive devices and no equipment. Pt overall has weak strength and states " I have a walker at home if needed but I don't use it at the moment."	.

NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW and PERLA is noted with no abnormalities. Pt is strong in both her arms. Pt has clear speech and is easy to understand. Mental status is A&Ox4 with no distress.	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Pt has major depression disorder. She enjoys watching movies and reading. Pt's transportation, food, medication assistance, home is dependent on self. From what I can understand pt has a more of a shut-in life. She has some family for support, but they don't live in the area.	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0600	93	100/55	15	36.8	96
0700	92	92/53	16	36.8	92

Vital Sign Trends/Correlation: Vital signs are trending down with more fluids and less pain

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0745	Numeric	General	2	Generally feeling of	Breakfast

				unwell	
1000	Numeric	General	1	Generally feeling of being unwell	N/A

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 20 gauge **Location of IV:** Left AC **Date on IV:** 09/28 **Patency of IV:** infuses/flushes easily **Signs of erythema, drainage, etc.:**N/A **IV dressing assessment:** Dry and intact	Saline lock
Other Lines (PICC, Port, central line, etc.)	
Type: N/A **Size: N/A** **Location: N/A** **Date of insertion: N/A** **Patency: N/A** **Signs of erythema, drainage, etc.: N/A** **Dressing assessment: N/A** **Date on dressing: N/A** **CUROS caps in place: Y ☐ N ☒** **CLABSI prevention measures: N/A**	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
290.34	600

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is put on IV insulin until she gets wnl. She has since gotten her glucose level down to a stable level of 121

Procedures/testing done: EKG, abg

Complaints/Issues: General feeling of unwellness, epigastric pain

Vital signs (stable/unstable): Blood pressure is low but stable

Tolerating diet, activity, etc.: Patient is on a counting carb diet, activity as tolerated

Physician notifications:

Future plans for patient: Follow up with primary, come back to ED if condition is severe

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Follow up to the ED if condition gets severe

Education needs: education on the insulin pump

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

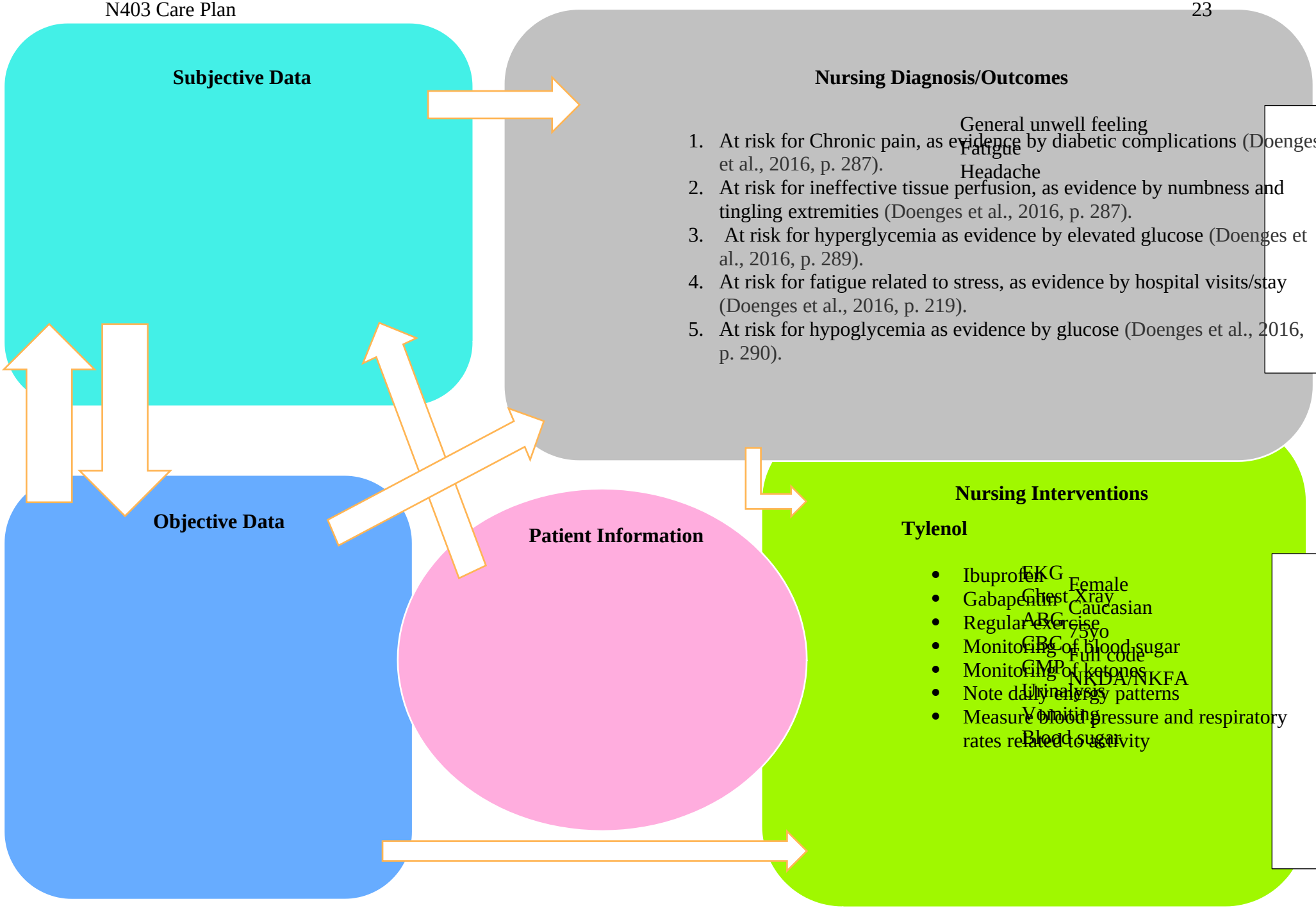
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. At risk for Chronic pain, as evidence by diabetic complications (Doenges et al., 2016, p. 287).	This nursing diagnoses was chosen because being a type one diabetic the patient will encounter different type of pain such as nerve or epigastric.	1.Tylenol Ibuprofen	- The patient understood why she was taking gabapentin and takes Tylenol PRN for pain - Goal is to be as pain free as possible, by taking medication when and before there's pain
2. At risk for ineffective tissue perfusion, as evidence by numbness and tingling extremities (Doenges et al., 2016, p. 287).	This nursing diagnoses was chosen because the patient had diabetic neuropathy	1. Gabapentin 2.Regular exercise	- Pt understands that diabetic neuropathy is a manifestation of the disease - Goal is to decrease this with better management/diet/exercise
3. At risk for hyperglycemia as evidence by elevated glucose (Doenges et al., 2016, p. 289).	This nursing diagnoses was chosen because of DKA	1. Monitoring of blood sugar 2Monitoring of ketones	- Pt understands how to count her carbs - Goal is to stay DKA free with better management more exercise into her daily routine.
4. At risk for fatigue	I chose this as a nursing	1. Note daily energy patterns	Pt does say she has been sleeping less due to hospital

related to stress, as evidence by hospital visits/stay (Doenges et al., 2016, p. 219).	diagnosis because medical intervention can be expensive with an ongoing chronic issue	2. Measure blood pressure and respiratory rates related to activity	disturbances. Goal- Sleep when she can, less distractions such as the tv at night, try to get back in her nightly sleeping routine the best he can Pt also understands that there is case managers but states “She is lucky has good insurance.”
5. At risk for hypoglycemia as evidence by glucose (Doenges et al., 2016, p. 290).	This nursing diagnosis was chosen because the patient was on an insulin drip and vomiting	1.Monitoring dizziness/lightheadedness 2.Monitoring or LOC/vital signs	Goals of practicing better glucometer management of blood sugars.

Other References (APA):

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2016). *Nurse's Pocket Guide: Diagnoses, Prioritized Interventions, and Rationales*. F.A. Davis.

Concept Map (20 Points):


Subjective Data
General unwell feeling
Fatigue
Headache
Nursing Diagnosis/Outcomes
1. At risk for Chronic pain, as evidence by diabetic complications (Doenges et al., 2016, p. 287).
2. At risk for ineffective tissue perfusion, as evidence by numbness and tingling extremities (Doenges et al., 2016, p. 287).
3. At risk for hyperglycemia as evidence by elevated glucose (Doenges et al., 2016, p. 289).
4. At risk for fatigue related to stress, as evidence by hospital visits/stay (Doenges et al., 2016, p. 219).
5. At risk for hypoglycemia as evidence by glucose (Doenges et al., 2016, p. 290).
Objective Data
Patient Information
Nursing Interventions
Tylenol
Ibuprofen
Gabapentin
Regular exercise
Monitoring of blood sugar
Monitoring of ketones
Note daily energy patterns
Measure blood pressure and respiratory rates related to activity
EKG
Chest Xray
ABG
CBC
CMP
Urinalysis
Vomiting
Blood sugar
Female
Caucasian
75yo
Full code
NKDA/NKFA