N433 Care Plan #1

Lakeview College of Nursing

Jillian Kurtz

Demographics (3 points)

Date of Admission 09/27/2021	**Patient Initials** R.F.	**Age (in years & months)** 7 years 1 month	**Gender** Female
Code Status Full	**Weight (in kg)** 25.7 kg	**BMI** 14.96	**Allergies/Sensitivities (include reactions)** Nystatin-Rash

Medical History (5 Points)

Past Medical History: The patient's past history was a diagnosis of a body mass index 95-99% and history of constipation**.**

Illnesses: The patient has no past illnesses.

Hospitalizations: The patient has no past hospitalization.

Past Surgical History: Parents state the patient has no past surgical history.

Immunizations: Parents state the patient is up to date on immunizations.

Birth History: Patient was born at full term.

Complications (if any): N/A

Assistive Devices: Patient does not use any assistive devices.

Living Situation: Patient lives a home with her parents and siblings.

Admission Assessment

Chief Complaint (2 points): The chief complaint was increased tiredness, increase in thirst, increase in urination, and excessive weight loss.

Other Co-Existing Conditions (if any): N/A

Pertinent Events during this admission/hospitalization (1 points): Patient was admitted into PICU before getting admitted to the pediatric unit.

History of present Illness (10 points): On September 27th, 20021 a 7-year-old Caucasian female was admitted to Carle emergency room for increased tiredness, increase in thirst, increase in urination, and weight loss. The mother brought her into the emergency department and provided the child's history, and states that she has had increased tired, thirst, and urination and a weight loss of 7 pounds in the past week. Patient's labs showed a glucose of 449 and ketones in her urine. Patient states she wasn't in any pain. Patient is normally healthy child, with no past hospitalizations, illnesses, or surgical history.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Diabetic Ketoacidosis

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points):

Ketones are strong acids that accumulate in the blood, alter pH, and cause metabolic acidosis, such as diabetic ketoacidosis. The diagnostic criteria for diabetic ketoacidosis includes a low glucose level greater than or equal to 250 mg/dL, arterial pH lower than 7.3, serum bicarbonate lower than 15 mEq/L, and ketonuria and ketonemia (Capriotti, 2020). The patient presented to the emergency department with a blood glucose of 449 and her urine analysis showed ketones. The most common causes include new onset of diabetes, noncompliance with insulin treatment, the stress of infection, myocardial infarction, or alcohol abuse (Capriotti, 2020). Individuals with diabetic ketoacidosis often present with polyuria, polydipsia, polyphagia, weakness, abdominal pain, Kussmaul's respirations, nausea, and vomiting (Capriotti, 2020). The patient experienced polyuria, and polydipsia related to a new onset of diabetes. The patient may appear lethargic, stuporous, or comatose. Patient may also present with signs of dehydration such as dry mucous membranes, tachycardia, and hypotension. The patient usually has ketone breath, ketonuria, and

ketone body order (Capriotti, 2020). Patients who are alerted and oriented who present to the emergency department with DKA are often treated with fluids and discharged after stable, but other severe cases of diabetic ketoacidosis should be admitted to the intensive care unit. The highest risk of diabetic ketoacidosis is in patients with type 1 diabetes and individuals who frequently miss insulin doses, but sometimes DKA can be the first sign you have diabetes (*Diabetic Ketoacidosis - Symptoms and Causes*, 2020). Labs are essential to monitor in a patient with DKA. Blood urea nitrogen (BUN), creatinine, sodium, potassium, and bicarbonate levels are monitored frequently, along with urine to check for ketones and glucose (Capriotti, 2020). Diabetic ketoacidosis is often treated with fluids and electrolytes, such as sodium, potassium, chloride and insulin. Fluid replacement is essential to counteract the dehydration and hyperosmolarity caused by extreme hyperglycemia. Insulin is administered until blood glucose remains under 150 mg/dL (Capriotti, 2020). Potassium supplementation is essential for treatment in DKA because as insulin is administered and acidosis is diminished, potassium moves back into the cellular compartment, which reveals the true blood levels of potassium (Capriotti, 2020). My patient was treated with potassium chloride, and she also was receiving insulin throughout the day when she needed it. Potassium is an essential electrolyte to monitor because it can cause cardiac changes such as peaked T wave and a prominent u wave. Lastly, if a patient presents with cerebral edema, which is a severe complication of DKA, the clinician needs to be careful not to overhydrate the client and slowly decrease blood glucose levels during treatment, so the condition does not worsen.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Diabetic ketoacidosis - Symptoms and causes. (2020, November 11). Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/diabetic-ketoacidosis/symptoms-causes/syc-20371551

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: Ambulate as tolerated	Patient ambulates to the bathroom independently.
Diet/Nutrition: Regular diet, less than 20 grams of carbohydrates per meal	Patient has diet restrictions due to new onset of type 1 diabetes.
Frequent Assessments: Glucose ACHS, accurate I&O, Neuro checks Q4	We want to monitor the patient for hyperglycemia and the number of ketones present in the patient's urine.
Labs/Diagnostic Tests: BMP, Beta-Hydroxybutyrate	Results were not in before leaving clinical.
Treatments: Novolog, Lantus, MiraLAX	N/A
Other: N/A	N/A
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Basic Metabolic Panel	Patient had blood drawn but results were not completed before leaving clinical.
Beta- Hydroxybutyrate	Patient had blood drawn but results were not completed leaving clinical.

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 (specific to the age of the child)	Admission or Prior Value	Today's Value	Reason for Abnormal Value
RBC	3.90-4.96	4.92	*Patient's blood draw was not resulted before leaving clinical.	
Hgb	10.6-13.2	14.3	N/A	Elevated hemoglobin can be caused by dehydration in DKA (Capriotti, 2020).
Hct	32.4-39.5	40.8	N/A	Elevated hematocrit levels are as a result of dehydration (Capriotti, 2020).
Platelets	199-367	375	N/A	High glucose counts enhance the levels of platelets in patients with DKA (Capriotti, 2020).
WBC	4.27-11.40	14.35	N/A	Elevated WBC count can be linked to insulin deficiency, dehydration, and stress in DKA (Capriotti, 2020).
Neutrophils	1.64-7.87	10.34	N/A	High neutrophil count is a result from lack of insulin production in the bone marrow (Capriotti, 2020).
Lymphocytes	1.16-4.28	22.4	N/A	Elevated lymphocytes can be linked to insulin deficiency, dehydration, and stress in DKA (Capriotti, 2020).
Monocytes	0.19-0.81	5.0	N/A	The patient could still be recovering from a past acute infection (Capriotti, 2020).
Eosinophils	0.03-0.47	0.09	N/A	

Basophils	0.01-0.05	0.06	N/A	
Bands	0.2-1.6	N/A	N/A	

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

Lab	Normal Range	Admission or Prior Value	Today's Value	Reason For Abnormal
Na-	**136-145**	133	138	Sodium levels are low in DKA because of the osmotic shift of fluid (Capriotti, 2020).
K+	**3.5-5.1**	3.5	4.6	
Cl-	**98-107**	99	103	
Glucose	**60-99**	449	163	Glucose cannot get into the body's cells, so it builds up causing increased glucose (Capriotti, 2020).
BUN	**7-18**	9	9	
Creatinine	**0.55-1.02**	0.65	0.55	
Albumin	**3.4-5.0**	3.9	N/A	
Total Protein	**6.4-8.2**	8.2	N/A	
Calcium	**8.5-10.1**	9.8	10.1	
Bilirubin	**0.2-1.0**	0.7	N/A	
Alk Phos	**9-500**	376	N/A	
AST	**5-34**	21	N/A	
ALT	**0-55**	15	N/A	
Amylase	**25-125**	40	N/A	

Lipase	**8-78**	11	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	Admission or Prior Value	Today's Value	Reason for Abnormal
ESR	0-10	N/A	N/A	*No labs were taken for this patient.
CRP	<10	N/A	N/A	
Hgb A1c	Less than or equal to 7.5%	N/A	N/A	
TSH	0.45-4.5	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	Admission or Prior Value	Today's Value	Reason for Abnormal
Color & Clarity	Pale, yellow/ clear	Yellow, clear	Straw, clear	
pH	5.0-8.0	5.0	6.0	
Specific Gravity	1.005-1.030	N/A	1.015	
Glucose	Negative	1000	1030	High glucose in the urine is the result of high blood sugar levels (Capriotti, 2020).
Protein	Negative	30+	Negative	When the kidneys are not working effectively and as they should, protein can leak through the filters and into the urine (Capriotti, 2020).
Ketones	Negative	Large +++	Small +	When cells don't get enough glucose, the body burns fat or energy instead producing ketones (Capriotti, 2020).
WBC	0-5	Negative	Negative	

RBC	0-3	N/A	Negative	
Leukoesterase	Negative	N/A	Negative	

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

Test	Normal Range	Admission or Prior Value	Today's Value	Explanation of Findings
Urine Culture	Negative or positive	N/A	N/A	*No labs were taken for this patient.
Blood Culture	Negative or positive	N/A	N/A	
Sputum Culture	Negative or positive	N/A	N/A	
Stool Culture	Negative or positive	N/A	N/A	
Respiratory ID Panel	Negative or positive	N/A	N/A	

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Carle Foundation Hospital (2021). Reference page (lab values). Urbana, IL.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): No diagnostic tests were done for this patient.

Diagnostic Test Correlation (5 points):

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Carle Foundation Hospital (2021). Reference page (lab values). Urbana, IL.

Current Medications (8 points)
****Complete *ALL* of your patient's medications****

Brand/Generic	MiraLAX (Polyethylene glycol 3350)	Novolog (Insulin aspart)	Lantus (Insulin glargine)	Novolog (Insulin aspart)
Dose	8.5 grams	0.5 units for each 50 for glucose >150	12 units	1 unit per 20 grams of carbohydrates intake
Frequency	As needed	3x daily after meals	Daily	As needed with meals
Route	Oral	Subcutaneous	Subcutaneous	Subcutaneous
Classification	Osmotic Laxative	Rapid-acting insulin	Long-acting insulin	Rapid-acting insulin
Mechanism of Action	Draws water into the colon which softens the stool and naturally stimulates the colon to contract, easing bowel movements	Binds to the insulin receptors on muscle and fat cells and lower blood glucose by facilitating the cellular uptake of glucose and simultaneously inhibiting the output of glucose from the liver	Promoting movement of sugar from the blood into body tissues and also stops sugar production in liver, mimics the actions of human insulin	Binds to the insulin receptors on muscle and fat cells and lower blood glucose by facilitating the cellular uptake of glucose and simultaneously inhibiting the output of glucose from the liver
Reason Client Taking	Constipation	Control high blood sugar	Improve blood sugar control	Control high blood sugar
Concentration Available	10-20 mg	N/A	N/A	N/A
Safe Dose Range Calculation	0.5-1.5g/kg/daily	0.5-1 unit/kg/day	0.2-0.4 units/kg/day	0.5-1 unit/kg/day
Maximum 24-hour Dose	38.55 g/day	25.7 (26) units	12 units	25.7 (26) units
Contraindications (2)	Eating disorder (anorexia/bulimia), bowel obstruction	Hypersensitivity, hypoglycemia	Hypoglycemia, state of diabetic ketoacidosis	Hypersensitivity, hypoglycemia

Side Effects/Adverse Reactions (2)	Severe or bloody diarrhea, worsening stomach pain	Low blood sugar, weight gain	Weight grain, hypokalemia	Low blood sugar, weight gain
Nursing Considerations (2)	Store at room temperature, keep away from moisture and hear	Store the vial in a refrigerator or room temperature, use within 28 days	Check potassium levels, should not be used with liver or kidney disease	Store the vial in a refrigerator or room temperature, use within 28 days
Client Teaching needs (2)	Pour the powder into 4-8 oz of a beverage, call the doctor if you are still constipated after 7 days of taking it in a row	Do not share injection pens or cartridges, do not use NovoLog if you have low blood sugar	Do not inject into a muscle or vein, once per day at the same time each day	Do not share injection pens or cartridges, do not use NovoLog if you have low blood sugar

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and oriented to time, place, person, and date X4 No distress Shy, cooperative, well-groomed, and nourished
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:** **IV Assessment (If applicable to child):** **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:**	 White, pink Dry/elastic Warm Elastic Turgor 2+ No rashes No bruises No wounds 4 22 gauge left / 20 gauge right Left and right antecubital 09/27 IV patient

Signs of erythema, drainage, etc.: **IV dressing assessment:** **IV Fluid Rate or Saline Lock:**	No signs of erythema/drainage No phlebitis/infiltration Potassium chloride 85 mL/hr
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	 Head/neck symmetrical, equal range of motion Tympanic membrane gray/pearly, no discharge Eyes symmetrical, EOMI intact Nose symmetrical, no deviation Gum's pink/moist, good dentition Midline, swallowing with difficulty .
CARDIOVASCULAR: **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:**	. Heart sounds auscultates S1 and S2 present No murmurs No gallops or rub in S3 and S4 Carotid, radial, ulnar, brachial, femoral, popliteal, dorsal pedis, and posterior tibial pulses +2 bilaterally Capillary refill less than 3 seconds
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 No crackles or wheezes. Lungs clear posterior and anterior in all lobes.
GASTROINTESTINAL: **Diet at home:** **Current diet:** **Height (in cm):** **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:**	. Regular diet at home Regular diet, less than 20 grams of carbohydrates 131 cm Bowel sounds active in all four quadrants 9/24 No masses/palpations No distention No incisions No scars No drains No wounds
GENITOURINARY:	

Color: **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Straw Clear 500 mL Genitals clean and dry
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	 Patient states their pain as a 0/10 Active range of motion No supportive devices Strength 5/5 bilateral in all extremities bilaterally 2 Independent (up and lib)
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 Patient is orientated to person, place, time, and date. No dizziness, weakness, or headaches Articulative speech Alert No gross focal neurological deficits
PSYCHOSOCIAL/CULTURAL: **Coping method(s) of caregiver(s):** **Social needs (transportation, food, medication assistance, home equipment/care):** **Personal/Family Data (Think about home environment, family structure, and available family support):**	 Has support by her mom, dad, and grandpa Need assistance checking blood glucose and administering insulin Patient has awesome supportive by all her family members and appeared to be loved and well taken care of.

Vital Signs, 2 sets (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	106	106/57	20	97.7 F (36.5 C)	98 %

		Patient was lying in bed, left arm, automatic		(Axillary)	
1120	98	*BP only taken every 8 hours	20	97.7 F (36.5 C) (Axillary)	99%

Vital Sign Trends: Vital signs remained stable through the 6 hours at clinical.

Normal Vital Sign Ranges (2.5 points)
****Need to be specific to the age of the child****

Pulse Rate	75-118
Blood Pressure	Systolic: 97-115 Diastolic: 57-76
Respiratory Rate	18-25
Temperature	36.5-37.5 C
Oxygen Saturation	92-100 %

Normal Vital Sign Range Reference (APA):

C., & Almali, O. (2018, July 10). *Pediatric Vital Signs Reference Chart | PedsCases*. Peds Cases. http://www.pedscases.com/pediatric-vital-signs-reference-chart

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	FACES	N/A	0	N/A	Patient watched movies on her iPad.
Evaluation of pain status *after* intervention	FACES	N/A	0	N/A	Patient watched movies on her iPad.

Precipitating factors: The patient stated she was in no pain. **Physiological/behavioral signs:** The patient stated she was in no pain.

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
221.5 mL-IV	500 mL-urine

Developmental Assessment (6 points)
Be sure to highlight the achievements of any milestone if noted in your child. Be sure to highlight any use of diversional activity if utilized during clinical. There should be a minimum of 3 descriptors under each heading

Age Appropriate Growth & Development Milestones

1. Children grow an average of 6 to 7 cm per year, increasing their height by at least 1 foot (Ricci, 2021).
2. Children increase their weight by 3 to 3.5 kg per year (Ricci, 2021).
3. Brain growth is complete by the time the child is 10 years of age (Ricci, 2021).

Age-Appropriate Diversional Activities

1. School-age children enjoy riding a two-wheeled bike (Ricci, 2021).
2. School-age children enjoy jumping roping and dance (Ricci, 2021).
3. Coordination improves in school-age children, so they also enjoy skating (Ricci, 2021).

Psychosocial Development:

Which of Erikson's stages does this child fit?

- This child fits in Erikson's stage of industry vs. inferiority (Ricci, 2021).

What behaviors would you expect?

- The child is busy learning, achieving, and exploring. The child becomes more independent and focuses on things other than family such as television, video games, and their peers influence them (Ricci, 2021).

What did you observe?

- I observed the patient constantly on her iPad watching television and movies.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference?

- This child fits into Piaget's stage of cognitive development. The period of concrete operational thoughts (Ricci, 2021).

What behaviors would you expect?

- The child is able to coordinate information from different dimensions and see things from another person's perspective. The child can distinguish people in their family and has an interest in collecting things (Ricci, 2021).

What did you observe?

- I observed the patient talking about her mom, dad, and grandpa. The patient also had a collection of stuffed animals in her room.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

- Language continues to accelerate in the school-age child and their vocabulary expands. Reading and language skills improve, and reading becomes more efficient. They also

develop the ability to think about language and comment on its properties. School- age children use more complex grammatical forms such as plurals and pronouns. This is the time when children may enjoy telling jokes because of their understanding of double meaning on words and sounds. (Ricci, 2021).

Any concerns regarding growth and development?

- There were no concerns regarding the child's growth and development.

Developmental Assessment Reference (1) (APA):

Ricci, S.S., Kyle, T., & Carman, S. (2021). Maternity and pediatric nursing (4th ed.). Wolters Kluwer.

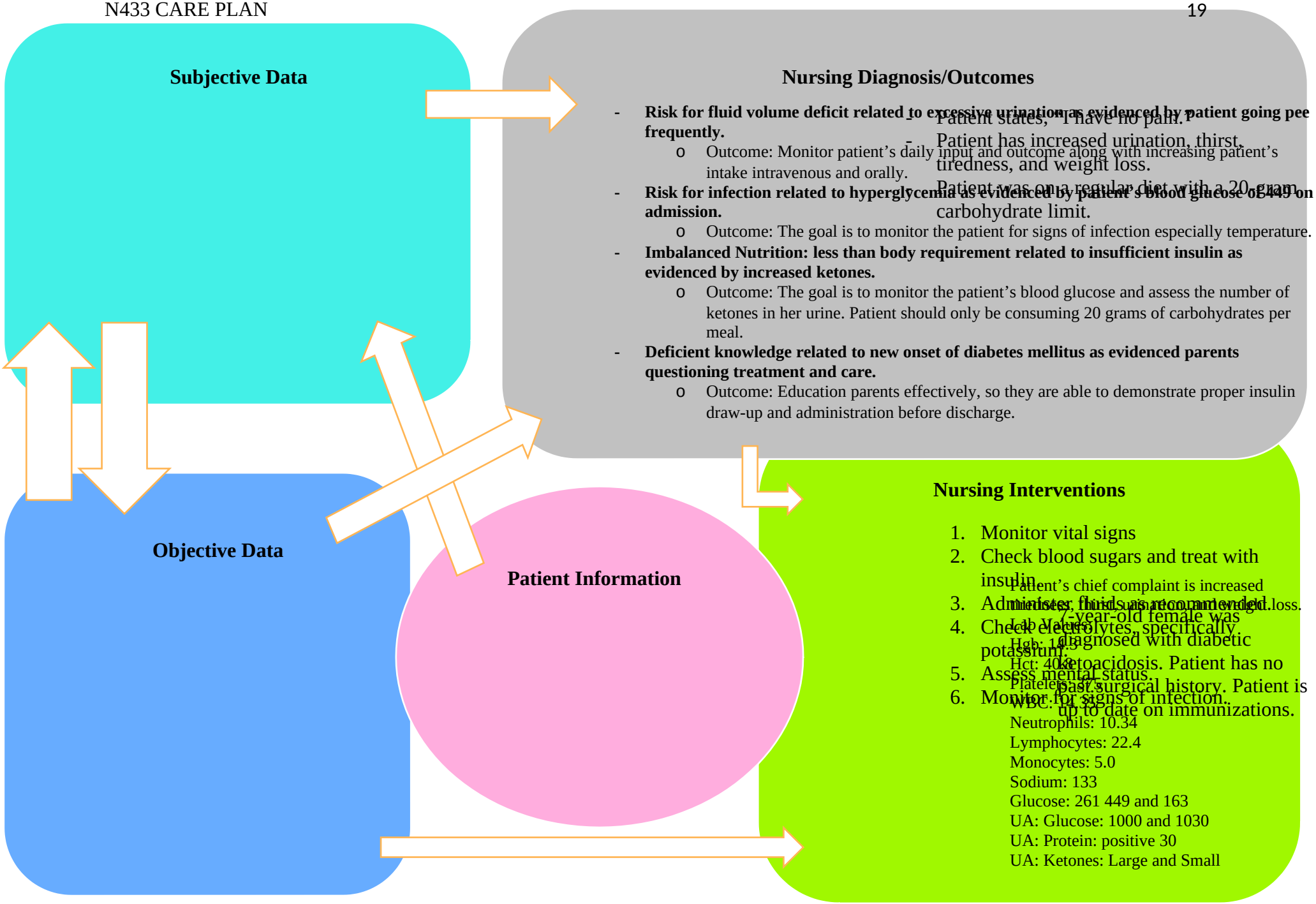
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Risk for fluid volume deficit related to excessive urination as evidenced by patient going pee frequently.	I chose this diagnosis because the patient has increased urination and is at risk for fluid volume deficit if she isn't consuming fluids.	1. Assess skin turgor, mucous membranes, and thirst. 2.Monitor hourly intake and output.	Goal met. Patient was assessed to determine baseline data and use it to compare to any later or abnormal findings. Input and output were recorded through the day to assess if there was an excess or deficit in fluid balance. Patient increased fluid intake throughout the day.
2. Risk for infection related to hyperglycemia	I chose this diagnosis because patients who have high blood	1. Assess for signs of infection and inflammation.	Goal met. Patient was assessed for signs of infection. Patient was verbally educated about

as evidenced by patient's blood glucose of 449 on admission.	glucose weaken their immune system.	2.Encourage proper handwashing techniques.	proper handwashing techniques and used the demonstration technique to show understanding.
3. Imbalanced Nutrition: less than body requirement related to insufficient insulin as evidenced by increased ketones.	I chose this diagnosis because the patient has large amounts of ketones in her urine.	1. Provide a diet consisting of 60% carbohydrates 2. Perform fingerstick glucose testing	Goal met. Patient's diet can only consist of 20 grams of carbohydrates. Parents demonstrated proper teaching by performing finger sticks to check glucose levels.
4. Deficient knowledge related to new onset of diabetes mellitus as evidenced parents questioning treatment and care.	I chose this diagnosis because the parents are still learning how to draw up insulin and give injections.	1. Educate the parents on signs and symptoms of hyper/ hypoglycemia. 2. Educate the parents on proper way to draw up insulin and how to proper give a subcutaneous injection in the right placement.	Goal met. The parents were given educated on proper insulin management. The verbal and demonstration method was used to demonstrate understanding of insulin administration and signs and symptoms of hypo/hyperglycemia.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Patient states, "I have no pain."
Patient has increased urination, thirst, tiredness, and weight loss.
Patient was on a regular diet with a 20 gram carbohydrate limit.
Nursing Diagnosis/Outcomes
- Risk for fluid volume deficit related to excessive urination as evidenced by patient going pee frequently.
o Outcome: Monitor patient's daily input and outcome along with increasing patient's intake intravenous and orally.
- Risk for infection related to hyperglycemia as evidenced by patient's blood glucose of 449 on admission.
o Outcome: The goal is to monitor the patient for signs of infection especially temperature.
- Imbalanced Nutrition: less than body requirement related to insufficient insulin as evidenced by increased ketones.
o Outcome: The goal is to monitor the patient's blood glucose and assess the number of ketones in her urine. Patient should only be consuming 20 grams of carbohydrates per meal.
- Deficient knowledge related to new onset of diabetes mellitus as evidenced parents questioning treatment and care.
o Outcome: Education parents effectively, so they are able to demonstrate proper insulin draw-up and administration before discharge.
Objective Data
Patient Information
Nursing Interventions
1. Monitor vital signs
2. Check blood sugars and treat with insulin
3. Administer fluids as recommended
4. Check electrolytes, specifically potassium.
5. Assess mental status.
6. Monitor for signs of infection.
Patient's chief complaint is increased thirst, urination, and weight loss.
Lab Values:
Hgb: 14.3
Hct: 40.8
Platelets: 407
WBC: 17.8
Neutrophils: 10.34
Lymphocytes: 22.4
Monocytes: 5.0
Sodium: 133
Glucose: 261 449 and 163
UA: Glucose: 1000 and 1030
UA: Protein: positive 30
UA: Ketones: Large and Small
A 17-year-old female was diagnosed with diabetic ketoacidosis. Patient has no past surgical history. Patient is up to date on immunizations.