

N311 Care Plan #1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 12/30/21	Client Initials L.B	Age 73	Gender Male
Race/Ethnicity Caucasian	Occupation Retired School Teacher	Marital Status Divorce	Allergies NKA
Code Status DNR	Height 72 in.	Weight 69.8kg (154 lbs.)	

Medical History (5 Points)**Past Medical History:**

Covid, Type 2 Diabetes, Poison Ivy by anthelmintics, Fractured Right toe, Abnormal weight loss, bone density, and structure right shoulder, falls.

Past Surgical History: N/A

Family History: N/A “No I do not have any past medical family history, but I do not want to talk about it”

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use):

Patient denies any past use of tobacco, alcohol, or drugs.

Admission Assessment

Chief Complaint (2 points): Right Fractured Toe

History of Present Illness – OLD CARTS (10 points):

This patient is a 73-year-old male who presented to the emergency room on December 30th of 2021 with right toe pain after “dropping a fuel pump on my toe from my Corvette”. The patient said the incident happened before Christmas. The pain has lasted throughout Christmas upon admission. The patient did not express any characteristics, alleviating/aggregating factors, or relieving factors. A boot was placed on the foot as a treatment to ensure the protection of the right fractured toe.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Type 2 Diabetes

Secondary Diagnosis (if applicable): N/A

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

Type 2 Diabetes can have endless complications during a person's lifetime. This disease is caused by the pancreas not being able to secrete enough insulin for the glucose. “Type 2 Diabetes Mellitus (T2DM), one of the most common metabolic disorders, is caused by a combination of two primary factors: defective insulin secretion by pancreatic β -cells and the inability of insulin-sensitive tissues to respond appropriately to insulin” (Galicia-Garcia et al., 2020). Glucose comes from the diet that the person has food is then broken down to glucose and sent off to the cells. In a healthy person, the glucose will enter the cell and the pancreas will have no trouble sending enough insulin out to the glucose. People with Type 2 diabetes are insulin resistant which means instead of the glucose going into the cell to be used for fuel and energy the

glucose will stay in the bloodstream. The body keeps trying to compensate for the glucose not entering the cell, “Blood glucose levels climb as the pancreas becomes dysfunctional and cells continually resist insulin” (Caprotti,2020). This can cause blood sugars to increase as the pancreas tries to secrete enough insulin to let the glucose into the cell, but it eventually tires out and makes blood sugar rise even more. In the long run, this can cause complications from kidney disease to cardiovascular disease. There are various signs and symptoms that can be found for type 2 diabetes. Some symptoms seem to include fatigue, thirst, polyuria, weight loss, and wounds taking longer to heal. As related to the book, “Hyperglycemia causes intracellular fluid shifts, resulting in polydipsia and excessive diuresis at the kidney that causes polyuria” (Caprotti,2020). On to diagnostics, there are bundles of ways to test for type 2 diabetes. Some examples found were, urine testing, “A urine dipstick test or urinalysis will reveal glucosuria, which is indicative of uncontrolled diabetes” (Caprotti,2020). A common test used is A1C, “The glycated hemoglobin (A1c) test can be used to diagnose diabetes and assess blood glucose control over the preceding 3 months” (Caprotti,2020). My client did not show any tests or labs performed to help support the diagnosis of the findings when asked any question related to his diabetes he expressed, “I do not have diabetes”. He then proceeded to say, “My sugars are always at a normal range when they are checked I do not believe I have diabetes”. Any further questions asked client denied answering. Although the client did not express what treatment was used for his type 2 diabetes the most common treatments for this disease are changing to a healthier diet, being active, and regularly checking blood sugar to make sure the range is controlled.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. F.A. Davis.

Galicia-Garcia, U., Benito-Vicente, A., Jebari, S., Larrea-Sebal, A., Siddiqi, H., Uribe, K. B., Ostolaza, H., & Martín, C. (2020). Pathophysiology of Type 2 Diabetes Mellitus. *International journal of molecular sciences*, 21(17), 6275.
<https://doi.org/10.3390/ijms21176275>

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	N/A	N/A	N/A	N/A
Hgb	N/A	N/A	N/A	N/A
Hct	N/A	N/A	N/A	N/A
Platelets	N/A	N/A	N/A	N/A
WBC	N/A	N/A	N/A	N/A
Neutrophils	N/A	N/A	N/A	N/A
Lymphocytes	N/A	N/A	N/A	N/A
Monocytes	N/A	N/A	N/A	N/A
Eosinophils	N/A	N/A	N/A	N/A
Bands	N/A	N/A	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 Value	Today's Value	Reason For Abnormal
Na-				

K+	N/A	N/A	N/A	N/A
Cl-	N/A	N/A	N/A	N/A
CO2	N/A	N/A	N/A	N/A
Glucose	N/A	N/A	N/A	N/A
BUN	N/A	N/A	N/A	N/A
Creatinine	N/A	N/A	N/A	N/A
Albumin	N/A	N/A	N/A	N/A
Calcium	N/A	N/A	N/A	N/A
Mag	N/A	N/A	N/A	N/A
Phosphate	N/A	N/A	N/A	N/A
Bilirubin	N/A	N/A	N/A	N/A
Alk Phos	N/A	N/A	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	N/A	N/A	N/A	N/A

pH	N/A	N/A	N/A	N/A
Specific Gravity	N/A	N/A	N/A	N/A
Glucose	N/A	N/A	N/A	N/A
Protein	N/A	N/A	N/A	N/A
Ketones	N/A	N/A	N/A	N/A
WBC	N/A	N/A	N/A	N/A
RBC	N/A	N/A	N/A	N/A
Leukoesterase	N/A	N/A	N/A	N/A

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	N/A	N/A	N/A	N/A
Blood Culture	N/A	N/A	N/A	N/A
Sputum Culture	N/A	N/A	N/A	N/A
Stool Culture	N/A	N/A	N/A	N/A

Lab Correlations Reference (1) (APA): N/A

Diagnostic Imaging

All Other Diagnostic Tests (10 points): N/A

Diagnostic Imaging Reference (1) (APA): N/A

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

Brand/Generic	N/A	N/A	N/A	N/A	N/A
Dose	N/A	N/A	N/A	N/A	N/A
Frequency	N/A	N/A	N/A	N/A	N/A
Route	N/A	N/A	N/A	N/A	N/A
Classification	N/A	N/A	N/A	N/A	N/A
Mechanism of Action	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	N/A	N/A	N/A	N/A	N/A
Contraindications (2)	N/A	N/A	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	N/A	N/A	N/A	N/A	N/A

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Medications Reference (1) (APA): N/A

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Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance:	N/A
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score:	N/A

Drains present: Y ☐ N ☐ Type:	
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	N/A
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:	N/A
RESPIRATORY: Accessory muscle use: Y ☐ N ☐ Breath Sounds: Location, character	N/A
GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds:	N/A

Ostomy: Y ☐ N ☐ Nasogastric: Y ☐ N ☐ Size: Feeding tubes/PEG tube Y ☐ N ☐ Type:	
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☐ Dialysis: Y ☐ N ☐ Inspection of genitals: Catheter: Y ☐ N ☐ Type: Size:	N/A
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	.N/A
NEUROLOGICAL: MAEW: Y ☐ N ☐ PERLA: Y ☐ N ☐ Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐ Orientation: Mental Status: Speech: Sensory:	N/A

LOC:	
PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	.N/A

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:30	68	112/62	20	97.8 °F	94% RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
08:40	0/10	N/A	N/A	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
N/A	N/A

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis · Include full nursing diagnosis with “related to” and “as evidenced by” components · Listed in order by priority – highest priority to lowest priority pertinent to this client	Rationale · Explain why the nursing diagnosis was chosen	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation · How did the client/family respond to the nurse’s actions? · Client response, the status of goals and outcomes, modifications to plan.
1. Deficit Knowledge related to the patient, having insufficient knowledge of with diabetes as evidenced by the client stating, “I do not have diabetes”.	This diagnosis was chosen because his medical history showed type 2 diabetes and when asked about it, he denied having it.	1. Informational pamphlet on type 2 diabetes and glucose monitoring. 2. Keep a planner and write down meals throughout the day and encourage a diet low in carbs.	1. The patient can verbalize what diabetes is. 2 and verbalize what a healthy range is. The patient will have knowledge of what meals are preferred throughout the day to help maintain blood sugar levels	The family was happy to have someone sit down and explain to the client how type 2 diabetes works and the pamphlet helped. The client successfully verbalized what diabetes is and followed a healthy meal plan diet that helped his blood sugar stay within the 70-140 range.
2. Risk for fatigue as related to Type 2 Diabetes as evidenced	This nursing diagnosis was	1. Keeping a sleep schedule log	The patient will express their	The family was satisfied and noticed a difference in the

by overwhelming lack of energy.	chosen because, during the assessment, it was noted the patient seemed tired and irritated. The patient's lack of participation during the assessment expressed he did not want to continue with the assessment.	to ensure the patient gets adequate amount of rest before coming in to assess. 2. Promote workouts to help with fatigue and blood sugar levels to stay healthy.	satisfaction with the sleep schedule with no irritation and be more be opened to answering questions. Increase workouts to at least taking three walks throughout the day.	client's attitude. The client seemed alert and happy. The client loved the idea of the sleep schedule helped him develop a good sleeping cycle so that he would not wake up feeling fatigued. The client expressed the workouts helped his be in a better mood throughout the day. The outcome was met due to clients expressing little to no fatigue.
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Other References (APA): N/A

Concept Map (20 Points):