N311 Teaching Plan

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N311: Foundations of Professional Practice

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Assessment of Client/Family (5 points)	Nursing Diagnosis & Goal of Teaching (5 points)	Interventions (5 points)	Methods/Teaching Tools (2 points)	Evaluation (3 points)
Level of motivation for learning: Willing to learn about her diagnosis because of her newborn baby and a family to support. **Barriers to effective learning:** Potential emotional barrier due to the client believing Type 1 DM can be cured. The client may be upset, confused, or angry when she first hears that DM cannot be cured. **Health beliefs/values:** Unplanned pregnancy out of wedlock and her family does not approve. Family is catholic while she does not see the point of religion. Thinks medicine is important but does not fully understand it.	**Nursing Diagnosis:** Knowledge deficit as evidenced by believing Type 1 DM can be cured related to new diagnosis of Type 1 DM. **Goal of Teaching:** Client understands Type 1 diabetes mellitus is not curable, however, it is manageable.	**Intervention 1:** Inform the client about the disease process of Type 1 DM. **Intervention 2:** Teach the client about a proper diet to control weight gain and manage Type 1 DM. **Intervention 3:** Teach the client about the treatment and risk factors of Type 1 DM. Sources and info on next page.	**Method 1:** Q&A Down below. **Method 2:** Discussion Down below.	**Discuss how the client/family received the teaching:** Willing to learn and accepted all interventions. She struggled to understand DM at the beginning but after proper teaching and interventions she knows how to manage her diagnosis. **Identify strengths/weaknesses of the client or family in receiving teaching:** Strengths: has motivation to get healthier for her baby and is willing to follow a routine Weakness: thinks fast food is an easy alternative for meals because she struggles to get to the grocery store routinely and states making dinner every night is “too much work.” **Suggest modifications to improve teaching plan**

Psychosocial development: Is a new mother and is experiencing new commitments and struggles with her body image because everyone around her and on social media is skinny and happy. Managing a newborn and full-time job. **Cognitive development:** Optimal time for education, critical thinking skills are appropriate for stated age.				**(what would have improved the plan?):** Somebody speaking to our client who has lived and managed Type 1 DM for years to offer support.

Interventions

Intervention 1:
Type 1 DM is an autoimmune disorder that can be managed but is not curable. People with Type 1 DM typically have insulin insufficiency and hyperglycaemia (DiMeglio et al., 2018). What this means is that your body cannot properly maintain blood glucose levels. This is commonly diagnosed in children, however, the disease can appear at all ages (DiMeglio et al., 2018).

Intervention 2:
The major food group that should be restricted with Type 1 DM is carbohydrates (Bolla et al., 2019). Carbohydrates include foods such as (processed) cereals, potato chips, candy, french fries, and pretty much everything we enjoy to eat ourselves. The importance is to avoid processed sugars and high fructose corn syrup. Avoid adding sugar to meals and be mindful of the amount of trans fats in foods (Bolla et al., 2019).

Intervention 3:
The goal of treating Type 1 Diabetes Mellitus is maintaining glucose levels (DiMeglio et al., 2018). Insulin therapy is a widely used treatment to keep blood sugars within range, which can be given overnight and between meals. Insulin can be prescribed in the form of an insulin pump or injections. Metformin can be used to treat individuals who have insulin resistance.

Type 1 Diabetes Mellitus complications include microvascular complications, which include nerve damage, retinopathy, diabetic kidney disease, and damage to the heart and other organs (DiMeglio et al., 2018). Macrovascular complications can also occur, which include narrowing or hardening of the arteries and blood clots in the heart, peripheral arteries, and brain. If blood sugar is too low for too long, hypoglycemia can occur, and if it is too high for too long, ketoacidosis can occur. They are both potentially fatal.

Method 1:
Q&A

Client: "So, if I watch my diet and if I lose 60 pounds, my DM will go away?"
Nurse: No, unfortunately, Type 1 DM will not go away. However, with a proper diet and exercise it can be controlled."

Client: "Wait, if I take all my medication the way I'm supposed to, I will still have DM?"
Nurse: DM cannot be cured, but if medication is prescribed, along with a healthy diet and exercise plan, it can be managed."

Client: "OK, so If I stop going to Dairy Queen every day, eat carrots, and take my medication as prescribed, I won't have DM anymore?"
Nurse: "No, unfortunately, DM cannot be cured, even if you stop going to DQ and eat carrots every day."

Client: "So, wait, you're telling me, I can't be cured, but I can manage it?"
Nurse: "Yes, it will take some work on your part, but it can be managed."

Method 2:
Discussion

The nurse and client will discuss proper diet, exercise, and maintaining a healthy weight. The client will demonstrate an understanding of what it takes to manage DM. The nurse and client will briefly discuss monitoring blood glucose and what a syringe looks like if insulin shots are needed.
The client will state that she understands that Type 1 DM cannot be cured and say that she wants to be healthy for herself and her child.

References

Bolla, A. M., Caretto, A., Laurenzi, A., Scavini, M., & Piemonti, L. (2019). Low-carb and ketogenic diets in type 1 and type 2 diabetes. *Nutrients*, *11*(5).

DiMeglio, L. A., Evans-Molina, C., & Oram, R. A. (2018). Type 1 diabetes. *Lancet*, *391*(10138), 2449-2462.