N311 Care Plan 1

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N311: Foundations of Professional Practice

Professor Scribner

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Demographics

Date of Admission	Client Initials	Age	Biological Gender
2/11/25	JF	47	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Black/African American	Not employed	Life partner	No known
Code Status	**Height**	**Weight**	
Full code	5’2” (157.5 cm)	143 lb 4.8 oz	

Medical History

Past Medical History: Diabetes mellitus (type 2), Hyperlipidemia

Past Surgical History: None

Family History: History of diabetes in sisters, history of MS in mother

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

- **Smoking: some days (cigarettes only)**
- **Smokeless tobacco: never**
- **Tobacco: one cigarette a day according to girlfriend**
- **Vaping: never**
- **Alcohol: couple times a month**
- **Drugs: no**

Education: High School

Living Situation: Live with his sister in Champaign

Assistive devices: None

Admission Assessment

Chief Complaint: Hyperglycemia

History of Present Illness (HPI)– OLD CARTS:

Patient was discharged 12 hours before being sent back to the ER for uncontrolled diabetes. According to the sister, the patient had thrown up everywhere in the bathroom, and then passed out. The sister checked his sugar three times and everytime it said error. She called EMS and they picked him up and brought him to Carle in Champaign. When he got to Champaign, he was disoriented and confused. He said he was fine, and not in any pain. His sister said his face showed differently, that he looked like he was in distress.

Primary Diagnosis

Primary Diagnosis on Admission: DKA (diabetic ketoacidosis)

Secondary Diagnosis (if applicable):

Pathophysiology

Pathophysiology of the Disease, APA format:

Pathophysiology References (2) (APA):

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method

11:00	**68 bpm**	**150/62 mmhg**	**20 breaths per minute**	**97.7^0 F oral**	**97%**	**room air**

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
11:00	**1-10**	**N/A**	**0**	**N/A**	**N/A**

Pathophysiology

DKA, or diabetic ketoacidosis is the result of the body not having enough insulin for energy production. Since insulin is reduced and counter-regulatory hormones are increased, this can lead to hyperglycemia worsening (Lizzo, 2023). This is important to know for this patient because he had come in initially for a chief complaint of hyperglycemia. Glucagon at one point was thought to not be important for ketoacidosis development but then was later discovered that it may accelerate hyperglycemia and ketonemia when insulin is deficient. The main factor responsible for lowering the consciousness of patients' with diabetic ketoacidosis is hyperosmolarity (Lizzo, 2023). DKA is considered to be a disorder that alters one's metabolic state. This disease can be characterized by a number of things, but hyperglycemia is most important out of all of them because this patient was admitted for that reason. DKA occurs due to a deficiency in one's insulin and an increase in counter-regulatory hormones (Osama, 2024). This imbalance in hormones enhances other things such as "hepatic gluconeogenesis, glycogenolysis, and lipolysis" (Osama, 2024). Hepatic gluconeogenesis and glycogenolysis result in insulin deficiency and an increase in counter-regulatory hormones which in turn results in a severe case of hyperglycemia as was seen in this patient.

Pathophysiology References

Lizzo, J. M. (2023, July 10). ***Adult diabetic ketoacidosis*****. StatPearls [Internet].**

https://www.ncbi.nlm.nih.gov/books/NBK560723/

Osama Hamdy, M. (2024, October 29). ***Diabetic ketoacidosis (DKA)*****. Practice Essentials, Background, Pathophysiology.**

https://emedicine.medscape.com/article/118361-overview#a3