N321 Care Plan #3

Lakeview College of Nursing

Peyton Luesse

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
03/30/2020	BJ	73	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired English Teacher	Married	NKDA
Code Status	**Height**	**Weight**	
FULL	5'3''	100 kg	

Medical History (5 Points)

Past Medical History: Type 1 diabetes, CAD, hyperlipidemia, HTN

Past Surgical History: Spur removed from the left heel (outpatient three weeks ago)

Family History: Mother- HTN, died of MI at age 55

       Father- HTN

Social History (tobacco/alcohol/drugs): none

Assistive Devices: walker

Living Situation: Lives at home with husband, George

Education Level: High School

Admission Assessment

Chief Complaint (2 points): Wound on the left heel

History of present Illness (10 points):. The patient got a spur removed from her left heel three weeks ago. Four days before admission Beatrice began to experience nausea, vomiting, and abdominal pain. In the past week, her foot has become increasingly swollen and red. It has also started admitting a bad odor. She has required assistance to move and use the bathroom for three days. The patient's husband says the patient "just looks real bad."

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.DKA- Diabetic Ketoacidosis

Secondary Diagnosis (if applicable):.None

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

Diabetic ketoacidosis (DKA) is caused by an inadequate amount of insulin is in the body. DKA causes a person to have extreme hyperglycemia, dehydration and electrolyte loss, and acidosis (p.1443), according to Hinkle and Cheever (2014). According to Hinkle and Cheever (2014), "Without insulin, the amount of glucose entering the cells is reduced, and production and release of glucose by the liver (gluconeogenesis) is increased, leading to hyperglycemia." (p.1443). The kidneys try to compensate for the extra glucose by excreting it in the urine, along with water and electrolytes. This diuresis leads to dehydration and electrolyte loss. Over 24 hours, it is possible that a patient may loos up to 6.5 liters of water and up to 400 to 500 mEq each of sodium, potassium, and chloride (p.1443) according to Hinkle and Cheever (2014).

Another thing that happens when insulin levels are too low is that our body begins to break down fat (lipolysis). It breaks down fat into fatty acids and glycerol. The free fatty acids are converted into ketones by the liver. According to Hinkle and Cheever (2014), "Ketone bodies are acids; their accumulation in the circulation due to the lack of insulin leads to metabolic acidosis." (p.1443).

The three leading causes of DKA are a decreased or missed dose of insulin, illness or infection, and untreated or undiagnosed diabetes. DKA could indicate Type 1 diabetes. Insulin mistakes can be made by people who do not check their sugar regularly or decide not to give themselves insulin if they aren't eating. It is essential to keep track of blood sugars because infections and illness can cause increased blood glucose levels. Some people do not realize this and tend not to check their sugars enough when they are ill. If someone is undiagnosed with

diabetes, they simply do not realize that they need insulin. They are unaware of the fact their bodies are not taking care of it for them. According to Capriotti and Frizzell (2016), "Most patients with DKA present with polyuria, polydipsia, polyphagia, weakness, abdominal pain, Kussmaul's respiration, nausea, and vomiting." (p.566).

Some other things could potentially happen and cause DKA. A patient could accidentally not give themselves enough insulin. This could occur if the patient is visually impaired. A patient could skip doses because they have not coped with their diagnoses of diabetes. This tends to happen in adolescence. There could also be equipment issues. Some issues include not having enough insulin, not being able to afford it, running out of needles or syringes.

This patient was very ill and did not feel right for three days. The patient had abdominal pain, nausea, and intermittent vomiting. In response to this, the patient did not eat for days. Her husband reported that she had not taken her insulin for two days because she thought since she wasn't eating, insulin wasn't needed. Her DKA was caused by the patient, not eating and falsely assuming she did not need her insulin because no food was entering her system. Since she did not take insulin, her body went multiple days without her blood sugar being regulated. Her blood sugar continued to increase all of those days and eventually reached dangerous levels that began to affect her motor abilities and brain.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

Hinkle, J. L., & Cheever, K. H. (2014). *Brunner and Suddarth's Textbook of Medical-Surgical Nursing* (13th ed.). Philadelphia, PA: Wolters Kluwer.

Laboratory Data (15 points)

CBC <mark>Highlight All Abnormal Labs</mark>—**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	**4.28-5.56**	NA	NA	
Hgb	**13-17**	15.4	NA	
Hct	**38.1-48.9**	48.2	NA	
Platelets	**149-393**	NA	NA	
WBC	**4-11.7**	NA	4.2	
Neutrophils	**45.3-79**	NA	75	
Lymphocytes	**11.8-45.9**	NA	20	
Monocytes	**4.4-12.9**	NA	NA	
Eosinophils	**0-6.3**	NA	NA	
Bands	**0-6**	NA	15	Bands are increased because the body is actively fighting an infection in the left foot. Bands are released when more coverage is needed than the adult WBC in the bloodstream.

Chemistry <mark>Highlight All Abnormal Labs</mark>—**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-	**136-145**	152	162	According to Hinkle and Cheever (2014), "Sodium and potassium concentrations may be low, normal, or high depending on the amount of water loss (dehydration)." (p.1444). Her sodium is high because of dehydration.
K+	**3.5-5.1**	5.8	6.0	According to Hinkle and Cheever

				(2014), "Sodium and potassium concentrations may be low, normal, or high depending on the amount of water loss (dehydration)." (p.1444). Her potassium is high because of dehydration.
Cl-	**98-107**	108	115	Chloride is increased because the patient is dehydrated; therefore, there is an increased concentration.
CO2	**21-31**	28	NA	
Glucose	**74-109**	400	320	Blood sugars are elevated because she did not take her insulin, and she is in DKA. According to Hinkle and Cheever (2014), "blood glucose levels may vary between 300 and 800 mg/dL." (p.1444)
BUN	**7-25**	28	80	According to Hinkle and Cheever (2014), "Increased levels of creatinine, blood urea nitrogen (BUN), and hematocrit may also be seen in dehydration." (p.1444) The patient is dehydrated, and so her BUN level is increased.
Creatinine	**0.7-1.3**	1.5	3.2	According to Hinkle and Cheever (2014), "Increased levels of creatinine, blood urea nitrogen (BUN), and hematocrit may also be seen in dehydration." (p.1444) The patient is dehydrated, and so her creatinine level is increased.
Albumin	**3.5-5.2**	NA	2.2	According to Hinkle and Cheever (2014), "Despite the plasma concentration, there has been a marked total body depletion of these (and other) electrolytes, and they will need to be replaced." (p.1444) Albumin is another electrolyte that gets excreted from the body in DKA. It is low because too much has been expelled.
Calcium	**8.6-10.3**	8.3	11.2	According to Hinkle and Cheever (2014), "Despite the plasma concentration, there has been a marked total body depletion of these (and other) electrolytes, and they

				will need to be replaced." (p.1444) Calcium is another electrolyte that gets excreted from the body in DKA. It was low because too much has been expelled. It became high because it was trying to compensate for the other electrolytes.
Mag	**1.6-2.4**	NA	NA	
Phosphate	**2.5-4.5**	NA	NA	
Bilirubin	**0.3-1**	NA	NA	
Alk Phos	**34-104**	NA	NA	
AST	**13-39**	NA	NA	
ALT	**7-52**	NA	NA	
Amylase	**23-85**	NA	NA	
Lipase	**0-160**	NA	NA	
Lactic Acid	**0.5-1**	NA	NA	

Other Tests <mark>Highlight All Abnormal Labs</mark>—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	**<1.1**	NA	NA	
PT	**11-13.5**	NA	NA	
PTT	**60-70**	NA	NA	
D-Dimer	**<0.5**	NA	NA	
BNP	**0-100**	NA	NA	
HDL	**23-92**	NA	NA	

LDL	**≤ 100**	NA	NA	
Cholesterol	**≤ 149**	NA	NA	
Triglycerides	**0-149**	NA	NA	
Hgb A1c	**≤ 6.4**	6.2	NA	
TSH	**0.45-5.33**	NA	NA	

Urinalysis <mark>**Highlight All Abnormal Labs**</mark>**—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	**Yellow and clear**	NA	NA	
pH	**6.0**	NA	NA	
Specific Gravity	**1.005-1.034**	1.045	NA	Increased urine specific gravity is caused by dehydration. This patient is dehydrated, and so her urine specific gravity is increased.
Glucose	**Normal**	NA	NA	
Protein	**Negative**	NA	NA	
Ketones	**Negative**	NA	NA	
WBC	**< 5**	NA	NA	
RBC	**0-3**	NA	NA	
Leukoesterase	**Negative**	NA	NA	

Cultures <mark>**Highlight All Abnormal Labs**</mark>**—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	No growth	NA	NA	
Blood Culture	No growth	NA	NA	
Sputum Culture	No growth	NA	NA	
Stool Culture	No growth	NA	NA	

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical*

perspectives. Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): EKG, CT of brain

Diagnostic Test Correlation (5 points):

EKG: The patient received an EKG because her electrolytes are imbalanced. Particularly

her potassium is elevated. According to Hinkle and Cheever (2014), regarding potassium,

"alterations in its concentration change myocardial irritability and rhythm." (p.254). Since the

patient's potassium was elevated at 5.8 on admission and 6.0 in the next 24 hours, and EKG was

done to determine if her heart was still functioning correctly. The results were that the patient is

tachycardic, and she has peaked T-waves. Peaked T- waves could be because of the patient's

elevated potassium levels.

CT of the brain: A CT of the brain was performed on this patient because of her change

in mental status. She had become very confused, was slurring her words, and was very

disoriented. To determine that nothing happened to the patient's brain or a lesion wasn't formed,

a CT is performed. According to Hinkle and Cheever (2014), "Computed tomography (CT)

scans, enhanced by a contrast agent, can give specific information concerning the number, size,

and density of lesions and the extent of secondary cerebral edema." (p.2056). The patient's CT

scan came back normal. There were no signs of damage or lesions on the patient's brain.

Diagnostic Test Reference (APA):

Hinkle, J. L., & Cheever, K. H. (2014). *Brunner and Suddarth's Textbook of Medical-Surgical*

       Nursing (13th ed.). Philadelphia, PA: Wolters Kluwer.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Simvastatin/ Zocor	Novolog/ insulin aspart	Levemir/ Insulin detemir	Lisinopril/ Prinivil	Atenolol/ Apo-Atenol
Dose	40 mg	10 units	40 units	30 mg	25 mg
Frequency	Daily	ACHS	Daily	Daily	Daily

Route	Oral	SubQ	SubQ	Oral	Oral
Classification	Antihyperlipidemic	Antidiabetic	Antidiabetic	Antihypertensive - vasodilator	Antihypertensive - beta blocker
Mechanism of Action	According to Jones and Bartlett (2018), "interferes with the hepatic enzyme hydroxymethylglutaryl- coenzyme-A reductase. This action reduces the formation of mevalonic acid, a cholesterol precursor, thus interrupting the pathway necessary for cholesterol synthesis. When the cholesterol level declines in hepatic cells, LDLs are consumed, which in turn reduces the levels of circulating total cholesterol and serum triglycerides." (p.1121)	According to the FDA (2005) Novolog, "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." (p.2)	According to the FDA (2007), "exert their specific action through binding to insulin receptors. Receptor-bound insulin lowers blood glucose by facilitating cellular uptake of glucose into skeletal muscle and fat and by inhibiting the output of glucose from the liver." (p.1)	According to Jones and Bartlett (2018), "May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II. Angiotensin II is a potent vasoconstrictor that also stimulates adrenal cortex to secrete aldosterone. Decreased release of aldosterone reduces sodium and water reabsorption and increases their excretion, thereby reducing blood pressure." (p.712)	According to Jones and Bartlett (2018), "Inhibits stimulation of beta 1- receptor sites, located mainly in the heart, decreasing cardiac excitability, cardiac output and myocardial oxygen demand. Atenolol also acts to decrease release of renin from the kidneys, aiding in reducing blood pressure." (p.104)
Reason Client Taking	This patient has high cholesterol.	This patient has type 1 diabetes.	This patient has type 1 diabetes.	This patient has hypertension.	This patient has hypertension.
Contraindications (2)	Active hepatic disease Hypersensitivity to simvastatin.	Hypoglycemia Hypersensitivity to insulin	Hypoglycemia Hypersensitivity to insulin	Angioedema Hypersensitivity to ACE inhibitors	Cardiogenic shock Bradycardia
Side Effects/Adverse	Dizziness Fatigue	Rash Hypoglycemia	Rash Hypoglycemia	Confusion Dry mouth	Lethargy Renal failure

Reactions (2)					
Nursing Considerations (2)	Follow a low-fat diet Take this medication in the evening.	HbA1c has to be monitored Give in the fatty part of the body	HbA1c has to be monitored Give in the fatty part of the body	Use cautiously in a patient with a fluid volume deficit Monitor blood pressure often	Use cautiously in patients with diabetes. Stop if the patient develops bradycardia, hypotension or other adverse reactions

Hospital Medications (5 required)

Brand/Generic	Heparin/ Heparin Lock Flush	Ranitidine/ Zantac	NPH Humulin Insulin/ isophane insulin	Glargine/ KwikPen	Piperacillin-tazobactam/ Zosyn
Dose	5000 units	50 mg	40 units	50 units	3.375 g
Frequency	Q12	Q12	After meals	Daily-Bedtime	Q6
Route	SubQ	IV	SubQ	SubQ	IV push
Classification	Anticoagulant	Antiulcer agent	Antidiabetic	Antidiabetic	Antibiotic
Mechanism of Action	According to Jones and Bartlett (2018), "Binds with antithrombin III, enhancing antithrombin III's inactivation of	According to Jones and Bartlett (2018), "inhibits basal and nocturnal secretion of gastric acid and	According to Drugs.com (2019), "lowers blood glucose by stimulating peripheral glucose uptake by		According to Ogbru (2015), "Piperacillin kills bacteria by inhibiting the synthesis of bacterial cell

	the coagulation enzymes thrombin and factors Xa and XIa. At low doses, heparin inhibits factor Xa and prevents the conversion of prothrombin to thrombin. Thrombin is needed for conversion of fibrinogen to fibrin; without fibrin, clots can't form." (p.578)	pepsin by competitively inhibiting the action of histamine at H2 receptors on gastric parietal cells. This action reduces total volume of gastric juices and, thus, irritation of GI mucosa." (p.1057)	skeletal muscle and fat, and by inhibiting hepatic glucose production. Insulins inhibit lipolysis and proteolysis, and enhance protein synthesis." (p.52)		walls. It binds preferentially to specific penicillin-binding proteins (PBPs) located inside bacterial cell walls." (p.1)
Reason Client Taking	The patient is immobile, and that can cause blood clots, so she is taking this to try and prevent them.	This patient could have reflux.	This patient has type 1 diabetes.	This patient has type 1 diabetes.	This patient has a possible infection in her left heel.
Contraindications (2)	History of HIT Sensitivity to pork	Porphyria Hypersensitivity to ranitidine	Hypoglycemia Hypersensitivity to insulin	Hypoglycemia Hypersensitivity to insulin	Low WBC count Hypersensitivity
Side Effects/Adverse Reactions (2)	Chills Hematuria	Abdominal distress Nausea	Hypoglycemia Skin flushing	Hypoglycemia Redness around the injection site	Rash Anaphylaxis
Nursing Considerations (2)	Monitor for bleeding Monitor for HIT	Do not chew tablets Take antacids 2 hours before med	Inject into a fatty area on the body Check blood sugar before administering	Inject into a fatty area on the body Check blood sugar before administering	Take entire antibiotic regimen Stop if allergic reaction occurs

Medications Reference (APA):

Humulin N - FDA prescribing information, side effects and uses. (2019, October 22). Retrieved

April 1, 2020, from https://www.drugs.com/pro/humulin-n.html

Jones & Bartlett. (2018). *2019 Nurses drug handbook* (18th ed.). Burlington, MA: Jones &

    Bartlett Learning.

Omudhome Ogbru, O. (2019, October 15). piperacillin/tazobactam (Zosyn) Uses, Side Effects &

    Dosage. Retrieved April 1, 2020, from

    https://www.medicinenet.com/piperacillintazobactam_sodium-injection/

    article.htm#what_is_piperacillin/

    tazobactam_sodium_injection_and_how_does_it_work_mechanism_of_action

PDF. (2005). Princeton.

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	The patient is drowsy and is stimulated with light shaking. The patient is increasingly confused and disoriented. The patient is disheveled, and her presence is inappropriate.
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor:	The patient has pale pink skin. She is slightly flushed. The skin is hot and dry to the touch. She has poor turgor. Her nail beds are very pale. She has no rashes or bruises. There is a would on her left heel. The wound measures 15cm across. The

Rashes: **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y**☐ **N** ☒ **Type:**	left foot is hot and edematous. Her Braden score is 16. There are no drains present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are normal cephalic. Her face is flushed. Her ears are symmetrical. Her eyes pass PERRLA. Her nose is straight, with no turbinates or septum deviation. All teeth are intact. Her neck veins are flat. .
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:**	. S1 and S2 are auscultated. There was no murmur. The patient is tachycardic at 120 beats per minute. Rhythm is regular. Her peripheral pulses were graded at a 1+. They were present in all extremities but weak. The capillary refill is 3 seconds. There was no neck vein distention. There was no edema.
RESPIRATORY (2 points): **Accessory muscle use: Y**☒ **N** ☐ **Breath Sounds: Location, character**	. Breath sounds are auscultated in all lobes. They are equal in all lobes. No adventitious sounds were heard. Respirations are deep and even. Kussmaul type breaths are noted. She is taking 28 breaths per minute. She is tachypnea.

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** ☒
	. The patient is on a regular diet at home. Her current diet in the hospital is an NPO diet. Her height is 5'3''. She weighs 100 kg. Hypoactive bowel sounds are noted. Her last bowel movement is unknown. Upon palpation, there is no pain or masses noted, and the abdomen is soft. Upon inspection, slight distention is noted. The patient has no incisions, scars, drains, or wounds. She does not have an ostomy or nasogastric tube. She does not have a feeding tube.

Type:	

GENITOURINARY (2 Points):
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☒
Dialysis: Y ☐   N ☒
Inspection of genitals:
Catheter: Y ☒   N ☐
   Type: Indwelling
   Size: 16 French
	The patient's urine is clear and dark amber. She has had a urine output of 25 mL in the past 2 hours. The patient has no pain upon urination. She is not on dialysis. Her genitals are normal upon inspection. She has an indwelling catheter. The indwelling catheter is a size 16 French.

MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 55** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	. Neurovascular status is poor. The patient's range of motion is normal when assisted. She cannot do it herself. She uses a walker at home. She has very little strength and is very weak. She is a fall risk. Her Morse fall risk score is 55. She requires assistance to move from equipment and personnel.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	. The patient cannot move extremities well when unassisted. Her eyes follow PERLA guidelines. Her pupils are equal, react to light, and accommodate. She has equal strength in her extremities, but it is feeble. She is very disoriented. The patient is very confused. She has a lower level of consciousness. She is aroused by lightly shaking her. Her speech is slurred and random. All of her sensory functions are intact.
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):**	. This patient's coping methods include reading and listening to music. She has a high school degree, and her developmental level is appropriate for her age. The patient belongs to a Catholic church, and they attend church regularly. It is a very important part of the patient's life. She lives at home with her husband, and he is very supportive. The patient has difficulty preparing meals and performing ADLs on her own.

Vital Signs, two sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1000	115	82/48	28	38.9 C	95
.1300	115	90/82	20	37.8 C	95

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1000	Numeric	Left heel	5/10	Sharp and burning	No movement
1300	Numeric	Left heel	6/10	Sharp and burning	Elevation and no movement

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 gauge **Location of IV:** left forearm **Date on IV:** 03/30/2020 **Patency of IV:** infusing **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Clean, dry, intact	Normal saline is infusing.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
0 mL	425 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was brought into the hospital, confused and weak. She had lab work done and was diagnosed with DKA. The patient was started on fluids for dehydration and to try to regulate her bodily fluids. She was prescribed various insulins to try and treat her hyperglycemia. She was made NPO until blood glucose was under control.

Procedures/testing done: The patient had a CT of the brain, and EKG performed. The CT came back normal, and the EKG came back with results that determined the patient had tachycardia and peaked T-waves.

Complaints/Issues: She is having pain in her left heel from a wound that will not heal. She is stating her pain is a 6/10 and a 5/10.

Vital signs (stable/unstable): Vital signs are unstable. Her blood pressure is low, and her respirations are elevated.

Tolerating diet, activity, etc.: The patient is tolerating diet. She is not tolerating activity and requires a lot of assistance.

Physician notifications: There were no physician notifications.

Future plans for the patient: Upon discharge, I expect this patient will need to be educated on her diabetes. She needs to understand what type 1 diabetes means in her life. She needs to understand her body will need insulin all the time, not just when she eats. She needs to understand all signs and symptoms of when her blood sugar is out of normal range. This patient also needs to be educated on how to care for her wound. She will need to see a wound nurse to have the wound dressed every day, or her husband will have to learn to do it. She will also need to see physical therapy and occupational therapy to rebuild her strength. She will need to have regular check-ups as well to check her Hgb A1c levels and have her medication adjusted. She

will have to take her blood sugar regularly and know how to treat it. She will need proper

teaching and, most likely, a professional medical check-in.

Discharge Planning (2 points)

      Discharge location: Home with husband George

      Home health needs (if applicable): The patient needs help to redress her would and

clean it every day. She will also need help moving until she regains her strength.

      Equipment needs (if applicable): The patient will need wound care supplies, a walker,

insulin, needles, and a blood glucose monitor.

      Follow up plan: The patient needs to attend therapy and control her blood glucose levels.

She will follow up with her primary care provider. Her health status needs to be evaluated, and

they can prescribe further treatment.

      Education needs: This patient will need to be educated on her diabetes. She needs to

understand what type 1 diabetes means in her life. She needs to understand her body will need

insulin all the time, not just when she eats. She needs to understand all signs and symptoms of

when her blood sugar is out of normal range. This patient also needs to be educated on how to

care for her wound. She needs to be taught that type 1 diabetes can cause longer healing times.

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

Nursing Diagnosis	Rational	Intervention (2 per	Evaluation

• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen	**dx)**	• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Dehydration due to failure of regulatory mechanisms and decreased circulating volume occurring with hyperglycemia related to elevated blood glucose.	The patient is dehydrated.	1. Administer IV fluids as prescribed. 2. Assess for poor skin turgor, dry mucous membranes, sunken and soft eyeballs, tachycardia, and orthostatic hypotension.	**The patient was compliant with the IV fluids.** **The patient allowed assessment to be done, and the evaluation showed signs of dehydration.**
2. Potential for systemic infection due to inadequate secondary defenses occurring with protein depletion related to a compromised immune system.	The patient has a possible infection on her left heel.	1. Use meticulous hand hygiene when caring for the patient. 2. Schedule dressing changes according to agency policy.	The patient appreciated the hand hygiene shown during her care. The patient understood the importance of dressing changes. She complied with dressing changes.
3. Potential for delirium due to altered cerebral function occurring with dehydration associated with DKA.	The patient is disoriented and confused.	1. Assess mental status, orientation, and LOC. 2. Monitor the patient carefully and keep side rails up all the time.	The patient allows mental status exam and mental status; orientation and LOC are noted. The patient allows close monitoring, and it helps determine if the mental status is improving or getting worse.

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). Diabetic Ketoacidosis. In *All-in-One* (e, Vol. 5,

pp. 377-385). St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

Patient's husband states patient "looks real bad"
Patient is disoriented in her thoughts

Nursing Diagnosis/Outcomes

Objective Data

Patient has low BP
Patient has abnormal electrolytes
Patient has elevated blood glucose
Patient is lethargic
Patient is slurring words

Patient Information

Patient is a 73-year-old
Caucasian female. She is 5'3''
and 100kg.

Nursing Interventions

1. Administer IV fluids as prescribed.

2. Assess for poor skin turgor, dry mucous membranes, sunken and soft eyeballs, tachycardia, and orthostatic hypotension.

. Use meticulous hand hygiene when caring for patient.

. Schedule dressing changes according to agency policy.

1. Assess mental status, orientation and LOC.

2. Monitor patient closely and keep side rails up all the time.