N321 Care Plan # 2

Lakeview College of Nursing

Taylor Hamilton

Demographics (3 points)

Date of Admission 4/1/2020	Patient Initials D.D	Age 30	Gender Female
Race/Ethnicity Caucasian	Occupation Stay at home mother	Marital Status Married	Allergies None known
Code Status Full	Height 5'2''	Weight 165	

Medical History (5 Points)

Past Medical History: Patient has a history of hypertension, high cholesterol, migraines, gestational diabetes.

Past Surgical History: Gallbladder removal (15 years ago), C-section (2010)

Family History: Mother and father both have hypertension, Father is diabetic and has sleep apnea

Social History (tobacco/alcohol/drugs): No alcohol use, no illegal drug use, smokes "a few" cigarettes a day

Assistive Devices: N/A

Living Situation: Lives with her spouse and two children

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): "Not felt right for several weeks" Patient has been vomiting, had nausea, "very thirsty all the time and has been urinating frequently"

History of present Illness (10 points): Pt (DD) is a 30 year old female that has a history of hypertension, high cholesterol and gestational diabetes with her last pregnancy. DD has been experiencing frequent urination and feeling very thirsty for the past few weeks. She has also been having headaches which are causing nausea and vomiting. Patient has also been very tired for

around the past month so thought her symptoms were due to fatigue. She was brought into the

ER when she could not stay away and was having dizziness upon standing to walk.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Elevated blood sugar and possible new onset of

diabetes.

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): Diabetes is a condition in which the

body is not able to utilize the food you eat correctly to turn it into energy. When eating

carbohydrates, the body turns it into sugar, glucose, and sends that into the bloodstream. The

pancreas releases insulin, which is a hormone that helps move glucose from the blood to the

cells, and uses that for energy. When an individual has diabetes, the body doesn't use insulin like

it should. With diabetes, too much glucose stays in your blood, which is called high blood sugar.

Type 1 diabetes in an autoimmune condition, in which the pancreas is damages and does not

make any insulin In type 2 diabetes, the pancreas does create some insulin but not enough or the

body is not using it properly. Type 2 diabetes is common in people who are overweight, people

who have a family history of being diabetic and also women who had gestational diabetes. For

lab results, a normal A1C would be below 7% and the blood glucose level should be less than

140. This nurse's patient, DD, was brought in with symptoms that correlated with diabetes. She

had frequent urination, extreme thirst, and severe fatigue. DD also has a family history of

diabetes and had gestational diabetes with her previous pregnancy. Her A1C results were 12.8%

and her glucose was 601.

Pathophysiology References (2) (APA):

Hitti, M. (2008, August 13). *Types of Diabetes Mellitus*. WebMD; WebMD.

> https://www.webmd.com/diabetes/guide/types-of-diabetes-mellitus

C, W. (2018). *Definition of Diabetes mellitus*. MedicineNet.

> https://www.medicinenet.com/script/main/art.asp?articlekey=2974

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	3.8-5.3 million		8 million	Could be due to her smoking
Hgb	12.0-15.8 g/dl		20 g/dl	Could be due to her smoking
Hct	36-47%		56%	Could be due to dehydration and her smoking
Platelets				
WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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 meg/L		159	Could be due to dehydration
K+	3.5-5.0 meq/L		2.5	Could be low due to vomiting and diarrhea

Cl-				
CO2				
Glucose	70-99 mg/dL		601	Patient is diabetic
BUN	7-25 mg/dL		26	Could be elevated due to dehydration
Creatinine				
Albumin				
Calcium				
Mag				
Phosphate				
Bilirubin				
Alk Phos				
AST				
ALT				
Amylase				
Lipase				
Lactic Acid				

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				
PT				
PTT				
D-Dimer				
BNP				
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c	7% or lower		12.8%	Patient is newly diagnosed with diabetes
TSH				

Urinalysis <mark>Highlight All Abnormal Labs</mark>**—Explanations must be in complete sentences and contain in-text citations in APA format.**

N/A

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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

N/A

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

References

American College of Physicians. (n.d.). *Laboratory Values*. American College of Physicians. https://annualmeeting.acponline.org/sites/default/files/shared/documents/for-meeting-attendees/normal-lab-values.pdf

High red blood cell count Causes. (2018). Mayo Clinic. https://www.mayoclinic.org/symptoms/high-red-blood-cell-count/basics/causes/sym-20050858

Hypernatremia (High Level of Sodium in the Blood) - Hormonal and Metabolic Disorders. (n.d.). Merck Manuals Consumer Version. Retrieved April 2, 2020, from https://www.merckmanuals.com/home/hormonal-and-metabolic-disorders/electrolyte-balance/hypernatremia-high-level-of-sodium-in-the-blood

LEWIS.JAMES. (2019). *Hypokalemia (Low Level of Potassium in the Blood)*. Merck Manuals

Consumer Version; Merck Manuals. https://www.merckmanuals.com/home/hormonal-

and-metabolic-disorders/electrolyte-balance/hypokalemia-low-level-of-potassium-in-the-

blood

Patrick, C. (2019, September 3). *Hematocrit Blood Test*. EMedicineHealth; eMedicineHealth.

https://www.emedicinehealth.com/hematocrit_blood_test/article_em.htm

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Abdominal CT for abdominal pain – CT was normal,

ECG – normal sinus rhythm

Diagnostic Test Correlation (5 points): Both diagnostic tests had normal results

Diagnostic Test Reference (APA):

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

Home Medications (5 required)

Brand/Generic	Lisinopril (Prinivil)	Lovastatin (Mevacor)	Norethindrone (Ortho-novum)	Acetaminophen (Tylenol)	
Dose	**10mg**	**20mg**	**1 pill**	**650mg**	
Frequency	**daily**	**bedtime**	**daily**	**PRN**	
Route	**Oral**	**Oral**	**oral**	**Oral**	
Classification	**antihypertensive**	**antihyperlipidemic**	**Birth control**	**Non-opioid analgesic**	
Mechanism of Action	**Reduces blood pressure by inhibiting conversion of angiotensin I to angiotensin II.**	**Reduces formation of mevalonic, interrupting the pathway that synthesizes cholesterol**	**Inhibits follicular development, ovulation, and as consequence, corpus leteum formation**	**Interferes with pain impulse**	
Reason Client Taking	**Hypertension**	**High cholesterol**	**To prevent pregnancy**	**Mild pain**	
Contraindications (2)	**Concurrent aliskiren use in patients with diabetes or renal impairment, hypersensitivity to lisinopril or ACE inhibitors**	**Acute hepatic disease, breastfeeding**	**Patients with a history of stroke, patients with a history of blood clots**	**Severe hepatic impairment, severe active liver disease**	
Side Effects/Adverse Reactions (2)	**Headaches, alopecia**	**Hyperglycemia, cognitive impairment**	**Nausea, breast tenderness**	**Hypotension, abdominal pain**	

Nursing Considerations (2)	**Shouldn't be given to a patient who is hemodynamically unstable after an acute MI**	**Give cautiously in patients that have a history of liver disease, monitor enzyme levels before starting medication**	**If the patient has given birth or had an abortion in the past 3 months, history of stroke**	**Use cautiously in patients with renal impairment, monitor renal function**	

Hospital Medications (5 required)

Brand/Generic	**Combination Insulin (Novalog insulin sliding scale)**	**Metformin (Glucophage)**	**Insulin Detemir (Levemir)**	**Ketorolac tromethamine (Toradol)**	
Dose	**5-25 units depending on sugar level**	**1000 mg**	**10 units**	**15 units**	
Frequency	**Before meals & bedtime**	**BID**	**Evening**	**PRN every 4 hours**	
Route	**SubQ**	**Oral**	**SubQ**	**IV**	
Classification	protein	**antidiabetic**	**protein**	**analgesic**	
Mechanism of Action	**Lowers blood glucose**	**Promotes storage of glucose as glycogen in the liver**	**Lowers glucose levels in the blood**	**Blocks the enzyme that is needed to mediate the inflammatory response and cause local vasodilation, pain and swelling**	
Reason Client Taking	**T2DM**	**T2DM**	**T2DM**	**pain**	
Contraindications (2)	**Low blood sugar, low amount of potassium in**	**Advanced renal disease, metabolic acidosis**	**Low blood sugar, low potassium levels in the**	**Advanced renal impairment, before or**	

	the body		body	during surgery	
Side Effects/Adverse Reactions (2)	**Weight gain, injection site reactions**	**Headache, metallic taste**	**Fluid retention, low potassium**	**Cerebral hemorrhage, hyperglycemia**	
Nursing Considerations (2)	**Rotate injection sites, do not withdraw needle immediately after injecting insulin**	**Shouldn't be given to a patient with severe renal impairment, assess GFR regularly**	**Allergy to insulin detemir, rotate injection sites**	**Avoid in patients that have recently had an MI, know that the risk of heart failure increases**	

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook*. Burlington, MA.

<p align="center">**Assessment**</p>

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	**A&O x3, no acute distress, appears stated age, clear speech**
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y☐ N ☐ Type:	**Skin is dry and intact, turgor < 3 seconds, no noted rashes, bruise, or wounds Braden score 23 No drains present**
HEENT (1 point):	

Head/Neck: **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is midline with no deviations. No abnormal drainage in ears, Nose is midline and shows no deviated septum, turbinates* equal bilaterally, oral mucosa is pink and moist with no notable abnormalities, patient has all of her teeth and are normal. Pupils are equal, round and reactive to light, accommodation present.**
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:**	**Patient is on telemetry, normal sinus rhythm noted, S1 and S2 heard, radial pulses palpable, pedial pulses palpable, no edema noted, capillary refill < 3seconds, no neck vein distention**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Breathing normal with clear breath sounds. No use of accessory muscles**

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 ☒
    Type:
	Patient eats a high fat diet at home and a lot of fast food. Patient is being educated on eating a low fat diet with lots of fruits and vegetables. Height is 5'2'', weight is 165
	Bowel sounds present in all four quadrants
	Abdomen is flat and moves without respiration
	Stated pain in the upper abdomen during palpation
	No masses, organomegaly, no drains noted
	Last bowel movement was on 3/31

GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:**	**Pt. ambulates to bathroom with standby assist. Urine is clear, light yellow**

Pain with urination: Y ☐   N ☒
Dialysis: Y ☐   N ☒
Inspection of genitals:
Catheter: Y ☐   N ☒
  Type:
  Size:	

MUSCULOSKELETAL (2 points): **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** ☐	**Fall score 15** **Active ROM bilaterally, No supportive devices, ambulates to bathroom with standby assist. Equal grips bilaterally in both upper and lower extremities.**
NEUROLOGICAL (2 points): **MAEW:** Y ☒ N☐ **PERLA:** Y ☒ N☐ **Strength Equal:** Y ☒ N ☐ if no - **Legs** ☐ **Arms** ☐ **Both** ☒ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**A&O x3, mental status intact, speech intact and normal, no LOC, sensory within normal limits**
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):**	**Patient feels safe at home and supported by her spouse and children, patient is christian and would like her pastor to come to the hospital to come visit with her**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0600	72	140/88	22	97.6	96% on room air
1500	76	130/86	20	98.0	97% on room

					air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0600	1-10	Abdominal	7	Sharp	2mg of dilaudid given
1500	1-10	Abdominal	3	dull	Given toradol

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	20g IV in left forearm 0.9 NS – 100 ml/hr 4/01/2020 IV is clean, dry, intact – no signs of erythema or drainage. No redness, tenderness or swelling noted

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
50% of breakfast 340cc	700cc – light colored urine

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was diagnosed with diabetes, monitored to get glucose levels under control and educate about new diagnosis, monitoring pain

Procedures/testing done: abdomen CT, blood work

Complaints/Issues: no known issues or complaints

Vital signs (stable/unstable): vitals stable, monitoring and treating pain

Tolerating diet, activity, etc.: tolerating as expected – no restrictions on activities

Physician notifications: n/a

Future plans for patient: learn to adjust to life with new diagnosis, make changes

needed in lifestyle and diet

Discharge Planning (2 points)

Discharge location: Will return home with her husband and children

Home health needs (if applicable): n/a

Equipment needs (if applicable): glucose acucheck machine, test strips, alcohol swabs,

Follow up plan: follow up with diabetic services for outpatient support

Education needs: insulin and glucose monitoring, signs and symptoms of hypo and

hyperglycemia, nutrition

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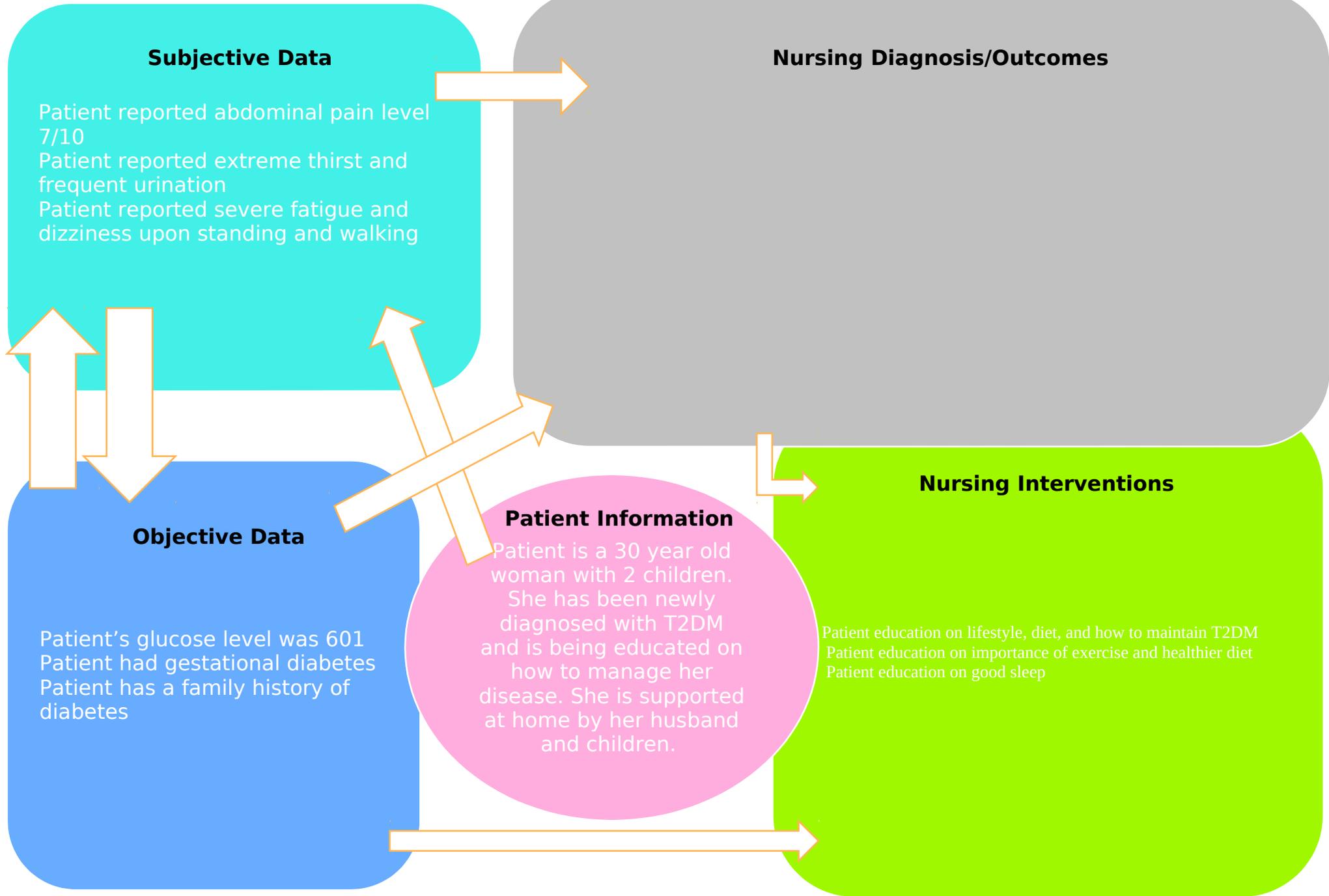***Must be NANDA approved nursing diagnosis and listed in order of priority***

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 unstable blood glucose	Patient has a new diagnosis of T2DM, at risk for inability to	1. Educate on diabetic diet 2. Educate on	Patient was able to teach back on diet and education on s/s of hypo/ hyperglycemia

related to T2DM as evidence by blood glucose level 601.	maintain blood glucose levels	things to look for in hypo / hyperglycemia	
2. Risk for fatigue related to T2DM as evidence by patient reporting fatigue and dizziness upon standing	Patient reported severe fatigue and dizziness upon standing and walking	1. Encourage regular exercise 2.Maintain a regular bedtime with 7-9 hours of sleep per night	Patient agreed to daily walks for exercise with a better diet and a better sleeping schedule
3. Risk for insufficient knowledge related to new diabetic diagnosis as evidence by inexperience	Patient is a newly diagnosed Type 2 diabetic	1. Provide education on the equipment she will use daily to monitor her blood glucose 2. Provide education on lifestyle changes that will be necessary to live with her new diagnosis	Patient was able to teach back how to check her own blood glucose. Patient's husband agreed to help with lifestyle changes for the whole family

Other References (APA):

Concept Map (20 Points):

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Subjective Data

Patient reported abdominal pain level 7/10
Patient reported extreme thirst and frequent urination
Patient reported severe fatigue and dizziness upon standing and walking

Nursing Diagnosis/Outcomes

Objective Data

Patient's glucose level was 601
Patient had gestational diabetes
Patient has a family history of diabetes

Patient Information

Patient is a 30 year old woman with 2 children. She has been newly diagnosed with T2DM and is being educated on how to manage her disease. She is supported at home by her husband and children.

Nursing Interventions

Patient education on lifestyle, diet, and how to maintain T2DM
Patient education on importance of exercise and healthier diet
Patient education on good sleep

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