

**N321 Medical/Surgical  
TEACHING PLAN INSTRUCTIONS AND EVALUATION**

STUDENT NAME: Justin Pranada Date: 4/1/2020

Use the format page included for preparing the written component of the teaching plan. Students will be evaluated on the written plan (15 points) and on the presentation of the teaching plan (10 points). Total Points possible = 25 points.

SCORE

I. Evaluation of the **written component**

**Assessment of patient/client/class** (3 points) \_\_\_\_\_

- Prior knowledge of subject to be taught
- Determine patient's motivation to learn content
- Health beliefs/values (Taylor pgs 70 & 513)
- Psychosocial adaptations/adjustment to illness
- Compliance with health care protocols
- Assess patient's ability to learn
- Developmental level
- Physical capabilities/health status
- Language skills/literacy
- Level of education

**Nursing Diagnosis Identified** (1 point) \_\_\_\_\_

**Planning** (3 points) \_\_\_\_\_

- State objectives and outcomes: Include at least one from each learning domain:  
Cognitive, Affective & Psychomotor

**Interventions** (2 points) \_\_\_\_\_

- List the content to be included in instruction. Be specific and accurate.

- Logical sequence.
- Simple to complex.
- Organized

**Methods/Teaching Tools** (2 points) \_\_\_\_\_

- Instructional methods to be used:
- Examples are: Discussion
  - Question & Answer
  - Demonstration/Return Demonstration
  - Strategies to keep patient's attention
  - Methods to include patient in teaching/participation

**Evaluation** (3 points) \_\_\_\_\_

- Determine achievement of learning objectives based on expected outcomes. Identify strengths/weaknesses, Suggest modifications to plan; i.e. what would have made it better

**References Listed in APA format.** (1 point) \_\_\_\_\_

**TOTAL CONTENT** \_\_\_\_\_/15

II. Evaluation of **teaching presentation** (10 points) \_\_\_\_\_/10

- Introduction of content, Patient put at ease, Eye contact,
- Clear speech and organized presentation, Environment conducive to learning,
- Family included, Accuracy of info, Validation of learning status, Use of teaching aids,
- Appropriate non-verbal body language etc.

Date Submitted: \_\_\_\_\_

**Total points** \_\_\_\_\_/25

**N321 Nursing the Adult Client  
TEACHING PLAN**

Student Name: Justin Pranada Subject: N321 – Adult Health I

**Nursing Diagnosis: Ineffective Health Maintenance related to Diabetes as evidenced by DKA**

Relevant Assessment Data (see instructions)	Patient Outcomes (see instructions re: 3 domains of learning)	Teaching Outline (be specific and use a logical sequence)	Teaching Tools (see instructions)	Evaluation (see instructions)
<p>The patient is a 73 year-old Caucasian female who is obese and has been a type 1 diabetic for the past 50 years. Patient was admitted to the ED due to DKA. Upon assessment, her left foot is swollen and red with a wound that has a foul odor coming from it. The patient is drowsy and responds to light shaking complaining of pain (5/10) when left foot is touched. The patient is unable to focus and learn more about her situation at this time. Her husband is her current advocate who states that the patient has not taken her insulin for the past 2 days because she has not eaten anything. The patient has difficulty performing ADLs and requires some assistance. She uses a walker. The patient's developmental level is appropriate for her age. She graduated high school and is a retired English teacher. Her primary language is English. The patient is Catholic and attends the Catholic church in town. She will need further teaching about proper administration of her insulin as well as wound care. Patient will also need further teaching about weight control.</p>	<p><b>Cognitive Objective:</b> The patient will be able to remember, understand, and apply the information that is taught to her when managing her Diabetes and her weight. She will be able to identify the normal and safe ranges of her A1C as well as administration of her insulin. Furthermore, the patient will be able to identify the signs and symptoms of DKA and will know how to act accordingly. She will be able to educate her friends and family about her situation as well.</p> <p><b>Cognitive Outcome:</b> The patient repeats and verbalizes her understanding of the teaching and asks questions for information that she does not understand. She will be able to identify the signs and symptoms of DKA as well as when and where to seek medical care when need be.</p> <p><b>Affective Objective:</b> The patient will be motivated to learn and improve on how to prevent DKA. She will value the information and understand that she needs to be compliant when it comes to managing her diabetes.</p> <p><b>Affective Outcome:</b> The patient has a positive attitude towards the educator as well as the information and teachings that is being given to her. She will also have a positive attitude when it</p>	<p>When you leave this hospital you should:</p> <p><b>Always</b> take your insulin.</p> <p>Follow up with your provider several days from discharge just to make sure that there are no recurring symptoms and ask any questions that you may have.</p> <p><u>Drink your water!!!</u> You may become dehydrated making your blood very concentrated. Having fluids in your system allows the kidneys to get rid of excess glucose.</p> <p><u>Check your blood glucose frequently</u> – at least before every meal and before bed. If you cannot get your blood glucose down to below 240 mg/dL, check for ketones – larger numbers, call your provider, if they are trace/small, take your insulin every 2-3 hrs and <u>drink your water</u>.</p> <p>Test for ketones when your glucose is over 300 mg/dL. Ketones are indicative of the breakdown of fat due to your body trying to compensate for the lack of insulin. Have urine keto sticks available or a blood ketone monitor. High numbers of ketone bodies circulating could lead to metabolic acidosis and we don't want that either, this can make you feel very sick. Your goal is less than 0.6 mmol/L for blood ketones.</p> <p>Make sure you take care of your wound on your left heel to prevent any further infections because infections can lead to DKA as well. Keep the wound area and the dressings clean, if you see any signs of infections, i.e. greenish drainage, contact your provider.</p> <p>When you've done all the prior steps and you are experiencing signs and symptoms of DKA, you should contact your and seek medical treatment. If you are feeling drowsy, you start getting confused, you're breathing differently, you're hard to wake, tell your husband to seek</p>	<p>The patient was given a brochure with information about DKA that includes what DKA is, causes, symptoms, preventions, what ketones are, and when to check for ketones. We also had a discussion with her and her husband about DKA and when to seek medical care. Patient was also given education material about care of her wound to prevent infection.</p> <p><b>References:</b> American Association of Diabetes Educators. (n.d.). Retrieved from <a href="https://www.diabeteseducator.org/living-with-diabetes/Tools-and-Resources/diabetic-ketoacidosis-and-sick-day-management">https://www.diabeteseducator.org/living-with-diabetes/Tools-and-Resources/diabetic-ketoacidosis-and-sick-day-management</a></p> <p>Hinkle, J.L., and Cheever, K.H. (2018). Brunner &amp; Suddarth's Textbook of Medical-Surgical Nursing. Philadelphia: Wolters-Kluwer.</p>	<p>I believe that my teaching and the objectives that I set out for my patient was achieved. The patient was able to understand the importance and the value of the teachings and we were able to fill her and her husband's knowledge gaps pertaining to management of her diabetes and DKA. The strengths of my teaching plan was that I was able to create a safe environment for the patient and her husband where they can express their concerns and they trusted me to give them the proper and correct answers for them. We were able to discuss the topic of managing her diabetes and preventing DKA. The weakness of my teaching plan is that it took much more energy to keep the patient's attention when teaching her how to properly take care of herself when she is discharged. But she was able to repeat to me her own understanding of the teaching and she was able to highlight the important concepts.</p>

<p><b>References:</b> Hinkle, J.L., and Cheever, K.H. (2018). Brunner &amp; Suddarth's Textbook of Medical-Surgical Nursing. Philadelphia: Wolters-Kluwer.</p>	<p>comes to educating others. She will be able to teach her husband about signs and symptoms of DKA as well as when and where to seek medical care. The patient will also be more positive in learning more about preventing DKA and asks for more information pertaining to DKA.</p> <p><b>Psychomotor Objective:</b> The patient will be able to perform ADLs by herself even on sick days. She is able to do more physical activity to manage her diabetes as well as manage her weight.</p> <p><b>Psychomotor Outcome:</b> The patient can be independent and requires minimal assistance when taking care of herself even when she is sick. She is also able to administer her insulin in accordance to her serum glucose even when she has not eaten anything.</p>	<p>medical care <u>immediately</u>.</p> <p><b>References:</b> American Association of Diabetes Educators. (n.d.). Retrieved from <a href="https://www.diabeteseducator.org/living-with-diabetes/Tools-and-Resources/diabetic-ketoacidosis-and-sick-day-management">https://www.diabeteseducator.org/living-with-diabetes/Tools-and-Resources/diabetic-ketoacidosis-and-sick-day-management</a></p> <p>Hinkle, J.L., and Cheever, K.H. (2018). Brunner &amp; Suddarth's Textbook of Medical-Surgical Nursing. Philadelphia: Wolters-Kluwer.</p>		
--	--	--	--	--

**Reference(s):**

American Association of Diabetes Educators. (n.d.). Retrieved from <https://www.diabeteseducator.org/living-with-diabetes/Tools-and-Resources/diabetic-ketoacidosis-and-sick-day-management>

Hinkle, J.L., and Cheever, K.H. (2018). Brunner & Suddarth's Textbook of Medical-Surgical Nursing. Philadelphia: Wolters-Kluwer.