N441 Care Plan

Lakeview College of Nursing

Laura Graham

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
3/31/2020	A.S.	18 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Student	Single	No known allergies
Code Status	**Height**	**Weight**	
Full Code	5'0''	95 lbs	

Medical History (5 Points)

Past Medical History: No past medical history

Past Surgical History: No past surgical history

Family History: No pertinent family history

Social History (tobacco/alcohol/drugs): Patient denies smoking, tobacco use, and alcohol use. Patient denies past and current use of smoking, tobacco use and alcohol use.

Assistive Devices: Patient does not use assistive devices.

Living Situation: Patient lives with her parents

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Lethargy

History of present Illness (10 points): Patient was brought into the ED by her parents. Patient was lethargic upon arrival. Patient's parents stated the patient was experiencing polydipsia, polyuria, and rapid weight loss that approximately started a month ago. Patient was not taking any medications. Upon examination, the patient was breathing deep and rapid, pulse rate was 100 bpm, and BP 110/79. Patient showed signs of dehydration.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Diabetic Ketoacidosis

Secondary Diagnosis (if applicable): N/A

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

Diabetic ketoacidosis (DKA) is caused by an absence or an inadequate amount of insulin. According to Hinkle and Cheever (2018), the deficit in insulin results in disorders in the metabolism of carbohydrate, protein, and fat. The three main clinical manifestations of DKA are hyperglycemia, dehydration and electrolyte loss, and acidosis. Without insulin, the amount of glucose in the cells is reduced, and the production of glucose is increased, causing hyperglycemia (Hinkle & Cheever, 2018). The kidneys excrete glucose, water, and electrolytes in an attempt to eliminate the excessive glucose, and causes polyuria (Hinkle & Cheever, 2018).

The signs and symptoms of DKA include polyuria, polydipsia, and weight loss. Other signs and symptoms include lethargy and stupor, dehydration, Kussmaul respirations, and a fruity breath odor (Fayfman, Pasquel, & Umpierrez, 2017). The patient's signs and symptoms were reported by the parents polyuria, polydipsia, and rapid weight loss which started approximately a month ago. Upon arrival at the emergency department, the patient's signs and symptoms were lethargy, confusion, diaphoresis, dehydration, and Kussmaul respirations. The expected findings of DKA include increased blood glucose level, low sodium bicarbonate, pH, and partial carbon dioxide levels, and ketones present in the blood and urine (Hinkle & Cheever, 2018). Electrolytes will be low, normal, or high depending on the level of dehydration, and there will be increased creatinine and BUN levels (Hinkle & Cheever, 2018). The patient had an elevated glucose level, high sodium and chloride levels, low phosphorus level, and a high BUN level. The patient's arterial blood gas showed she was in metabolic acidosis.

The diagnostic testing for DKA includes ECG, urinalysis, and ABGs. ABG studies can show that the patient is in metabolic acidosis because of low sodium bicarbonate, pH, and partial carbon dioxide levels (Hinkle & Cheever, 2018). The patient's ABG showed that she was in metabolic acidosis. The patient was monitoring normal sinus rhythm on her ECG. The treatment for DKA includes rehydration, restoring electrolytes, and correcting acidosis before correcting the hyperglycemia with insulin (Hinkle & Cheever, 2018). The patient was given an IV bolus of 0.9% normal saline and she was put on two liters of oxygen on a nasal cannula. The patient was also put on an insulin drip at four units per hour.

Pathophysiology References (2) (APA):

Fayfman, M., Pasquel, F. J., & Umpierrez, G. E. (2017). Management of Hyperglycemic Crises: Diabetic Ketoacidosis and Hyperglycemic Hyperosmolar State. *Endocrinology Diabetes Complications, Comorbidities and Related Disorders*, *101*(3), 595–615. doi: 10.1007/978-3-319-44433-8_21

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarths textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—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	**4.40 - 5.80 10(6)/mcL**	**4.50**	**4.50**	
Hgb	**13.0 - 16.5 g/ dL**	**13**	**13**	
Hct	**38.0 - 50.0 %**	**44**	**44**	
Platelets	**140 - 440 10(3)/mcL**	**300**	**300**	

WBC	**4.00 - 12.00 10(3)/mcL**	**12**	**12**	
Neutrophils	**40.0 - 68.0 %**	**50**	**50**	
Lymphocytes	**19.0 - 49.0 %**	**25.9**	**25.9**	
Monocytes	**3.0 - 13.0 %**	**4.0**	**4.0**	
Eosinophils	**0.0 - 8.0 %**	**1.6**	**1.6**	
Bands	**N/A**	**N/A**	**N/A**	

Chemistry Highlight All Abnormal Labs—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-	**133 - 144 mmol/L**	**148**	**148**	Sodium concentrations may be low, normal, or high, depending on the amount of water loss. The patient has shown signs of dehydration (Hinkle & Cheever, 2018).
K+	**3.5 - 5.1 mmol/L**	**4.6**	**4.6**	
Cl-	**98 - 107 mmol/L**	**112**	**112**	Elevated chloride levels occur with dehydration. This patient has shown signs of dehydration (Hinkle & Cheever, 2018).
CO2		**N/A**	**N/A**	
Glucose	**70 - 99 mg/ dL**	**520**	**520**	Blood glucose levels may vary between 300 and 800 mg/dL (Hinkle & Cheever, 2018).
BUN	**7 - 25 mg/dL**	**50**	**50**	Increased blood urea nitrogen (BUN) may be seen in dehydration. This patient has shown signs of dehydration (Hinkle & Cheever, 2018).
Creatinine	**0.50 - 1.20 mg/dL**	**0.8**	**0.8**	
Albumin	**3.5 - 5.7 g/dL**	**4.0**	**4.0**	
Calcium	**8.8 - 10.2 mg/dL**	**9.0**	**9.0**	

Mag		**N/A**	**N/A**	
Phosphate	**2.5-4.5 mg/ dL**	**2.0**	**2.0**	The excess glucose in the blood decreases in the serum phosphorus level (Hinkle & Cheever, 2018).
Bilirubin		**N/A**	**N/A**	
Alk Phos		**N/A**	**N/A**	
AST	**13 - 39 U/L**	**23**	**23**	
ALT	**7 - 52 U/L**	**31**	**31**	
Amylase		**N/A**	**N/A**	
Lipase		**N/A**	**N/A**	
Lactic Acid		**N/A**	**N/A**	
Troponin		**N/A**	**N/A**	
CK-MB		**N/A**	**N/A**	
Total CK		**N/A**	**N/A**	

Other Tests Highlight All Abnormal Labs—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		**N/A**	**N/A**	
PT		**N/A**	**N/A**	
PTT		**N/A**	**N/A**	
D-Dimer		**N/A**	**N/A**	
BNP		**N/A**	**N/A**	
HDL		**N/A**	**N/A**	

LDL		**N/A**	**N/A**	
Cholesterol		**N/A**	**N/A**	
Triglycerides		**N/A**	**N/A**	
Hgb A1c		**N/A**	**N/A**	
TSH		**N/A**	**N/A**	

Urinalysis Highlight All Abnormal Labs—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	**Light yellow**	**Amber**	**Amber**	Patients with severe DKA may lose up to 6.5 L of water. The patient has shown signs of dehydration (Hinkle & Cheever, 2018).
pH		**N/A**	**N/A**	
Specific Gravity		**N/A**	**N/A**	
Glucose	**Not present**	**Not present**	**Not present**	
Protein	**Not present**	**Not present**	**Not present**	
Ketones	**Not present**	**Present**	**Present**	Accumulation of ketone bodies is reflected in blood and urine ketone measurements (Hinkle & Cheever, 2018).
WBC		**N/A**	**N/A**	
RBC		**N/A**	**N/A**	
Leukoesterase		**N/A**	**N/A**	

Arterial Blood Gas Highlight All Abnormal Labs—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
pH	**7.35-7.45**	**7.0**	**7.0**	Evidence of ketoacidosis is reflected in low pH (6.8 to 7.3). The patient is in metabolic acidosis (Hinkle & Cheever, 2018).
PaO2	**80-100**	**98**	**98**	
PaCO2	**35-45**	**25**	**25**	A low partial pressure of carbon dioxide reflects respiratory compensation for the metabolic acidosis (Hinkle & Cheever, 2018).
HCO3	**22-26**	**12**	**12**	Evidence of ketoacidosis is reflected in low sodium bicarbonate (0 to 15 mEq/L). The patient is in metabolic acidosis (Hinkle & Cheever, 2018).
SaO2	**>95%**	**98**	**98**	

Cultures Highlight All Abnormal Labs—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		**N/A**	**N/A**	
Blood Culture		**N/A**	**N/A**	
Sputum Culture		**N/A**	**N/A**	
Stool Culture		**N/A**	**N/A**	

Lab Correlations Reference (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarths textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Electrocardiography (ECG) and arterial blood gases (ABG)

Diagnostic Test Correlation (5 points): The 12-lead ECG is used to diagnose dysrhythmias, conduction abnormalities, chamber enlargement, myocardial ischemia, injury, or infarction (Hinkle & Cheever, 2018). An ECG was performed on the patient to rule out other possible medical diagnoses and to ensure the patient's heart was not damaged. The patient's ECG was monitoring normal sinus rhythm. An arterial blood gas (ABG) study was performed because it aids in assessing the ability of the lungs to provide adequate ventilation and reflects the metabolic state. The patient's ABG suggests metabolic acidosis, which is consistent with the diagnosis of diabetic ketoacidosis.

Diagnostic Test Reference (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarths textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

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

Home Medications (5 required)

****Patient has no prior medical history requiring medications**

Brand/Generic	Advil Ibuprofen	N/A	N/A	N/A	N/A
Dose	1-2 tabs 200-400 mg every 4-6 hours PRN	N/A	N/A	N/A	N/A
Frequency	PRN	N/A	N/A	N/A	N/A

Route	PO	N/A	N/A	N/A	N/A
Classification	Analgesic, anti-inflammatory, antipyretic	N/A	N/A	N/A	N/A
Mechanism of Action	Aspirin blocks the activity of cyclooxygenase, and causes inflammatory symptoms to subside. Pain is also relieved because prostaglandins are inhibited. Prostaglandins play a role in pain transmission from the periphery to the spinal cord.	N/A	N/A	N/A	N/A
Reason Client Taking	Pain	N/A	N/A	N/A	N/A
Contraindications (2)	Angioedema and bronchospasm	N/A	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	Tachycardia and dyspnea	N/A	N/A	N/A	N/A
Nursing Considerations (2)	Serious GI tract bleeding can	N/A	N/A	N/A	N/A

	occur without warning symptoms and monitor CBC for decreased hemoglobin and hematocrit.				
Key Nursing Assessment(s) Prior to Administration	Ask the client if they've had any signs and symptoms of internal bleeding	N/A	N/A	N/A	N/A
Client Teaching needs (2)	Teach patient to take medication with food or after meals to reduce GI distress and caution patient not to lie down for 15 to 30 minutes to prevent esophageal irritation.	N/A	N/A	N/A	N/A

Hospital Medications (5 required)

Brand/Generic	Insulin lispro Humalog	Sodium bicarbonate Sellymin	Regular insulin Humulin R	Insulin detemir Levemir	aspirin Aspirin

Dose	3 units	43 mEq, followed by 21.6 mEq every 10 minutes as needed	4 units/hr	4.3 units	650 mg
Frequency	3 doses daily, with meals	PRN	Continuous	Once daily in the evening	PRN
Route	Subcutaneous injection	IV injection	IV drip	Subcutaneous injection	PO
Classification	Insulin	Electrolyte replenisher	Insulin	Insulin	Analgesic, anti-inflammatory, antipyretic
Mechanism of Action	Lowers blood glucose by stimulating glucose uptake in skeletal muscle and fat, inhibiting hepatic production.	Buffers give hydrogen ions, increase plasma bicarbonate levels, and raise blood pH, reversing metabolic acidosis.	Lowers blood glucose by stimulating glucose uptake in skeletal muscle and fat, inhibiting hepatic production.	Lowers blood glucose by stimulating glucose uptake in skeletal muscle and fat, inhibiting hepatic production.	Aspirin blocks the activity of cyclooxygenase, and causes inflammatory symptoms to subside. Pain is also relieved because prostaglandins are inhibited. Prostaglandins play a role in pain transmission from the periphery to the spinal cord.
Reason Client	To control	Patient is	To control	To control	Pain

Taking	hyperglycemia	taking as an electrolyte replenisher	hyperglycemia	hyperglycemia	
Contraindications (2)	Hypoglycemia and hypersensitivity to insulin lispro	Hypocalcemia and nasogastric suction or vomiting	Hypoglycemia and hypersensitivity to insulin	Hypoglycemia and hypersensitivity to insulin	Asthma and peptic ulcer disease
Side Effects/Adverse Reactions (2)	Hypoglycemia and erythema	Irregular heartbeat and abdominal cramps	Hypoglycemia and erythema	Anaphylaxis and pruritus	GI bleeding and ecchymosis
Nursing Considerations (2)	Assess for signs and symptoms of hypoglycemia. Monitor daily weights.	Monitor urine pH to determine the medication's effectiveness as urine alkalizer. Assess IV site for extravasation.	Monitor the patient's blood glucose. Do not use this medication if it is cloudy, discolored, or unusually viscous.	Monitor patient's blood glucose. Assess for signs and symptoms of hypoglycemia.	Monitor CBC for decreased hematocrit and hemoglobin. Do not crush extended release tablets.
Key Nursing Assessment(s) Prior to Administration	Check the patient's blood glucose level	Check the patient's sodium level prior to administration.	Check the patient's blood glucose level	Check the patient's blood glucose level	Check the patient's CBC labs.
Client Teaching needs (2)	Instruct the patient the importance of regular follow-up appointments. Instruct the patient of the importance of compliance.	Advise the patient not to take over the counter medications without their provider's approval. Advise the patient to notify the nurse or provider if they experience	Instruct patients on the signs and symptoms of hypoglycemia. Explain to the patient that this medication controls hyperglycemia but does not cure diabetes.	Instruct the patient on the proper administration of the medication. Instruct the patient on proper testing of glucose prior to the administration of this medication.	Advise the patient to avoid taking this medication with ibuprofen. Instruct the patient to take this medication with food or after meals because it

		adverse reactions.			may cause GI upset.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's Drug Handbook* (Eighteenth ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is lethargic and confused. Not oriented to time, place, or person. Patient will not initiate a conversation. Patient is drowsy and confused when asked questions.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Patient's skin is cold and clammy. The patient's temperature was 100.4 F at 0800 and 0830. Lack of skin turgor. Patient does not appear to have rashes, bruises, or wounds. Patient has no drains present. Braden score: 12.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical. Trachea is midline without deviation. Thyroid is not palpable, no noted nodules. Carotid pulses are palpable and strong. No lymphadenopathy in the head or neck is noted. PERRLA. Tympanic membrane is visible and pearly grey bilaterally.

	No visible drainage in ears. Nose has no deviation, turbinates pink and moist bilaterally. Oral mucosa is pink and moist.
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:**	Clear S1 and S2 sounds present and no gallops or murmurs present. Regular cardiac rate and rhythm. Pulses are palpable throughout. Capillary refill was less than 3 seconds. No JVD noted and no presence of edema.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	Breath sounds auscultated bilaterally. Patient appeared to be in respiratory distress with accessory muscle use. Patient experiencing Kussmaul respirations. Patient was tachypneic. Patient is on 2L of oxygen on a nasal cannula. No ET Tube.
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 as a regular diet at home. Patient's current diet is NPO. Height: 5'0'' weight: 95 lbs. Bowel sounds are normoactive. Last BM was 3/30. Patient denies pain upon palpation, no masses or organomegaly noted. No distention, incisions, scars, drains, or wounds present. Patient does not have an ostomy, nasogastric tube, or feeding tube.

GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:** **CAUTI prevention measures:**	No dialysis or catheter. Patient's urine was amber in color and odorous. Patient had 200 mL of urine output. Patient denies pain with urination. No lesions, nodules, or swelling noted. No blood in urine.
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☐**	Neurovascular assessment: pulses palpable throughout, capillary refill less than 3 seconds, diaphoretic, and responds to stimuli but falls asleep shortly after. Patient needs assistance with ADLs while in the hospital. Patient is a fall risk. Fall score is 20. Patient is to remain on bed rest.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient does not MAEW. PERRLA. Patient is very weak, patient is to remain on bedrest. Patient is lethargic and confused. Patient responds to stimuli but falls asleep after. Patient has a decreased LOC. Patient is slurring her words.
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 appears to have a strong family structure. The patient's parents did not leave the bedside and wanted to be included in the POC. Patient is well developed for her age but education should wait until her confusion subsides. According to her parents, she is a Christian.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0800	**100**	**110/70**	**38**	**100.4**	**98%**
0830	**90**	**115/70**	**24**	**100.4**	**98%**

Vital Sign Trends/Correlation:

Patient's vital signs are becoming more stable as fluids are being administered. The respiration rate is so high because she is having Kussmaul respiration, but they are getting better with the fluids and insulin drip. Pulse is dropping because of the fluids and insulin drip.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**numeric**	**abdomen**	**5**	**sharp**	**aspirin**
0830	**numeric**	**abdomen**	**2**	**dull**	**reposition**

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:**	16 G Right antecubital 3/31/2020 Patent, no edema, redness, erythema, or drainage Dressing appears clean, dry, and intact
Other Lines (PICC, Port, central line, etc.)	
Type: **Size:** **Location:** **Date of insertion:** **Patency:**	N/A

Signs of erythema, drainage, etc.: **Dressing assessment:** **Date on dressing:** **CUROS caps in place: Y ☐ N ☐** **CLABSI prevention measures:**	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1,408 mL	**500 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Upon arrival to the ED, the patient was assessed, ABGs were drawn, and an EKG was obtained. An IV was started and she received a bolus of 0.9% normal saline and is now receiving 0.9% normal saline at 200 mL/hr. She was started on an insulin drip at 4 units/hr. She is on 2 L of oxygen on a nasal cannula. She was put on an NPO diet and she is to remain on bedrest.

Procedures/testing done: ABG, CBC, CMP, EKG

Complaints/Issues: Patient was lethargic and confused.

Vital signs (stable/unstable): Vital signs are mostly stable but the respirations are rapid because the patient is having Kussmaul respirations.

Tolerating diet, activity, etc.: Patient is NPO and is to remain on bed rest.

Physician notifications: Transfer patient to ICU for close monitoring.

Future plans for patient: Patient will be transferred to the ICU.

Discharge Planning (2 points)

Discharge location: Patient will be discharged home with her parents.

Home health needs (if applicable): N/A

Equipment needs (if applicable): Insulin pump

Follow up plan: Patient will follow up with the primary care provider about maintenance of diabetes mellitus.

Education needs: Patient needs to be educated on diabetes mellitus, the diet for diabetes mellitus, how to prevent DKA, how to inject insulin, and how to discard syringes and needles.

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. Fluid volume deficit related to polyuria and	This diagnosis was chosen because the patient was	1. Administer IV fluids as prescribed 2. Measure intake	The patient started showing signs of rehydration. The goal was partially met because patient was

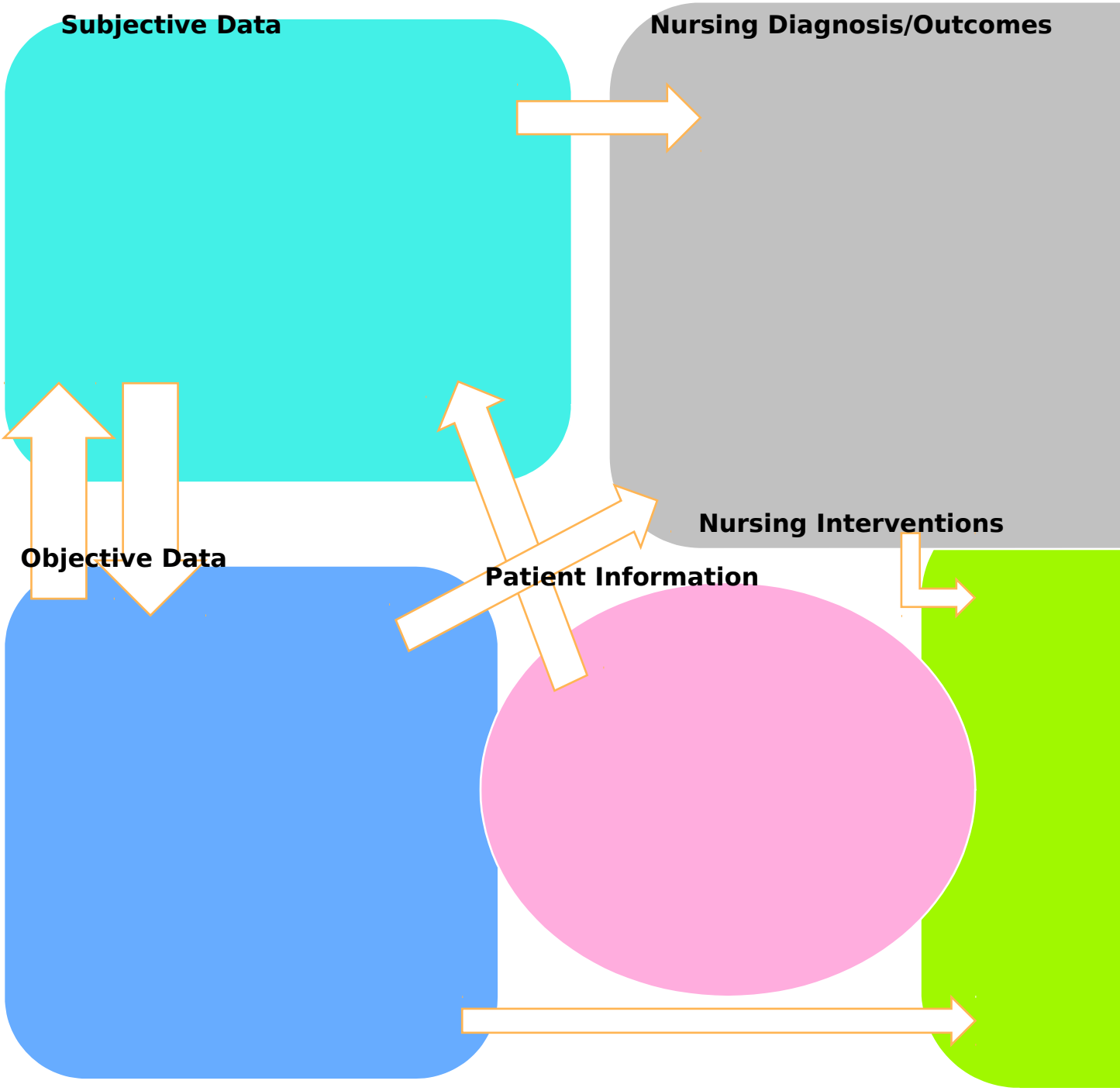
dehydration as evidenced by report of polyuria by patient's parents and signs of dehydration.	showing signs of dehydration.	and output	transferred to the ICU for close monitoring.
2. Electrolyte imbalance related to fluid loss as evidenced by patient's labs.	This diagnosis was chosen because the patient was showing signs of dehydration, which shift the electrolytes.	1. Monitor patient's lab values 2. Monitor cardiac status with ECG	The patient started showing signs of rehydration. The goal was partially met because patient was transferred to the ICU for close monitoring.
3. Imbalanced nutrition: less than body requirements related to insufficient insulin as evidenced by reports of rapid weight loss by patient's parents.	This diagnosis was chosen because the patient's parents reported that the patient has had rapid weight loss for about a month.	1. Encourage oral intake of food after NPO order is changed 2. Educate patient about dietary intake	The patient agreed to learn about the dietary intake to control her new diagnosis. The goal was partially met because the patient was kept on NPO while in the ED.
4. Deficient knowledge about diabetes information related to new diagnosis as evidenced by patient's request for more information.	This diagnosis was chosen because the diagnosis of diabetes is new for the patient and she may not have any knowledge about managing diabetes.	1. Educate patient about glucose monitoring 2. Educate patient about antidiabetic medication and how to administer	The patient and her parents seemed overwhelmed with the diabetes education. They agreed to go over the education again in the ICU. The goal was partially met because the patient and her parents need more education.
5. Anxiety related to management of diabetes as evidenced by reports by patient's	This diagnosis was chosen because the diagnosis of diabetes is new for the patient and she may be	1. Educate the patient about cognitive strategies to relieve tension	The patient agreed the cognitive strategies would be helpful. The goal was met, the patient practiced cognitive strategies to relieve tension.

verbally.	overwhelmed with the information.	2. Educate the patient with her parents present, if she feels more comfortable	

Other References (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarths textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

Concept Map (20 Points):


Subjective Data
Nursing Diagnosis/Outcomes
Nursing Interventions
Objective Data
Patient Information