METI®

Chronic Diabetic

Simulated Clinical Experience (SCE™) Overview

Location: Medical Unit

History/Information:

The patient is a 63-year-old male who was diagnosed with Type one diabetes at the age of 15. He married at age 23 and his wife helped him with a proper diet, exercise, and monitoring of blood glucose levels. At age 52, his company was downsized and he lost his job. Two years later his wife died of ovarian cancer. He became depressed and lost his home and the will to effectively manage his diabetes. For the past four years he has lived on the street and visits a homeless shelter that has a clinic where the community health nurse attempts to monitor and manage his diabetes. Many times he does not come in for his clinic visit to get his insulin supplies and food.

Three days ago the patient was found semi-conscious with an elevated blood glucose of 510. He was transported to the hospital via emergency medical services and was treated in the Emergency Department. He was then admitted to the Medical Unit for further stabilization and treatment. The patient is being prepared for discharge and follow-up in the homeless shelter clinic by the community health nurse.

Healthcare Provider's Orders:

Vitals every shift
Intake and Output every shift
Capillary blood glucose ac and hs with sliding scale Lispro insulin
        0-150 no coverage
        151-200 2units
        201-250 4units
        251-300 6units
Call healthcare provider for blood glucose greater than 300 or less than 50
1800 calorie ADA diet
Up ad lib
Lantus insulin 20units SQ at bedtime
Captopril 25mg 1 tab PO two times per day
Discontinue saline lock prior to discharge
Diabetic nurse educator to see patient
Dietitian consult

Learning Objectives

1. Evaluates the patient's living environment and and its affect on his compliance with treatment (ANALYSIS).

2. Correlates history and assessment data to plan and provide care for the patient with chronic diabetes management (SYNTHESIS).

3. Evaluates the patient's noncompliance with his diabetic regime (ANALYSIS).

4. Develops an appropriate teaching plan to discuss the patient's management of his diabetes (APPLICATION).

Questions to Prepare for the Simulated Clinical Experience

1. Explain the difference between Type I and Type 2 diabetes mellitus.

2. Describe the profile of a patient who has Type I diabetes mellitus.

3. Why is the recognition and treatment of acute changes in blood sugar levels so important?

4. Identify the chronic complications of diabetes mellitus.

5. What risk factors are associated with diabetes mellitus?

6. Outline the components of a teaching plan for a patient with Type I diabetes mellitus.

7. Explain why lispro and glargine insulins are a better treatment modality than NPH and regular insulin.

8. What laboratory values indicate a patient has diabetes mellitus?

9. Why is the patient with diabetes mellitus at risk for developing neuropathies and macrovascular and microvascular diseases?

10. What is carbohydrate counting and why is it the preferred diet regime for patients with diabetes?

11. Differentiate between street people and homeless people.

12. How might health care needs differ for street people and homeless people?

13. How can nurses become efficient in the role of advocacy as a case manager for homeless populations?

14. Why must community health nurses be familiar with programs that provide assistance to vulnerable patients?

15. Why might homeless patients require help in applying for assistance programs and how can community health nurses assist them?

16. What are the most common federal assistance programs available for poverty-stricken populations?

17. What is the role of the community health nurse in obtaining assistance for patients who are non-compliant with medical regimes because of living on the streets?

18. What can community health nurses do to assist with acquiring needed equipment for managing and monitoring health care needs for homeless patients, especially the diabetic patient?

References

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