CONCEPT MAP

Nursing Dx

Deficient knowledge related to insulin injection as evidenced by hyperglycemic episodes, and hypertensive crisis

Expected Outcome

Prior to discharge patient will demonstrate knowledge of insulin injection schedule, blood sugar results and appropriate blood glucose parameters

Interventions

1. Explain to the patient the difference between short acting and long acting insulin, provide patients with pamphlets for education
2. Teach the patient the various injection sites and to rotate injection sites daily
3. Teach the patient the proper way to insert the needle needed for insulin injection daily
4. Teach the patient the insulin dosage will need to be adjusted depending on blood sugar level

Evaluation

Patient will demonstrate appropriate understanding by explaining the steps needed to inject insulin prior to discharge

Past Medical History

BPH	Urinary incontinence
Diabetes Type I	Fecal incontinence
Hypertension	Cholestectomy
Anemia	Gout

Medical Diagnosis - Hyponatremia

Diagnostic Test and Results - Abdominal CT, Renal Ultrasound, Chest X-Ray, WBC 18, HgB 15, Na+ 122, K+ 4.8, Ca+ 8.3, BUN 25, Creatinine 0.75, Blood Sugar 40mg/dL

Assessment: Head normocephalic, face symmetrical/smooth in appearence, eyes PERRLA, lungs noted full and symmetrical expansion, no adventitious lung sounds noted / lung sounds [illegible] throughout all lung fields, heart noted no [illegible] or [illegible], abdomen uniform in color / symmetrical in contour / hyperactive, extremities symmetrical / no distortions noted and no edema noted in any extremities

Allopurinol 300mg orally 1x daily
Crestor 20mg orally 1x daily
Finesteride 0.4mg orally 1x daily

Medications

Flomax 15mg/kg/day
Furosemide 40mg orally 1x daily
Protonix 15mg/kg/day
Calcium Acetate 2 Tablets - 1334mg
Famotidine 40mg orally 1x daily

Nursing Dx

Excess fluid volume related to increased sodium intake as evidenced by increased abdominal girth and lower extremity edema

Expected Outcome

Patient will have a decrease in abdominal girth and a decrease in lower leg edema prior to hospital discharge

Interventions

1. Weigh the patient in the morning on a standing scale and record the weight in the patients chart daily
2. Monitor the patients intake and output and record it in the patients chart daily
3. Administer patient diuretics as prescribed to decrease excess fluid volume daily
4. Consult with the patients dietician to provide a low sodium diet and monitor patients nutrition status, once per week

Evaluation

Patient will have a decreased abdominal girth and decreased lower extremity edema prior to discharge

Nursing Dx

Risk for electrolyte imbalance related to weakness, lethargic, nausea, as evidenced hyponatremia, hyperglycemia, elevated BUN, elevated creatinine

Expected Outcome

Patients electrolytes will be within normal range according to the patient condition, patient will be have no symptoms upon discharge

Interventions

1. Monitor patients intake and output daily and record it in the patients chart
2. Assess patients level of consciousness and neuromuscular response twice daily
3. Provide increased safety with padded side rails / seizure precautions daily
4. Monitor serum and urine electrolyte daily

Evaluation

Patient electrolyte function remained within normal limits, patients glucose levels remained within normal limits, and patient had no symptoms throughout hospital stay

Nursing Dx

Imbalance nutrition less than body requirements related to insulin deficiency as evidenced by hyperglycemia, weight loss, and poor food intake

Expected Outcome

Patient will injest a 2,000 calorie diabetic diet daily, patients weight will be within BMI, and patient will have increased energy upon discharge

Interventions

1. Consult dietician to discuss patients nutrition status weekly
2. Monitor patients intake and output daily and record it in patients chart
3. Educate patient on the importance of adhering to the required diet daily
4. Weigh the patient in the morning and document weight daily

Evaluation

Patient injested a 2,000 calorie diet daily, increased weight according to BMI, and improved energy reserve upon discharge