Nyack College SON- Concept Map

Student-
Submission date-

Nursing Dx: Risk for unstable glucose level related to lack of adherence to diabetes management plan

Expected Outcome: Patient will maintain blood glucose level between 90-130mg/dL before breakfast.

Past Medical History

Motor Sensory Neuropathy
Type 1 Diabetes Mellitus
Frederick's Ataxia
Dysphagia

Nursing Dx: Risk for Injury related to hypoglycemia

Expected Outcome: The patient's blood glucose levels will maintain between 90 mg/dL and 120 mg/dL for 3 hours.

Interventions

1. Assess for signs and symptoms of hypoglycemia prior to each meal.

2. Perform accurate carb count calculation and have a second nurse verify

2. Educate patient and family about signs and symptoms of hypoglycemia hypoglycemia, reasons why they happen and measures to take if necessary.

Type I Diabetes Mellitus

Educate parents and visitors to include a calorie count for any foods brought in from outside the facility

3. Ensure client consumes an adequate amount of calories each meal per insulin administered

4.. Assess glucose level prior to meals and PRN, if patient exhibits symptoms of hypoglycemia

4.. Educate client on signs and symptoms of hypoglycemia

Medications

Acetaminophen 650mg PO q6H prn
Cholecalciferol (Vit d3) 2,000 U po Daily SCH
Coenzyme Q10 200 mg
Dextrose 15gm PO QID PRN- hypoglycemia
Docusate sodium 283mg RC q2d PRN
Glucagon (Emergency 1mg kit) 1mg IM TID PRN
Ibuprofen 400mg PO Q6H PRN
Insulin aspart (Novolog Vial) 4 Units
Insulin Glargine (Lantus Vial) 16 U subq daily
Multivitamins 1 each po Daily SCH Dose:1
Nadolol (Corgard) 80mg Daily SCH
Polyethylene glycol 17gm PO qday PRN
Senna (Senokot) 1 each PO Bedtime SCH

Evaluation

Client's blood glucose level was 115 mg/dL prior to breakfast. Goal met.

Evaluation-

Nursing Dx: Risk for disturbed Sensory Perception related to complication of Type 1 Diabetes
Expected Outcome: The client will maintain the current visual field/acuity during hospital admission.

Nursing Dx: Risk for Ineffective Health Maintenance related to impaired functional status

Expected Outcome: Patient will not develop a sacral pressure ulcer during hospital stay.

Interventions

Assess for signs and sy

2. Monitor patients blood glucose before each meal and prn needed

2. Educate the patient on managing incontinence and how to call for assistance to the restroom

3. Educate patient on signs and symptoms of hyperglycemia such as excessive hunger, thirst and urination

3. Encourage patient to utilize the urinal and to call for assistance if a bowel movement occurs in the patient's brief

4. Administer insulin asspart and lantus per provider's orders.

4. Apply moisture barrier ointments with each diaper change.

4.

Evaluation- Goal met. Patient did not develop a sacral pressure ulcer during hospital stay.

Evaluation-