
Jaseth Cox VSIM MED SURG
DOCUMENTATION ASSIGNMENT

1. Document your focused assessment for Skyler Hansen.
 2. Identify and document key nursing diagnoses for Skyler Hansen.
 3. Document Skyler Hansen's blood glucose levels that occurred in the scenario.
 4. Document the changes in Skyler Hansen's vital signs and clinical manifestations of hypoglycemia throughout the scenario.
 5. Referring to your feedback log, document the nursing care you provided.
-

1A - The patient was not AOX 4. Patient AOX 2 took Vital signs B/p 127/76 spO2 97%, RR 19 Bpm equal and bilateral PR 90 Per min Temp 99 Skin Turgor , Skin dry intact 0/10 pain scale. Patient Blood sugar dropped to 44 Contacted the provider provided 50 mg of dextrose Iv SPO2 dropped to 89 Raised HOB Placed patient on Non Rebreather / humidified air condition began improving . Provided Patient with water.

2A Key nursing diagnoses for Skylar Hansen
Imbalanced nutrition less than body requirements
Risk for ineffective cerebral tissue perfusion
Risk for unstable blood glucose level

3A Prior to treatment Skylars Blood sugar level was 44 mg/dL
Skylar's blood glucose rose to the 70s after the administration of 50 ml dextrose solution

4A Skylars vitals during hypoglycemic crisis he was tachycardic Spo2 was in the 60s RR was elevated 27/min HR 107 conscious state (Unconscious)

5A I washed my hands to maintain the patient's safety, I identified His name dob I took vitals b/p was 128/76mmHg I attached the pulse Ox to monitor The patients saturation I checked for normal breathing the patient suddenly went into hypoglycemic crisis I notified the provider to get a report on how to treat the patient . I administered 50 mg of dextrose solution and his glucose began improving. I attached a non rebreather with humidified air to increase his oxygen. I assessed the patient's Iv site after he began improving. I did a Head to toe assessment and the patient regained consciousness. I did a pain assessment, skin assessment And continued to glucose monitor. I handed off my SBAR report once the patient was stable and A/O x4 .

GUIDED REFLECTION QUESTIONS

1. How did the scenario make you feel?
 2. What management options would have been appropriate if Skyler Hansen had been alert and could swallow?
 3. If Skyler Hansen's acute hypoglycemic episode had not have been treated immediately, what could have happened?
 4. If too much glucose were administered to Skyler Hansen while the health care team was trying to correct his blood glucose level, what could occur?
 5. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
 6. Describe age-appropriate patient teaching for Skyler Hansen and resources that may be helpful to him.
 7. Discuss confidentiality and legal empowerment of 18-year-old patients such as in Skyler Hansen's case.
 8. What would you do differently if you were to repeat this scenario? How would your patient care change?
-

1A I felt confident about performing this scenario but it was also nerve wracking . Before entering the v-sim I read the patient scenario and began applying all my knowledge that I learned about hypoglycemia. I began thinking about all possible interventions / treatments and teaching that I could provide . The V-sim was a great way for me to review my knowledge about diabetes.

2A If Skylar Hansen was alert and could swallow Then I would have given him 4oz of apple juice or some carbohydrates such as crackers or some bread Po snacks to bring his sugar up .

3A If skylars acute hypoglycemic episode was not treated immediately his blood pressure would be affected leading to hypotension. He would remain unconscious and begin having seizures he would also become comatose and possibly even die .

4A If too much glucose was administered to Skylar Hansen while the health care team was trying to correct his blood sugar level He could have possibly gone into DKA (diabetic

ketoacidosis. This is common in type one diabetes. This happens when your blood glucose is too high and there is not enough insulin to place the glucose into your cells . The body starts breaking down fat as a source of energy which produces ketones that make the blood acidic. Some symptoms Tyler would experience is polyuria polydipsia blurred vision confusion and a headache.

5A

Situation - Skylar is an 18 year old who was brought into the ED by his friends his friend reported that he began acting weird and lied down on the floor while playing basketball. Skylar was diagnosed with Type 1 diabetes 6 months ago .

Background- Skylar was drowsy and woke to stimuli he had slurred speech and began acting irrationally . He Went a long period without eating any food causing him to have a hypoglycemic episode.

Assessment - Patient received 50 mL of 50 % dextrose solution Iv to increase his blood sugar level after receiving treatment he became alert and oriented the patient is on blood glucose monitoring PRN his blood pressure is stable / O2 stat stable / temp 99 and blood glucose within normal limits .

Recommendation - patient is stable vitals should be checked every hour as well as glucose. Watch closely for any signs of hypoglycemia or hyperglycemia. Follow doctors orders .

7A Skylar is 18YOA and considered an adult He is able to make his own decisions and receive any care he desires . Patients that are 18 should be treated with respect because they are considered an adult. Tyler's parents were not in the scenario . However if they were I would not be able to disclose any information to them if he did not want them knowing what happened to him .

8A If I were to repeat this scenario I would ask the patient more questions and be faster. The scenario is very nerve wracking because you have to act fast. I noticed that his levels became really high quickly but went down very slowly. I also noticed that his oxygen was affected and that everything is connected. One problem leads to another so your nursing intervention is extremely important .