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## Medical Case 5: Skyler Hansen

### Documentation Assignments

1. Document your focused assessment for Skyler Hansen.

My focus assessment for Skyler Hansen is that he was not alert and oriented x3. When I took his vitals, BP was 131/78mmHg, his respiratory rate was 20 breaths per minute. His chest was moving equally. His pulse was present, His Spo2 was 96%. His heart rate was also 96. His pulse was strong, it was 95 per minute and it was regular. His temperature was 98.6 F (37.0 C). His blood glucose was 56mg/dL (3.1 mmol/L). I raised the head of the bed. I attached a 12 lead ECG as ordered by the physician. The patient went into hypoglycemia. I assessed patient's IV and I administered 50ml of dextrose 50% in water IV as ordered. I provided the patient with protein and carbs.

2. Identify and document key nursing diagnoses for Skyler Hansen.

The key nursing diagnosis for Skyler Hansen is risk for unstable blood glucose and risk for ineffective cerebral tissue perfusion.

3. Document Skyler Hansen's blood glucose levels that occurred in the scenario.

Before the consumption of carbohydrates and proteins, and the administration of 50ml dextrose in water, the patient's blood sugar was 56mg/dL. After the interventions, his blood glucose was raised to 200mg/dL(11.1mmol/L).

4. Document the changes in Skyler Hansen's vital signs and clinical manifestations of hypoglycemia throughout the scenario.

When the patient's blood glucose level was 56mg/dL, he was somnolent. His mental status changed, he couldn't remember where he was, what year it was and what date it was. He didn't remember any event. However, after giving the patient 50ml of dextrose 50% in water, his blood sugar was rising, and he was able to answer questions. The patient was able to eat snacks with protein and carbs.

5. Referring to your feedback log, document the nursing care you provided.

- When I entered the patient's room, I introduced myself.
- I washed my hands.
- I checked patient's ID bands to maintain safety.

- I assessed his level of consciousness.
- I checked patients' vitals.
- I assessed his breathing which was 20 breaths per minute.
- I checked the patient's radial pulse, and the pulse was strong, 95 per minute and regular.
- I checked the pedal pulse bilaterally.
- I attached the pulse oximeter to monitor his saturation.
- I assessed the patient's blood sugar level which was 56mg/dL.
- I called the provider to discuss what could be done for the patient.
- I attached the automatic noninvasive blood pressure (NIBP) to reassess him continuously.
- I obtained IV access.
- I assessed the patient's IV and there was no swelling, infiltration, bleeding, or drainage.
- I verified the dextrose 50% in water dose of 50ml with another nurse.
- I compared the medication label with MAR.
- I administered 50ml of dextrose 50% in water IV.
- I took a venous blood sample.
- I reassessed the patient's mental status and orientation level.
- I gave the patient protein and carbs orally.
- I reassessed the patient's blood glucose level and it was 200mg/dL.
- I educated the patient on what had happened, and I also educated the patient on diabetes and the importance of eating regularly.

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### Guided Reflection Questions

1. How did the scenario make you feel?

The scenario was a good experience for me because I felt confident doing it. I also got an 86% on the first try that showed me that I was prepared for it, and I enjoyed doing it because it shows you what to do in case you are dealing with diabetes patients in real life.

2. What management options would have been appropriate if Skyler Hansen had been alert and could swallow?

If Skyler Hansen had been alerted and could swallow, I would have raised the head of the bed to a high fowler position and I would have given him orange juice to help him with his blood glucose level and some carbohydrates to speed up his blood glucose.

3. If Skyler Hansen's acute hypoglycemic episode had not have been treated immediately, what could have happened?

If Skyler Hansen's acute hypoglycemic episode had not have been treated immediately, he could have loss of consciousness, had a brain damage, seizures and even death.

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?

If too much glucose were administered to Skyler Hansen while the health care team was trying to correct his blood glucose level, some complications could have had occur such as nerve damage, hyperglycemia which could have cause ketoacidosis, frequent urination, increased thirst and hunger, blurred vision, headache, weakness, dry mouth, shortness of breath, protein in his urine, and fatigue.

5. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

Situation: Skyler had an episode of hypoglycemia, He's an 18-year-old male diagnosed with type 1 diabetes 6 months ago. He was brought to the emergency department by his friends. The friend reported that he started acting weird while they were playing basketball and he has not eaten for 5 hours.

Background: Skyler has no known allergies. He has a slurred speech. He was not alerted and oriented except he was able to say his name.

Assessment: I took Skyler vital signs and notified the provider. His respiratory rate was 20 breaths per minute. His blood glucose level at first was 56 but after administering medications, he was 200mg/dL, and he was able to talk and answer some questions. Skyler has no pain complaints.

Recommendation: Continue to monitor Skyler and follow orders. Check his blood glucose every hour. Continue to give him carbs and protein and continue to assess his level of consciousness. Reinforce the patient's education and notify the provider if any changes occur.

6. Describe age-appropriate patient teaching for Skyler Hansen and resources that may be helpful to him.

I would want to teach him more about types 1 diabetes, and what are the signs and symptoms of hypoglycemia and hyperglycemia, and I would want to teach him about glucose monitoring, what he should eat and what to do before going to any activity.

7. Discuss confidentiality and legal empowerment of 18-year-old patients such as in Skyler Hansen's case.

For me I think that at his age he is considered an adult, he must give permission for his parents to know about his medical information.

8. What would you do differently if you were to repeat this scenario? How would your patient care change?

If I were to repeat this scenario, I would have asked Skyler more questions regarding how he takes care of his glucose, and I would have asked him what he normally does when his blood glucose level drops. I would also have asked him what type of snacks he normally takes and how many times he normally checks his blood glucose level.

