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NUR 393  
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VSim: Skyler Hansen

Documentation Assignments

1. Document your focused assessment for Skyler Hansen.
  - a. 18 year old male was admitted to the ED on 4/7/23, presenting with tachycardia, diaphoresis, and conscious but distressed. Vitals: HR - 94, BP - 128/77, Resp - 20, SpO2 97% Temp: 98.6 F. Patient is a newly diagnosed type 1 diabetic. An IV was placed in his right hand. Blood glucose was at 56 mg/dL, and suspected that the patient was having a hypoglycemic episode. Called the provider to discuss the situation and receive new orders. With new orders, NS 50mL/hr and 50mL of dextrose 50% was administered. Blood glucose was at 110 mg/dL 5 minutes later, and the patient was now fully alert. Patient was also given protein and carbs orally at the end.
2. Identify and document key nursing diagnoses for Skyler Hansen.
  - a. Deficient Knowledge related to unfamiliarity with information, as evidenced by hypoglycemic episodes.
  - b. Risk for Unstable Blood Glucose Level related to hypoglycemic episodes.
3. Document Skyler Hansen's blood glucose levels that occurred in the scenario.
  - a. Patient's blood glucose was 56 mg/dL at 02:19
  - b. Patient's blood glucose was 110 mg/dL at 04:25 after administration of 50mL dextrose 50%
4. Document the changes in Skyler Hansen's vital signs and clinical manifestations of hypoglycemia throughout the scenario.
  - a. 00:10 HR - 93, BP - 133/79, RR - 20, SpO2 - 97% Temp: 98.6
  - b. 01:10 HR - 94, BP - 128/77, RR - 20, SpO2 - 97% Temp: 98.6
  - c. 02:10 HR - 95, BP - 128/76, RR - 20, SpO2 - 96% Temp: 98.6
  - d. Generally, the vital signs showed a consistent increase in the heart rate. The clinical manifestation of hypoglycemia is tachycardia.
5. Referring to your feedback log, document the nursing care you provided.
  - a. Patient's vitals were taken, 00:10 HR - 93, BP - 133/79, RR - 20, SpO2 - 97% Temp: 98.6. IV was inserted in the right hand. Blood glucose was taken, and recorded at 56 mg/dL. Alerted the provider, and informed of the situation. Provider put in new orders of NS 50mL/hr, 50mL of dextrose 50%, cardiac monitoring, protein and carb when patient is alert, and a venous blood draw. NS 50mL and 50mL of dextrose 50% was administered, and continuous cardiac

monitoring. As patient became more alert – protein and carbs were given, and patient education on preventing future hypoglycemic episodes were given.

### Guided Reflection Questions

1. How did the scenario make you feel?
  - a. The scenario was familiar, I remember doing a similar simulation during clinical simulation last year. In addition, with this being the third simulation – I felt a little less panicked to proceed with the situation. It was a little different this time because there were no direct orders from the provider, but it was still fun to proceed with the assessment.
2. What management options would have been appropriate if Skyler Hansen had been alert and could swallow?
  - a. If Skyler Hansen had been alert and could swallow, I would have given him 6-8 oz of orange juice. There would have been no need to administer anything IV.
3. If Skyler Hansen's acute hypoglycemic episode had not been treated immediately, what could have happened?
  - a. If Skyler's episode had not been treated immediately, it would have progressed further to affecting his brain. There would have been severe neurological clinical manifestations, and possibly risk for seizure.
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?
  - a. If too much glucose was being administered to Skyler, he would start showing signs and symptoms of hyperglycemia – like blurred vision, increased thirst, increased need to urinate.
5. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
  - a. The 18 year old male, Skyler Hansen had an episode of hypoglycemia in the ED. He has no known allergies, and had not eaten anything for at least 5 hours. He was acting irrationally with slurred speech, and is a newly diagnosed type 1 diabetic. He is now alert and oriented times 4, and currently has no pain complaints. Blood glucose was 56 mg/dL upon admission, but now at 102 mg/dL after administration of 50% dextrose IV 50 mL. VS last taken at 06:06, HR 85, BP 121/72, RR 12, O2 96%, and temp at 98.6F. Follow up with the provider regarding the plan that is needed, check the blood glucose every hour, and follow up on diabetes education.
6. Describe age-appropriate patient teaching for Skyler Hansen and resources that may be helpful to him.
  - a. Skyler Hansen needs patient teaching on exercising with type 1 diabetes diagnosis. Hansen can also be connected to the ADA in order to precisely know what to eat and when to administer insulin.

7. Discuss confidentiality and legal empowerment of 18-year-old patients such as in Skyler Hansen's case.
  - a. Skyler has the legal empowerment and confidentiality to keep this information to himself. As medical staff under HIPPA, we are not allowed to tell his parents if Skyler does not want that information to be disclosed.
8. What would you do differently if you were to repeat this scenario? How would your patient care change?
  - a. If I were to repeat this scenario, I would draw the venous blood sample draw that was ordered. At the moment I didn't think that was the priority, and while I was treating the hypoglycemic episode to patient handoff – I forgot to do the venous blood sample.