

Sungbin Ahn

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Medical Case 5: Skyler Hansen

Documentation Assignments

1. Document your focused assessment for Skyler Hansen.
 - a. BP: 129/78 mmHg, HR: 94, Pulse: present, strong 95 per min and regular, respiration: 20, temp: 98.6°F, SpO₂: 97%, conscious state: somnolent, normal skin turgor, lungs sounds clear and equal bilaterally, heart sounds regular without murmurs, ECG: sinus rhythm, oriented x1
2. Identify and document key nursing diagnoses for Skyler Hansen.
 - a. Imbalanced nutrition: less than body requirements r/t imbalance of glucose and insulin level
 - b. Risk for unstable blood glucose level
 - c. Ineffective health management r/t deficient knowledge regarding disease process, self-care
 - d. Acute confusion r/t insufficient blood glucose to brain
3. Document Skyler Hansen's blood glucose levels that occurred in the scenario.
 - a. Before any interventions: 56 mg/dL
 - b. After normal saline, dextrose, and protein and carbs: 110 mg/dL
4. Document the changes in Skyler Hansen's vital signs and clinical manifestations of hypoglycemia throughout the scenario.
 - a. Skyler became unconscious, ECG: sinus tachycardia, HR: 120, pulse: present, BP: 137/82 mmHg, respiration: 25, SpO₂: 91%, temp: 98.6°F
 - b. Clinical manifestations: lightheadedness, drowsiness, slurred speech, diaphoretic, change in behavior and acting irrational
5. Referring to your feedback log, document the nursing care you provided.
 - a. I introduced myself, washed my hands, identified the patient and checked his vitals and blood glucose which was at 56 mg/dL. The provider was called to discuss the patient and new orders were placed. A 3-lead ECG was attached to monitor the patient's heart. A venous blood sample was completed for the metabolic panel. The patient was not allergic to anything so an IV access was obtained in the arm. I infused normal saline and dextrose in the IV indicated by the provider's order. I gave the patient protein and carbs while in a sitting position. Skyler's blood glucose went up to 110 mg/dL and he returned consciousness. A patient handoff was performed.

Guided Reflection Questions

1. How did the scenario make you feel?
 - a. I learned a lot through this scenario and how to treat hypoglycemic patients. Their vital signs and mental status can change if their blood glucose is low. It is important that providers notice the signs and symptoms to prevent patients from becoming worse.
2. What management options would have been appropriate if Skyler Hansen had been alert and could swallow?
 - a. If Skyler were alert and could swallow, I would've raised his height of bed and gave him protein and carbs to raise his blood sugar. I would've also provided patient education when he is alert.
3. If Skyler Hansen's acute hypoglycemic episode had not have been treated immediately, what could have happened?
 - a. If Skyler's symptoms were not treated immediately, he may have had blurred vision, a seizure, difficulty arousing from sleep, loss of consciousness, or 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?
 - a. Too much glucose can lead to more complications such as inducing hyperosmolar syndrome and lead to severe dehydration and confusion. His vision may also become blurry.
5. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
 - a. Situation: Skyler Hansen had an episode of hypoglycemia.
 - b. Background: Skyler is an 18 year old male who lives at home with his family. He has not eaten anything for at least 5 hours and has no known allergies. He was acting irrationally with slurred speech while playing basketball with his friends. Skyler has type 1 diabetes.
 - c. Assessment: Skyler has no pain complaints. I obtained vital signs and notified the provider. He is now alert and oriented times 4. His respiratory rate is 12, temperature is 98.6°F tympanic, blood glucose is now 102 mg/dL, and the 3-lead ECG showed sinus rhythm. 50% dextrose was administered via IV.
 - d. Recommendation: Check the blood glucose every hour and assess if Skyler can manage without nasal oxygen. Follow up with the provider regarding the plan and continue to educate the patient.
6. Describe age-appropriate patient teaching for Skyler Hansen and resources that may be helpful to him.

- a. It is important to teach Skyler about Type 1 diabetes and give him resources about hyperglycemia to help him. Skyler can join support groups for people with hyperglycemia. His providers can teach him ways to prevent or manage symptoms. Also, it is important to teach him about glucose monitoring and how to manage his diet.
7. Discuss confidentiality and legal empowerment of 18-year-old patients such as in Skyler Hansen's case.
 - a. As an 18-year-old, Skyler is considered an adult. He can decide to share his medical information with his parents or not. He has the right to make his own decisions and decide confidentiality.
8. What would you do differently if you were to repeat this scenario? How would your patient care change?
 - a. I repeated this scenario 4 times. The first time, I forgot to measure the blood glucose before starting any interventions on the patient. It is very crucial to check the blood glucose, vital signs, or venous blood sample so that we know the patient's baseline and how to treat the patient. I would also ask the patient about their allergies before administering drugs so that they don't have any reactions. By the fourth time, I was more aware of the patient's needs and proper patient care.