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VSim: Skyler Hansen

### Documentation

1. During the scenario, for my focused assessment, I checked for Skyler Hansen's blood glucose immediately, knowing that he had a history of Diabetes Type I. I tried asking how he was but he was irritable and had altered mental status with an A&O of times 2. My focus was to get regular vital signs for any complications of hypoglycemia. After checking his glucose level to be low, I saw the MAR to see that there was an order for 50mL of Dextrose to be injected.
2. The diagnosis for Mr. Hansen was hypoglycemia at the moment. His vital signs were showing signs of hypertension, increased respiratory rate, and increased HR, caused by his hypoglycemia. So it was important to get his ordered Dextrose dose administered, as soon as possible, to resolve these symptoms and prevent damage.
3. His blood glucose level was below 60 during my blood glucose check. After the administration of his 50mL dextrose IV push, it was between 80-100, which is a normal and therapeutic level of glucose in the blood.
4. In the beginning of his hypoglycemic event, Mr. Skyler's HR was over 100 and his blood pressure was over 130/80. This event was also manifested by his altered mental status, irritability, and memory loss. This occurred because the brain, which consumes about half of the glucose in the body, was not receiving the needed amount of glucose. This could have led to permanent brain damage and needed to be treated immediately. After ending his hypoglycemic event, I noticed that his heart rate was regular at 90 BPM and blood pressure was around 120/70. His breathing was normal and no longer irritable. He asked what happened, signaling to me that he did not remember his hyperglycemic episode. I told him what happened and provided a protein/carbohydrate snack to keep his glucose levels stable. Then I proceeded to ask him questions about his past medical history and what he was doing before the hypoglycemic episode.
5. Walking into the patient's room, I washed my hands first and made sure the patient matched with the MAR. I made sure not to over-aggravate him with questions and immediately started to check his glucose and proceed with the right interventions. Then, I educated him on what happened and asked him about his medical history after he received treatment and gave a snack to prevent the likelihood of another hypoglycemic event.

### Reflection

- How did the scenario make you feel?
  - The first time, I panicked. Walking into a room with abnormal vital signs, I was not sure what I was supposed to do. However, remembering that I needed to focus on key assessments, so that I can have key interventions, helped me the second

time around. With the practice in the VSim, I feel confident, theoretically, about what I need to do in a hypoglycemic event.

- What management options would have been appropriate if Skyler Hansen had been alert and could swallow?
  - If Mr. Hansen could swallow, I could have given him oral interventions by giving 15 grams of simple carbohydrates in the form of juice and candy, in this VSim, the 15 grams of carbs and protein.
- If Skyler Hansen's acute hypoglycemic episode had not been treated immediately, what could have happened?
  - He would have permanent organ damage, very high BP and HR. He would have experienced seizures, coma, and death.
- If too much glucose were given to Skylar Hansen while the healthcare team was trying to correct his blood glucose levels, what could occur?
  - He would go into a hyperglycemic episode and insulin would have needed to be given. Depending on the severity of how much his glucose level went up, it would be given orally or IV (immediate).
- What key elements would you include in his handoff report? Consider SBAR
  - Situation, I would have written what diagnosis I found. Background, I would include his medical history of Diabetes Type I. Assessment, I would record his vital signs before and after so that the next nurse can have a baseline to go off of. For recommendation, I would write that his blood glucose should be checked every hour and make sure to have IV dextrose push readily available with 15 grams of carbs just in case another hypoglycemic event occurs. The vital signs should be monitored closely. The next nurse should also educate how the patient can manage his blood glucose according to his active lifestyle (basketball with friends).
- Describe the age appropriate patient teaching for Skylar Hansen and resources that may be helpful to him
  - For Mr. Hansen, he should be educated on how he manages his glucose levels and still manage his healthy activity of basketball with his friends. He should have a small glucose tablet or carb snack ready to be consumed during exercise so that he can have enough glucose.
- What could you do differently if you were to repeat the scenario? How would your patient care change?
  - If I were to repeat the scenario (93%), I would remember to do another assessment to make sure other organs have not been affected by the event.