

Nyack College SON- Concept Map 3

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1. Nursing Dx risk for ineffective airway clearance r/t seizure activity and ineffective breathing as evidenced by 88% O₂, HR145
Expected Outcome the pt's O₂ Sat will return to (>95%), RR(22-34), and absence of respiratory distress during my shift

Interventions

1. place the pt in a side-lying position, prevent aspiration
2. administer nonrebreather or ambu bag to maintain O₂
3. administer anticonvulsant, Tylenol, NS, and antibiotic as ordered
4. continuously monitor O₂,HR,RR for any changes

Evaluation- the pt's O₂ Sat returned to 95%, RR28, and absence O₂ Sat

3. (1) Nursing Dx risk for fluid volume deficit r/t osmotic diuresis as evidenced by 3P's, lose of 10lbs, dehydration, blood glucose>500 and tachycardia
Expected Outcome the pt's showed stable blood glucose <250mg/dL, VS, output, and dehydration during my shift

Interventions

1. Assess skin turgor to determine degree of dehydration
2. Administer Humalog 4mg/unit, potassium fluids, and electrolyte fluids as ordered, and check blood sugar Q1h
3. Provide D5W if blood sugar<50mg/dL, or OJ if<250mg/dL
Provide high protein snacks as tolerated
4. Collect blood ketone lv, renal function tests, hgbA1C, CBC

Evaluation- the pt showed stable blood glucose <250mg/dL, VS, urine output, and dehydration status during my shift

Past Medical History: no information for all 3 cases:

1. Seizure
2. Sepsis
3. (1)&(2) DM/DKA

Dx Tests: 1. Seizure: EEG, MRI, CT, PET, Blood tests
 2. sepsis: blood cultures, broad spectrum, CBC, blood chemistry (kidney, liver, electrolyte), coagulation tests, ABGs, Chest Xray
 3. DM/DKAL: FPG, OGTT, hgbA1C, ABGs,

1.seizure: 88%O₂, HR145, RR36, BP98/56 100.3°F, All Dx positive for Febrile seizure
 2. sepsis: 91%O₂, HR135, RR37, BP89/55, 100.1°F, Positive for bacterial infection caused sepsis
 3. DM/DKA: 98%O₂, HR142, BP89/45, RR34, 100.4°F, blood glucose>500mg/dL, pH<7.3, bicarbonate<15mEq/L, serum ketone>3mmol/L, urine ketone+1

Medications

1. Seizure: Keppra, Tylenol, antibiotic
2. Sepsis: antibiotic, Tylenol, OJ/carb snacks
3. DM/DKA: Humalog 4mg/unit, KCL, LR, D5W, OJ, high protein snacks, insulin drip

2. Nursing Dx impaired gas exchange r/t sepsis as evidenced by increased metabolic demands, O₂<95%, tachycardia, and SOB
Expected Outcome the pt will show improved oxygenation as evidenced by normal O₂ Sat, RR, HR within the pt's baseline during my shift

Interventions

1. Monitor respiratory status, continuous VS Q15min
2. Administer nonrebreather or ambu bag for supple O₂
3. Administer bolus LR 20ml/hr, epi 1mcg/kg/min IM, Tylenol, antibiotic, steroids as ordered
- 4.collect blood culture, glucose, urine culture for diagnostic tests

Evaluation- the pt's vital signs became normalized as evidenced by 95%, RR25, HR130 at 1200 after sepsis intervention initiation

3. (2) Nursing Dx risk for ineffective family coping r/t lack of knowledge manage the pt's blood glucose as evidenced by hgbA1C>11%, and recent lost 10lbs
Expected Outcome the family will verbalize improved coping skills and knowledge r/t managing the pt's blood glucose by education at 1300

Interventions

1. Allow verbalize family's concern on the pt's DM1 diagnosis
2. Provide educational materials about DM management, blood glucose monitoring, insulin administration, and sick-day rule
3. Provide family diabetes education classes, support groups, and online resource
4. Refer family to a social worker for financial support

Evaluation- the family verbalized understanding of coping skills and knowledge of blood glucose after education at 1300