

Reading Hospital School of Health Sciences
Nursing Program
NRS 200 Acute Care/Complex Issues
Clinical Community Project Assignments
Fall 2019

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Date: _____ 9/22/20 _____

Week 3 Assignment

Due 9/24/2020 at 0800

During week three, you will research the three priority health concerns identified by your individual. Complete the following questions in this document and submit to your clinical instructor's Dropbox on Edvance360. Please handwrite the concept map and submit a picture or scanned copy into your clinical instructor's Dropbox on Edvance360.

1. Identify the client's three priority health concerns that you noticed during your initial phone interview.
 - Acute pain related to neuropathy and increased risk of getting a diabetic ulcer.
 - Kidney damage related to diabetes and hypertension.
 - Pancreatic function with diabetes and use oral antidiabetics.
2. Research the medical diagnoses related to each priority health concern in the Medical-Surgical or Pathophysiology textbooks to gain a better understanding of the disease process and how it can affect the client (signs and symptoms, client education needs, treatments, etc.).
3. Choose the top priority health concern and utilize the concept map below to summarize the client's priority medical diagnosis. Complete the concept map with all the topics you would expect to find for a client with this diagnosis, this would include common medications, labs, and diagnostic tests, and assessment findings.
4. Obtain one scholarly, nursing article for the medical diagnosis related to each priority health concern (3 articles total). Summarize the findings, complete an APA reference list, and submit findings and reference list.

- a. The first health concern is acute pain related to neuropathy which can potentially lead to a diabetic ulcer. The nursing article that I chose that relates to this concern is “The Role of Social Support in Persons with Type 2 Diabetics Wounds”. This article discussed that “diabetic wounds affect about one-third of patients with type 2 diabetes” (Iannino-Reniz, 2016). A contributing factor for diabetic wounds is neuropathy. Diabetic neuropathy is caused by consistently elevated blood glucose. This can affect sensory, motor, and autonomic nerve function. A diabetic patient may lose sensation in their hands or feet which can cause them to not be able to notice pain and pressure. This makes diabetic more at risk and susceptible for a wound or pressure ulcer. The main idea of this article was that a social support system can have a positive impact on wound healing. Different types of social support include emotional and informational support. For example, emotional support can be provided from friends and family by active listening. Informational support can be given from the primary care provider or nurse by educating the patient on diabetes along with ways to manage blood glucose levels to decrease risk of diabetic wounds. In conclusion from the article social support helps promote wound healing because it can decrease stress and anxiety for the patient. This relates to my individual because he does have neuropathy in his feet and hands, and he is cautious to always inspect them for wounds and pressure ulcer.
- b. The second health concern is kidney damage related to diabetes and hypertension. The nursing article I chose that relates to my health concern is “The Expanding Burden of Acute Kidney Injury in California: Impact of the Epidemic of Diabetes on Kidney Injury Hospital Admission”. This article talks about both acute kidney injury (AKI) and chronic kidney disease (CKD). Acute kidney injury can potentially lead to chronic kidney disease if not resolved in a timely manner. This can lead to an increase in hospital visits and an increase in costs to not only the patient but hospital as well. Diabetic patients are more at risk to AKI and CKD because having high blood glucose levels can damage the glomerulus and make it harder to filter the blood. This relates to my individual because he has type 2 diabetes and he also has hypertension. Hypertension can also lead to nephrosclerosis. According to the article “The estimated prevalence of CKD was 36.5% among U.S adults with diagnosed diabetes in 2011-2012” (Medel -Herrero, A., Mitchell, D., Moyce, S., Udaltsiva, I., & Schneker, M., 2019). In conclusion from this article having preexisting comorbidity of diabetes, hypertension, and CKD can increase the risk of getting an AKI and thus increase hospital stays.
- c. The final health concern is pancreatic function and the use of oral antidiabetic medication. The nursing article I chose for this health concern is “Pharmacotherapy of Type 2 Diabetes Mellitus: Navigating Current and New Therapies. This article talks about type 2 diabetes and common therapies used to help manage blood glucose levels and keep them in a therapeutic range. According to the article type 2 diabetes is a “decline in pancreatic beta cell

function leading to impaired insulin secretion” (Lew, K., Wick, A., 2015). The first approach to manage diabetes is usually diet modification and exercise and then oral antidiabetic medications. The final approach would be insulin therapy. A common oral antidiabetic medication is Metformin. According to Lew and Wick “Metformin decreases hepatic glucose output by enhancing the livers sensitivity to insulin” (2015). Metformin is usually given to type 2 diabetics as a first approach for pharmacotherapy. With this medication it is important to carefully assess renal function because it is a nephrotoxic agent. This can be concerning to diabetics who are at risk for renal impairment such as AKI and CKD. This relates to my patient because he is a diabetic that is currently only taking metformin to manage his diabetes. His concern is that he would have to change to insulin therapy in the future if his A1C levels begin to rise.

References

- Iannino-Renz, R. (2016). The Role of Social Support in Persons with Type 2 Diabetic Wounds. *MEDSURG Nursing*, 25(5), 357–359.
- Newlin Lew, K., & Wick, A. (2015). Pharmacotherapy of Type 2 Diabetes Mellitus: Navigating Current and New Therapies. *Pharmacotherapy of Type 2 Diabetes Mellitus: Navigating Current and New Therapies*, 24(November-December), 6th ser., 413-419.
- Medel-Herrero, A., Mitchell, D., & Moyce, S. (2019). The Expanding Burden of Acute Kidney Injury in California: Impact of the Epidemic of Diabetes on Kidney Injury Hospital Admissions. *Nephrology Nursing Journal*, 46(6), 629–640.