

Diabetes Mellitus

CLIENT CARE PLAN

Client: *Pathways , CarePlan

Client ID#: 1165425300
Admission Date: 12-06-2006

35 Nutrition

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

Cat.	Target	Care Description Note
TGC	Anatomy/Physiology	Other 1) Pathophysiology of Diabetes Type I or Type II 2) Teach how to minimize long-term complications of Diabetes
TGC	Signs/Symptoms-Physical	Hypo- / Hyperglycemia Hypoglycemia Sx *Sweaty, hungry, forgetful, headache, nervous, dizzy, drowsy, rapid heart rate Hyperglycemia Sx *Thirst, hunger, frequent urination
TGC	Dietary Management	Other 1) Hypoglycemia treatment follow 15:15 rule to avoid over treatment of BG (eat 15 grams of carbs wait 15 min, retest, if still low repeat treatment) 2) If more than 1 hour before next meal, eat snack (1 starch and 1 protein) 3) Carry 15grams of carbs with at all times
TGC	Sickness/Injury Care	Other Encourage client to ask physician about a sick day management plan 1) BG values every 2-4 hours 2) Drink fluids 3) Rest 4) Check with physician before taking OTC med 5) Ketone testing Q2-4hrs 6) Insulin/Diabetic medication dosing
TGC	Specimen Collection	Other 1) Encourage client to ask physician about target / range of blood sugars 2) Best testing times 3) Review importance of rotating BG testing times to get an accurate picture of BG throughout day
TGC	Laboratory Findings	Interpretation of Blood and Urine Tests 1) Importance of Hemoglobin A1c 2) Current A1c testing recommendations 2-4x per year 3) Encourage client to ask physician about personal A1c goal 4) Ketone testing
CM	Continuity Of Care	Coordination Among Providers MD, dietician, diabetic nurse ed, school nurse, etc
S	Specimen Collection	Glucose Monitoring Technique 1) Assess client technique for BG monitoring 2) Assess client BG results

Diabetes Mellitus (2)

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Cat.	Target	Care Description Note
TGC	Dietary Management	Recommended Diet 1) Teach & assess pt ability to follow prescribed diet, carb counting 2) Teach importance of a regular schedule for eating meals, not skipping meals 3) Teach appropriate food choices & foods to avoid 4) Refer to diabetic educator when no longer seen by HomeCaring for ongoing education

42 Medication Regimen

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

Cat.	Target	Care Description Note
TGC	Medication Administration	Subcutaneous Medications 1) Teach client to prepare & inject insulin 2) Proper storage of insulin
TGC	Signs/Symptoms-Physical	When To Notify Providers Guidelines: 1) BG readings less than 70 for two readings in a row that cannot be explained 2) BG readings over 240 or over target range for two readings in a row 3) BG readings over 240 with symptoms of illness
TP	Medication Set-Up	Other Draw up insulin if pt unable

41 Health Care Supervision

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

Cat.	Target	Care Description Note
TGC	Wellness	Importance Of Routine Preventive Evaluations Teach importance of Standards of Care for people with Diabetes & encourage client to discuss with physician: 1) Hemoglobin A1c per physician order 2) Foot exam at every physician visit 3) Annual Dilated Retinal Exam (DRE) 4) Annual cholesterol testing per physician order 5) Blood pressure check at every visit 6) Microalbumin testing per physician order 7) Flu / pneumonia vaccine 8) Dental exam twice per year 9) Regular routine physician check-ups for lab work & med refills
TGC	Signs/Symptoms-Physical	Other When to Notify Providers 1) Change in blood sugar readings 2) Change in vital signs 3) Change in skin condition 4) Change in lower extremities

Employee Signature _____ Date _____

Diabetes Mellitus (3)

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29 Circulation

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TGC	Signs/Symptoms-Physical	Other Instruct in proper footcare & inspection
S	Signs/Symptoms-Physical	Other Assess pedal edema, pedal pulses, general cond of feet
TP	Skin Care	Other RN to trim toenails PRN overgrowth *Refer to out pt footclinic for ongoing nail & foot cares as needed