

Enuresis or nocturia

Irritability; “not himself” or “not herself”

Shortened attention span

Lowered frustration tolerance

Fatigue

Dry skin

Blurred vision

Poor wound healing

Flushed skin

Headache

Frequent infections

Nursing Diagnosis

Risk for injury related to insulin deficiency

Case Study (Continued)

At the pediatrician's office several tests are completed to evaluate Tommy. His blood glucose level is 220 mg/dl, and his hemoglobin (Hgb) A1C level is 10.5%. Tommy provides a urine specimen. And the urine dip test is positive for glucose and ketones in his urine. Tommy is admitted to the hospital for further evaluation to establish a diagnosis.

Tommy has met the criteria for new onset diabetes that will require insulin injections to help manage. Initially Tommy will start with twice daily insulin regimen combining a rapid acting (regular) insulin with an intermediate acting (neutral protamine Hagedorn [NPH]/Lente) insulin drawn up in the same syringe. One injection will be given at least 30 minutes before breakfast. The second one will be given 30 minutes before dinner. Tommy will learn how to self-monitor his blood glucoses. Even though he will start off only administering insulin twice daily, he'll still need to check his blood glucose before meals and at bedtime. Based on