

Color code key:

Red: patient education

Blue: medication administration

DIABETES

DIABETES MELLITUS: SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON DIABETES, WHICH IS A CHRONIC LIFELONG DISEASE OF THE METABOLIC SYSTEM AFFECTING THE PANCREAS. INSULIN IS A HORMONE PRODUCED BY THE PANCREAS, WHICH CONTROLS ITS RELEASE IN THE BODY. THE BODY NEEDS ENERGY TO DO WORK, AND THIS ENERGY COMES IN THE FORM OF GLUCOSE. WHEN THERE IS EXCESS GLUCOSE (SUGAR) CIRCULATING IN THE BLOOD THE PANCREAS RELEASES INSULIN TO REGULATE THE BLOOD SUGAR LEVEL. HOWEVER, IF LITTLE OR NOT ENOUGH INSULIN IS PRODUCED, THIS CAUSES HYPERGLYCEMIA. SIGNS/SYMPTOMS OF DIABETES INCLUDE: FEELINGS OF WEAKNESS, FATIGUE, FREQUENT URINATION, THIRST AND HUNGER, WEIGHT LOSS, NUMBNESS AND TINGLING ON LOWER EXTREMITIES, AND SLOW HEALING CUTS. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.

DM MANAGEMENT I: SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON LIFESTYLE CHANGES, WHICH IS VERY IMPORTANT BECAUSE IT DECREASES COMPLICATIONS ASSOCIATED WITH DIABETES, SUCH AS: BLINDNESS, STROKES, HYPERTENSION, NEUROPATHIC NERVE PAIN, KIDNEY FAILURE, AND HEART ATTACK. RISK FOR DIABETES INCLUDE: AGE (40 AND ABOVE), OVERWEIGHT, SEDENTARY LIFESTYLE, GENETICS, AND SMOKING. THERE IS NO WAY TO COMPLETELY CURE DIABETES; HOWEVER DIABETES IS VERY MANAGEABLE THROUGH: LIFESTYLE CHANGES, NUTRITION, EXERCISE, AND MEDICATION. A DIET LOW IN CALORIE, HIGH IN PROTEIN, WHOLE GRAINS, LEAN MEAT, FRUITS AND VEGETABLES HELPS DECREASE THE RISK FOR DIABETES. MAINTAINING A HEALTHY BODY WEIGHT, AND CUTTING BACK ON SUGARY FOOD AND BEVERAGE. EXERCISING 30 MINUTES A DAY FOR THREE DAYS A WEEK AS TOLERATED MAINTAINS THE BLOOD SUGAR LEVEL BY INCREASING THE CELLS ABILITY TO ABSORB INSULIN. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.

DM MANAGEMENT II: SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON DIABETES, WHICH IS VERY MANAGEABLE THROUGH LIFESTYLE CHANGES IN NUTRITION, EXERCISE, AND MEDICATION. MAINTAINING A HEALTHY BODY WEIGHT, FOLLOWING A NO-CONCENTRATED SWEET DIET, AND EXERCISING 30 MINUTES A DAY FOR THREE DAYS A WEEK AS TOLERATED MAINTAINS THE BLOOD SUGAR LEVEL BY INCREASING THE CELLS ABILITY TO ABSORB INSULIN. SIGNS/SYMPTOMS OF HYPERGLYCEMIA INCLUDE: EXCESSIVE HUNGER, FREQUENT PASSING OF URINE, EXCESSIVE THIRST, DIZZINESS, DRY MOUTH, FLUSHED DRY-SKIN, FRUIT-LIKE BREATH ODOR, NAUSEA, AND STOMACH ACHE.

SIGNS/SYMPTOMS OF HYPOGLYCEMIA INCLUDE: ANXIETY, CONFUSION, HUNGER, NAUSEA, FATIGUE, SWEATING, HEADACHE, PALPITATIONS, NUMBNESS OF THE MOUTH, TINGLING IN THE FINGERS, TREMORS, MUSCLE WEAKNESS, BLURRED VISION, COLD SENSATIONS, IRRITABILITY, RAPID HEARTBEAT, SHALLOW BREATHING, AND LOSS OF CONSCIOUSNESS. SN INSTRUCTED PATIENT/PATIENT CAREGIVER TO CHECK BLOOD SUGAR LEVEL AS ORDERED, NOTIFY SN/MD FOR BLOOD SUGAR LEVEL GREATER THAN 250 MG/DL AND LESS THAN 70 MG/DL, TAKE MEDICATIONS AS ORDERED, AND TAKE ORANGE JUICE FOLLOWED BY FOOD IF BLOOD SUGAR LEVEL IS LOWER THAN 70 MG/DL AFTER CHECKING BLOOD SUGAR LEVELS. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.

DM FOOT CARE: SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON DIABETIC FOOT CARE: INSPECT FEET DAILY, REPORT ANY FOOT PROBLEMS SUCH AS CORNS, CALLUSES, OR OPEN WOUND TO PODIATRIST/PHYSICIAN/SN. WASH FEET DAILY WITH WARM SOAP AND WATER AND PAT DRY, ESPECIALLY IN-BETWEEN TOES, ALWAYS WEAR NON-SKID SHOES WHICH OFFER GOOD FOOT SUPPORT AND FIT PROPERLY, GET USED TO NEW SHOES SLOWLY, AND ALWAYS WEAR HEAVY SOFT COTTON SOCKS. WEAR CLEAN SOCKS WHICH ALSO FIT PROPERLY AND AVOID GOING BAREFOOT. MAINTAIN PODIATRY APPOINTMENT, HAVE NAILS, CALLUSES AND CORNS TRIMMED BY PODIATRIST. SN INSTRUCTED PATIENT/PATIENT CAREGIVER TO NOTIFY SN/MD FOR ANY CHANGE IN CONDITION WITH THE PATIENT'S FOOT, SUCH AS PAIN, IRRITATION, OR ANY IMPAIRMENT THAT OCCURS. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.

DM SKIN CARE: SN ASSESSED INTEGUMENTARY STATUS SKIN IS INTACT, WARM, AND DRY TO TOUCH. SN INSTRUCTED CAREGIVER ON PROPER SKIN ***INCONTINENCE***CARE. SN EDUCATED PATIENT/PATIENT CAREGIVER ON MEASURES TO PROMOTE GOOD SKIN HYGIENE AND GENERAL HEALTH TO MINIMIZE RISK FOR INFECTION AND SKIN BREAKDOWN. SN EXPLAINED THAT LONG PERIODS OF IMMOBILITY INCREASE RISK FOR PRESSURE ULCERS BECAUSE OXYGEN-RICH NUTRIENTS CANNOT REACH CELLS. SN INSTRUCTED PATIENT/PATIENT CAREGIVER TO ***MAINTAIN CLEAN AND DRY AFTER EACH INCONTINENT EPISODE,***MONITOR SKIN IN AREAS SUBJECT TO PRESSURE SUCH AS BONY PROMINENCES, CHANGE POSITION FREQUENTLY TO PREVENT SKIN BREAKDOWN, EAT FOODS RICH IN PROTEIN TO FACILITATE HEALING AND MAINTAIN HEALTHY SKIN, TOWEL DRY THE SKIN THOROUGHLY AFTER SHOWERS, APPLY LOTION AFTER TAKING SHOWERS TO AVOID DRY SKIN, AND REPORT ANY OPEN AREAS TO SN/MD. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.

HYPERGLYCEMIA: SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON HYPERGLYCEMIA, WHICH IS THE EXCESSIVE AMOUNT OF GLUCOSE CIRCULATING IN THE BLOOD. GLUCOSE IS THE ENERGY THE BODY NEEDS TO FUNCTION. INSULIN PRODUCED BY THE PANCREAS IS NEEDED TO REGULATE

THE BLOOD SUGAR LEVEL. HYPERGLYCEMIA OCCURS WHEN THE PANCREAS DOES NOT MAKE ENOUGH INSULIN. SIGNS/SYMPTOMS OF HYPERGLYCEMIA INCLUDE: EXCESSIVE HUNGER, FREQUENT PASSING OF URINE, EXCESSIVE THIRST, DROWSINESS, DRY MOUTH, FLUSHED DRY-SKIN, FRUIT-LIKE BREATH ODOR, NAUSEA, AND STOMACH ACHE. SN INSTRUCTED PATIENT/PATIENT CAREGIVER TO TAKE MEDICATIONS AS PRESCRIBED AFTER CHECKING BLOOD SUGAR LEVELS; NOTIFY SN/MD FOR BLOOD SUGAR LEVEL GREATER THAN 250 MG/DL AND LESS THAN 70 MG/DL. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.

HYPOGLYCEMIA: SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON HYPOGLYCEMIA, WHICH IS BLOOD SUGAR LESS THAN 70 MG/DL. LOW BLOOD SUGAR CAN OCCUR DUE TO DIABETES AND TAKING MEDICATION TO LOWER BLOOD SUGAR LEVEL, SKIPPING MEALS, EATING LESS THAN NORMAL, OR EXERCISING MORE THAN USUAL. THE BODY NEEDS GLUCOSE TO FUNCTION. SIGNS/SYMPTOMS OF HYPOGLYCEMIA INCLUDE: ANXIETY, CONFUSION, HUNGER, NAUSEA, DIZZINESS, FATIGUE, SWEATING, HEADACHE, PALPITATIONS, NUMBNESS OF THE MOUTH, TINGLING IN THE FINGERS, TREMORS, MUSCLE WEAKNESS, BLURRED VISION, COLD SENSATIONS, IRRITABILITY, RAPID HEARTBEAT, SHALLOW BREATHING, AND LOSS OF CONSCIOUSNESS. SN INSTRUCTED PATIENT/PATIENT CAREGIVER TO CHECK BLOOD SUGAR LEVEL DAILY, NOTIFY SN/MD FOR BLOOD SUGAR LEVEL GREATER THAN (ENTER PATIENT SPECIFIC PARAMETER)MG/DL AND LESS THAN 70MG/DL, IF PATIENT IS HYPOGLYCEMIC OFFER A SNACK HIGH IN SUGAR; FOLLOWED BY A MEAL, RECHECK BLOOD SUGAR IN 15MINUTES. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.

SMOKING AND DIABETES: DAMAGES THE CELLS AND MAKES IT HARD FOR THE CELLS TO ABSORB OR PRODUCE INSULIN. DAMAGED CELLS MAKE IT VERY DIFFICULT TO MANAGE DIABETES; THIS CAN CAUSE CIRCULATORY PROBLEMS SUCH AS POOR BLOOD FLOW TO THE LOWER EXTREMITIES, WHICH CAN EVENTUALLY LEAD TO AMPUTATION OF THE AFFECTED LIMB. IT IS VERY ESSENTIAL TO QUIT SMOKING TO AVOID COMPLICATIONS SUCH AS BLINDNESS, STROKES, HYPERTENSION, NEUROPATHIC NERVE PAIN, KIDNEY FAILURE, AND HEART ATTACK.

INSULIN: INSULIN IS GIVEN SUBCUTANEOUSLY; IT WORKS BY LOWERING THE BLOOD GLUCOSE LEVEL. SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON THE IMPORTANCE OF ROTATING INSULIN ADMINISTRATION SITE BY ONE INCH BETWEEN INJECTION SITE TO ALLOW FOR EASY ABSORPTION AND PREVENT BRUISING OR SCAR TISSUE, KEEP UNOPENED INSULIN IN THE REFRIGERATOR, MAKE SURE IT IS NEVER FROZEN, USE INSULIN BEFORE IT EXPIRES, AND USE INSULIN WITHIN 28 DAYS OF OPENING IT. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.

LANTUS: SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON MEDICATION ADMINISTRATION AND MANAGEMENT OF LANTUS INSULIN. SN EXPLAINED THAT LANTUS INSULIN IS A LONG-ACTING INSULIN THAT HELPS CONTROL THE BLOOD SUGAR LEVEL FOR 24 HOURS. LONG-ACTING INSULIN MAKES SURE THERE IS A LITTLE INSULIN IN YOUR BLOOD STREAM AT ALL TIMES, KEEPING YOUR BLOOD SUGAR IN CONTROL. SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON SIDE EFFECTS OF LOW BLOOD SUGAR SUCH AS: ANXIETY, CONFUSION, HUNGER, NAUSEA, FATIGUE, SWEATING, HEADACHE, PALPITATIONS, NUMBNESS OF THE MOUTH, TINGLING IN THE FINGERS, TREMORS, MUSCLE WEAKNESS, BLURRED VISION, COLD SENSATIONS, IRRITABILITY, RAPID HEARTBEAT, SHALLOW BREATHING, AND LOSS OF CONSCIOUSNESS, WHICH CAN OCCUR FROM TAKING INSULIN TO REPORT TO SN/MD.

PAIN MANAGEMENT

NON-PHARMALOGICAL PAIN MANAGEMENT: SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON NON-PHARMALOGICAL ALTERNATIVE PAIN MANAGEMENT TECHNIQUES SUCH AS STRETCHING, MASSAGES, POSITION CHANGE, GOOD BODY ALIGNMENT/MECHANICS, SOFT MUSIC, RESTFUL CALM ENVIRONMENT, BACK RUBS, PILLOWS TO SUPPORT PAINFUL AREAS, DISTRACTIONS, BREATHING TECHNIQUES, AND MEDITATION. PATIENT/PATIENT CAREGIVER STATED WILL UTILIZE ALTERNATE PAIN MANAGEMENT TECHNIQUES. SN INSTRUCTED PATIENT/PATIENT CAREGIVER TO KEEP TAKING PAIN MEDICATION AS ORDERED. SN EXPLAINED THAT KEEPING A POSITIVE OUTLOOK, MAKING TIME EACH DAY TO RELAX, GETTING ADEQUATE SLEEP, AND *****AVOIDING SPICY FOODS THAT CAUSE PAIN IN THE ABDOMEN***** CAN HELP EFFECTIVELY MANAGE PAIN. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.

MELOXICAM: SN INSTRUCTED PATIENT/PATIENT CAREGIVER TO ADMINISTER PAIN MEDICATION MELOXICAM 7.5 MG 1 TABLET BY MOUTH EVERY 4-6 HOURS AS NEEDED FOR PAIN. SN INSTRUCTED PATIENT/PATIENT CAREGIVER ON SIDE EFFECTS OF MELOXICAM SUCH AS BLEEDING, ABDOMINAL DISCOMFORT, AND NAUSEA. REPORT ANY ALLERGIC REACTION SUCH AS RASH, ITCHING, VISUAL DISTURBANCES, AND WEIGHT GAIN TO SN/MD AND 911 PROTOCOLS FOR EMERGENCIES. SN INSTRUCTED PATIENT/PATIENT CAREGIVER TO ADMINISTER PAIN MEDICATION ON TIME AND NOT WAIT FOR PAIN TO GET BAD TO TAKE THE MEDICATION, TAKE MEDICATION WITH A FULL GLASS OF WATER, AND DO NOT LIE DOWN FOR ABOUT 30 MINUTES AFTER TAKING MELOXICAM, AND TIME MEDICATION AROUND TIMES OF ACTIVITY TO DECREASE PAIN SENSATION. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.

MORPHINE/HYDROCODONE ACETAMINOPHEN: SN INSTRUCTED PATIENT ON HIS PAIN MEDICATIONS MORPHINE AND HYDROCODONE-ACETAMINOPHEN. SN INSTRUCTED PATIENT TO TAKE MORPHINE SULFATE 30 MG 1 TABLET BY MOUTH

2 X DAILY FOR PAIN AND USE HYDROCODONE-ACETAMINOPHEN 10-325 MG 1 TABLET BY MOUTH 3 X DAILY AS NEEDED FOR PAIN. SN EDUCATED PATIENT TO TAKE THE PAIN MEDICATION AS ORDERED TO PREVENT OVERDOSE. SN EXPLAINED THAT SOME SIDE EFFECTS OF NARCOTIC MEDICATION ARE CONSTIPATION, SEDATION, CONFUSION, AND HYPOTENSION. SN INSTRUCTED PATIENT TO STAY HYDRATED BY DRINKING WATER AND EATING FOODS HIGH IN FIBER TO PREVENT CONSTIPATION. SN INSTRUCTED PATIENT TO TAKE PAIN MEDICATION ON TIME AND NOT WAIT FOR PAIN TO GET BAD TO TAKE THE MEDICATION, AND TAKE PAIN MEDICATION BEFORE BEGINNING ACTIVITY. PATIENT VERBALIZED UNDERSTANDING.

TRAMADOL: PATIENT WAS EDUCATED ON TRAMADOL WHICH IS USED TO CONTROL PAIN. SOME COMMON SIDE EFFECTS ARE DIZZINESS, CONSTIPATION, NAUSEA, AND HEADACHE. TRAMADOL TAKES ABOUT ONE HOUR TO TAKE EFFECT PATIENT/PATIENT CAREGIVER INSTRUCTED TO TAKE PAIN MEDICATION ON TIME AND NOT WAIT FOR PAIN TO GET BAD TO TAKE THE MEDICATION, TIME MEDICATION AROUND TIMES OF AN ACTIVITY, SUCH AS DRESSING OR SITTING AT THE TABLE FOR DINNER. PATIENT/PATIENT CAREGIVER VERBALIZED UNDERSTANDING.