

Beaumont®HEALTH
SYSTEM**GROSSE POINTE HOSPITAL**
Chart Review Copy

Account Number: 5

DOB:

CSN:

PT CLASS: Inpatient

DEPT: 3 WEST GP

PATIENT STATUS: Discharged

BED: :

ORD DR:

AUTH DR:

Nsg Progress Note by Glidden, Samantha at 02/19/17 2018

Author: Glidden, Samantha

Service: (none)

Author Type: Nursing

Filed: 02/19/17 2023

Note Time: 02/19/17 2018

Note Type: Nsg Progress Note

Status: Signed

Editor: Glidden, Samantha (Nursing)

RN performed education with patient regarding use of insulin pump. Pt asks for instructions frequently and appears to have difficulty with use of new insulin pump despite education performed throughout the course of the day. Patient consent form for self-management signed and in chart. Pt reporting incorrect insulin doses during eMAR recording. RN entered per protocol patient reported insulin doses. Pt continues to have limited appetite and is entering blood sugar results prior to consuming meals. 35-50% of meals consumed upon RN observation during breakfast and lunch. RN performed education with patient regarding appropriate insulin dosing times, ACHS blood sugar checks, and importance of accuracy of insulin dose reporting. Pt needs reinforcement regarding insulin pump use.

Electronically Signed by Glidden, Samantha on 02/19/17 2023

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because it was routed prior to the date on which the required Chart Review routing print group setup was completed (2/1/2009).

Beaumont®HEALTH
SYSTEM**GROSSE POINTE HOSPITAL**
Chart Review CopyAccount Number:
CSN:

DOB:

PT CLASS: Inpatient
PATIENT STATUS: DischargedDEPT: 3 WEST GP
BED:

ORD DR:

AUTH DR:

Care Plan Note by Notoriano, Susan at 05/08/17 0512

Author: Notoriano, Susan

Service: (none)

Author Type: Nursing

Filed: 05/08/17 0520

Note Time: 05/08/17 0512

Note Type: Care Plan Note

Status: Signed

Editor: Notoriano, Susan (Nursing)

Problem: Pain Acute/Chronic**Goal:** Pain control, rate pain < 4 or = pain goal**Outcome:** Progressing

R/T Abdominal pain

Problem: Gastrointestinal**Goal:** Adequate nutritional intake to maintain homeostasis**Outcome:** Progressing

R/T Dumping syndrome and possible C diff

Problem: Endocrine**Goal:** Achieve optimal endocrine stability**Outcome:** Progressing

R/T DM1

Comments:

Pt has been assessed for pain and administered pain medication per the eMar, as available. Pt has been reassessed for pain Q 1hr after. Pt taught relaxation techniques with a teach back from the pt to the RN. WCTM

Pt has been eating and tolerating her diet. She has had several BMs that have been watery. Pt has reported abdominal pain r/t possible C diff and dumping syndrome. Have counseled pt on eating in small amounts.

Pt has had blood sugars checked q 4 hrs and have asked the pt about the amount of carbohydrates she has been consuming. She was taken through an exercise to add up her carbs and see how many units of insulin she would administer to herself.

Labs have been monitored, when her sugar was lower, 92, she was given a small amount of juice to balance out her blood sugar. WCTM

Electronically Signed by Notoriano, Susan on 05/08/17 0520

Chart Review Routing History

Beaumont®HEALTH
SYSTEM**GROSSE POINTE HOSPITAL**
Chart Review CopyAccount Number: 5
CSN:

DOB:

PT CLASS: Inpatient
PATIENT STATUS: DischargedDEPT: 3 WEST GP
BED:

ORD DR:

AUTH DR:

Nsg Progress Note by Kachmar, Patricia at 05/09/17 0423

Author: Kachmar, Patricia

Service: (none)

Author Type: Nursing

Filed: 05/09/17 0424

Note Time: 05/09/17 0423

Note Type: Nsg Progress Note

Status: Signed

Editor: Kachmar, Patricia (Nursing)

RN entered room at 2030 to find pt was finishing a sandwich and bag of chips. Pt was also drinking a diet sierra mist. Pt stated that this was her dinner from earlier that she was finishing. NCA was instructed to alert the RN whenever the pt asked for something to eat. RN expressed, to the pt, the importance of watching her carb count and that if she was going to eat anything tonight, that she would be monitored to make sure she is eating the right foods. Pt continuously requesting crackers and apple juices. RN explained that apple juice should be limited because it has a high carb and sugar count. Pt's blood glucoses at 2200 and 0200 were 229 and 220. Pt managed insulin pump and gave respective doses based on parameters in eMAR. Pt's aggression grew when she was told she could not have a glass of apple juice with every dose of PO vancomycin. RN also explained that continuously drinking apple juice could cause more diarrhea along with her dumping syndrome. Pt rolled eyes at RN and tried to sleep. At 0415, RN entered room and found pt sleeping. Pt's pain was managed through shift and hourly rounding was preformed. VSS, WCTM.

Electronically Signed by Kachmar, Patricia on 05/09/17 0424

Chart Review Routing History

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Beaumont®HEALTH
SYSTEM**GROSSE POINTE HOSPITAL**
Chart Review CopyAccount Number:
CSN:

DOB: 1

PT CLASS: Inpatient
PATIENT STATUS: AdmissionDEPT:
BED: 3WGP/03831

ORD DR:

AUTH DR:

Care Plan Note by Kachmar, Patricia at 06/19/17 0349

Author: Kachmar, Patricia

Service: (none)

Author Type: Nursing

Filed: 06/19/17 0357

Note Time: 06/19/17 0349

Note Type: Care Plan Note

Status: Signed

Editor: Kachmar, Patricia (Nursing)

Problem: Pain Acute/Chronic**Goal:** Pain control, rate pain < 4 or = pain goal

By discharge

Outcome: Progressing

R/t abd pain

Problem: Elimination**Goal:** Maintain/achieve elimination pattern

By discharge from CCU

Outcome: Progressing

R/t dumping syndrome, urinary retention

Problem: Endocrine**Goal:** Achieve optimal endocrine stability

By discharge from CCU

Outcome: Progressing

R/t DKA s/t uncontrolled DM

Problem: Hematologic/Immunologic**Goal:** Maintain/achieve hematologic & immunologic stability**Outcome:** Progressing

R/t anemia

Comments:

Active Multi-Disciplinary problems:

Pain Acute/Chronic [5741517] (6/9/17) Pain assessments and re-assessments per protocol. C/o cramping abd pain 8-9/10 on numeric scale. Medicated per eMAR.

Elimination [5741519] (6/9/17) Pt is voiding without difficulty, stools are still frequent and loose, beginning to thicken per pt, urinary tract WNL- no foley or straight cath needed at this time, nephrology following.

Endocrine [5741520] (6/9/17) Pt's BS being monitored Q4H, and corrected via subQ insulin pump.

Pt acknowledged no snacking after 2200, but continuously moaned that she was hungry. RN gave pt 1 small juice with administration of PO vanco, and 1 popsicle this shift. Endocrinology following.

Hematologic/Immunologic [5757301] (6/10/17) Hgb 8.5- no updated labwork, generalized weakness, tachycardia, hypertensive at times, monitoring vitals and labs.

Electronically Signed by Kachmar, Patricia on 06/19/17 0357

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