Good essay about examiner: surname

Health & Medicine, Diabetes

Situation: Assessment of an Old Adult PatientMrs. Madeleine Corners, a 56-year-old female was admitted to the hospital with a clinical diagnosis of hyperglycemia (blood sugar 400), diabetes Type-II and vomiting. She was diagnosed with diabetes Type- II 5 years ago. She decided to seek medical assistance once she started experiencing nausea, extreme weakness and vomiting two weeks ago. The illness became severe when she started vomiting three times within an hour. The source of history of the client seems reliable.

Area: Petersburg (Grant Memorial)

Birth date: June, 12, 1958.

Birthplace: Virginia

Age: 55

Sex: Female

Background:

History of Problem Issue: The patient has a history of medical diagnosis of Diabetes mellitus type-II for the past 5 years as well as Peripheral vascular disease. Madeleine has allergies on codeine which causes rashes on the skin. The patient did not grow up with her family until she was a teen and never had enough food to eat while at her aunt’s place. This affected her psychologically and she started smoking heavily with almost two packs each day. She, however, later on had to stop after being diagnosed with diabetes. Madeleine has been married for 30 years and attends her children and the community

List of current issues: Patient nutrition is imbalanced; vomiting occurs for 24 hours, there are less than body requirements from prolonged vomiting,

frequency of micturition, dry skin and a deficit in fluid volume.

Defining characteristics: Nausea, decreased oral intake, weakness, weight loss, fatigue, inadequate food intake, change in blood profile, altered peripheral tissue perfusion, altered mobility, dehydration and patient skin is cool to touch, there is the blanching of skin, numbness complaints and capillary refill more than 3 seconds, skin discoloration and loss of appetite.

Most current issues/ Health Perception and Management Pattern: The health scale of the client was at 7, 5 years ago. The current rate is at 5, patient hopes to be healthier in the future. Client denies use of alcohol, tobacco and drugs, expects vomiting to stop and be discharged after 3 days once the diabetes is controlled, knows how to care for her health status but fails to comply with diabetic medication, Glucophage and diet.

Metabolic/Nutritional: Height: 5’1’’

Ideal body weight: 125–130 lbs

Weight: 185 lbs,

Patient has a good eating pattern of three meals a day but still vomits daily, oral temperature is at 98’F, there is a decreased skin turgor with minimal moisture and dryness

Elimination Pattern: Bowel movements occur at least two times each day (brown and soft with no blood, mucus, rectal bleeding, change in consistency and color of stool or tarry stool. Bladder habits are frequent with nocturia.

Activity Exercise Pattern: Patient sleeps for 8 hours, takes breakfast at 0700 and began experiencing extreme weakness for the past three days and has therefore been in bed with an irregular exercise regimen.

Sexuality Reproductive Pattern: Obstetric History: 0 abortions, 5 gravida and

5 para, all the children are alive and three live close to the patient.

Perceptual/ Sensory Pattern: Vision is sometimes blurred and wears glasses for reading, denies redness, excessive tearing, itching or trauma to eyes. Hearing is not clear and is aided but does not ask for questions to be repeated often. Patient denies no decrease in smell nosebleeds, pain, allergies, is responsive to touch. Client has also been adding more salt to food for taste and admits pain in both legs that radiate downwards.

Cognitive Pattern: Speech is clear without stutter with proper word choice; ideas are concise and clear and the patient is also able to recall events of the past without difficulty.

Relationship Pattern: Client has been married for 30 years and lives with husband. The family is loving and caring and often visits, she sometimes babysits her grandchildren.

Value Belief Pattern: Catholic but currently nonpractising.

Stress Tolerance Pattern: Being overweight depresses the patient.

The client is obese at 185lbs by approximately 55lbs. The blood sugar levels are also out of control at 400mg/dl. Patient should be informed that the frequent voiding and vomiting are due to diabetes and necessary measures have to be taken. Tissue perfusion is also ineffective, and the infection risk is related to the darkened area on the left. Diabetics often develop non-compliance complications (diabetic keto acidosis), which are temporary conditions that can be prevented. With proper medical attention, the patient will be able to achieve renewed wellness and take part in the welfare of the family and society. The client will have to ingest appropriate amounts of

calories for nutrients to display the usual energy levels and stabilize weight. This will also help to restore the blood profile to the normal range.

Recommendations:

The client should be given tools to control vomiting and nausea which include emphasized oral care after each vomiting episode, use of a cool damp cloth on the neck, forehead and wrists, incorporation of relaxation techniques like imagery and deep breathing, patient should rest before meals together with ensuring that there is a pleasant relaxed atmosphere before her meal times (no bedpans, emesis basin, or wash basins should be in view during meal time). Small meals will be provided initially, and the patient will have to sit up for approximately two hours. Meals should not be too cold or too hot.

The patient will also be instructed to avoid drinking during eating and maintain a semi-Fowlers position. As nausea subsides, caloric protein portions will be increased consistently, food culture and idiosyncrasies of the patient will be considered. Foods rich in iron will also be included to control low HCT, RBC, and HGB. Intravenous fluids will also be administered. After a general subsidence of nausea, oral fluids will be offered from 6–8 eight-ounce of water per day. Blood glucose will be monitored to normal levels of 90–120 mg/dl every four hours before meals. Anti-diabetic medicine will then be administered according to blood glucose levels. Antiemic medicine should be administered half hours before meals.

Diabetes can be controlled, and patients can lead normal lives and lose weight with compliance to the medical regimen. Ordered diet should be complied with coupled with exercise, medication and regular visits to the

doctor. It can also be managed through the assistance of community resources like The American Heart Association, American Diabetes Association, American Association of Diabetic Educators and the Family Health line just to mention a few.

References

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