

Holistic care nurse



**ASSIGN
BUSTER**

The name and other identifying information about the patient included within this piece of work have been changed to protect confidentiality, as required by The Code of Professional Conduct (Nursing and Midwifery Council, 2008).

For this reason, the patient included in this case study will be given the pseudonym of Sam Jones. The purpose of this assignment is to identify one client problem and provide an evidence-based plan of care for the individual. The purpose of care planning is to show a logical and systematic flow of ideas through from the initial assessment to the final evaluation (Mooney and O'Brien, 2006).

The nursing model that will be incorporated in this care plan will be the Roper, Logan and Tierney's model (2000). This model was chosen because it is extremely prevalent in the United Kingdom and is the most widely used model familiar to nurses. The model of nursing specifies 12 activities of daily living which are related to basic human needs and incorporates five dimensions of holistic care, physiological, psychological, sociocultural, politicoeconomical and environmental (Roper, Logan and Tierney's model, 2000).

Care plans are based on evidence-based practice, allowing the nurse to determine the best possible care and rationale for the chosen nursing interventions (Roper, Logan and Tierney, 2000). They take into account the psychological, biological and sociological needs of the person and therefore provide a holistic approach to care (Roper, Logan and Tierney, 2000). The main activity of living that will be affected within this care plan will be maintaining a safe environment as Mr. Jones may have a potential problem of death, due to hypovolemic and/or metabolic shock caused by ketoacidosis.

Diabetic ketoacidosis (DKA) usually occurs in people with type 1 diabetes mellitus, but diabetic ketoacidosis can develop in any person with diabetes (Diabetes I-JK, 2013). DKA results from dehydration during a state of relative insulin deficiency, associated with high blood levels of sugar level and ketones (Diabetes I-JK, 2013). This happens because there is not enough insulin to allow glucose to enter the cells where it can be used as energy so the body begins to use stores of fat as an alternative source of energy, and this in turn produces an acidic by-product known as ketones (Diabetes I-JK, 2013).

It is evident that DKA is associated with significant disturbances of the body's chemistry, which should resolve with appropriate therapy (Diabetes I-JK, 2013). Severe metabolic acidosis can lead to shock or death (Dugdale, 2011). The specific problem was chosen because there are measures that can significantly reduce the risk of metabolic and hypovolemic shock which can be caused by severe metabolic acidosis (Dugdale,) Within the care plan relevant care interventions will be identified to prevent the possible development of shock for Mr.

Jones. In practice the interventions would happen contemporaneously. The interventions involve identifying the potential risk factors for the development of shock by using specific assessments. This will be done by following an assessment which includes planning, assessing, implementing and evaluating the care that will be provided to Mr Jones and to evaluate its effectiveness (Mooney & O'Brien, 2006). Once the diagnosis was made, specific, achievable, measurable, realistic and time limited goals of care for Mr.

Jones were made. The NHS foundation trust specific guidelines for adult diabetic ketoacidosis suggest a series of immediate actions and assessments for suspected DKA which will allow for appropriate interventions to be ade and will provide a baseline which will provide a measure of the effectiveness of the treatment (The Joint British Diabetes Societies Inpatient Care Group, [JBDS], 2012). Mr Jones will need fluid and electrolyte management to clear ketones and correct electrolyte imbalance (Nazario, 2011).