

References:

- 1) Nursing Care Plans: Guidelines for individualizing Client Care Across the life Span: Moorhouse, M.F., Doenges, M.E. (Pgs. 416-418, & 413-414)
- 2) NIC: [www.ncasemanager.com/articles/NursingInterventionsClassificationLabelsDefinitions.pdf](http://www.ncasemanager.com/articles/NursingInterventionsClassificationLabelsDefinitions.pdf)
- 3) NOC: [www.ncasemanager.com/articles/NursingOutcomesClassificationLabelsDefinitions.pdf](http://www.ncasemanager.com/articles/NursingOutcomesClassificationLabelsDefinitions.pdf)

**Rationale:** client may be admitted with an infection which could have precipitated the ketoacidosis state. High glucose in the blood creates an excellent medium for bacterial growth.

**Intervention 1:** observe for signs of infection and inflammation (fever, flushed appearance, cloudy urine).  
\*High Glucose levels can cause damage in the feet and impair the body to fight infection.

**NIC 5602** (Teaching Disease Process) **5606** (Teaching Individual), **6520** (Health Screening).. **NOC 1807** (Knowledge: Infection Control) & **0703** (Infection: Severity).

The desired Goal/Outcome for this patient would be to identify interventions to prevent or reduce risk of infection and demonstrate techniques and lifestyle changes to prevent the development of infection prior to leaving the hospital.  
-At the end we would evaluate to see if the patient had meant the projected goals.

**Nursing Diagnosis 1:** Potential problem (R/For) Risk for Infection related to Diabetes, chronic disease, and altered nutritional status ([www.puristat.com/diabetes/amputations.aspx](http://www.puristat.com/diabetes/amputations.aspx)). **NIC: 2120** (Hyperglycemia Management). **NOC: 1619** (Diabetes Self-Management).



**Intervention 2:** Reposition and encourage coughing and deep breathing if client is alert and cooperative.

**Rationale:** Aids in ventilating all lung areas and mobilizing secretions. Prevents stasis of secretions with increased risk for infection.

**NIC 5510** (Health Education). **NOC 1602** (Health Promoting Behavior), **1603** (Health Seeking Behavior).

**Intervention 3:** Encourage adequate dietary and fluid intake (at least 2,500 mL/day).

**Rationale:** Decreases susceptibility to infection. Increased urinary flow prevents stasis and aids in maintaining urine acidity, reducing bacteria growth and flushing organisms out of system.

**NIC 6550** (Infection Protection) & **5602** (Teaching Disease Process) . **NOC 1805** (Knowledge: Health Behavior).

**C.C. 72yr old F w/ Diabetes**  
<http://www.diabetes.org/>. PT Complains of ↑ shakiness & swelling in ankles. She has been taking her medications as directed but 'sometimes forgets'. She has been checking her blood sugars at home once per day in the mornings before breakfast and normally gets a range of 158-190. Her Hemoglobin A1C (which is a measure of her blood sugar levels for the past 3-4 months) is elevated at 8.5% (normal is less than 6). **PMH/SHX:** diabetes mellitus, type 2, hypertension, cholecystectomy, cesarean section. **Social history:** no tobacco, alcohol or drug use, widowed w/ 2 children. **VS:** Temp 97.5, HR 68, RR 20 & BP120/80. **Assessment:** A & O x 3. Skin intact. HR sounds normal but distant. Lung sounds w/ rhonchi in bilateral posterior bases, cough occasionally productive of clear. No necessary muscle use. Abdomen w/ obese, round, w/ bowel sounds x 4 quadrants. Extremities w/ +2 edema. Pedal pulses present +1 bilaterally. **Meds:** Actos 30 mg po daily (NEW), Glucophage 500 mg po TID, Aspirin 81 mg po daily, Lisinopril 20 mg po daily

The desired Goal/Outcome for this patient would be to verbalize understanding of disease process and potential complications prior to departing the clinic.  
-Before moving on with another plan, we would ensure that the patient has achieved this goal.

**NIC 5612:** (Teaching: Prescribed Activity/Exercise). **NOC 1811:** (Knowledge: Prescribed Activity) & **2004:** (Physical Fitness).

**Rationale:** Do not exercise during the peak times of insulin to prevent accelerated uptake of insulin.

**Intervention 4:** Establish Regular Exercise or activity schedule and identify corresponding insulin concerns.

**NIC 1660** (Foot Care), **5603** (Teaching: Foot Care), **NOC 1823** (Health Promotion) & **1602** (Health Promoting Behavior).

**Rationale:** prevents or delays complications associated with Peripheral neuropathies and Circulatory impairment, cellulitis, gangrene, & amputation. Prevention is Critical !!

**Intervention 2:** Instruction on importance of routine daily exam of feet and proper foot care.

**NIC 5614** (Teaching: Prescribed Diet). **NOC 1802** (Knowledge: Diet) & **1004** (Nutritional Status).

**Rationale:** Awareness of importance of dietary control aids client in planning meals and sticking to the plan.

**Intervention 1:** Discuss dietary plan: nutritional therapy for diabetes encourages client to make meal choices based on individual needs & preferences.

**Nursing Diagnosis 1:** Actual Problem deficient knowledge regarding condition, prognosis, treatment, self-care needs related to inaccurate follow thru on instructions, develop of preventable complications. **NIC: 1260** (Weight Management). **NOC: 1820** (Knowledge: Diabetes Management).

**Intervention 3:** Review Medication regimen, including onset, peak, and duration of prescribed insulin.

**NIC 2304** (Meds Admin: Oral), **2317** (Meds Admin: SQ), & **5616** (Teach: Prescribed Meds). **NOC 1808** (Knowledge: Med).

**Rationale:** upstanding all aspects of drug usage promotes proper use.

**Cassandra S. Keen**  
Assign: 6.2  
Due 20120330

**Other Ideas:** **NOC: 0204** (Immobility Consequences: Physiological), **0205** (Immobility Consequences: Psycho-Cognitive), **0208** (Mobility), **0802** (Vital Signs), **1612** (Weight Control), **1705** (Health Orientation), **2002** (Personal Well-Being).

