

OUR LADYS CHILDREN'S HOSPITAL, CRUMLIN
NURSING CARE PLAN 13

Diabetes Mellitus

(Please use in conjunction with careplan 1)



Care plan 13 Problem		Diabetes Mellitus Goals	Issue date: January 2012 Review date: January 2015
..... is admitted for stabilisation of his/her diabetes mellitus	 will receive safe and appropriate care in relation to his/her diabetes mellitus	
Commence d, dated, time, and signature	No	Nursing Interventions	Discontinued, date, time, signature & grade
	1	Blood glucose monitoring	
		<ul style="list-style-type: none"> • Monitor and record blood sugars pre main meals and as otherwise directed. • Aim for blood glucose between 4 and 9 mmols. • Ensure glucometer is correctly calibrated and quality control test performed daily. • Administer subcutaneous insulin as per insulin prescription sheet. • Rotate injection sites. Suitable injection sites include:.....	
	2	Observations	
		<ul style="list-style-type: none"> • Monitor and observe for signs of hypoglycaemia <i>Example:</i> Hunger, clammy, lethargy, pallor. • If blood sugar is < 4mmols Give patient 10g of rapid acting carbohydrate <i>Example:</i> 100mls fruit juice or 50mls lucozade • After 5 minutes give 10-20g of starchy carbohydrate to help maintain blood glucose, <i>if next meal or snack is not due.</i> <i>Example:</i> A slice of bread, a piece of fruit, plain biscuit. (I.SPAD,2000) Give next meal or snack at the usual time. • Monitor and observe for signs of hyperglycaemia. If blood sugar is > 17 mmols, check for the presence of blood ketones. <i>If ketones are > 1.0 inform medical team.</i> • Record and report all abnormalities to medical team • Liaise with Clinical Nurse Specialist Diabetes for advice education and support as required. • Liaise with dietitian with regard to meal planning. See patient specific meal plan. • Liaise with Medical Social worker as required • Liaise with Psychologist as required 	
	3	Diabetic Ketoacidosis (DKA) (<i>refer to guidelines for management of DKA</i>)	
		<ul style="list-style-type: none"> • Administer Intravenous fluids as prescribed (see care plan 9). • Administer intravenous insulin as prescribed (see care plan 9) • Record and report any changes in neurological status to medical team. • Perform and document 1 hourly neurological observations. • Maintain a strict intake and output chart . • Oral fluid intake at discretion of medical team. • Monitor and record 1 hourly blood sugars. 	

Created by L Andrews CNS and Catriona Cox (CNM2),
Updated 2012

Patient name.....

HCRN.....

Ward.....

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		<ul style="list-style-type: none"> • Target is to maintain blood glucose between 8-12mmols.. • If blood sugar decrease exceeds 5mmols in one hour medical team to be informed immediately • If blood sugar rises above 15mmols medical team to be informed immediately <i>(as per guidelines for management of DKA)</i> • Monitor and record 1 hourly blood ketones and advise medical team if ketones continue to rise. • Assist medical team with obtaining blood samples as required. • Perform regular oral care if oral intake restricted or patient is vomiting. • Record and report all abnormalities to medical team. 	
	4.	Other needs	