## (DIABETES MELLITUS) NURSING CARE PLAN

Medical Diagnosis: Diabetes Mellitus		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
Hyperglycemia: BG >180 mg/dL  Polydipsia Polyphagia Polyuria Blurred vision Dry mouth Increased tiredness Leg pain Nausea/Vomiting Hypoglycemia: <70 mg/dL Confusion Weakness Numbness around the mouth Nervousness/Anxiety Hungry Headaches Nightmares Groggy	Teach the patient that they need to monitor their blood glucose	They need to call their primary care physician if they have blood glucose levels higher than their target for multiple days or if they have 2 readings of greater than 300 mg/dL. Teach the patient how to use their glucometer and record their results.
	Educate about nutritional changes	Collaborate with a Dietician. The patient needs to learn how to count carbs and which foods to avoid.  A patient's glucose should be checked once when the patient wakes up, before meals, and before going to bed.
	Monitor feet and educate about monitoring feet	Both decreased blood flow to the feet as well as neuropathy occur to make the feet something the patient really needs to watch. Wounds are hard to heal so if they are having a hard time feeling their feet and they become injured, the wounds will be worse than with someone without diabetes.
Objective Data:  Hyperglycemia: Hot and Dry, Sugar High. Hypoglycemia: Cold and clammy give them some candy! • Sweaty • Tachycardia • Irritability • Slurring words	Monitor Blood Pressure (BP) Normal Blood Pressure: 120/80 mmHg	Antihypertensives and diuretics are used to keep blood pressure within normal limits. Uncontrolled hypertension can lead to end organ damage ie renal disease.

