

NURSING CARE PLAN

(HYPEROSMOLAR HYPERGLYCEMIC NONKETOTIC SYNDROME (HHNS))

Medical Diagnosis: Hyperosmolar Hyperglycemic Nonketotic Syndrome (HHNS)

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Extreme thirst • Drowsiness • Confusion • Loss of vision • Weakness on one side of the body • Hallucinations 	Monitor blood glucose levels	The hallmark of HHNS is extremely elevated blood glucose levels >600 mg/dL
	Encourage optimal hydration and administer IV fluids (Normal Saline) to maintain fluid balance.	Excessive urination can cause dehydration. Encourage oral fluids as tolerated and administer IV fluids to re-establish tissue perfusion and maintain electrolyte balance.
	Insulin (Regular) infusion to reduce blood glucose level. Monitor for hypokalemia.	Monitor blood glucose levels and serum potassium. As insulin is administered, potassium is lost. Initiate potassium supplementation as necessary.
Objective Data: <ul style="list-style-type: none"> • Blood glucose level >600 mg/dL • Dry mucous membranes • Warm, dry skin that does not sweat • High fever 	Frequently assess level of consciousness and mentation	The brain is an insulin-dependent tissue. With elevated glucose levels, there is not enough insulin to normalize and the patient becomes confused, dizzy and may have changes in level of consciousness. Patients often experience drowsiness.
	Monitor for hyperthermia and treat with antipyretics (fever reducers), cool compresses and cooled IV fluids	Thermoregulation is impaired as urine production decreases; sweating decreases and electrolytes become imbalanced.
	Monitor vitals for hypotension and tachycardia	Most likely related to dehydration and hypovolemia. Patient is at risk for hypovolemic shock.
	Educate patient on disorder	Always important to educate patient throughout and give them resources they can use when at home