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Name: Alex John

Date: April 9, 2023

Patient Identifier: #6780899

Patient Medical Diagnosis: Poorly uncontrolled DM, HTN, Hypercholesterolemia, Anxiety, Obesity

<b>Nursing Diagnosis Assessment Data</b>	<b>Goals and Outcome</b>	<b>Nursing Interventions</b>	<b>Rationale</b>	<b>Outcome Evaluation and Re-planning</b>
Include 3–5 pieces of data (subjective, objective, or a combination) that led to a nursing diagnosis.	Write two goal statements for each nursing diagnosis. Goals must be patient- and family-focused, measurable, attainable, reasonable, and time-specific.	List at least three nursing or collaborative interventions; provide the rationale for each goal and outcome.	Explain why each intervention is indicated or therapeutic; cite applicable references that support each intervention.	Were the goals met? How would you revise the plan of care according to the patient's response to the current plan of care? Support your conclusions with outcome measures and professional standards.

<p>1. Hypercholesterolemia</p> <ul style="list-style-type: none"> <li>• Subjective data: The patient had observed a rapid weight gain over a period of 1 month.</li> </ul> <p>Objective data: The patient's lipid profile showed a triglyceride level of 340 mg/dl and cholesterol levels of 230 mg/dl. The patient eats roast beef, meatloaf, chips, canned fruits, and canned vegetables as part of a kosher diet. The patient admits to eating cookies and salty chips made from popped corn before bed.</p> <p>2. Poor glycemic control</p> <ul style="list-style-type: none"> <li>• Subjective data The patient had frequent urination, lethargy, and minor abdominal discomfort in addition to hyperglycemia above 230 for 10 days.</li> </ul>	<ol style="list-style-type: none"> <li>1. By the time of release, the patient will have blood glucose levels that are fewer than 180 mg/dL and fasting values that are less than 140 mg/dL.</li> <li>2. By the time of discharge, the patient will be able to create a kosher meal that will accommodate her diabetes demands.</li> <li>3. Patient's BP needs to be monitored and if it continues to be in the HTN range, an antihypertensive needs to be added to regime.</li> </ol>	<ol style="list-style-type: none"> <li>1. Determine the patient's QAC and HS glucose levels.</li> <li>2. Check for hyperglycemia symptoms and indications.</li> <li>3. Inform the patient about the value of monitoring her blood sugar levels.</li> <li>4. Ask the nutritionist for a consultation and evaluate the patient's eating habits.</li> <li>5. Inform the patient about the significance of maintaining a healthy blood pressure level.</li> </ol>	<p>To determine if the patient's current treatment plan is effective, it is crucial to monitor the patient's blood glucose levels. The American Diabetes Association recommends that patients with diabetes maintain blood glucose levels of fewer than 180 mg/dL two hours after meals and between 80 and 130 mg/dL before meals (American, 2022).</p> <p>The patient might receive a customized food plan from the nutritionist. The meal plan will take into account the patient's lifestyle as well as his or her diabetes demands. Because many nutritionists are qualified health care instructors, making them specialists in both meal planning and diabetes control, doctors would almost certainly seek a meeting with the nutritionist (Williams et al., 2022).</p> <p>Patients must be aware that high blood pressure can result in a variety of chronic diseases, including diabetic eye disease and renal disease (Seidu et al., 2022).</p>	<ol style="list-style-type: none"> <li>1. Mission accomplished that patient's general health will be significantly improved by teaching her how to effectively control her diabetes. Yuan et al.(2022) asserts that effective diabetes management is essential for reducing the likelihood of severe conditions.</li> <li>2. Goal achieved to effectively manage chronic illnesses like diabetes, enlisting a team of professionals is crucial (Levis-Peralta et al., 2020). When it comes to keeping the patient on the right track, including the family in the plan of treatment is essential.</li> </ol>
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<ul style="list-style-type: none"><li>● Objective data: The patient is diagnosed with poorly managed diabetes when they arrive. 399 is the glucose level. The patient takes insulin.</li> <li>3. Hypertension<ul style="list-style-type: none"><li>● Subjective data The patient felt dizzy and heard buzzing in the ears.</li> <li>● Objective data Upon checking, the blood pressure BP came out to be 140/100 mmHg.</li></ul></li></ul>				

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<p>2. Acute pain and nausea due to chemotherapy.</p> <ul style="list-style-type: none"> <li>Subjective data: The patient is concerned about the side effects of the painkillers since they are causing her to become extremely tired, which will make it difficult for her to perform her daily tasks at home (cooking, cleaning, taking care of her family members).</li> <li>The patient leads a conventional Orthodox lifestyle, in which the woman is in charge of running the home and the man works.</li> <li>The patient worries about her family's well-being when she is passed.</li> </ul>	<p>By the time of discharge, the patient will be able to name efficient strategies to cope.</p> <p>By the time of release, the patient will be ready to accept help from others.</p>	<p>Inform the patient about her diagnosis and current treatments.</p> <p>Enable the patient to express any worries she might have about her diagnosis and how it will impact her way of life.</p> <p>Assist the patient in making decisions.</p> <p>Verify the patient's support system's level of availability.</p>	<p>Giving Mrs. Snyder accurate information about her diagnosis and course of treatment will put her at rest and allow her the chance to talk about any anxieties she might have.</p> <p>It will be easier to discover the root causes and provide Mrs. Snyder with the tools she needs to manage the changes if she is encouraged to express her worries.</p> <p>Providing Mrs. Snyder with the ability to make decisions for herself can help her feel more confident and in charge.</p> <p>Analyzing the kind of assistance that is available for Mrs. Snyder may reduce her anxiety and mention the process of the numerous changes that are taking place in her life right now.</p>	<p>Goals were achieved. The multidisciplinary team addressed Mrs. Snyder's worries. She is now willing to consider taking assistance from her family and church members.</p> <p>Gaining knowledge of coping techniques like acceptance and constructive interpretation can increase one's feeling of purpose in life (Torti et al., 2022).</p>

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<p>3. Anxiety related to the care of her family after her death is evidenced by the statement, "My family needs me. I'm honestly more scared about what's going to happen to my family when I'm gone".</p> <ul style="list-style-type: none"> <li>The patient worries about what will happen to her family if she is unwell and is unable to carry out her regular responsibilities.</li> </ul>	<p>By the time of release, the patient will be able to pinpoint the reasons for her anxiety and establish stress management.</p>	<p>Determine the patient's stress level.</p> <p>Tell the patient that she is not alone. Enable the patient to discuss any symptoms of anxiety she may be experiencing and to pinpoint the circumstances that make her feel nervous.</p> <p>Help patients in learning new techniques or abilities that can lower their stress.</p>	<p>The kind of treatment the patient will require will be determined by their ability to identify the various degrees of anxiety. Communication is encouraged when assistance and compassion are shown.</p> <p>The caregiver-patient connection, according to Peplau's Interpersonal Relationship Theory, is the cornerstone of nurses (Wasaya et al., 2021). A better patient experience might result from taking the time to truly grasp the patient's sentiments and requirements.</p>	<p>Goal achieved. The patient can recognize the circumstances that make her anxious and she can recognize coping mechanisms.</p> <p>If anxiety is not managed, it can become crippling. A type of psychotherapy called cognitive behavioral therapy is used to manage anxiety. Patients who get this kind of care learn new ways to act, think, and respond to anxiety-provoking circumstances.</p>

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**References:**

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