Hypoglycemia Nursing Care Plan

Patient information	
Patient name: John Hudson	Age: 54
Gender: Male	Date of birth: January 1, 1954

Medical history	
Allergies	**Medications**
Penicillin Shellfish	Metformin 1000 mg BID Lisinopril 10 mg OD Insulin Glargine 20 units OD Aspirin 81 mg OD

Assessment	
Subjective	**Objective**
Patient reports feeling weak, dizzy, and anxious. Complaints of shakiness and sweating. States, "I haven't eaten since early this morning."	Blood glucose reading: 58 mg/dL Pale, diaphoretic skin Heart rate: 102 bpm Blood pressure: 130/85 mmHg Confusion and irritability present

Diagnosis
Hypoglycemia related to missed meals and insulin administration, as evidenced by low blood sugar, weakness, confusion, and sweating.

Goals and outcomes	
Long-term	**Short-term**
The patient will demonstrate an understanding of managing blood sugar levels by adjusting insulin and food intake within 1 week.	The patient's blood glucose levels will return to a normal range (70-110 mg/dL) within 15-30 minutes of intervention.
The patient will maintain stable blood glucose levels within the target range (70-130 mg/dL fasting) during future assessments.	The patient will verbalize relief from hypoglycemic symptoms (dizziness, shakiness) within 1 hour of treatment.

Interventions
Key interventions include monitoring blood glucose levels every 15 minutes and administering fast-acting carbohydrates to quickly raise blood sugar levels. Providing education on recognizing hypoglycemia symptoms and the importance of consistent meal intake ensures the patient can effectively manage their condition.

Rationale
Frequent monitoring of blood glucose levels is essential for timely detection and intervention in hypoglycemia, ensuring the patient's safety and stabilization. Administering fast-acting carbohydrates and providing education on managing insulin and diet empowers the patient to prevent future episodes and maintain stable blood sugar levels.

Evaluation
Blood glucose level returned to 92 mg/dL after administration of juice. The patient reports feeling less shaky and confused, and their skin has become less diaphoretic. The patient verbalized understanding of the need to eat regularly and monitor glucose levels when adjusting insulin. Patient scheduled for follow-up appointment in one week to reassess blood glucose management.

Additional notes
Discussing continuous glucose monitoring with the endocrinologist can enhance the patient ’ s ability to track blood sugar fluctuations and prevent hypoglycemia. A follow-up appointment within one week will help reassess the patient's glucose management and adjust treatment as needed.

Healthcare professional information
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