

# Type 2 Diabetes Nursing Care Plan Template

## Patient Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Gender: \_\_\_\_\_
- Ethnicity: \_\_\_\_\_
- Language Preference: \_\_\_\_\_
- Patient ID: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## ASSESSMENT

### Medical History:

#### Diabetes History:

Date of Diagnosis: \_\_\_\_\_

Duration of Diabetes: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

Previous Blood Glucose Control:

- HbA1c History: \_\_\_\_\_ Date: \_\_\_\_\_
- History of Hypoglycemic Episodes: \_\_\_\_\_ [Yes/No]
  - Details: \_\_\_\_\_
- History of Diabetic Ketoacidosis/Hyperglycemic Hyperosmolar State: \_\_\_\_\_ [Yes/No]
  - Details: \_\_\_\_\_

#### Comorbid Conditions:

Hypertension: \_\_\_\_\_ [Yes/No]

- Control: \_\_\_\_\_
- Medication: \_\_\_\_\_

Hyperlipidemia: \_\_\_\_\_ [Yes/No]

- Latest Cholesterol Levels: \_\_\_\_\_
- Medication: \_\_\_\_\_

Heart Disease: Yes / No

• Details: \_\_\_\_\_

Other Relevant Conditions: \_\_\_\_\_

Notes:

### **Current Medications:**

Diabetes Medications:

Non-Diabetes Medications:

Potential Drug Interactions:

### **Family History:**

Family History of Type 1 Diabetes [Relationship: \_\_\_\_\_ ]

Family History of Type 2 Diabetes [Relationship: \_\_\_\_\_ ]

Other Chronic Illnesses:

Notes:

## **Diabetes Assessment:**

### **Lifestyle Evaluation:**

Diet:

Physical Activity:

Smoking Status: \_\_\_\_\_

Alcohol Use: \_\_\_\_\_ [Frequency: \_\_\_\_\_ ]

Notes:

### **Anthropometric Measurements:**

Weight: \_\_\_\_\_ kg/lbs

BMI: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ mmHg

Waist Circumference: \_\_\_\_\_ cm/in

Notes:

**Foot Examination:**

Findings (e.g., ulcers, calluses, neuropathy):

Vascular Assessment:

Notes:

**Mental Health Assessment:**

Mood and Affect:

Signs of Depression/Anxiety: \_\_\_\_\_ [Yes/No]

- Details: \_\_\_\_\_

Cognitive Function:

Notes:

**Self-Management Skills and Practices:**

Diet Adherence:

Medication Adherence:

Blood Glucose Monitoring: Frequency: \_\_\_\_\_ [Results: \_\_\_\_\_ ]

Notes:

# DIAGNOSIS

## Primary Diagnosis: Type 2 Diabetes Mellitus

### Criteria for Diagnosis:

- Fasting Plasma Glucose  $\geq 126$  mg/dL
- 2-hour Plasma Glucose  $\geq 200$  mg/dL during an Oral Glucose Tolerance Test
- HbA1c  $\geq 6.5\%$
- Random Plasma Glucose  $\geq 200$  mg/dL with symptoms of hyperglycemia

### Notes:

## Secondary Diagnoses:

### Risk for Infection:

#### Criteria:

- Chronic hyperglycemia
- History of frequent infections or delayed wound healing
- Peripheral neuropathy or vascular insufficiency
- Immune function alterations due to elevated blood glucose levels

### Notes:

### Risk for Altered Skin Integrity:

#### Criteria:

- Peripheral neuropathy
- Signs of peripheral vascular disease
- Reduced mobility or obesity increasing pressure on skin areas
- History of skin complications or ulcers

### Notes:

## Impaired Coping:

### Criteria:

- Stress related to diabetes management
- Signs of depression, anxiety, or emotional distress
- Difficulty adhering to diabetes management regimen
- Lack of social support or resources for diabetes care

### Notes:

## Other Potential Secondary Diagnoses:

### Chronic Pain:

**Criteria:** Chronic discomfort, particularly in extremities, possibly due to neuropathy or vascular insufficiency.

### Disturbed Sleep Pattern:

**Criteria:** Difficulty maintaining sleep, frequent awakenings, or non-restorative sleep, possibly linked to nocturnal hypoglycemia or neuropathy pain.

### Knowledge Deficit:

**Criteria:** Limited understanding or misinformation regarding diabetes management, diet, exercise, and self-care practices.

### Nutritional Imbalance: Over/Under:

**Criteria:** Inadequate or excessive nutritional intake compared to diabetes dietary guidelines.

## Goals of Care

### Glycemic Control:

- Aim to manage and maintain blood glucose levels within individualized target ranges.
- Specific Targets:** Set achievable goals (e.g., “Reduce HbA1c to less than 7% within 3 months”).
- Continuous Monitoring:** Encourage regular self-monitoring of blood glucose.

### Notes:

## Education and Self-Management:

- Offer comprehensive education on diabetes management, covering medication, diet, and lifestyle changes.
- Implement self-management training including glucose monitoring, insulin administration, and recognizing signs of complications.

**Notes:**

## Preventing Potential Complications:

- Cardiovascular Health:** Address risk factors like hypertension, hyperlipidemia, and smoking.
- Nephropathy:** Monitor kidney function regularly and manage blood pressure.
- Retinopathy:** Advise annual eye exams to detect changes early.
- Neuropathy:** Perform regular nerve function tests and promote foot care.

**Notes:**

## Weight Management and Lifestyle Improvement:

- Encourage healthy weight through a balanced diet and physical activity.
- Provide tailored dietary recommendations considering cultural preferences and socioeconomic factors.
- Promote physical activity aligned with the patient's abilities and interests.

**Notes:**

## Mental Health:

- Manage stress through counseling, support groups, and stress-reduction techniques like mindfulness or yoga.
- Screen for and address symptoms of depression or anxiety.
- Enhance coping strategies and resilience.

**Notes:**

## Foot Care:

- Educate on regular foot inspection and care.
- Advise on the selection of appropriate footwear.
- Emphasize the importance of professional care for any foot problems.

## Notes:

## Nursing Interventions

Intervention Category	Description	Specific Actions	Notes
Medication Management	Educate on oral medications and insulin therapy, emphasizing adherence.	<ul style="list-style-type: none"><li>• Discuss the purpose and effects of each medication.</li><li>• Review proper administration techniques.</li><li>• Address concerns about side effects.</li></ul>	
Nutritional Counseling	Provide individualized dietary guidelines.	<ul style="list-style-type: none"><li>• Assess current dietary habits.</li><li>• Offer guidance on balanced meals and carbohydrate counting.</li><li>• Discuss how to read nutrition labels.</li></ul>	
Exercise Recommendations	Suggest specific exercises and durations.	<ul style="list-style-type: none"><li>• Tailor exercise plans to the patient's physical ability and interests.</li><li>• Include aerobic, strength, and flexibility exercises.</li><li>• Advise on gradual progression and safe practices.</li></ul>	

<p>Blood Glucose Monitoring</p>	<p>Instruct on regular self-monitoring.</p>	<ul style="list-style-type: none"> <li>• Demonstrate how to use a glucometer.</li> <li>• Discuss the optimal times for testing.</li> <li>• Explain how to interpret and record results.</li> </ul>	
<p>Education on Diabetes Management</p>	<p>Provide resources for patient education.</p>	<ul style="list-style-type: none"> <li>• Offer written materials, websites, and support groups.</li> <li>• Teach about recognizing and managing hypo- and hyperglycemia.</li> <li>• Review the importance of regular check-ups.</li> </ul>	
<p>Foot Care Education</p>	<p>Educate on appropriate footwear and signs needing professional care.</p>	<ul style="list-style-type: none"> <li>• Instruct on daily foot inspection.</li> <li>• Discuss the selection of proper footwear.</li> <li>• Emphasize the importance of prompt attention to foot injuries or changes.</li> </ul>	
<p>Stress Management Techniques</p>	<p>Offer stress management techniques and mental health support resources.</p>	<ul style="list-style-type: none"> <li>• Teach relaxation techniques like deep breathing or meditation.</li> <li>• Encourage participation in stress reduction activities.</li> <li>• Provide information on mental health services.</li> </ul>	



Referral to Specialists	Consider referrals to endocrinologists, dietitians, podiatrists, ophthalmologists, cardiologists, and diabetes educators.	<ul style="list-style-type: none"> <li>• Assess the need for specialist consultation.</li> <li>• Facilitate referrals and coordinate care.</li> <li>• Ensure continuity of care with all healthcare providers.</li> </ul>	
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## EVALUATION

- **Regular Wound Assessment:**

- Reassess the wound at each visit for signs of healing or infection.
- Document size, depth, color, odor, and any discharge.
- Evaluate the effectiveness of wound dressings and treatment.

- **Medication Response Monitoring:**

- Evaluate the patient's response to antibiotics and other medications.
- Monitor for side effects and signs of allergic reactions.
- Assess adherence to medication regimen.

- **Recovery Progress Tracking:**

- Monitor overall recovery progress, noting improvements or any complications.
- Document changes in wound appearance and patient's pain levels.
- Assess mobility and functionality affected by the wound.

- **Vital Signs Monitoring:**

- Regularly check vital signs including temperature, heart rate, blood pressure, and respiratory rate.
- Look for signs of systemic infection or sepsis.

- **Symptom Monitoring:**

- Continuously observe for new or worsening symptoms of infection such as increased pain, redness, swelling, or fever.
- Monitor for systemic symptoms like fatigue, dizziness, or confusion.

- **Laboratory Test Review:**

- Review results of blood tests, including infection markers such as white blood cell count.
- Evaluate any relevant imaging or diagnostic test results.

• **Wound Culture Follow-up:**

- If applicable, schedule and review follow-up wound cultures to identify specific pathogens.
- Adjust antibiotic therapy based on culture results.


• **Patient Feedback:**

- Gather feedback from the patient regarding symptoms, pain levels, side effects, and general well-being.
- Assess patient's understanding of the care plan and any concerns.


**Additional Notes:**

**Follow-up:**


- **Follow-up Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Nurse's Signature:** \_\_\_\_\_  \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Physician's Notes and Recommendations**

**Physician's Signature:** \_\_\_\_\_  \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Patient Acknowledgment** I have reviewed the Type 2 Diabetes Nursing care plan and understand the information provided.

**Patient's Signature:** \_\_\_\_\_  \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_