Diabetic Ketoacidosis Nursing Care Plan

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Patient ID: _____

Contact Number: _____ Email Address: _____

INDICATE SUSPECTED DIAGNOSIS:

Acute Confusion: _____

Acute Confusion Symptoms

- [ ] Confusion
- [ ] Agitation
- [ ] Headache
- [ ] Lethargy
- [ ] Increased intracranial pressure

Decreased Cardiac Output: _____

Decreased Cardiac Output Symptoms

- [ ] Tachycardia
- [ ] Tachypnea
- [ ] Dyspnea
- [ ] Reduced oxygen saturation
- [ ] Hypotension
- [ ] Decreased central venous pressure (CVP)
- [ ] Increased pulmonary artery pressure (PAP)
- [ ] Chest pain

Ineffective tissue perfusion: _____

Ineffective Tissue Perfusion Symptoms

- [ ] Fever (>38.0 C) or hypothermia (< 36.0 C)
- [ ] Tachycardia
- [ ] Tachypnea
- [ ] Hypotension
- [ ] Prolonged capillary refill time
- [ ] Change in level of consciousness

ASSESSMENT:

Health history:

Physical Assessment:

Assessment for Cerebral Edema:

Reverse Diabetic Ketoacidosis:

PREVENTION AND TREATMENT OF COMPLICATIONS:

Infection Management:

Cerebral Edema Prevention:

Fluid Balance:

Prevent Hypoglycemia:

Physician's Notes and Recommendations

Physician's Signature:

Date: _____ dd / mm / yyyy