

Hypoglycemia Nursing Diagnosis

PATIENT INFORMATION

Name: _____ Age: _____

Medical History:

KNOWN RISK FACTORS FOR HYPOGLYCEMIA:

Known Risk Factors for Hypoglycemia:

SYMPTOMS OF HYPOGLYCEMIA:

Symptoms of Hypoglycemia:

- | | |
|--|---|
| ☐ Shakiness or Tremors | ☐ Sweating |
| ☐ Paleness | ☐ Hunger |
| ☐ Rapid Heartbeat | ☐ Dizziness or Lightheadedness |
| ☐ Fatigue or Weakness | ☐ Confusion or Irritability |
| ☐ Blurred Vision | ☐ Headache |
| ☐ Nausea or Vomiting | ☐ Anxiety or Nervousness |
| ☐ Tingling or Numbness in Lips, Tongue, or Cheeks | ☐ Other |

RISK FACTORS:

Risk Factors:

- ☐ Insulin Therapy
- ☐ Skipped Meals
- ☐ Excessive Physical Activity
- ☐ Alcohol Consumption
- ☐ Diabetes Mellitus
- ☐ Other

NURSING DIAGNOSIS:

Nursing Diagnosis:

NURSING INTERVENTIONS:

Nursing Interventions:

EVALUATION OF OUTCOMES:

Evaluation of Outcomes:

ADDITIONAL NOTES:

Additional Notes: