

Hyperglycemia Nursing Care Plan

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Patient Information

Full Name

Date of Birth

Gender

Patient ID

Contact Number

Email Address

Diabetes Type

- ☐ Type 1 diabetes present
- ☐ Type 2 diabetes present

Evaluation:Blood Glucose DeterminationThe patient has developed Type 2 diabetes if:A fasting plasma glucose level of 126 mg/dL or higherA 2-hour plasma glucose level of 200 mg/dL or higher during a 75-g oral glucose tolerance test (OGTT)Random plasma glucose of 200 mg/dL or higher in the presence of symptoms of hyperglycemia.A hemoglobin A1c level of 6.5% or higher

Blood tests completed

Urine tests completed

Indicate symptoms of hyperglycemia:

Symptoms of hyperglycemia

- ☐ Increased thirst
- ☐ Frequent urination
- ☐ Increased hunger
- ☐ Headaches
- ☐ Fatigue
- ☐ Blurry vision

AssessmentDiagnosisInterventionRationaleEvaluation

Outline services ensuring access to medication, regular care, community support and education:

Service / Education

Provider and referral date

Physician's Notes and Recommendations

Physician's Signature

Date