# MSN-FPX6021 Concept Map

## Instructions

* You may use the template on the following page to help you complete your Concept Map assessment. Use the text that you have downloaded from the Vila Health: Concept Maps as Diagnostic Tools media piece to fill in the elements of this template.
* To get started, you can copy and paste the information you exported into a Microsoft Word document from the media piece.
* Remember to change the title of the diamonds currently labeled “[Other, Insert Appropriate Title]” to a title that accurately reflects the category of information in the diamond.
* Remember to insert APA style, in-text citations where appropriate.
* Add additional items and connections as appropriate to fully develop your concept map.
* You are not required to use this template. You may use a different template or tool.
* If you encounter accessibility issues while working with this template, please contact your instructor for assistance and possible alternatives.

**Intervention**

Encourage intake of balanced diet to ensure the patient acquires all the diet requirements they need.

**Discourage activity and promoting bed rests until patient regains strength to prevent injuries associated with movement in during weakness episodes until symptoms disappear (Kalra & Sahay, 2018)**

**Outcomes:**

The patient will exhibit adequate hydration in 24 hours and maintain it throughout the hospital stay.

**Outcomes:**

**The patient will exhibit no shortness of breath with mild to moderate activity in 24 hours**

**Patient Info:**

**Name:** Mrs. Joe **| Gender: F| Age: 765 Vitals: Temp: 36.8°C, BP: 131/83, Pulse: 92, Respiratory rate: 26 and shallow Chief complaint: Shortness of breath at rest**

**Medical history: Diabetes, Hypertension**

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**Treatment:**

**Routine patient assessment to help determine patient's hydration status and manage according.**

**Encouraging oral fluid intake to hydrate the patient and prevent dehydration.**

**Nursing:**

Periodic patient assessment to ensure adequate glucose regulation to help avoid osmotic diuresis that results from high blood glucose levels (Balaji et al., 2019)

**Treatment:**

**Administer insulin as prescribed to promote glucose uptake into the cells and thus hasten the metabolic process that produces energy.**

**Intervention**

Encourage physical activity because physical activity increases the demand for glucose thus reducing the amount of glucose in blood (Kalra & Sharma, 2018).

**Nursing Diagnosis 2:**

Fatigue related to impaired metabolic energy production as evidenced by shortness of breath at rest and a feeling of chronic severe tiredness, weak muscle tone, and facial strain expressions when trying to move or breathe

**Most Urgent Nursing Diagnosis:**

Risk for unstable blood glucose related to long diagnosis of diabetes, physical inactivity, and use of antidiabetics.

**Nursing Diagnosis 3:**

**Risk for fluid volume deficit related to osmotic diuresis in high blood sugar and increased loss in urine (polyuria).**

**Nursing Intervention**

Administer prescribed diabetic medications to keep the blood glucose levels within the normal range.

Periodic therapeutic baseline tests such as FBS and RBS to inform the correct intervention (managing hyperglycemia or hypoglycemia (Silbert et al., 2018)

**Outcomes:**

The expected outcomes is the patient will maintain a blood glucose level below 180mg/dl, and a HbA1c level of less than 5.7

# References

Balaji, R., Duraisamy, R., & Kumar, M. P. (2019). Complications of diabetes mellitus: A review. *Drug Invention Today*, *12*(1).

Kalra, S., & Sahay, R. (2018). Diabetes fatigue syndrome. *Diabetes Therapy*, *9*(4), 1421-1429. <https://doi.org/10.1007/s13300-018-0453-x>

Kalra, S., & Sharma, S. K. (2018). Diabetes in the Elderly. *Diabetes Therapy*, *9*(2), 493-500. <https://doi.org/10.1007/s13300-018-0380-x>

Silbert, R., Salcido-Montenegro, A., Rodriguez-Gutierrez, R., Katabi, A., & McCoy, R. G. (2018). Hypoglycemia among patients with type 2 diabetes: epidemiology, risk factors, and prevention strategies. *Current diabetes reports*, *18*(8), 1-16. <https://doi.org/10.1007/s11892-018-1018-0>