CASE STUDY #2: DIABETIC KETOACIDOSIS

SITUATION: DIABETES

A., a 13 y/o recently diagnosed diabetic, is admitted to your pediatric unit in diabetic ketoacidosis. Her mother tells you that she has been depressed since the doctor told her she was a diabetic and that she doesn't always test her urine and take her insulin like she should. A.'s mother says that she is especially worried because she is in the process of divorcing A.'s father. A. is the oldest of four children and up to this time has been fairly well adjusted. You note that A. is in a somnolent state and that her mucous membranes are very dry. She can be aroused when her name is called. Her respirations are deep, labored, and 32/min. Her laboratory report indicates that her current blood glucose level is 380mg/dl.

A. What do you think are the two highest priorities of care for A. at this time?

B. Develop a plan of care for A.'s initial arrival on your unit. Include the appropriate rationale.

<table>
<thead>
<tr>
<th>NURSING DIAGNOSIS</th>
<th>EXPECTED OUTCOMES</th>
<th>INTERVENTION</th>
<th>RATIONALE</th>
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1. After 24 hours, A. is greatly improved. Her mother tells you that she is concerned about taking her home because she still doesn't understand very much about her diabetic diet. Explain the difference between a free diet and an exchange diet.

2. Explain to A.'s mother why blood testing (Chemstrip or Dextrostix) is more valuable in evaluating insulin therapy than urine testing.
3. List five skills that A. and her family should be taught regarding the administration of insulin.
   
   a.
   
   b.
   
   c.
   
   d.
   
   e.

4. In preparing A. for discharge, the nurse discusses the symptoms of hypoglycemia. She tells the parents that when they are in doubt (hypoglycemia versus hyperglycemia), they should give some type of sugar. What is the rationale behind this statement?

5. Discuss the metabolic effects of frequent exercise on insulin utilization.