Always Link To The Case

Length: 1,800 words ± 10%

References not less than 10 years old.

At least 10 general articles.

Minimum Text books 5, Gov. Web, Vic health.

Case:

Bill McDonald is a 75-year-old male patient who was previously diagnosed with type 2 diabetes. He has smoked one pack per day of cigarettes for 35 years and has a history of heavy alcohol use but quit both after he was diagnosed with diabetes 1 year ago.

He was started on metformin 500 mg oral twice daily, was increased to 1000 mg twice daily 6 months ago. His latest HbA1c level is 7.2 %. Morning fasting glucose in the past week ranging from 4.5 to 7 mmol/L, however his glucose control has been unstable, fluctuating over the last 3 months.

Bill’s mother had diabetes and died of heart failure at age 65 years. Bill is running a juice bar and loves fresh fruits, especially banana. He has a sedentary lifestyle.

A week ago, he presented for a regular GP visit and was noted to have a blood pressure of 170/100 mmHg, he was asymptomatic, with no headache, dizziness or blurred vision, but reported his eyes get tired easily.

On examination, he is 175 cm tall, weight of 123 Kg (from 156 kg two years ago), and had regular resting pulse rate at 82 /min, respiratory rate 18, temperature 37. The review of physical systems was unremarkable. No skin or nail lesions were noted but there was pitting oedema in both lower legs.

Urine analysis revealed an increased level of protein (4+). A blood test showed an increased level of urea (25 mg/dl) and serum albumin (6.1 mg/dl) and decreased Estimated Glomerular Filtration Rate. A 24 hour urine test revealed higher than normal rate of urinary albumin excretion.

Questions:

• Discuss the pathophysiology of type 2 diabetes as it relates to the chronic symptoms the patient is experiencing.

My suggestion:

Start with the pathophysiology of type 2 diabetes as a small proportion, like generally speaking when patient have type 2 Diabetic they have uncontrolled glucose level over the few months or longer than 12 months.

Then talk about the chronic symptoms “use heading” Ex. His **hypertension.**

How that impact on Bill like (His eyes, renal function, legs, and hypertension). Need to use headings and name what symptoms is he experiencing – hypertension – relate diabetes to cardio vascular disease – what happens in the body, He is experiencing signs of renal failure by his urine tests – what has caused this in the patient? Ie how does high blood sugar damage the kidney?

He is experiencing eye problems – what is the term of eye problems caused by diabetes? How does the damage occur –can anything be done? How has his smoking and drinking affected his body? So look at all his symptoms and relate them to how diabetes affects that organ of the body

• Analyze the potential management approaches (medical and nursing) for a hypertensive diabetic patient.

My suggestion: Divided into two points “1 Medical 2 Nursing intervention”

For medical: include laboratory test + medication management “include his medication + chronic complication prophylactic management, and discuss his oral medications “metformin” why increased to 1000mg however his glucose is really uncontrolled and unstable and this is the time he should be getting insulin.

MORE is there any hypertensive mids for Bill to control his blood pressure? Because it is high.

For nursing management: Focus on education, complication managements, symptoms management.

“Bill developed few chronic symptoms, so from nursing perspective what kind of education we can give to bill to help him managing his glucose level + his eyes + his renal function”

Need a low sodium, low sugar diet – refer to a dietician, maybe educate on not eating bananas or drinking juice as high in sugar

Importance of walking to reduce B/P maybe join exercise group

What about his depression?

Link with other diabetic educator or organisations in the community

What about whilst in hospital – vitals – regular B/P BGL – teaching patient

Get eye check, teach him to check feet every week

Probably lots more but that will do