

Hormonal Regulation LPN Unfolding Case Study

A 62-year-old client is being seen for admission at their home by the home health nurse. The client was released from the hospital today after a six-day inpatient stay for new onset Type II diabetes and dehydration. The client is crying and states that they are feeling overwhelmed by all their new medications and discharge instructions. The client states that they are having trouble seeing and doesn't think they can give themselves an insulin injection. The client has a health history of morbid obesity, congestive heart failure, hyperthyroidism, celiac disease, osteoarthritis, depression, and breast cancer. The nurse assessed the patient's discharge medication list to include Humulin 70/30 40 units subcut q AM and 20 units subcut q PM, lantus 10 units subcut q AM, furosemide 40 mg one PO BID, potassium chloride 40 mEq one PO daily, tamoxifen 5 mg PO daily, colace 100 mg one po daily, celecoxib 100 mg one PO BID, aspirin 81 mg one PO daily and duloxetine 30 mg one PO BID. Vital signs are BP 150/90, P 108, R 26, T 97.4 F. The client states they feel nervous and weak. Skin is cool and diaphoretic. Blood glucose reads 48 mg/dL on the glucometer. The client asks for the nurse's help to find her glasses.

1. Which of the following client assessment findings require immediate follow-up? Select all that apply.

1. History of morbid obesity
2. BP 150/90
3. Furosemide 40 mg one PO BID
4. "feels nervous and weak"
5. Blood glucose 48 mg/dL
6. Skin is cool and diaphoretic
7. Pulse of 108
8. Humulin 70/30 40 units subcut q AM

A 62-year-old client is being seen for admission at their home by the home health nurse. The client was released from the hospital today after a six-day inpatient stay for new onset Type II diabetes and dehydration. The client is crying and states that they are feeling overwhelmed by all their new medications and discharge instructions. The client states that they are having trouble seeing and doesn't think they can give themselves an insulin injection. The client has a health history of morbid obesity, congestive heart failure, hyperthyroidism, celiac disease, osteoarthritis, depression, and breast cancer. The nurse assessed the patient's discharge medication list to include Humulin 70/30 40 units subcut q AM and 20 units subcut q PM, lantus 10 units subcut q AM, furosemide 40 mg one PO BID, potassium chloride 40 mEq one PO daily, tamoxifen 5 mg PO daily, colace 100 mg one po daily, celecoxib 100 mg one PO BID, aspirin 81 mg one PO daily and duloxetine 30 mg one PO BID. Vital signs are BP 150/90, P 108, R 26, T 97.4 F. The client states they feel nervous and weak. Skin is cool and diaphoretic. Blood glucose reads 48 mg/dL on the glucometer. The client asks for the nurse's help to find her glasses.

2. Use an X to indicate which potential assessment finding is associated with each of the listed client's health problems. All assessment findings should be used and can be used only once.

Assessment finding	Hormonal Regulation	Mood and Affect
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