King Saud University



College of Nursing

Medical-surgical Dept.

NUR 225

HEALTH ASSESSMENT

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| CASE STUDY |

CASE SCENARIO 1:

Mrs. Nourah, a 43 year old, female, married with 4 children who works as a teacher in primary school came to the emergency room complaining of severe headache, vomiting, increased frequency in urination, blurring of vision and easy fatigability. During the assessment, the patient scored the pain as 9 and verbalized “ the pain is severe enough to make me cry” and radiating to the occipital area and becomes severe in the middle of the day which can only be minimized by rest and medications. 15 years ago, she was diagnosed with type II Diabetes Mellitus and was prescribed to take Glucophage 500 mgs OD (once a day). She was required to follow a Diabetic Diet. 8 years ago, she was diagnosed to have hypertension and was prescribed Amlodipine 10mgs OD. Further, she claimed she has occasional headache which was managed with Panadol 500 mg. prn. No breathing difficulty was noted. In the Emergency Room, primary intervention were taken. Such as Vital signs measurement and blood sugar testing which revealed the following:

BP = 200/110 mm hg

PR = 120 bpm

RR = 22 bpm

Height = 158cm.

Weight = 85 kgs.

Glucose test = 440 mg/dl

A urine dipstick test was also performed which resulted to + ketone bodies. On toward, physical exmination was conducted which revealed a lower peripheral edema + 3, gangrenous diabetic foot in the left big toe. The gangrenous diabetic foot is a soft tissue ulceration,measuring 1in and 1cm in depth with yellowish discharge and foul smelling.

During the interview, the nurse gathered that the patient has a family history of diabetes from her mother side and hypertension from her father side. She is a non-smoker and non-alcoholic and prefers sweet, fatty and salty food. On weekends, she spends most of her time with friends and engages in activities like malling and chatting in the coffee shop. When she goes out with her friends, she usually breaks the diabetic diet and eat a lot of sweets which leads to an increase in her blood glucose level. It is alo during at this time that she remiss taking her medications on time.



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ANSWER SHEET FOR CASE STUDY

( 10 marks)

Student’s Name Student No Score 10

INSTRUCTION: Print and submit the answer Sheet to the specific Faculty In Charge on or before the Written Final Examination ( May 14, 2014)

A. Discuss Diabetes Mellitus (Type II) according to:

a. Definition

type 2 diabetes mellitus known as a non-insulin-dependent diabetes mellitus or adult-onset diabetes mellitus it is a metabolic disorder characterized by hyperglycemia result from a combination of insulin resistance and relative insulin deficiency.

b. Causes

* Decreased sensitivity to insulin (insulin resistance).
* Decrease amount of insulin production.
* Strong hereditary component.
* Commonly associated with obesity

c. Complications

* Hypoglycemia, diabetic ketoacidosis.
* Microvascular (large vessel) disease.
* Microvascular (small vessel) disease.
* Neuropathic disease.

B. Based on the case scenario presented above, please answer the following questions comprehensively:

* Chief complaints
* Vomiting
* Increased frequency urination
* History of present illness
* Severe headache
* **P**alliative; minimized by rest and medication
* **P**rovocative: sever in the middle of the day
* **Q**uality of pain; the pain is sever enough to make me cry
* **R**adiation; to occipital area
* **S**everity**:** sever 9/10
* **T**ime: middle of day
* Past medical history
* 15 years ago, she was diagnosed with type II Diabetes Mellitus.
* 8 years ago, she was diagnosed to have hypertension.
* Family and social history
* She has a family history of diabetes from her mother side
* and hypertension from her father side.