Jim Meligrito, age 24, is a third-year nursing student at a large mid-western university. Mr. Meligrito also works 20 hours a week as a campus student security guard. His working hours are 8 P.M. to midnight, five nights a week. He lives with his father, who is also a student. Neither of the two men likes to cook, and they usually eat "whatever is handy." Mr. Meligrito has smoked 8 to 10 cigarettes a day for 5 years. He was diagnosed with type 1 diabetes mellitus at age 12. Although his insulin dosage has varied, he currently takes a total of 32 units of insulin each day, 10 U of NPH and 6 U of regular insulin each morning and evening. He monitors his blood glucose about three times a week. He feels that he is too busy for a regular exercise program and that he gets enough exercise in clinicals and in weekend sports activities. He has not seen a health care provider for over a year.

One day during a 6-hour clinical laboratory in pediatrics, Mr. Meligrito notices that he is urinating frequently, is thirsty, and has blurred vision. He also is very tired but blames all his symptoms on drinking a couple of beers and having had only 4 hours of sleep the night before while studying for an examination, and the stress he has been under lately from school and work. When he remembers that he had forgotten to take his insulin that morning, he realizes he must have hyperglycemia but decides that he will be all right until he gets home in the afternoon. Around noon, he begins having abdominal pain, feels weak, has a rapid pulse, and vomits. When he reports his physical symptoms to his clinical instructor, she sends him immediately to the hospital emergency department, accompanied by another student.

ASSESSMENT

As soon as Jim arrives at the emergency room, his blood glucose level is measured at 300 mg/dL. Urine samples and additional blood samples are sent to the laboratory for analysis. Blood glucose is 330 mg/dL, urine shows the presence of ketones, electrolytes are normal, and pH is 7.1. His vital signs are as follows: T 99°F (37.2°C), P 140, R 28, and BP 102/52. An intravenous infusion of 1000 mL normal (0.9%) saline with 40 mEq of KCl is started at a rate of 400 mL/h. Intravenous regular insulin at 25 mL/h (5 U/h) is begun. Hourly blood glucose monitoring is initiated. Mr. Meligrito is nauseated and lethargic but remains oriented. Three hours later, he has a blood glucose level of 160, and his pulse and blood pressure are normal. He is dismissed from the emergency department after making an appointment for the next morning with the hospital's diabetes nurse educator. When he meets with the diabetes educator, he says that he no longer feels in control of the diabetes or his future goal to become a nurse anesthetist.

DIAGNOSIS

- *Powerlessness,* related to a perceived lack of control of diabetes due to present demands on time
- *Deficient knowledge,* of self-management of diabetes
- *Risk for ineffective role performance,* related to uncertainty about capacity to achieve desired role as registered nurse

EXPECTED OUTCOMES

- Identify those aspects of diabetes that can be controlled and participate in making decisions about self-managing care.
- Demonstrate an understanding of diabetes self-management through planned medication, diet, exercise, and blood glucose self-monitoring activities.
- Explore and clarify Mr. Meligrito's perceptions of his role as a student nurse, verbalizing his ability to meet his expectations.

PLANNING AND IMPLEMENTATION

- Mutually establish specific and individualized short-term and long-term goals for self-management to control blood glucose.
- Provide opportunities to express his feelings about himself and his illness.
- Explore perceptions of his own ability to control his illness and his future, and clarify these perceptions by providing information about resources and support groups.
- Facilitate decision-making abilities in self-managing his prescribed treatment regimen.
- Provide positive reinforcement for increasing involvement in self-care activities.
- Provide relevant learning activities about insulin administration, dietary management, exercise, self-monitoring of blood glucose, and healthy lifestyle.

EVALUATION

After taking an active part in the weekly educational meetings for 2 months, Mr. Meligrito has greatly enhanced his understanding of and compliance with self-management of his diabetes. He states that he finally understands how insulin, food, and exercise affect his body, having previously thought they were "just things I should do when I wanted to." He decides to perform self-management activities one week at a time, rather than think too far into (and thereby feel overwhelmed by) the future. Both son and father have developed a workable meal schedule and weekly grocery list, and they have begun eating breakfast and dinner together. Jim and a friend have arranged to walk 2 to 3 miles three times a week on a community hiking trail. To gain a sense of control over his illness, he has also worked out a schedule that allows time for school, health care, and himself.

Critical Thinking in the Nursing Process

1. What is the pathophysiologic basis for the changes in temperature, pulse, respirations, and blood pressure that occurred on Mr. Meligrito's admission to the hospital emergency department?
2. How can smoking and poor self-management of diabetes increase the risk of long-term complications?
3. Is powerlessness a common response to a chronic illness? Why or why not?
4. Consider that you are teaching Mr. Meligrito and another client, Mr. McDaniel (age 75, newly diagnosed with type 2 DM). What components of your teaching plan would be the same and what components would be different?

See Evaluating Your Response in Appendix C.