Care Plan Example – Robin Sawyer

**DATA**

**Reason for referral:** provide patient education on management of hypoglycemia and glucose monitor.

**History of present illness:** Robin is a 44 year old male diagnosed with type 2 diabetes. His GP just started him on a long acting insulin (Lantus®) once daily at bedtime. Robin was instructed to check his blood glucose more often. With his busy lifestyle and work schedule, he won’t be able to do it. He is unsure of how often he should be checking and what times of the day. He finds it difficult to remember to have a meter with him at home, at the office, going to court and out for lunch meetings which he often forgets to bring his meter with him. Sometimes, he doesn’t know if the strips are expired and if they can be used past the expiration date. He is worried because he had a couple of episodes of low blood sugar and yet he had no time to test to verify. He wants to know if testing all the time is necessary and what the latest research says.

**Relevant Past Medical History:**

Dyslipidemia

HTN

**Allergy:** NKDA

**Medication History:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indication** | **Drug Name** | **Directions** | **Adherence (Y/N)** | **Notes/Comments** |
| Diabetes | Metformin | 1000 mg BID (AM and supper)500 mg at noon | Y, except noon dose often missed |  |
| Diabetes | Gliclazide | 80 mg BID (AM and supper) | Y |  |
| Diabetes | Lantus insulin | 10 units qHS | Y | Recently started |
| Hyperlipidemia | Atorvastatin | 10 mg QHS | Y |  |
| Hypertension | Ramipril | 10 mg QAM | Y |  |

**Social History:**

(+) smoking: 5 – 6 cigarettes/day, cigar on the weekend at the country club. Tried quitting in the past but the stress of the job makes it difficult.

**Family History:**

(+) diabetes - maternal grandmother, father

Strong family history of heart disease

Ht: 6’2 Wt: 210 lbs (lost 30 lbs the last 6 years ago after he was diagnosed with T2DM)

**Review of Systems**

**CNS:**  patient reports some light-headedness and slight dizziness which he thinks may be associated with low FPG from skipping meals, but does not check with meter. No headaches reported

**CVS:**  BP in physician’s office last week 128/80, HR 70 bpm

**Resp:** no concerns

**Abdo:** mild central obesity, patient has lost 30 lbs in last 6 yrs. Having normal BM, GU: no concerns noted

**General:**  overall, has increased stress related to his occupation. No other health concerns voiced during interview.

**Investigations**

**Labs** (taken last week as per physician request)

|  |  |  |
| --- | --- | --- |
| **Parameter** | **Actual** | **Normal Range** |
| Na | 142 mmol/L | 135-145 mmol/L |
| K | 4.1 mmol/L | 3.5-5.2 mmol/L |
| Scr | 102 umol/L | 35-100 umol/L |
| BUN | 4.3 umol/L |  |
| LDL | 1.66 mmo/L | 2.2-3.4 mmol/L |
| HDL | 1.13 | 0.6-2.3 mmol/L |
| T CHol | 4.09 | 4.2-5.2 mmol/L |
| Trig | 2.87 | 0.6-2.3 mmol/L |
| Total:HDL | 3.6 |  |
| ALT | 15 | 1-40 U/L |
| AST | - |  |
| ALP | - |  |
| T Bili | - |  |
| A1C | 7.9 % | 4.3-6.1% |
| FPG | 7.7 mmol/L | 3.9-6.1 mmol/L |
| Hgb | 136 g/L | 120-160 g/L |
| WBC | 5.2 x 109/L | 4-11 x 109/L |
| Vitamin D | 40.1 nmol/L | 80-200 nmol/L |
| Microalbumin/Creatinine ratio | 0.1 mg/mmol | 0.0-3.4 mg/mmol |

**Drug-therapy related problems**

1. Patient is experiencing hypoglycemic symptoms such as dizziness when he skips his meals.

Assessment:

* 1. Patient had a couple “spells” when he was not eating lunch.
	2. He misses lunch 1 – 2 times a week and usually has late dinner around 9 – 10 pm.

Plan:

* 1. Recommend the patient to avoid skipping lunch and try to have 6 small meals spread throughout the day.
	2. Check blood sugar when feeling the “spells”.
	3. Carry dextrose tablets or hard candies for when he does experience low sugars or the “spells”
1. Patient has lack of education on proper blood glucose monitoring and the importance of glucose monitoring with respect to glucose control.

Assessment:

* 1. Patient does not bring glucometer to work. Based on his refill records, his glucose strip may be expired.
	2. With his hectic work schedule he can’t remember to check his blood sugar and writing down the results.
	3. Patient’s most recent A1c is 7.9% indicating sub-optimal glucose control
	4. He does not check his blood glucose when he has hypoglycemic symptoms.
	5. He does not check his blood glucose on a regular basis as he doesn’t see any practical reasons for testing his sugar.

Plan:

1. Give Robin an additional glucometer for his office so that he doesn’t have to carry it back and forth. With the newer glucometers, they have an internal memory that saves up to 30 days results which the patients can bring in to their GP and print off a copy of the results.
2. Give him a log book to write down his results and his meals time.
3. Give him new test strips.
4. Explain to Robin that it is important to check the glucose 3 – 4 times a day especially during dosing changes. Since the patient could only check 2 times a day. The best time would pre-breakfast and at bedtime.
5. Recheck HgA1c in 3 months
6. Robin needs education on lifestyle modifications

Assessment:

* 1. Patient is still smoking
	2. Patient is still over- weight
	3. Robin is not eating properly.
	4. Low vitamin D levels 40.1 nmol/L (normal 80-200)
	5. Triglycerides also slightly elevated 2.87 mmol/L which may be related to his elevated A1c (and correlated increased FPG)

Plan:

1. Encourage Robin to stop smoking. Offer smoking cessation program to Robin. In the mean time recommend a nicotine replacement therapy.
2. Refer the patient to a dietician for healthy eating counseling.
3. Increase exercise to help with the weight loss
4. Suggest vitamin D supplement with 1000 IU/day

Follow-up

1. Will call the patient in 2 – 3 weeks to discuss the glucometer readings with Robin.
2. Assess his hypoglycemia is resolved.
3. Recheck A1C level in 3 months