

Hyperglycemia Nursing Care Plan

Patient Information

- Full Name: _____
- Date of Birth: ____ / ____ / _____
- Gender: _____
- Patient ID: _____
- Contact Number: _____
- Email Address: _____

- Type 1 diabetes present
- Type 2 diabetes present

Evaluation:

Blood Glucose Determination

The patient has developed Type 2 diabetes if:

- A fasting plasma glucose level of 126 mg/dL or higher
- A 2-hour plasma glucose level of 200 mg/dL or higher during a 75-g oral glucose tolerance test (OGTT)
- Random plasma glucose of 200 mg/dL or higher in the presence of symptoms of hyperglycemia.
- A hemoglobin A1c level of 6.5% or higher

Blood tests completed: _____

Urine tests completed: _____

Indicate symptoms of hyperglycemia:

- Increased thirst
- Frequent urination
- Increased hunger
- Headaches
- Fatigue
- Blurry vision

Assessment	Diagnosis	Intervention	Rationale	Evaluation

Outline services ensuring access to medication, regular care, community support and education:

Service / Education:	Provider and referral date:

Physician's Notes and Recommendations

Physician's Signature: _____ Date: ____ / ____ / ____