

Nursing diagnosis for hypokalemia

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Studying hypokalemia and want to know how to remember hypokalemia and how it differs from hyperkalemia? In this article, I want to give you some super simple ways on how to remember the causes of hypokalemia, signs and symptoms, and care intervention for this condition. I want to highlight the material you will be tested for in a lecture or NCLEX exam. Once you read these notes, be sure to take a quiz on hypokalemia and hyperkalemia. Video Training Tutorial on Hypokalemia Be sure to subscribe to my YouTube channel for more free video training: Hypokalemia You will learn the following: Reasons (easy mnemonic to remember it) Signs and symptoms (tricks on how easy to remember) Care intervention ... what NCLEX and lecture exams look for Hypo low kale root word for potassium.... Do not get confused with calcium Emia blood Value of hypokalemia: Low potassium in the blood Normal potassium level 3.5-5.1 (2.5 or less very dangerous) Most of the potassium in the body is found in the intracellular part of the cell compared to the extracellular, which is where sodium is mostly located. Blood tests measure potassium levels through the outer side of the cell (extracellular fluid). Remember that potassium is responsible for holding nerve impulses and contracting muscles. Causes of Hypokalemia Your Body Tries DITCH Potassium Drugs (laxatives, diuretics, corticosteroids) Insufficient potassium intake (NPO, anorexia) Too much water (dilutes potassium syndrome) Cushing (during this condition the adrenal glands produce excessive amounts of cortisol (if cortisol levels are excessive enough, they will start to affect the effect of the pump Na hence the hypokalemia severe loss of fluid (NG suction, vomiting, diarrhea, drainage wounds, sweating) (Other causes: when potassium moves from extracellular to intracellular with alkalosis or hyperinsulinism (this is where there is too much insulin in the blood, and the patient will have symptoms of hypoglycemia) Signs Do not forget potassium plays a role in muscle and nervous conductivity so that the muscle system will be messed up and the effect of the heart, GI, kidneys and respiratory muscles for the lungs. Weak impulses (irregular and thread) Orthostatic hypotension Depression ST flat or inverted T-wave and prominent U-wave shallow breathing with reduced sounds of breathing... Due to weakness of muscle movement accessory to breathing) Confusion, weak sluggish paralysis Reduction deep tendon reflexes Intestinal Reduction Bowel Sounds A Simple Way to Remember 7 L's Lethargy (confusion) Low, shallow breathing (due to reduced ability to use accessory muscles for breathing) Deadly heart dysrhythmia A Lot of urine Leg cramps Limp Muscle Low BP Monitor... most are already on telemetry), respiratory status, neuro, GI, urine output and renal status (BUN and creatinine levels) Watch other electrolytes like magnesium (also will decrease ... It is difficult to get CK to increase if Mag is low), watch glucose, sodium and calcium all go hand in hand and play a role in cell transport Administering oral supplements for potassium with a doctor's order: usually for levels of 2.5-3.5 ... give with food can cause GI upset IV potassium for levels less than 2.5 (NEVER GIVE/UM POTASS via IV push or chat or subq routes) - Give in accordance with the instruction bag do not increase the speed ... must be given slowly ... patients given more than 10-20 meq should be on cardiomonite and monitored for ecg changes -Cause phlebitis or infiltration Do not give LASIX, demadex, or thiazides (waste more potassium) or Digoxin (cause of digoxin toxicity) if potassium levels are low... notify MD for further orders) The doctor will switch the patient to potassium sparing diuretic: spironolactone (Aldact POTASSone), Dyazide, Maxide, Triamterene Instruct patient eat potassium-rich products Remember!UM to help you remember the products Of Potatoes, Pork Oranges Tomatoes Strawberry Tomatoes, Spinach fish mUshrooms Musk melon: cantaloupe also included are: (carrots, raisins, bananas) Don't forget to take Hypokalemia Hypokalemia's Hypokalemia quiz is a potassium serum level of less than 3.5 meq/L or 3.5 mmol/L. This indicates the depletion of normal potassium levels in the body, a potential emergency, threatening life- and can lead to death. Potassium helps in the use of carbohydrates and protein for energy production. It is also necessary in muscle formation in the body. Potential health risks can be avoided as long as potassium levels are kept at a normal level. The body's muscles depend heavily on potassium levels to function adequately. This includes the heart muscle, in which when potassium levels are depleted abnormal heart waves are formed. This can lead to serious heart problems, heart attack or death. Causes of hypokalemia Conditions such as alcoholism, eating disorders and kidney disorders can cause a severe case of hypocalcemia. Below is a list of other common causes of hypokalemia: gastrointestinal loss of Vomiting Diarrhea Prolonged Nasogastric Nutrition Suction and Metabolism Low Potassium Diet Hungry NCO Status Crash Diet Alcoholism Elimination laxative potassium-depletion of diuretic remedies Enema skin steroids or cellular integrity Trauma Trauma Trauma Surgery Clinical Manifestations of potassium deficiency It usually begins in the lower extremities. Severe depletion of potassium levels can lead to muscle spasms, twitches and cramps. The danger of potassium affecting the muscles muscle paralysis, which can lead to respiratory arrest. ECG Anomalies - Reducing potassium causes atrial fibrillation and atheros ventricles. ST segment of depression T waves of depression U height of renal abnormalities - Long-term hypokalemia can cause structural and functional changes in the kidneys: Impaired ability to concentrate - Dizziness and fainting Increase in ammonia production - Increased frequency of urination Increase bicarbonate reabsorption - extreme thirst Altered by sodium Reabsorption! - Seizure and Coma Hypoalbuminemia Nephropathy - Unable to hold urine enhancement in the blood pressure lab and diagnose serum potassium levels of less than 3.5 meq/L ECG changes-flat/inverted T-waves, depression segment ST. Elevated U wave metabolic alkalosis urinary potassium excretion test exceeds 20 mEq/day Hypokalemia Care Plan (Full Text) Care Problem with Cues Subjective Signals: I have been vomiting and experiencing diarrhea for the last few days. Now, my body feels very weak. Objective signals: Reducing fluid intake of 150cc urine yield 400cc Vomiting yellowish fluid approximately 70 cc times three episodes during two days of diarrhea; The watery stool times 4 episodes over two days Muscle Weakness noted when assessed. Febrile, with a temperature of 38.5 degrees Celsius BP 90/50 mmHg. St. Pulse 115 bpm The presence of elevated Wave U on the result of ECG Laboratory results Reduction of potassium level 2.5 mEq/L Diagnostic nurses with Altered Electrolyte Balance associated with active fluid loss of secondary vomiting and diarrhea Rationale Potassium is an electrolyte necessary primarily to work with muscles and nervous tissue. The loss of fluid from the body such as vomiting and diarrhea causes the depletion of electrolyte potassium in part because potassium is actually lost with gastric fluid. In addition, large amounts of potassium in intestinal fluids are released during episodes of diarrhea. Potassium depletion occurs and then leads to a change in the electrolyte balance in the body. Goals Long-Term Goal: After 48 hours of care intervention, the client will be able to maintain serum potassium levels within the normal range. Short-term goals: After 1 hour of health training, the client will be able to identify measures to prevent hypokalemia. Participation in the treatment regimen. Intervention Monitor for Signs and Symptoms of Hypokalemia: Fatigue Anorexia Muscle Weakness Reducing Intestinal Motility Dysrhythmias Small Breathing Weak Ts flops pulse monitor ECG continuously. Strict control over consumption and output. Independent: Preventing hypokalemia help the customer in choosing foods rich in potassium, such as banana, fruit juices, melon, citrus fruits, and fresh vegetables. The Dependent Institute of Measures to Correct Hypokalemia Administration administering the following drugs as prescribed: Oral potassium replacements intravenously replacing the ACE inhibitor potassium-sparing diuretic co-monitoring of serum potassium levels. Monitoring the level of BUN and creatinine. The rationale for hypokalemia may be life-threatening. Careful assessment of his early presence especially for high-risk patients. ECG can provide useful information for hypokalemia. Patients receiving digitalis should be carefully checked for signs of toxicity digitalis, because hypokalemia potentiates the action of digitalis. Careful monitoring of the consumption and production of liquid is necessary, as for each liter of urine 40 mEq of potassium is lost. The inclusion of a customer in a care plan causes participation. In addition, potassium-rich foods in the diet helps maintain a balance of potassium. It is managed when the potassium level needs to be replenished as well, in patients with ongoing potassium loss when it should be maintained. Used in the treatment of potassium deficiency when replacing the mouth is not possible. Inhibits the release of renal potassium, may improve some of the hypokalemia that thiazid and loop diuretics can cause. It facilitates the release of sodium and water by sparing potassium. Evaluates the effectiveness of therapy. Kidney function should be monitored for patients receiving potassium replacement. Reference: Doenges, M. E., Moorhouse, M.F., Murr, A.K. (2006). Pocket guide nurse: diagnoses, priority interventions and justifications. Philadelphia, PA: F.A. Davis, Hinkle, J. L. (2014). Brunner and Suddart's textbook on medical and surgical care (Edition 13.). Philadelphia: Wolters Kluwer Healthcare /Lippincott Williams and Wilkins. Gielman syndrome in the UK (gielmansuk). (2015 November 22). Hypokalemia ECG changes. 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