

## 14.2 Hyperglycemia

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SUBJECTIVE	<u>May include:</u> <ol style="list-style-type: none"><li>1. Family history of diabetes (parent, grandparents, siblings)</li><li>2. Polyuria</li><li>3. Polydipsia</li><li>4. Polyphagia</li><li>5. Abnormal weight loss or gain</li><li>6. Nocturia</li><li>7. Fatigue</li><li>8. Obesity (refer to obesity protocol)</li><li>9. Recurrent vaginal candidiasis and/or chronic vulvar itching</li><li>10. Peripheral neuropathy</li><li>11. Furunculosis</li><li>12. Recurrent blurred vision</li><li>13. History of slow wound healing</li><li>14. Recent high sugar intake</li><li>15. Birth weight of newborns 9 lbs. or over</li><li>16. History of gestational diabetes</li></ol>
OBJECTIVE	<u>May include:</u> <ol style="list-style-type: none"><li>1. Chronic vulvo-vaginitis</li><li>2. Elevated BP</li><li>3. BMI <math>\geq</math> 25</li><li>4. Peripheral neuropathy</li><li>5. Furunculosis</li><li>6. Acanthosis nigricans</li></ol>
LABORATORY	<u>May include:</u> <ol style="list-style-type: none"><li>1. Fasting Plasma Glucose (FPG 100 mg/dl to 125 mg/dl)</li></ol>
ASSESSMENT	Possible hyperglycemia
PLAN	Refer to physician for diabetes evaluation and management
CLIENT EDUCATION	<ol style="list-style-type: none"><li>1. Reinforce general hygiene</li><li>2. Diet and exercise counseling</li><li>3. Advise patient of health risks associated with BMI <math>\geq</math> 25 kg/m<sup>2</sup></li><li>4. Discuss patient responsibility to follow-up with physician per recommendation.</li></ol>
REFER TO MD	

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