

# Type 2 Diabetes Mellitus Nursing Care Plan

Aligned with the 2024 ADA Standards of Medical Care.

## QUICK ANSWER

Priority T2DM diagnoses: risk for unstable blood glucose → ineffective health self-management → risk for injury → risk for impaired skin integrity → deficient knowledge. Targets: A1C < 7% (individualized), BP < 130/80, LDL < 100. Metformin first-line; add GLP-1 RA or SGLT2 inhibitor for ASCVD/HF/CKD. Self-monitoring, MNT, daily foot inspection, and annual screening drive outcomes.

## Assessment

**Subjective:** polyuria, polydipsia, polyphagia, fatigue, blurred vision, slow-healing wounds, numbness/tingling.

**Objective:** A1C  $\geq 6.5\%$ , fasting glucose  $\geq 126$ , random  $\geq 200$  with symptoms, BMI  $\uparrow$ , decreased sensation on monofilament, microalbuminuria, elevated LDL, BP  $\geq 130/80$ .

## Priority NANDA-I diagnoses

1. Risk for unstable blood glucose level.
2. Ineffective health self-management.
3. Risk for injury (falls, hypoglycemia).
4. Risk for impaired skin integrity (foot ulcers).
5. Deficient knowledge.

## NOC outcomes

- A1C < 7% at 6 months (individualized).
- Fasting glucose 80–130; postprandial < 180.
- BP < 130/80; LDL < 100 (< 70 with ASCVD).
- Patient performs SMBG technique correctly.
- Demonstrates daily foot inspection.

## NIC interventions and rationale (2024 ADA)

- **Teach SMBG, injection technique, and sick-day rules** — self-management is the highest-yield intervention.
- **Metformin first-line; add GLP-1 RA or SGLT2 inhibitor for ASCVD / HF / CKD; insulin if A1C > 9%.**
- **Hypoglycemia protocol:** 15 g fast carbs, recheck in 15 min; IM glucagon or IV dextrose if unconscious.
- **Refer to registered dietitian for MNT** — reduces A1C 1–2%.
- **Refer to CDCES for DSMES.**
- **Annual dilated eye exam, monofilament foot exam, urine albumin, lipid panel.**
- **ACEi/ARB for BP or albuminuria; statin per risk.**
- **Vaccinations:** flu, pneumococcal, hepatitis B, RSV.

## Evaluation

3 months: A1C 6.5%, BP 128/78, patient logs SMBG twice daily, correct injection technique, no hypoglycemia. Outcomes met.

# Frequently Asked Questions

## Which A1C target should I teach?

Default < 7%; ADA endorses individualization: < 6.5% for young healthy patients; 7.5–8% for older adults with comorbidities or hypoglycemia risk.

## Metformin or GLP-1 first?

## Why is foot care emphasized?

Neuropathy plus PAD drives 60% of non-traumatic lower-extremity amputations. Daily inspection catches ulcers early.

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## Related Resources

→ Heart failure care plan → COPD care plan → NANDA-I list