

# Hypoglycemia Nursing Diagnosis

## PATIENT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Medical History:

### Known Risk Factors for Hypoglycemia:

## SYMPTOMS OF HYPOGLYCEMIA:

### Symptoms of Hypoglycemia:

- |  |   |
|--|---|
| <input type="checkbox"/> Shakiness or Tremors                            | <input type="checkbox"/> Sweating                     |
| <input type="checkbox"/> Paleness  | <input type="checkbox"/> Hunger                       |
| <input type="checkbox"/> Rapid Heartbeat                                 | <input type="checkbox"/> Dizziness or Lightheadedness |
| <input type="checkbox"/> Fatigue or Weakness                             | <input type="checkbox"/> Confusion or Irritability    |
| <input type="checkbox"/> Blurred Vision                                  | <input type="checkbox"/> Headache                     |
| <input type="checkbox"/> Nausea or Vomiting                              | <input type="checkbox"/> Anxiety or Nervousness       |
| <input type="checkbox"/> Tingling or Numbness in Lips, Tongue, or Cheeks | <input type="checkbox"/> Other                        |

### Risk Factors:

- Insulin Therapy
- Skipped Meals
- Excessive Physical Activity
- Alcohol Consumption
- Diabetes Mellitus
- Other

### Nursing Diagnosis:

### Nursing Interventions:

### Evaluation of Outcomes:

Additional Notes: