مستشفى مارينا الاهلي

Nursing Care Plan

PT Diagnosis :

Date :

PT LABEL :

Date: Time:	Date: Time:	Date: Time:
☐ *Ineffective Airway clearance* ☐ *Impaired Gas Exchange* ☐ *Ineffective breathing pattern* ☐ Goal: ____ ○ Assess RR,Depth, rhythm,effort breath sound ○ Elevate head of bed ○ Suction as required. ○ Encourg fluid intake as order. ○ O2therapy,nebulizer, ABG&pulseoximetry as ordered ○ Assist in daily activity as needed ○ Other: ____	☐ *Ineffective tissuse perfusion (cardioulmonary / cerebral /peripheral ..)* ☐ Goal: ____ ○ Assess V/S , UOP regularly ○ Administor O2, RX as ordered. ○ Position properly. ○ Initiate O2 administerd with continous pukse oxymetry momtoring. ○ Avoid measures that may trigger increased ICP, Monitor BP. ○ Administer pain killer as order. ○ Other: ____	☐ *Discharge plan (use METHOD technique.)* **Note:* Mandatory For all patent ○ M-edicine : By ☐ instruction given. ○ E-xercise : By ☐ maderate ☐ mild ☐ Rest Advice ○ T-reatment : By ☐ specified drug : ____ ○ H-ealth Education Done. ○ O-ut Patient Dep : ☐ revisit ☐ no need ○ D-iet Type : ____
Evaluation: ☐ ***Met*** ☐ ***Partial Met*** ☐ ***Not Met***	***Evaluation:*** ☐ ***Met*** ☐ ***Partial Met*** ☐ ***Not Met***	***Evaluation:*** ☐ ***Met*** ☐ ***Partial Met*** ☐ ***Not Met***
Nurse Name &No: ____	*Nurse Name &No:* ____	*Nurse Name &No:* ____
Date: Time:	Date: Time:	Date: Time:
☐ *Altered Nutrition Status less then body requirement* ☐ Goal: ____ ○ *Asses and document Pts dietary HX. Pattern of ingestion, activity pattern.* ○ Consult with dietitian . ○ Discuss with pt potential causative factros for Weight change. Obtain Weight as ordered. ○ Other: ____	☐ *Impaired Skin Integrity* ☐ *Risk for Impaired skin integrity* ☐ Goal: ____ ○ Cheek for signs of tissue ischemia or redness. ○ Reposition Q2hr,Brade assessment . ○ Keep skin clean, dry & moisture. ○ Provide prophylactic of pressure reliving device (air mattress). Nutrional referral. ○ Other: ____	☐ *Fluid Volume Deficit R/T Vomiting* ☐ *Fluid Volume Deficit R/T Diarrhea* ☐ *Altered bowel moment (Diarrhea) RLT* ☐ Goal: ____ ○ Assessment causative factors. ○ Monitor V/S&& informed Dr. ○ Maintain circulatory volume & replace fluid and electrolyte losses: a) Administer IV fluid as ordered. b) Assess hydration status-skin turger- BP- Wt -I &O. c) Observe for complication of dehydration. Educate pt about proper Diet & hand hygiene ○ Other: ____
Evaluation: ☐ ***Met*** ☐ ***Partial Met*** ☐ ***Not Met***	***Evaluation:*** ☐ ***Met*** ☐ ***Partial Met*** ☐ ***Not Met***	***Evaluation:*** ☐ ***Met*** ☐ ***Partial Met*** ☐ ***Not Met***
Nurse Name &No: ____	*Nurse Name &No:* ____	*Nurse Name &No:* ____
Date: Time:	Date: Time:	Date: Time:
☐ *Activity intolerance* ☐ Goal: ____ ○ Start bed exercise, active ROM As indicated. ○ Ambulate pt according to condition ○ Consult physiotherapy. ○ Analgesia as ordered prior to activity ○ Provide assistive devices as needed (walker, shower seat, commode). ○ Other:: ____	☐ *Altered pain/ comfort R/T* ☐ Goal: ____ ○ Assess pain site duration, nature. ○ Keep pt in comfort position. ○ Use non therapeutic actions if pain score < 4/10 ○ (elevation, cold or hot compresses psychological support). ○ If pain score >4/10 informed Dr. ○ Give pain killer as dr order & Reassess pt pain ○ Other: ____	☐ *Hyperthermia* ☐ Goal: ____ ○ Assess temp frequently possible etiology of fever ○ Encourage fluid intake if no contraindication. ○ Cold compresses. ○ Relief linens/ clothes . ○ Give Antipyretics as prescribed. ○ Other: ____
Evaluation: ☐ ***Met*** ☐ ***Partial Met*** ☐ ***Not Met***	***Evaluation:*** ☐ ***Met*** ☐ ***Partial Met*** ☐ ***Not Met***	***Evaluation:*** ☐ ***Met*** ☐ ***Partial Met*** ☐ ***Not Met***
Nurse Name &No: ____	*Nurse Name &No:* ____	*Nurse Name &No:* ____

Date: Time:

☐ *Risk for / bleeding R / T using anticoagulant / R / T surgical procedure / Post*

☐ Goal: ____

- ○ Report Hb , plt , pt , ptt , INR & prerpares Blood product as borderd ____
- ○ Observe any sign of bleeding & monitor V/S & I&O.
- ○ Remove harmful objective & prevent injury .
- ○ Provide pressure on bleeding sit & Appropriate Position.
- ○ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____

Date: Time:

☐ *Risk for /injury R/T Seizure,* ____

☐ Goal: ____

- ○ Verify seizure precaution
- ○ V/S & neuro observation regular.
- ○ O2 therapy / suction during seizure .
- ○ Maintain pt airway and lateral position until full awake .
- ○ Maintain IV access
- ○ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____

Date: Time:

☐ *Risk from Aspiration*

☐ Goal: ____

- ○ Maintain level of bed at 30 degree.
- ○ Assess RR& Do suction as needed
- ○ Verify tube replacement before feeding .
- ○ Clinical assessment of GI tolerance. (Distension, fullness, discomfort, excessive residual).
- ○ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____

Date: Time:

☐ *Sleep pattern disturbances*

☐ Goal: ____

- ○ Assess causative facrors (pain , fever ..)
- ○ Coordinate treatment / medication to decrease sleep interruption .
- ○ Use sleep medications as Dr order .
- ○ Provide quit , restful environment .
- ○ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____

Date: Time:

☐ *Risk for infection*

☐ Goal: ____

- ○ Inspect and record sign of infection .
- ○ Assess cloudiness of urine .
- ○ Inform abnormal lab (WBC), febrile .
- ○ Utilize good hand washing and aseptic techniques.
- ○ Suction frequently (ETT, Oral, nasal).
- ○ Replace dressing for any insertion device, canula as need.
- ○ Administer antibiotic as order .
- ○ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____

Date: Time:

☐ *Risk for falling down*

☐ Goal: ____

- ○ Assess falling score .
- ○ Take preventive actions (elevate side rails, decrease level of bed).
- ○ Educate pt / family about precaution .
- ○ Communicate the fall risk for staff .
- ○ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____

Date: Time:

☐ *Altered Sensory Perception R/T (Disease, Truma)*

☐ Goal: ____

- ○ Identify self to pt.
- ○ Orient pt to environment .
- ○ Provide adequate light.
- ○ Place pt needs (water, meal) in the surrounding /Use visual aids.
- ○ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nur... ...me &No: ____

Date: Time:

☐ *Anxiety / stress*

☐ Goal: ____

- ○ Assess pt anxiety level by speak calmly & slowly .
- ○ Give clear , concise explanation regarding impeding procedure .
- ○ Teach pt deep breathing & exercise & give prescribed
- ○ medication & O2
- ○ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____

Date: Time:

☐ *Altered Urinary elimination pattern R/T*

☐ Goal: ____

- ○ Assess for bladder distension .
- ○ Encourage fluid intake as Dr order .
- ○ Monitor I & O.
- ○ Insert Foleys catheter as ordered .
- ○ Have pt listen to sound of running water if possible .
- ○ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____

Date: Time:

☐ *Altered bowel movement (constipation)*

☐ Goal: ____

- ○ Assess causative factors (strees, drug side effect, immobilized pt, post op)
- ○ Promote corrective measures (daily exercise).
- ○ Promote adequate intake.
- ○ Consult dietitian .
- ○ Other : ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____

Date: Time:

☐ *Altered electrolyte balance R/T*

☐ Goal: ____

- ○ Assess for causative factors.
- ○ Monitor V/S, ECG & informed Dr.
- ○ Administer IV fluid, electrolyte as ordered & maintain circulatory volume .
- ○ Assess absence of twitching, muscle weakness,
- ○ paresthesias, dizziness, headache, follow BUN, serum electrolytes, and ABG.
- ○ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____

Date: ____ Time: ____

Fluid Volume Excess R/T ____

☐ Goal: ____

- ☐ Daily WT and I&O
- ☐ Monitor Electrolyte
- ☐ Assess RR and O2 Sat
- ☐ Other: ____

Evaluation: ☐ *Met* ☐ *Partial Met* ☐ *Not Met*

Nurse Name &No: ____