Plan of Care

NURSING EDUCATION PROGRAM
NURSING CARE PLAN

Client’s Initials               Gender Age              Code Status              Admission Date

Admitting Diagnoses
Surgical Procedure(s)/ Date(s)
Relevant Health History

Allergies/Reactions
Religious Preference            Ethnicity            Marital Status            Occupation Day

Critical Path Diagnoses

Community Based: (Circle One) Primary, Secondary, Tertiary

Name of Faculty: ________________________________

Pathophysiology –
Describe the Disease
Process +/-or Medical
Diagnosis-must come
from a textbook or other
Scientific Resource

Treatment Plan – (Use Textbook)
Laboratory/Diagnostic Results:

<table>
<thead>
<tr>
<th>Date</th>
<th>Test</th>
<th>Reason for Test</th>
<th>Result</th>
<th>Significance (if abnormal)</th>
</tr>
</thead>
</table>

Actual Prescribed Treatments: from Patient’s Chart

**Diet:**

**Activity:**

**Feeding:**

**Hygiene:**

**Bowel/Bladder:**

**IV Infusion:**

**Respiratory treatments:**

**Critical Pathway/Multidisciplinary Treatment Plan**

**Day #**

**Other:**

Prescribed Medications: (write it as it is written from Dr.’s orders in chart)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Route</th>
<th>Expected Effect</th>
<th>Date Ordered</th>
<th>Stop Date</th>
</tr>
</thead>
<tbody>
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For each drug do the following:

Name of drug (Brand) ___________________ Generic Name: __________
Classification: __________________________
Reminder: Nursing Interventions to administer medications must include T.A.C.T.I.S.

Therapeutic Effect, Action of Drug, Contraindications
Toxic/Side Effects Interventions, Safe Dose

I. PHYSIOLOGIC ASSESSMENT

A. Oxygenation

1. Area Of Assessment: Respiration
Rate: ______________ Rhythm: Regular, Irregular
Depth: Deep, Shallow
Effort: Unlabored, Labored
Shape Of Chest: Ap Diameter 2:1, Trapezoid, Barrel, Pectus Excavatum, Pectus Carinatum, Kyphotic
Breath Sounds: Vesicular, Bronchovesicular, Bronchial, Clear Adventitious Sounds: Crackles (Rales) Ronchi (Gurgles), Wheezes, Pleural Friction Rub
Cough: Infrequent, Frequent, Intermittent, Persistent, Non Productive, Productive (Color ____________, Odor ________, Viscosity)
Oxygen Therapy (Describe) _____________________________________________

2. Area Of Assessment: Circulation
Skin Color: Pale, Pink, Reddened, Cyanotic
Apical Pulse Rate: __________ Rhythm: Regular, Irregular
Bp: _____________________ Standing, Lying, Sitting, (Right, Left)
Auscultation: S1(Lub) Systole, S2(Dub) Diastole, Murmur, Extra Sounds
Palpation: (Apical, Radical, Dorsalis Pedis): Absent, Weak, Strong, Bounding
Capillary Refill Time (Cft): <3 Seconds, >3 Seconds
Nailbed Color: Pink, Pale, Cyanotic
Urine Output: Decreased (Describe) __________
Increased (Describe) _____________________________________________
Edema: Absent, Pitting (Grade_______, Location_______), Distended
Calf(Ves): Tenderness, Warmth To Touch
Homan’s Sign: Negative, Positive (Right, Left).
Intravenous Therapy: Site__________ Solution__________ Rate_____

3. Area Of Assessment: Neurologic
Eyes Open To: Spontaneous, Speech, Pain, Never
Best Verbal (Loc): Oriented (Time, Place, Person, Event), Confused,

Related Nursing Diagnosis
Impaired Gas Exchange
Ineffective Airway Clearance
Ineffective Breathing Pattern
Inability To Sustain
Spontaneous Ventilation
Dysfunctional Ventilatory
Weaning Response
Risk For Suffocation
Risk For Aspiration
Risk For Infection

Decreased Cardiac Output
Altered Tissue Perfusion:
Cerebral, Cardiopulmonary,
Renal, Gastrointestinal,
Peripheral
Fluid Volume Excess
Fluid Volume Deficit
(Regulatory Failure)
Fluid Volume Deficit
(Active Loss)

Impaired Enviromental Interpretation Syndrome
Acute Confusion
Inappropriate Words, Incomprehensible Sound, None
Best Motor (Motor/Sensory): Obeys Commands, Localizes Pain,
Flexor Withdrawal, Abnormal Flexion, Extension None
Pupils: Equal, Unequal, Reactive, Nonreactive.

4. Area Of Assessment: Neurovascular
Location: ________________________________________________
Color: Pale, Pink, Reddened, Blue
Temperature: Cool, Cold, Warm, Hot
Movement: Active, Passive, Limited
(Describe)___________________
________________________________________________________________________
Sensation: Numbness, Tingling, Pain (Describe)
________________________________________________________________________
Pulse: Strong, Weak, Absent
Capillary Refill Time: < 3seconds, >3 Seconds
Edema: Pitting, On-
Pitting(Describe)___________________________
________________________________________________________________________

B. Nutrition
Skin Turgor: Firm, Tented, Tight, Edematous
Weight: Stable, Increased(Describe)__________,
Decreased(Describe)__________
I&O: Balanced, Deficit (Describe)__________
Excess(Describe)__________
Mouth (Membrances): Pink, White, Reddened, Moist, Dry, Intact,
Cracked, Smooth, Ulcerated
Teeth: Present, Absent, Condition__________, Dentures
Diet: ________% Taken _________ Feeding: Self, Assit, Total
Diet Toleration: Appetite, Anorexia, Nausea, Vomiting (Describe)
________________________________________________________________________
Tpn, Tube Feeding (Describe)__________

C. Elimination
1. Area Of Assessment: Bowel
Abdomen: Inspection (Flat, Enlarged, Distended, Protruding);
Auscultation (Active, (3-35 Min)), Absent, Hypoactive, Hyperactive;
Palpation (Soft, Firm, Hard, Rigid, Sensitive, Tender)
Bowel Function: Regular, Irregular, Constipation,
Diarrhea (Describe ________) Blood (Black, Tarry, Occult), Last Bowel Movement ________________
Toileting: Self, Assist
Tubes (Describe) ________________________________

2. Area Of Assessment: Urinary

Urine: Amount/Last 24 Hours__________________
Color: Straw, Amber, Dark Amber, Dark Orange, Red, Dark Brown, Other ________
Clarity: Clear Cloudy
Odor: Faint Aromatic, Offensive
Specific Gravity:____________
Patterns: Continence, Polyuria, Oliguria, Anuria, Frequency,
Nocturia, Urgency, Dysuria, Incontinence, Retention
Catheter/Tubes: (Describe)_____________________

Altered Urinary Elimination
Function Incontinence
Stress Incontinence
Reflex Incontinence
Urge Incontinence
Total Incontinence
Urge Incontinence
Urinary Incontinence
(acute/chronic)
Altered Tissue Perfusion:
Renal
Risk for Infection
Risk for Fluid volume deficit
(regulatory failure)
Risk for volume Excess

D. ACTIVITY/REST

ROM: active, passive, limitations (describe) __________________________

Joints: tenderness, pain, swelling

Ordered activity level:

Sleep patterns: usual sleep/rest patterns ________; sleep/rest last 24 hrs ________
Sleep aids ______________________

Bathing/Hygiene: self, assist, total

Impaired Physical Mobility
Activity Intolerance
Risk for Activity Intolerance
Sleep pattern Disturbance
Risk for sleep pattern Disturbance
Fatigue
Diversional Activity Deficit
Risk for Disuse Syndrome
Risk for Perioperative Positioning Injury

E. COMFORT

Pain:

Location:_____________________________________
Quality:_____________________________________
Intensity (0-10 scale):_________________________
Onset:_______________________________________
Aggravating factors:___________________________
Alleviating factor:____________________________
Radiation:_______________________________

Pain
Acute Pain
Chronic Pain

F. Area Of Assessment: SEXUAL

Genitalia: normal, abnormal, bleeding, discharge (describe)__________
Breasts: normal, abnormal, bleeding, discharge (describe)_________

Last Menstrual Period: ___________ Last PAP Smear: ___________

Examination of Breasts/ Testicle: Yes No Frequency

Altered Sexuality Patterns
Sexual Dysfunction

II. SAFETY AND SECURITY
A. Area Of Assessment: Temperature  
_____ (current, baseline) pattern since admission

B. Area Of Assessment: SKIN  
Color: pale, pink, reddened, cyanotic, yellow, brown, gray  
Temperature: cool, cold, warm, hot  
Texture: rough, smooth, thin, thickened, excoriated, shiny  
Moisture: dry, clammy, weeping  
Edema: absent, pitting (grade ______, location ______________)  
Lesions: macular, popular, vesicular, ecchymotic, petechiae  
Decubitus: absent, present (describe) ____________________________

Incision(s): location(s) _____________, well approximated, open (dehiscence, visceral), drainage (describe: type: ______, amount ___, color ________, odor ______), dressing ________, drains ________

IV site: location, clear, pale, reddened, edema, cool, warm, drainage (describe) ____________________________, pain

C. Area Of Assessment: Physical Mobility  
Activities of daily living: independent, dependent (describe) __________

   Physical Mobility: ________________________________
   Protective Devices/Restrains ________________________________

D. Area Of Assessment: Perception  
Vision deficits ________________________________  
Hearing deficits ________________________________  
Glasses ________________________________  
Hearing aid ________________________________  
Other ________________________________

Patient-Center Summary

Related Nursing Diagnosis
Hyperthermia
Hypothermia
Ineffective Thermoregulation
Risk for Altered body temperature
Impaired skin integrity
Risk for Impaired skin integrity
Integrity
Altered Protection
Risk for Infection
Risk for injury
Risk for positioning
Risk for Trauma
Impaired Tissue integrity
Dressing/Grooming self-care deficit
Toileting self-care deficit
Bathing/Hygiene self-care deficit
Sensory/Perceptual Alteration (specify):
   Visual, kinesthetic, Gustatory,
   Tactile, olfactory
   Unilateral Neglect
   Risk for Violence: self-directed or Directed at others
   Risk for Self-Mutilation
   Energy Field Disturbance
   Disorganized Infant Behavior
   Risk for Disorganized Infant Behavior
   Potential for Enhanced Organized infant behavior
   Impaired Environmental Interpretation Syndrome
   Risk for perioperative Positioning Injury

III. LOVE AND BELONGING

Erikson identified eight stages: Circle the approximate one

1. Basic trust vs basic mistrust Early Infancy (Birth-1 yr)  
2. Autonomy vs. Shame and Doubt Later Infancy (1-3 yrs)  
3. Initiative vs. guilt Early Childhood (3-6 yrs)  
4. Industry vs. Inferiority Middle childhood (6-12 yrs)  
5. Identity vs. Role Confusion Puberty & Adolescence (12-18 yrs)  
6. Intimacy vs. Isolation Early Adulthood (18-40 yrs)  
7. Generativity vs. Stagnation Middle Adulthood (40-65 yrs)  

Impaired Verbal Communication
Altered Growth and Development
Impaired social Interaction Social Isolation
Risk for Loneliness Altered Role Performance
Altered Parenting
8. Ego Integrity Vs. Despair  Late Adulthood (65 on)

Impact of Functional Changes on Developmental Tasks:

Support System:

Community resources:

Developmental resolution:

- Risk for Altered Parent/Infant/child Attachment
- Parental Role Conflict
- Altered Family process
- Altered Family Process:
- Alcoholism
- Caregiver Role Strain
- Risk for Caregiver role strain
- Ineffective Family coping:
- Compromised
- Ineffective family coping:
- Disabling
- Family Coping:
- Potential for growth
- Potential for Enhanced Community Coping
- Ineffective Community Coping
- Impaired Adjustment

IV. SELF ESTEEM

Recent stressful life events

Verbalization of feeling of

Physical manifestation of emotions

Fear or Concerns

Usual method of dealing with stress

Related physician and Nursing Orders

- Related Nursing Diagnosis
  - Spiritual Distress
  - Potential for enhanced Spiritual Well-Being
  - Ineffective Individual Coping
  - Impaired Adjustment
  - Defensive Coping
  - Ineffective Denial
  - Decisional Conflict
  - Relocation Stress Syndrome
  - Body Image Disturbance
  - Self-Esteem Disturbance
  - Chronic Low Self-Esteem
  - Situational Low Self-Esteem
  - Personal Identity Disturbance
  - Hopelessness
  - Powerlessness
  - Dysfunctional grieving
  - Anticipatory Grieving
  - Anxiety
  - Fear
  - Post-Trauma response
  - Rape-Trauma Syndrome

V. SELF-ACTUALIZATION

DISCHARGE PLANING

Client’s understanding of illness and discharge

- Altered Health maintenance
- Ineffective Management of Therapeutic regimen:
Analysis/ Nursing Diagnosis: (This is how the Nsg Dx is written on the care plan)

- **P** (health problem expressed as NANDA diagnostic category)

- **E** related to __________________________

- **S** as manifested by __________________________

Planning:

**GOAL:** The client will __________________________

**Expected Outcomes:** as evidenced by __________________________
<table>
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<tr>
<th>Assessment Data</th>
<th>Analysis</th>
<th>Plan</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>(subjective and objective)</td>
<td>(Nsg Dx and Pt. Goal)</td>
<td>(Nsg interventions with rationales)</td>
<td></td>
</tr>
<tr>
<td>(It supports the Nsg Dx)</td>
<td></td>
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**Evaluation**

Goal: met
partially met
unmet-

(if not, explain, remember evidence based outcomes)
-

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<td>Pertinent Subjective</td>
<td>(Nursing Diagnosis)</td>
<td>(Nursing Interventions with Rationales)</td>
<td>(Client Responses)</td>
</tr>
<tr>
<td>Objective Data that supports the NSG</td>
<td>Patient Goal</td>
<td></td>
<td>Nursing Actions</td>
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</table>

GOAL: met

OUTCOMES SAT

specify