

NURSING CARE PLAN

| ASSESSMENT  | DIAGNOSIS  | INFERENCE   | PLANNING  | INTERVENTION   | RATIONALE  | EVALUATION   |
|---|--|---|---|--|--|--|
| <p><b>SUBJECTIVE:</b></p> <p>"Namamanas ang kanang binti ng anak ko" (My son has a massive edema on his lower right leg) as verbalized by the mother.</p> <p><b>OBJECTIVE:</b></p> <ul style="list-style-type: none"> <li>• Edema</li> <li>• Weight gain</li> <li>• Changes in vital signs</li> <li>• V/S taken as follows:</li> </ul> <p>T: 37.3<br/>P: 85<br/>R: 21</p> | <p>Excess fluid volume related to compromised regulatory mechanism with changes in hydrostatic or oncotic vascular pressure and increased activation of the rennin-angiotensin-aldosterone system.</p> | <p>Nephrotic syndrome is a clinical disorder of unknown cause characterized by proteinuria, hypoalbuminemia, edema, and hyperlipidemia. This conditions result from excessive leakage of plasma proteins into the urine because of impairment of the glomerular capillary membrane.</p> | <ul style="list-style-type: none"> <li>• After 8 hours of nursing interventions, the patient will display stable weight, vital signs within patient's normal range, and nearly absence of edema.</li> </ul> | <p><b>INDEPENDENT:</b></p> <ul style="list-style-type: none"> <li>• Record accurate intake and output of the patient.</li> <li>• Monitor urine specific gravity.</li> <li>• Weigh daily at same time of the day, on same scale, with same equipment and clothing.</li> <li>• Assess skin, face, dependent areas of edema.</li> </ul> | <ul style="list-style-type: none"> <li>• Accurate Intake and output is necessary for determining renal function and fluid replacement needs and reducing risk of fluid overload.</li> <li>• Measures the kidney's ability to concentrate urine.</li> <li>• Daily body weight is the best monitor of fluid status. A weight gain of more than 0.5 kg/day suggest fluid retention.</li> <li>• Edema occurs primarily in dependent tissues of the body. It will serve as parameter the</li> </ul> | <ul style="list-style-type: none"> <li>• After 8 hours of nursing interventions, the patient was able to display stable weight, vital signs within patient's normal range, and nearly absence of edema.</li> </ul> |

# Nursing Care Plans Nursing Diagnosis And Intervention

**A Gutmann**



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