NURSING CARE-PLAN

WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
BREATHING/RESPIRATION						
13/4/00	1. Inadequate gaseous	Correct O_2 admin.	Check O_2% and flow rate.			
	exchange due to —	Prevent dry airway.	Use nebuliner check water levels and temperature.			
	1		Record oxygen saturation levels.			
			Suction P.R.N.		MacC	
	2. Unable to maintain	Protect airway.	Change tapes daily + P.R.N.			
13/4/00	own airway so has	Detect misplaced tube.	Observe chest for even expansion. ✓			
	a) 8.0		Observe respiratory rate + colour.			
	Size ET/Trache tube		Daily chest X-Ray as ordered. 13/4/00 Portable		MacC	
	Date intubated:					
	13/4/00					

Name: Lucy Crawford Hospital Number: 123000 Ward: 5

LPC 3/91/031

LC Erne Hospital

027-016-039

39

NURSING CARE-PLAN

WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
13/4/00	3. Unable to breath	Safe ventilation	Maintain Ventilatory parameters/alarms. ✓			
	adequately, so has		Trained nurse with knowledge of ventilators to special ✓			
	mechanical ventilation		Administer Sedation as ordered.			
	SIMV Mode				[signature]	
	4. Unstable respiratory	Blood gases within	Daily monitoring of blood gases. 9.00 a.m./4.00 p.m. + P.R.N.			
	Status/Arterial line	acceptable limits.	Keep insertion site exposed.			
	in site.	Prompt detection of	Check for bleeding.			
		bleeding.	Check pressure bag and flush line P.R.N.			
	5. Actual/Potential	Chest clinically clear.	Chest physio with bagging and suction twice daily.			
	Respiratory Infection.	Early detection of	Twice Weekly Sputum for C + S Monday/Thursday a.m.			
		change.				

Name: Hospital Number: Ward:

027-016-040

LC Erne Hospital

INTENSIVE CARE UNIT

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
MAINTAINING A SAFE ENVIRONMENT						
13/4/60	1. Altered level of	Detect any change.	Record neurological observations. b° Condition dependent.			
	consciousness	Maintain Airway.	Maintain a clear airway. ✓			
	due to — ? Cause		Intubated size 4·0 ET Tube			
	—		Size 1 Airway inserted	daily	[illegible]	
	Unconscious		Constant Supervision			
	2. Altered mental status	Reorientate to time	Constant supervision.			
	Confusion.	place and person.	24 hour reality orientation programme.			
		Prevent injury to self	Explain nursing interventions to patient.			
		and others.				

Name: Hospital Number: Ward:

LPC 3/91/031

027-016-041

LC Erne Hospital

NURSING CARE-PLAN

WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
	3. Surgical incision.	Promote healing	Clean with:			
	Site:-		Observe and record appearance/drainage.			
			Dress with:			
			Remove sutures/clips: on consultants order			
	DRAINS:		Remove drains: on consultants order			

Hospital Number: Ward:

NURSING CARE-PLAN WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
NUTRITION, FLUIDS & METABOLISM						
	1. Naso-gastric tube.	Prevent aspiration of	Free drainage. Aspirate hourly and record.			
		gastric contents.	Check tube is in correct position.			
		Enable Enternal	Administer prescribed fluids.			
		Nutrition.				
13/4/00			Size 14 Salem Sump passed orally			
			- No contents in stomach.			
			-NG removed		MH.	
	2. Unable to tolerate	Prevent complications.	Infuse fluids at prescribed rate.			
	N/G feeding so has		Daily dressing.			
	Parenteral Nutrition.		Observe central line site.			
			Change giving sets daily.			
			Observe for patency.			

Name: Lucy Crawford Hospital Number: 123000 Ward:

LPC 3/91/031

027-016-043

LC Erne Hospital

NURSING CARE-PLAN

WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
NUTRITION, FLUIDS & METABOLISM (CONTD.)						
	3. Unstable blood glucose	Detect/Report	Monitor blood glucose _____ hourly.			
	due to:	abnormality.	Insulin as prescribed.			
			Monitor glucose in urine _____ hourly.			
	Diabetes/Parenteral					
	Nutrition.					
13/4/00	4. Actual/Potential	Early detection and	Accurate recording of fluid Intake/Output. Infuse fluids ✓			
	disturbances of fluid	correction.	at correct rate.			
	balance.		C.V.P. Monitoring _____ hourly.			
	Verbal to RE					
	head				1M/20/00	
	5. Actual/Potential.	Early detection and	Check urea and electrolytes daily. 9.00 a.m.			
	Electrolyte Imbalance.	correction.	Administer fluids/electrolytes as prescribed.			

Name: Lucy Crawford Hospital Number: 123000 Ward: 5/ICU

LPC 3/91/031

027-016-044

LC Erne Hospital

NURSING CARE-PLAN WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
CARDIOVASCULAR						
	1. Actual/potential.	Early detection and	E.C.G. Monitoring. ✓			
13/4/00	Unstable heart due to:	correction.	Observe for and record any arrhythmias. ✓		[illegible]	
			Administer prescribed medication.			
13/4/00	2. Actual/potential	Early detection and	Record vital signs ½ — 1 hourly. Condition dependent			
	unstable blood	correction.	Report and abnormality. ✓			
	pressure due to:		Administer prescribed medication.			
			Monitor C.V.P. 1 hourly.		[illegible]	
	3. Actual/potential		Check base-line observations.			
	low HB — due to:		Administer blood as prescribed.			
			Check for any reaction.			
			Record temp/pulse rate/resp rate ¼ hourly.			

Name: Lucy Crawford Hospital Number: 123000 Ward: S/ICU

027-016-045

LC Erne Hospital

NURSING CARE-PLAN

WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
SLEEP AND REST						
	1. Needs adequate	Avoid sleep	Minimise disturbance. Organise procedures to allow periods			
	sleep and rest.	deprivation.	of rest.			
			Dim lights at night, keep noise to a minimum at night.			
			Ensure four hours rest/sleep at night.			
		Prevent disorientation.	Orientate as to time and place.			
	2. PAIN DUE TO:	Relieve pain.	Give analgesia as prescribed and Monitor effect.			
			Position patient to ensure maxium comfort.			
	3. Epidural cannula		Observe site. Ensure tape intact.			
	in situ.		Record respirations/SAO_2 levels. Doctor to prepare drugs used.			
			Use IVAC syringe pump at ordered rate.			
			Check that cannula is intact on removal.			
			Leave for inspection by consultant anaesthetist.			

ame: Hospital Number: Ward:

LPC 3/91/031

027-016-046

LC Erne Hospital

NURSING CARE-PLAN WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
MOBILISATION						
	1. Unable to move and	Prevent pressure sores,	Change position _____ hourly. Use pressure relief aids.			
	care for self.	deep vein thrombosis	Spencomattress/pillows.			
		and joint stiffness.	Passive limb exercises 2 hourly.			
			Heparin therapy as prescribed.			
			Daily urinalysis if on heparin therapy.			
			Sit out of bed in reclining chair if vital signs stable.			
	2. Needs assistance to	Promote independence.	Set goals for patient to work.			
	mobilise.		Encourage to sit out for longer periods.			
			Take short walks with supervision.			
			Evaluate type of aids required.			
			Assessment by physiotherapist.			

Name: Hospital Number: Ward:

NURSING CARE-PLAN

WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
HYGIENE						
13/4/00	1. Unable to care for	Maintain a high	Daily bed bath and personal care + P.R.N.			
	own hygiene	standard of hygiene.	Oral hygiene 2 hourly.			
	unassisted.		Eye care 2 hourly (if unconscious).			
	Toddler.		Requires full assistance		[signature]	

Name: Hospital Number: Ward:

027-016-048

NURSING CARE-PLAN WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
ELIMINATION						
13/4/00	1. Urinary Retention.	Prevent/detect.	Twice weekly C.S.U. for C & S on Monday/Thursday.			
	Urinary Catheter.	Infection, detect	Perineal care twice daily + P.R.N.			
	Size: 10	oliguric/polyuric	Record hourly urine output.			
	Date: 13/4/00 (CWJ)	Regain bladder control.	Observe for signs of infection. ✓		[signature]	
	2. Unable to pass urine	Prevent/detect	Observe line/cannula for patency.			
	so has peritoneal	complications.	Administer fluids as prescribed.			
	dialysis.		Record intake and output accurately.			
			Report negative balance to Dr.			
	3. Constipation/	Prevent/detect.	Record when bowels has opened. ✓			
13/4/00	Diarrhoea. ✓		Observe colour and consistency. ✓		[signature]	
			Medication as prescribed.			

Name: Hospital Number: Ward:

027-016-049

LC Erne Hospital

NURSING CARE-PLAN

WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
ELIMINATION CONTD.						
	4. Colostomy/	Ensure hygiene, observe	Observe colour and shape of stoma.			
	Ileostomy.	that healthy and	Prevent skin soreness. Discuss with stoma therapist.			
		functioning.	Bag size: Bag type:			
			Encourage patient to verebral feelings about colostomy.			
			Teach patient stoma care.			
CONTROLLING BODY						
TEMPERATURE						
13/4/00	1. HYPOTMERMIA		Warm using Extra blankets		M Lee	
	Temp below 36°C		Record temperature:			
	2. HYPERMERMIA		Cool using			
	Temp above 37.5°C		Record temperature:			

Name: Lucy Crawford. Hospital Number: 123000 Ward: Stroke.

LPC 3/91/031

027-016-050

LC Erne Hospital

NURSING CARE-PLAN

WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature

ame: Hospital Number: Ward:

NURSING CARE-PLAN

WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
EXPRESSING SEXUALITY						
	Threat to patients	Patient will be given	Ensure privacy in mixed bed area.			
	body image.	emotional support and	Ensure patient is prepared for family visits e.g. shave, make up			
		will accept alteration	hair do. Choose suitable clothing.			
		in body image.	Ensure privacy with next of kin.			
			Advise regarding intimate relationships as needed.			
			Realistically support patients body image and ego strengths.			
DYING						
	1. Patient/Relative	Allay fears.	Involve minister of religion. Record visit and if spiritually			
	afraid of Death/	Support family.	attended. Nurse to stay and support patient/relatives.			
	Patient dying.		Keep family informed of events.			
			Allow next of kin unlimited visiting.			
			Encourage patient to verebalise feelings/fears.			
			Encourage relatives to touch and talk to the patient.			

Name: Hospital Number: Ward:

LPC 3/91/031

027-016-052

LC Erne Hospital

NURSING CARE-PLAN

WESTERN HEALTH & SOCIAL SERVICES BOARD - ERNE HOSPITAL

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
COMMUNICATION						
	1. Unable to communicate	To help communicate and	Introduce yourself to patient.			
	due to intubation/	prevent frustration.	Do not talk or discuss patients condition over them.			
	tracheostomy.		Explain each procedure to patient.			
			Use communication aids:			
	2. Unable to communicate	To help communicate	Use interpreter and non verbal skills to aid communication.			
	due to language	and prevent frustration				
	difficulty:					
	3.		Parents present, Spoken to by Dr Auteson → Dr O'Donahue. aware of Lucy's ill condition		MM	

Name: Hospital Number: Ward:

LPC 3/91/031

LC Erne Hospital

027-016-053

Date	Activity of Living Problem	Goal	Nursing Intervention	Date & Time of Evaluation	Prescriber's Signature	Discontinued Date and Signature
	3. Patient/Relative	Relieve anxiety and	Record relatives visits.			
	anxiety.	keep fully informed.	Explain all equipment, procedures.			
			Inform of any change, arrange interview with doctor if			
			necessary.			
			Record relatives understanding of patients diagnosis/prognosis			
			after each interview.			
WORKING & PLAYING						
	Unrealistic situation	Avoid sensory	Play radio, music/TV during day. Encourage relatives to			
		deprivation.	visit and talk to patient.			
			Daily newspaper, books when awake.			
			Provide diversional activities e.g. Occupational therapy.			

Name: Hospital Number: Ward: