

Nursing Problem Worksheet

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Anticipated Patient Problem and Goals	Relevant Assessments (Prewrite) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prewrite) What will you do if your assessment is abnormal?
Problem: Impaired Urinary Elimination Reasoning: increased serum creatinine, decreased urinary output, reduced creatinine clearance, hematuria, hyperkalemia, hypocalcemia, metabolic acidosis Goal: Patient will urinate during my time of care. Goal: The patients blood pressure will remain within normal limits aeb a systolic reading below or equal to 120 mm Hg during my time of care.	Assess the frequency, amount, and character of urine after each void and PRN.	If little or no output is observed, perform a bladder scan to determine the need for straight catheterization aeb greater to or equal 500 cc of urine in bladder PRN.
	Assess for bladder distention by palpation at the beginning of my time of care, after each attempted void, and PRN.	Insert straight urinary catheter using sterile technique PRN for bladder scan with greater or equal to 500 cc of urine present.
	Assess the patient's vital signs for hypertension aeb values greater than 120/80 q4hr and PRN during my time of care.	Administer antihypertensive as ordered by the provider for blood pressure greater than 120 systolic mm Hg.
	Assess the patient's lab values for increased creatinine (0.6-1.1) and BUN (10-20) at the beginning of my time of care and PRN for new lab values.	Encourage the patient to eat foods high in fiber first and avoid foods high in protein to reduce creatinine values at each mealtime and PRN.
	Assess the patient's intake after each meal tray and PRN.	Encourage the intake of fluids with each meal tray and PRN during my time of care.
	Assess the patency of indwelling urinary catheter at the beginning of my time of care and PRN.	Flush the urinary catheter PRN.

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Problem: Risk for Electrolyte Imbalance Reasoning: decreased urinary output, pitting edema, increased creatinine, increased BUN, increased potassium Goal: The patient's potassium will remain between 3.5 and 5 during my time of care. Goal: The patient will not experience any dysrhythmias during my time of care.	Assess electrolyte values at the beginning of my time of care and PRN for new lab draws.	Discuss the need for medical management of electrolyte values with provider PRN for increased electrolyte values.
	Assess for cardiac dysrhythmias via telemetry monitoring continuously throughout my time of care.	Notify the provider of any dysrhythmias PRN for abnormal findings, different from baseline.
	Monitor I&O every eight hours and PRN.	Encourage the intake of oral fluids q1hr and PRN at mealtimes.
	Assess bilateral upper and lower extremities for edema at the beginning of my time of care and q2hrs.	Elevate extremities with 1 pillow PRN for complaints of discomfort.
	Monitor meal intake and nutrition habits during each mealtime and PRN for snacks.	Encourage the intake of a low sodium and low potassium diet at each mealtime and PRN.
	Assess for nausea and vomiting throughout my time of care.	Administer antiemetics as ordered by the provider PRN for nausea and vomiting.