

Nursing Problem Worksheet

Name: Veronica Diego

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 gas exchange Reasoning: -COPD -pleural effusion Goal: Will maintain O2 sat of 90% during my time of care Goal: Manage airway and will have good breathing techniques by end of care	-Assess vital signs, especially temp. q 4hr	If high temperature, increase HR, decreased BP, signs for infection must report to healthcare provider immediately
	Assess patients' mental status, restlessness, warm & flushed skin/chill, fever q 1hr	If patient seems discomforted offer help by communicating effectively & offer any warm blankets if cold.
	Assess lung sounds q 4hr	If any abnormality notify provider -use incentive spirometer & deep breathing
	Independency of ADL's prn	If abnormal help patient with adl's but mostly encourage for pt to do independent to help promote movement.
	Assess patient mobility & knowledge on how to deep breathing	Encourage coughing, deep breathing, & turning & teach that these actions decrease the risk of pneumonia & any greater factor. Splinting, using the incentive spirometer. -elevate HOB -teach pt of pursed-lip breathing

Anticipated Patient Problem and	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?
--	--	--

Goals		
<p>Problem: Body weight problem (weight loss)</p> <p>Reasoning: -due to decreased or increased intake of fluid/food -nausea/vomiting</p> <p>Goal: Will feel less nauseated by time of care</p> <p>Goal: Will have adequate nutrition of at least 50% of prescribed calories/meals after each day of care</p>	<p>-Assess patients weight every morning -assess if any weight loss or gain & assess how patients' pattern of nausea prn</p>	<p>Notify provider if significant body loss weight, compared to normal baseline of weight. Administer antiemetics if needed</p>
	<p>-Assess patients fluid intake before meals @0700 & @1100</p>	<p>-encourage fluid intake 300ml/day</p>
	<p>Assess patients' food intake after every meal @0700 & @1100</p>	<p>-provide the diet in small, frequent, high caloric meals that are nutritious & easy to consume & teach importance of what to eat such as avoid sweets, fatty & high salted meals</p>
	<p>-Assess patients' pknowledge and significant other importance for good nutrition</p>	<p>Provide & promote information about adequate nutrition and stable body weight</p>
	<p>-assess patient if feeling nausea/vomiting @prn/hrly</p>	<p>Administer antiemetics & teach patient that strong odors/tastes can stimulate nausea</p>