

MARGARET H. ROLLINS SCHOOL OF NURSING

N101 Care Plan Form

Student Name: Mya Dellinger

General Information

Patient Initials: ES

Date(s) of Care: 09/23 and 09/24

Clinical Instructor: Mrs. Petito

Attending physician: Dr. Rualo

Reason for admission/Medical Diagnosis: Dehydration

Allergies: Nuts, Latex, and Penicillin (Hives and Anaphylaxis)

Date of Birth: 01/01/62

Age: 63/F

Admission Date: 09/23/25

Primary Nursing Diagnosis & Clinical Reasoning	Additional Pertinent Nursing Diagnoses
Dehydration due to a low blood pressure with a high heart rate, vomiting due to chemo, skin tenting, and a dry mucosa.	Fall risk due to a high fall score and fatigue NSCLC which is non-small cell lung cancer
Expected Outcome (s)	Assigned Medications & IVF <i>(dose, frequency, route)</i>
Mrs. S will keep down 250 mL of fluids	Prochlorperazine 10mg PO Q6 hours PRN for nausea
Mrs. S will have a urine output of 200 mL of fluids	0.9% NS with 20meq kcl 1000mL Run at 100 mL/hr with 17gtt/min
Patient care orders <i>(treatment, diagnostic studies, labs, etc.)</i>	
Basic metabolic panel daily x3 days (check blood cell types)	Case manager: routine
CBC with auto differential daily x3 days (electrolytes)	PT/OT: evaluation and treatment – weakness
O2 protocol (respiratory)	Oncologist: management of chemo regimen
CT of the abdomen: R/O obstruction (look for a reason of vomiting)	
Chest Xray: to monitor for new infiltrates (look for growth of lung cancer)	
Dietitian: vomiting led to significant weight declining	
Clear liquid diet with protein supplements	

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Data Collection (Mandatory Satisfaction Completion) <i>(for each day of care)</i>	
<i>Day 1 (can include pertinent data prior to your day of care)</i>	<i>Day 2</i>
<p>Subjective: Mrs. S states “I feel weak” “I have a 2/10 pain in my abdomen” “My last bowel movement was 3 days ago” “I have dark yellow urine that is less than normal”</p> <p>Objective: Oriented times 4 Skin turgor is sluggish Irregular heart rhythm Green bile in basin (40 mL) RR regular, unlabored, symmetrical</p> <p>Own assessment: Wheezing on inspiration: lower bilateral anterior 7am: 37.7c, 108, 92/64, 16, 98% RA 11am: 37.3c, 97, 103/68, 15, 99% RA</p> <p>Labs & Diagnostics (include interpretation): CBC- WBC: 4.0 Hemo: 11.0 HCT: 37.2↓ PLTS: 95↓ Chem- Na+: 131↓ K+: 3.2↓ CH: 85↓ CD: 27 BUN: 19 Creat: 1.72↑ Gl: 94. (Electrolytes and blood count)</p>	<p>Subjective: Mrs. S states “I feel weak” “I have a 2/10 pain in my abdomen” “My last bowel movement was 3 days ago” “I have dark yellow urine that is less than normal”</p> <p>Objective: Oriented times 4 Dry mucosa Skin turgor is sluggish RR regular, unlabored, symmetrical Irregular heart rhythm</p> <p>Own assessment: 7am: 37.2c, 110, 94/68, 17, 96% RA 11am: Labs & Diagnostics (include interpretation): CBC- WBC: 3.0↓ Hemo: 12.0 HCT: 38.0↓ PLTS: 90↓ Chem- Na+: 133↓ K+: 3.3↓ CH: 87↓ CD: 27 BUN: 18 Creat: 1.68↑ Gl: 92 (Electrolytes and blood count) CT abdomen: no obstruction Chest Xray: no new infiltrates</p>
Nursing Assessments <i>(Include Timeframes)</i>	Rationale
<ol style="list-style-type: none"> 1. Check Blood pressure and Heart rate Q4 hours 2. Monitor intake and outputs Q8 hours 3. Assess skin turgor 2 times during my shift 4. Assess nausea Q2 hours with vomiting PRN 	<ol style="list-style-type: none"> 1. To make sure they are in their baseline range, not low or high 2. Mrs. S is dehydrated and vomiting, need to know the correct amounts 3. To check skin for dehydration (skin turgor) 4. Following up with Mrs. S since they are also in the hospital for nausea
Nursing Interventions <i>(include timeframes)</i>	Rationale <i>(relate how NIs will help correct ND)</i>
<ol style="list-style-type: none"> 1. Allow for rest throughout my shift 2. Offer Fluids Q1 hour with their preferred drink 3. Monitor IV fluids Q8 hours 4. Administer prochlorperazine PRN 5. Offer ice chips and oral hygiene 	<ol style="list-style-type: none"> 1. This will let Mrs. S Blood pressure and Heart rate regulate 2. Offering fluids will help increase intake and output 3. IV fluids will allow for constant fluids and to become hydrated 4. Helps relieve the nausea and bring comfort to the patient 5. Allows for hydration through ice and oral care stimulates the mouth

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Evaluation Summary

1. For each expected outcome, answer the following:

- (a) Are expected outcomes realistic and met?
- (b) Will they remain the same or change?
- (c) Why?

a.

EO#1: This expected outcome is realistic, but it was not met.

EO#2: This expected outcome is realistic, and it was met.

b.

EO#1: It will stay the same.

EO#2: This one will remain the same.

c.

EO#1: It isn't changing because keeping down 250 mL is not a large amount even though she is vomiting, her antiemetics should help her keep down a small amount of fluids.

EO#2: This isn't changing because if Mrs. S has too much output it will contribute to her dehydration. Having a small amount shows that she is still getting in her fluids.

2. Did NIs change or remain the same? If changed, state why.

All my nursing interventions will remain the same due to how they are affecting Mrs. S.

3. Does the ND still exist and why?

The nursing Diagnosis still exists because the Mrs. S main concern is dehydration. Our priority is to get her hydrated by stopping her nausea and vomiting.

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Nursing Care Plan Grading Rubric

Topic	Criteria	Satisfactory = 1 point	Unsatisfactory = 0 points	Category Total
General Information	<ul style="list-style-type: none"> All general information filled out correctly and completely. All assigned medication orders included and complete. All current doctor's orders included. (<i>dates of care and standing orders</i>) All IV fluids must be included. 	Meets 3 or more of the elements described in criteria.	Meets 2 or less of the elements described in criteria.	
Nursing Diagnosis/Problem List	<ul style="list-style-type: none"> Highest priority nursing diagnosis is correct. Clinical reasoning is listed & correlates to priority problem. Other pertinent nursing diagnoses are listed. Priority order is correct >50% of the time. 	Meets 3 or more of the elements described in criteria.	Meets 2 or less of the elements described in criteria.	
Expected Outcomes	<ul style="list-style-type: none"> EO's are included for top priority problem. EO's are specific, realistic, measurable, written in terms of patient behavior, and include a time frame >50% of the time. EO's are relevant to patient problem >50% of the time. 	Meets 2 or more of the elements described in criteria.	Meets 1 or less of the elements described in criteria.	
Data Collection (Mandatory Section)	<ul style="list-style-type: none"> Subjective and objective data included for each day. Own assessment included for each day. Relevant diagnostic studies and labs included and interpreted correctly >50% of the time. Relevant data included to support patient problem >50% of the time (i.e.: VS, I&O, ht. wt., etc.). Data concise, summarized, organized in chronological order. 	Meets 4 or more of the elements described in criteria.	Meets 3 or less of the elements described in criteria.	
Nursing Interventions	<ul style="list-style-type: none"> Nursing assessments with rationale included >50% of the time. Five NI's with time frames & rationales are included. NI's are individualized, realistic & include a time frame >50% of the time. Rationale correct, complete & specifically written to help correct patient problem >50% of the time. 	Meets 3 or more of the elements described in criteria.	Meets 2 or less of the elements described in criteria.	
Evaluation Summary	<ul style="list-style-type: none"> All three evaluation questions are addressed. Conclusions for each question are correct >50% of the time. 	Meets 1 or more of the elements described in criteria.	Does not meet either element described in criteria.	
Format	<ul style="list-style-type: none"> No more than 3 misspellings or grammatical errors. No more than 3 errors in medical terminology. Printed single-sided for submission to instructor. Grading Rubric printed and attached as separate page. 	Meets 3 or more of the elements described in criteria.	Meets 2 or less elements described in criteria.	
Grading Scale		6-7 = Satisfactory	0-5 = Unsatisfactory	Total Score _____