

MARGARET H. ROLLINS SCHOOL OF NURSING

N101 Care Plan Form

Student Name: May Htut

General Information

Patient Initials: E.S **Date(s) of Care:** 09/23/25 to 09/24/25 **Clinical Instructor:** Ms. Petito **Attending physician:** Dr. Rualo

Reason for admission/Medical Diagnosis: Dehydration

Allergies: Nuts, Latex, Penicillin **Date of Birth:** 01/01/1962 **Age:** 63 **Admission Date:** 09/23/25

Primary Nursing Diagnosis & Clinical Reasoning	Additional Pertinent Nursing Diagnoses
Dehydration, due to signs of skin turgor and dry mouth.	Fall risk, Morse fall score is 45 with complaints of pain and weakness.
Expected Outcome (s)	Assigned Medications & IVF (dose, frequency, route)
Drink/Keep down 240ml of water by the end of my care.	Prochlorperazine 10mg po PRN
Output 240ml of urine by the end of my care.	0.9 NS with KCl 20 mEq 1000ml bag IV. Run at 100ml/hr with 17gtt/min.
Patient care orders (treatment, diagnostic studies, labs, etc.).	
Chest X-ray 09/24/25 (History of Lung Cancer)	Dietitian 09/24/25 (Clear liquid diet)
CT Abdomen 09/24/25 (rule out bowel obstruction)	Clear liquid protein supplement 09/24/25 (Prevent malnourishment)
Completed Blood Count with auto diff daily x 3 09/23/25 (Monitor WBC)	
Basic Metabolic Panel daily x 3 09/23/25 (electrolyte Imbalance)	
O2 Protocol 09/24/25 (Spo2 less than 90%)	
PT/OT 09/24/25 (Weakness)	
Oncologist 09/24/25 (Chemotherapy and Lung Cancer History)	
Case Management 09/24/25 (Rountie Discharge Planning)	

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Data Collection (Mandatory Satisfaction Completion) <i>(for each day of care)</i>	
Day 1 <i>(can include pertinent data prior to your day of care)</i>	Day 2
<p>Subjective: “I feel weak” States concentrated dark yellow urine; last bowel movement was 2 days ago. Abdominal pain is 2/10. “I am so nausea and can’t stop vomiting.”</p> <p>Objective: T: 37.7, HR: 108, RR: 16, BP: 92/64, O2: 98% on Room Air. Green Bile 30 ml in basin, unlabored lung sounds, wheezing, abdominal sound present in all four quadrants, capillary refill less than 3 seconds, irregular heart rhythm.</p> <p>Own assessment: Fatigue, tired, lethargic, reports constant nausea and vomiting, malnourished, and weak.</p> <p>Labs & Diagnostics (include interpretation): Chemistry – Na+: 131, CH: 85, BUN: 19, K+: 3.3, CD: 27, Creat: 1.72, Glucose: 94. Low Na+ due to vomiting, High Creatin levels, Low K+ levels, Low CH levels</p>	<p>Subjective: “Feels a little better” still complains of weakness. Unable to keep down more than a few sips despite antiemetics.</p> <p>Objective: T: 37.2, HR: 90, RR: 18, O2: 97% on room air, BP: 105/65. Erythema on sacrum. Green Bile 30ml, Vomiting overnight even after antiemetics. Wheezing.</p> <p>Own assessment: Fatigue, tired, lethargic, reports constant nausea and vomiting, malnourished, and weak.</p> <p>Labs & Diagnostics (include interpretation): Chemistry – Na+: 133, CH: 85, BUN: 19, K+: 3.3, CD: 27, Creat: 1.68, glucose: 94. Na+ is still low but increased since yesterday, Creatin levels are trending back down, K+ and CH staying the same. CT scan of abdomen ruled out obstruction Chest x-ray showed 4mm mass on lung.</p>
Nursing Assessments <i>(Include Timeframes)</i>	Rationale
<ol style="list-style-type: none"> 1. Assess skin turgor for signs of dehydration every 4 hours. 2. Assess mucous membranes every 2 hours. 3. Assess for intractable vomiting every 2 hours. 4. Assess and record vital signs every 4 hours. 	<ol style="list-style-type: none"> 1. The less the skin has its elasticity the more severe the dehydration. 2. To prevent dry mouth and reduce risk of infection. 3. Loss of electrolytes and can get severe dehydration on continuous vomiting. 4. Risk of decrease BP and high HR when vomiting and dehydrated.
Nursing Interventions <i>(include timeframes)</i>	Rationale <i>(relate how NIs will help correct ND)</i>

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<ol style="list-style-type: none"> 1. Provide and maintain 0.9 NS with KCl 20 mEq 1000ml bag IV fluids. Running at 100ml/hr with 17gtt/min continuously. 2. Provide oral swabs/ oral care every 2 hours. 3. Provide 10mg PO of Prochlorperazine PRN. 4. Provide clear protein supplements. 5. Provide more fluids if BP is low and HR is high every 4 hours upon assessment. 	<ol style="list-style-type: none"> 1. Will increase low BP and decrease high HR. 2. Provides hygiene and risk of infections. 3. Reduces nausea and vomiting, keeps electrolytes in the body. 4. Increases fluid intake along with calories to keep the body nourished and hydrated. 5. Should help bring the body back into normal vital signs instead of abnormal signs.
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Evaluation Summary

<p>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?</p>	<p>2. Did NIs change or remain the same? If changed, state why.</p> <p>The nursing intervention changed because even though it was a reasonable goal for the pt, the volume to intake and output must be changed to not discourage the patient while still maintaining an expectation to meet the intended goal. Interventions helped the client be relieved of nausea and dehydration for a few hours but didn't help for a long-term fix.</p> <p>3. Does the ND still exist and why?</p> <p>The nursing diagnoses still existed by the end of my care because client did not feel better with just the antiemetic and the client was still nauseous, vomiting and dehydrated.</p>
<p>a. <ol style="list-style-type: none"> 1. Expected outcomes of drinking 240ml before the end of my care were realistic but not met. 2. Expected outcomes of outputting 240 of urine before the end of my care were realistic but not met. </p>	
<p>b. <ol style="list-style-type: none"> 1. Will change to lower ml of fluid intake. 2. Will change to a lower ml of urine output. </p>	
<p>c. <ol style="list-style-type: none"> 1. To keep encouraging the client to intake water but at a more reasonable goal to make them feel less discouraged. 2. To monitor urine output and make sure they are not retaining fluid in their bladder. Encouraging the client to slowly ambulate to the bathroom or use bedpan. </p>	

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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		<u>6-7 = Satisfactory</u>	<u>0-5 = Unsatisfactory</u>	Total Score <hr style="width: 100px; margin: 0 auto;"/>