

# MARGARET H. ROLLINS SCHOOL OF NURSING

## N101 Care Plan Form

Student

Name \_\_\_\_\_

### General Information

**Patient Initials:** E.S

**Date(s) of Care:** 09/23/25- 09/24/25

**Clinical Instructor:** Mrs. Petitio

**Attending physician:** Dr. Rualo

**Reason for admission/Medical Diagnosis:** Dehydration

Primary Nursing Diagnosis & Clinical Reasoning	Additional Pertinent Nursing Diagnoses
Inadequate Fluid Volume (Dehydration)	Risk for Falls
Vomiting (loss of fluids), fatigue, decreased urine output, decreased blood pressure, increased heart rate, lethargic	Morse Fall Score 45, fatigued, weak muscle strength, decreased BP due to Orthostatic Hypotension
Expected Outcome (s)	Assigned Medications & IVF <i>(dose, frequency, route)</i>
E. S will drink at least 240 mL of fluid by the end of my time of care	Prochlorperazine 10 mg: 1 tab PO Q6 hrs PRN nausea/vomiting
E.S will void at least 60 mL of urine by the end of my time of care	0.9% NSS with 20 mEQ KCL 1000ml: run at 100ml/hr
Patient care orders <i>(treatment, diagnostic studies, labs, etc.)</i>	
CT abdomen: normal appearing stomach, no evidence of obstruction	Assess Morse Fall Score Q Shift Assess Braden Score Q shift
Chest X-ray: 4 cm mass noted in R lower lobe of lung; no new infiltrates, R lower lobe 4cm mass consistent with lung cancer	Oncology consult: management of chemotherapy regimen Nutritionist Referral: Impaired nutrition, weight loss
CBC with Auto Diff: Daily x3 days	Therapies: Physical/Occupational therapy: evaluation and treatment for weakness
Basic Metabolic Panel: Daily x3 days	Activity: Out of bed PRN with assist
Intake and output: Q8 hrs	Diet: Clear liquid diet; supplement: add clear liquid protein supplement to each meal tray
Vital Signs: Q4 hrs	Telemetry monitor: Cardiac monitoring, continuous, change electrodes daily
Maintain IV: flush IV Q8 hrs when not in use	

**Allergies:** Nuts, latex, penicillin

**Date of Birth:** 01/01/1962

**Age:** 63

**Admission Date:** 09/23/25

Data Collection (Mandatory Satisfaction Completion) <i>(for each day of care)</i>	
<b>Day 1</b> <i>(can include pertinent data prior to your day of care)</i>	<b>Day 2</b>

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<p><b>Subjective:</b> "I don't think I can eat breakfast, I'm too sick"</p> <p><b>Objective:</b> 1 Oz of bile in basin, vital signs: BP 104/68, HR 96, T 37.7, O2 99%, RR 20, decreased urine output</p> <p><b>Own assessment:</b> E.S has weak muscle strength, is lethargic, and has tenting of the skin (poor skin turgor)</p> <p><b>Labs &amp; Diagnostics (include interpretation):</b> BMP: Na+ 131(L), Cl- 85(L), K+ 3.2(L), Co2 27, Create 1.7(H), glucose 94                  The BMP shows several low electrolyte levels, including key electrolytes like sodium and potassium. This indicates a decreased fluid volume, as well as poor nutritional intake. An elevated creatinine level indicates that the kidneys are not functioning as well as they should.</p>	<p><b>Subjective:</b> "I am still nauseous, and the pain in my abdomen is a 2/10"</p> <p><b>Objective:</b> Another ounce of bile in basin, tenderness in the abdomen, and decreased muscle tone. Vital signs: RR 16, HR 86, T 36.0, SpO2 97%, BP 92/62</p> <p><b>Own assessment:</b> E.S still has decreased muscle strength, and she is still lethargic. Tenting of the skin is still present.</p> <p><b>Labs &amp; Diagnostics (include interpretation):</b> BMP: Na+ 133 (L), Cl- 87(L), BUN 18, K+ 3.3(L), Co2 27, Create 1.68(H), glucose 92                  This BMP still shows several electrolyte levels that are low, including sodium and potassium again. While these are very slightly higher than the previous levels, they are still not where they need to be and indicate a poor fluid volume and nutritional intake. The creatinine is slightly lower than previously, but it is still elevated, meaning that the kidneys are still not functioning as well as they should. Based on these newer labs, E.S is not improving as well as expected.</p>
<b>Nursing Assessments</b> <i>(Include Timeframes)</i>	<b>Rationale</b>
<ol style="list-style-type: none"> <li>1. Assess Intake and output every 8 hours</li> <li>2. Assess IV site every 6 hours</li> <li>3. Assess nausea and vomiting every 2 hours</li> <li>4. Assess kidney function (with lab tests) daily</li> </ol>	<ol style="list-style-type: none"> <li>1. Measures how much fluid is being taken in and if adequate fluid is being excreted</li> <li>2. Ensures that IV site is warm, dry and intact to maintain IV fluids</li> <li>3. Shows if antiemetics are working properly</li> <li>4. Ensures that kidneys are not suffering from med toxicity and that they are still able to filter and excrete fluids</li> </ol>
<b>Nursing Interventions</b> <i>(include timeframes)</i>	<b>Rationale</b> <i>(relate how NIs will help correct ND)</i>
<ol style="list-style-type: none"> <li>1. Encourage fluid intake to increase urination and defecation every 2 hours</li> <li>2. Change IV site if dirty, not intact, swollen, or red PRN</li> <li>3. Administer antiemetics (Prochlorperazine) 10 mg every 6 hours PRN for nausea/vomiting</li> <li>4. Encourage intake of nutritional supplement Q2 hours</li> <li>5. Give E.S preferred fluids (drinks) to increase fluid intake PRN</li> </ol>	<ol style="list-style-type: none"> <li>1. Intaking more fluids will allow for the body to become more hydrated, which will in turn increase urine concentration</li> <li>2. A dirty or swollen IV site would increase the risk of infiltration and it would affect the fluids that are being given to counteract dehydration</li> <li>3. The nausea/vomiting is largely decreasing fluid intake, so the supplement will give proteins, increasing body weight</li> <li>4. Providing more fluids, whether intravenously or orally will help overall dehydration, which is the current priority problem</li> </ol>

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5. Giving the preferred fluids would help E.S drink more, as she would be drinking what she likes, allowing for more of a chance of fluid intake
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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: E.S will drink at least 240 mL by the end of my time of care.  
This expected out come is realistic, considering that E.S is not able to keep down even a few sips. Although realistic, this outcome was not met due to the inability of E.S to keep down oral fluids.

EO #2: E.S will void at least 60 mL of urine by the end of my time of care.  
This expected outcome is realistic, as E.S had a very low urine concentration on admission, and she has received many mL's of fluid. This out come was both realistic and met by E.S.

b. The first expected outcome will remain the same because it was not met.  
The second expected outcome will change because this one was met.

c. EO 1: E.S did not meet this outcome originally, but it is still important for her to try and intake enough fluids and keep them down so it will stay the same.

EO 2: This one was met, so it would not change drastically, but the goal amount of urine to void for the end of the day would increase slightly.

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

The NI's changed slightly throughout both days of care, as different problems arose each day. On the first day of care, the main goal was to increase fluid intake. However, on the second day, one of the main goals was to decrease the fluid in the lungs, while still maintaining solid fluid intake. The NI's changed each day, depending on what new problems arose.

**3. Does the ND still exist and why?**

The ND does still exist. Despite the continuous fluids, E.S was still dehydrated at the end of my time of care. Although some antiemetics made the nausea and vomiting better, there was still not enough oral intake and urine output. Overall, E.S was still clinically dehydrated at the end of my time of care, so the ND does still exist.

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### Nursing Care Plan Grading Rubric

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

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<b>Grading Scale</b>		<u>6-7 = Satisfactory</u>	<u>0-5 = Unsatisfactory</u>	<b>Total Score</b> _____
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C&P:VN101 - Foundations of Nursing\Course Planning\2022\Course Documents\Clinical\Care Plan\Nursing Care Plan - 2022