

Nursing Problem Worksheet

Name: May Htut

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?
<p>Problem: Decrease cardiac Output</p> <p>Reasoning: SOB, HR 110, BP 90/50, Crackles, BNP 1400, O2 80% on RA, BiPAP</p> <p>Goal: C.J will maintain HR between 60-100 Bpm during my TOC.</p> <p>Goal: C.J will maintain a O2 saturation of >92% when he is of BiPAP and back on 3LNC during my TOC.</p>	Assess vital sign (BP, HR) every 4 hours	Administer Metoprolol 50mg PO BID daily for high BP and HR. Reassess VS after 30 minutes.
	Assess intake and output throughout every shift	Collaborate with dietitian for a sodium restricted heart healthy diet. Notify provider if there is more input on output within 24 hrs.
	Assess heart sounds every 4 hours. Maintain goal of HR between 60-100 bpm	Apply cardiac rhythm monitor (tele) for continuous monitor of the HR and beat pattern. Notify provider of any deadly sinus rhythms.
	Assess lung sounds every 4 hours. Maintain goal of O2 sat >92% on 3LNC off BiPAP and RR between 12-20.	Apply continuous pulse ox monitor. Increase O2 PRN if increase work of breathing on O2 drops below 92%.
	Assess daily weight every morning at the same time on the same scale	Administer furosemide 40mg BID PO to help prevent weight gain/retention of fluids over 5 pounds per week.
	Assess platelet count along with other labs like BNP, electrolytes, BUN, creatinine, and INR	Report any critical or significantly abnormal values to provider. For platelets levels administer heparin 5000 TID SQ to prevent further clotting.
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?
<p>Problem: Impaired skin integrity</p> <p>Reasoning: Limited mobility, Stage 2 sacral wound NPO, constant BiPAP/O2</p> <p>Goal: C.J will not develop another pressure injury during my TOC.</p> <p>Goal: C.J stage 2 sacral wound will not advance to a higher stage during my TOC.</p>	Assess pain level using a 0-10 scale every 4 hours and PRN.	Administer acetaminophen 650 mg PO Q6 PRN for pain level 1-5.
	Inspect skin for color, moisture, temperature, turgor, lesions, and breakdown every shift.	Any new or worsening skin condition report to provider and consult wound care nurses.
	Assess if daily care has been provided (oral care, linen change, bath, peri care, foley care.)	Provide/ assist in C.J in daily care and educate on the importance of good skin care when having limited mobility and wounds.
	Monitor for drainage, odor, or purulent discharge every 4 hours.	Notify infectious disease doctor if worsen signs and symptoms, collect culture and sensitivity.
	Assess the last time C.J was turned every 2 hours.	Turn C.J from left, middle, right every 2 hours and apply barrier cream to prevent further injury
	Assess if NPO status has changed every 4 hours.	Ensure good nutrition to promote tissue repair, along with adequate fluid intake.

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