DATE & INITIALS	NURSING DIAGNOSIS	PATIENT OUTCOMES	RELATED INTERVENTIONS	EVALUATION
3/14/19	Impaired Skin Integrity	Patient will show improved skin integrity	1. Assess skin for color, turgor, temp, and sensation Qshift. (0800/2000) *Rationale: These are indicators of infection, which can occur as a result of non-intact skin. Normal skin color, warm and dry indicates improved skin integrity.*	3/16/19 Goal is not met aeb: Pts skin warm and red in color. Continue Plan of Care. P. McDonald, Student RN SON
PKM	r/t inflammatory response secondary to cellulitis	aeb:	2. Assess wound for absence of healing ridge, presence of drainage or purulent excaudate, and delayed or prolonged inflammatory response. *Rationale: These are all indicators of impaired wound healing.*	3/16/19 Goal is not met aeb: Pts wound noted with increase drainage and purulent excaudate during dressing change. Continue Plan of Care. P. McDonald, Student RN SON
	aeb: Nonpitting edema to left lower extremity	Decreased edema to left lower extremity	2. Elevate lower extremity above level of heart and off load heals Q2hrs. (0800/1000/1200/etc) *Rationale: this helps extra fluid move back towards the heart for circulation to the rest of the body.*	3/16/19 Goal is met aeb: No edema noted to pts lower extremity. Terminate Plan of Care. P. McDonald, Student RN SON
	Localized pain “10/10”	Patient reports decreased level of pain “0/10” within one hour of intervention or perception of pain decreases.	3. Assess pain level and administer pain medications as ordered Q4hrs & PRN, document medication	3/16/19 Goal is met aeb: Pt denies pain, verbalizes “0/10”.

			effectiveness. (0800/1200/1600/etc.) *Rationale: These actions provide pain relief and determine effectiveness of the analgesic.*	Terminate Plan of Care. P. McDonald, Student RN SON
	Destroyed tissue (wound to lower extremity)	Patients wound will decrease in size and has increased granulation tissue	4. Inspect and measure wound, monitor for improvement Qshift. (0800/2000) *Rationale: this facilitates the evaluation of patient response to treatment in place.*	3/16/19 Goal is not met aeb: Wound measures 5.0 cm x 6.0cm. Continue Plan of Care. P. McDonald, Student RN SON
	Weak pedal pulse	Patient will have a strong palpable pedal pulse, 60-100 bmp	5. Check pedal pulse rate Q4hrs and document rate and intensity. (0800/1000/1200/etc.) *Rationale: Palpable, strong pulse indicate good arterial blood flow.*	3/16/19 Goal is met aeb: Palpable, strong, pedal pulse to left lower extremity. Terminate Plan of Care. P. McDonald, Student RN SON
	Increased WBC 14.4 x 10^3/uL	WBC WNL 4.5-11 x 10^3/uL	6. Monitor serum WBCs QD. (0700) *Rationale: Evaluates the status of infection and effectiveness of ATB therapy.*	3/16/19 Goal is met aeb: WBC 4.8 x 10^3/uL. Terminate Plan of Care. P. McDonald, Student RN SON
	Increased temperature 100.8	Temperature WNL: 97.0-98.6	7. Monitor VS Q2hrs. (0800/1000/1200/etc.) *Rationale: These assessments monitor patient's trend.*	3/16/19 Goal is met aeb: T 98.0 P 68

			Significant changes such as increased heart rate, respirations, and temp signal a worsening or unresolved condition.	R 18 BP 136/82 SpO2 98% ra Terminate Plan of Care. P. McDonald, Student RN SON
			8. Administer ATB therapy as ordered BID. (0800/2000) *Rationale: Systemic antibiotics are used for wounds that are infected.*	3/16/19 Goal is met aeb: ATB therapy completed without s/sx of infection. Terminate Plan of Care. P. McDonald, Student RN SON
			9. Provide diet high in protein with every meal TID. (0800/1200/1700) *Rationale: Increased protein will help promote wound healing*	3/16/19 Goal is met aeb: Pt verbalizes understanding of diet high in protein to help with wound healing and diet maintained throughout hospital stay. Terminate Plan of Care. P. McDonald, Student RN SON
			10. Teach patient about skin and wound inspection during wound care and monitor for s/sx of infection BID. (0800/2000) *Rationale: This prevents*	3/16/19 Goal is met. Pt verbalizes understanding of assessment and wound care

			reoccurrence or worsening of the patients wound.	intervention to help prevent development of serious problems. Terminate Plan of Care. P. McDonald, Student RN SON
		By discharge 3/16/19		

References:
Gulanick M. & Myers, J. L. (2007). Nursing *Care Plans: Nursing Diagnosis and Interventions* (6th ed). St. Louis, MO: Mosby Elsevier.
Sparks, S. R. & Taylor C. M. (2006). Lippincott *Williams & Wilkins* (11th ed). Philadelphia PA: A Wolters Kluwer Company.