

Nursing Diagnosis: Risk for infection, evidenced by indwelling catheter

Nursing Interventions: Check to empty bag every 4 hrs, inspect color of urine, check for fever, check for any discoloration in skin, keep insertion site clean, keep powder away from site, inspect bladder, palpate bladder, and take vital signs of patient (temp, BP, pulse ox, HR, RR)

Emily Smith
Concept map #1

Nursing Diagnosis: Constipation related to spinal cord injury at T8 level evidenced by paralysis of lower extremities.

Nursing Interventions:

Encourage the intake of fluids, assist pt. in getting at least 20g of fiber daily. Encourage regular period for pt. elimination, and/or digitally remove fecal impaction.

Alert & oriented x3
Last bowel movement was yesterday 1900;
gunshot wound appears healed; neuro status stable;
upper extremity motor response +; no movement or sensation in lower extremities. Fiber diet breakfast at 0700; catheterized at 0400 for 300 mL clear, yellow urine; bladder scan shows 321 mL; VS stable

Medical Diagnosis/Surgical Procedure

MD: Neurogenic bladder, Spinal Injury (T8 level)

Procedures: Intermittent (straight) urinary catheter insertion, bladder ultrasonography, intake and output assessment; total logged output = 621 mL intake is unknown

Nursing Diagnosis: Impaired mobility related to limited ROM secondary to spinal cord injury, evidenced by loss of movement and strength.

Nursing Interventions:

Passive range of motion exercises to help lessen or prevent atrophy of muscles, and encourage hydration for better circulation

Nursing Diagnosis: Urinary retention, related to spinal cord injury at T8 level, evidenced by immobility and distended bladder.

Nursing Interventions:

Inspect bladder, palpate bladder, intermittent urinary catheter insertion, bladder scan, labs to obtain creatinine level, and take vital signs of patient (temperature, pulse oximetry, heart rate, respirations)