

<p>Nursing Dx: Risk for deficiency knowledge related to surgery procedure</p> <p>Expected outcome: verbalize understanding of medication and treatment regiment</p> <p>Interventions</p> <ol style="list-style-type: none"> 1. Assess patient motivation to learn 2. Determine patient learning style including cultural influence on health teaching 3. Use open-ended question and allow patient to explore feeling 4. Use the teach-back method to assess patient understanding of learning <p>Evaluation: Patient verbalized understating of treatment regiment</p>	<p>Past Medical History</p> <ul style="list-style-type: none"> -Hypertension -Breast biopsy 	<p>Nursing Dx: Risk for infection chronic and invasive procedure</p> <p>Expected outcome: Patient will remain free of infection as evidence by normal vital signs and absence of purulent drainage from wound</p> <p>Interventions</p> <ol style="list-style-type: none"> 1. Wash hands before and after contact with patient and also educate patient on proper hand hygiene 2. Monitor vital signs and lab to screen for any abnormalities 3. Assess nutritional status and intake of protein and high calories 4. Administer antibiotic as per MD prescription <p>Evaluation: patient was free of infection as evidenced by serosanguineous drainage signs remain within patient baseline</p>
<p>Medical Diagnosis: Stage IIA left breast cancer with L. modified radical mastectomy</p> <p>Assessment: V/S- 98.6, 73, 17, 181/76, 97%. PERRLA. Lungs sound clear. S₁, S₂ present with no murmur. Bowel sound normoactive. Skin dry and moist.</p>		
<p>Nursing Dx: risk for ineffective breathing pattern related to decrease energy and fatigue</p> <p>Expected outcome: patient will maintain a normal breathing pattern</p> <p>Interventions</p> <ol style="list-style-type: none"> 1. Use pulse oximetry to monitor oxygen saturation and pulse rate 2. Instruct patient to deep breath and use incentive spirometer to promote lung expansion 3. Auscultate lungs and assess respiratory rate and depth 4. Administer oxygen as prescribed <p>Evaluation: The patient shows no signs or symptoms of ineffective breathing</p>	<p>Medication</p> <ul style="list-style-type: none"> -Acetaminophen 975mg every 6hrs for pain -Amlodipine 5mg -Hydralazine injection 5mg IV push -Ibuprofen 600mg PO every 8hrs for pain -Lactated ringers infusion at 100ml/hr -Ondansetron 4mg, IV injection every 8 hrs for Nausea and vomiting 	<p>Nursing Dx: Impaired skin integrity related to mastectomy as evidenced by disruption of skin layers</p> <p>Expected outcome: patient will demonstrate understanding and techniques to promote wound healing</p> <p>Interventions</p> <ol style="list-style-type: none"> 1. Refrain from taking BP, inserting IV, or injecting medication in affected arm 2. Encourage pt to wear loose-fitting, non-constrictive clothing and to avoid putting anything that could constrict the affected arm 3. Encourage patient to ambulate and perform ROM on affected arm 4. Inspect the dressing for drainage <p>Evaluation: patient was receptive to teaching and demonstrate understanding of affected arm limitations</p>

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MedSurg II: Concept Map I

References

- Nursing Care Plan (NCP). 2015. Retrieved from <http://thenurseszone.com/nursing-care-plan-ncp/> on November 10, 2020.
- Vera M. 15+ Mastectomy Nursing Care Plan. 2019. Retrieved from <https://nurseslabs.com/mastectomy-nursing-care-plans/11/> on 11/11/20.