

NURSING CARE PLAN #1

Date: 04/14/2021

Patient Initial: S.B.

Patient Need: Increase fluid intake

Nursing Diagnosis:

P: Deficient fluid volume

E: Adverse effect from Dilaudid medication

S: deficient fluid volume related to decrease fluid intake as evidenced by low urine output, weakness, & fear

Expected Outcome	Nursing Intervention	Rationale	Evaluation
<p>Short Term Goal: In the next three days, the patient's urine output will be greater than 800 mL.</p> <p>Long Term Goal: The patient's temperature will return to a normal range by the end of the week.</p>	<ol style="list-style-type: none"> 1. Encourage the patient to have about 8 cups of fluid daily 2. Include more liquid foods in the patient's meal (ex: yogurt, pudding, etc.) 3. Educate the patient on why fluid intake is important 4. Assess electrolytes in the patient's labs to make sure there is no excess or deficiency 5. Record patient's intake and output (emphasize the importance of the patient telling you what they ate and drank) 6. Try to include patient's preferred choice of drinks and liquid foods during meals 	<ol style="list-style-type: none"> 1. Increasing fluid intake will increase urine output 2. Adding more liquid foods adds variety and increases patient's output 3. Educating the patient about the importance of fluid intake can make it easier for the patient to comply 4. Assessing electrolytes in patient's labs will help make sure there aren't any deficiencies or excess 5. Recording intake and output helps keep track of what the patient is taking in and letting out 6. Including the patient's preferred choice of drinks and liquid foods will make them want to consume it even more 	<p>At 13:00 the patient's urine output did increase, but it was not greater than 800 mL.</p> <p>The goal was not met.</p>