

Alliance University  
Cheryl Phenicie School of Nursing  
**NURSING CARE PLAN**

Student's Name: Minh Kim

Nursing Diagnosis:

**P: Risk for infection**

**E: Related to surgical incision from Cesarean delivery**

**S**

Patient's Initials: JF

Date 01/27/23

Admitting Diagnosis:

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
1. Patient maintains free of infection until discharge 01/28 2. Patient verbalizes understanding of proper hand washing technique by the end of the shift 01/27 3. Patient verbalizes understanding of signs and symptoms of infection by the end of the shift 01/27	1. Monitor patient's temperature every 4 hours 2. Assess the incision site every 4 hours 3. Educate patient to scrub hands with soap for at least 20 seconds 4. Monitor WBC count daily 5. Educate the patient to report when any signs of symptoms of infection is noticed 6. Educate patient to avoid removing Steri-Strips	1. Elevated temperature is one of the signs of infection 2. Assess signs for infection such as redness, swelling, abnormal discharges. 3. Maintaining proper hand hygiene may reduce the chance of infection. 4. elevated WBC indicates infection 5. Minimizes complication of infection by early treatment 6. Steri-Strips assists suture site to be closed and will fall out naturally.	Patient demonstrated understanding of proper hand washing technique by the end of the shift and remained free of infection until the discharge 01/28

**P: Risk for Fall**

**E: Related to orthostatic hypotension**

**S**

Date 01/27/23

Admitting Diagnosis:

<b>Expected Outcomes</b>	<b>Nursing Interventions</b>	<b>Rationales</b>	<b>Evaluations</b>
<p>1. Patient maintains free of fall related injuries until discharge 01/28</p> <p>2. Patient verbalizes understanding of orthostatic hypotension by the end of the shift 01/27</p> <p>3. Patient verbalizes understanding of proper standing technique by demonstration after patient education 01/27</p>	<p>1. Assess patient's blood pressure every 4 hours</p> <p>2. Maintain adequate hydration</p> <p>3. Monitor intake and output</p> <p>4. Educate patient about proper position change method while changing from supine to standing (From supine position, change to sitting position and remain seated for minute, then stand up)</p> <p>5. Educate the patient about the mechanism of orthostatic hypotension</p> <p>6. Ensure that call bell is easily accessible by the patient</p>	<p>1. Observe the baseline blood pressure and changes that may occur</p> <p>2. dehydration may lower the blood pressure of the patient</p> <p>3. monitor the patient's kidney function which may affect patient's blood pressure</p> <p>4. Proper changing position technique can minimize the risk of falling episode</p> <p>5. Understanding the mechanism will remind the patient the importance of proper position changes</p> <p>6. This will help patient to immediately call for help when she needs assistance with ambulation</p>	<p>Patient demonstrated understanding of proper position change technique by the end of the shift and remained free of fall related injuries until discharge 01/28</p>

