

Alliance University
Cheryl Phenicie School of Nursing
NURSING CARE PLAN

Student's Name: Daniel Cedeno

Nursing Diagnosis:

P: Constipation

E: Related to straining during bowel movements

S: states itching, pain, large hemorrhoid near anus

Patient's Initials: KR

Date 1/20/2023

Admitting Diagnosis: Hemorrhoids

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
<p>The patient's large hemorrhoid will be reduced in size within 2 weeks, and will not elicit any pain.</p>	<ol style="list-style-type: none"> 1. Instruct patient in activity or exercise programs. 2. Administer stool softeners as ordered. 3. Encourage high-fiber foods and increase fluid intake (2 L/day). 4. Administer topical medication if ordered. 5. Teach patient comfort measures such as use of a sitz bath in presence of hemorrhoids. 6. Provide a "donut cushion" if needed. 	<ol style="list-style-type: none"> 1. Exercises help to strengthen the abdominal muscles that aid in defecation and increase peristalsis. 2. Helps prevent straining and increases the pressure that may soften stool 3. Improves peristalsis and promotes elimination. 4. It can help prevent the pain and itching. 5. Anesthetic-containing suppositories or warm sitz baths can temporarily alleviate the pain. 6. The cushion can help alleviate the pressure that is placed upon the hemorrhoid. 	<p>Goal was met. Patient's hemorrhoid has reduced in size in 2 weeks and doesn't have pain.</p>

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Student's Name: Daniel Cedeno

Nursing Diagnosis:

P: Impaired Skin Integrity

E: Related to break in first line of defense (skin).

S: open by 2x2 cm, scant bleeding on pad, redness

Patient's Initials: KR

Date: 1/20/2023

Admitting Diagnosis: Perineal Tear (3rd Degree)

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
<p>The patient will demonstrate the methods of infection prevention to the perineal area during hospitalization.</p>	<ol style="list-style-type: none"> 1. Educate on proper hand hygiene technique. 2. Educate on proper perineal cleaning after defecation and voiding. 3. Encourage the patient to consume foods that are rich in protein and Vitamin C. 4. Encourage the use of a sitz bath. 5. Demonstrate the application of creams to the perineal area. 6. Assess for localized signs of infection at the wound site every 8 hours. 	<ol style="list-style-type: none"> 1. This method is to prevent the spread of any infectious organisms. It must be taught before and after performing self-care. 2. Wiping from front to back can help prevent the spread of infectious organisms 3. Consumptions of protein and Vitamin C rich foods can help the wound healing process. 4. The water promotes cleansing and the heat help dilate the perineal blood vessels which helps the increase of blood circulation. 5. Topical medications can minimize the pain. 6. Will establish the presence of infection. 	<p>Goal was met. The patient demonstrated methods of infection prevention throughout her hospitalization.</p>

