

NURSING CARE PLAN

Student's Name: Kayla Davis

Date 2/9/23

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Nursing Diagnosis: ~~Constipation~~

Admitting Diagnosis: Pre-eclampsia

Patient's Initials: KR

P: Constipation

E: R/t to decreased gastric emptying and decreased motility.

S: External hemorrhoid (2 in), infrequent bowel movements when was the last BM, abdominal distention.

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
<p>Patient will be able to verbalize understanding of teaching and demonstrate the use of sitz bath by the time of discharge.</p>	<ol style="list-style-type: none"> 1. Encourage and educate patient to eat a diet high in fiber. 2. Encourage the patient to use stool softeners. 3. Educate patient on attempting a bowel movement at least twice a day. 4. Educate client on using warm sitz bath 24 hours after giving birth. 5. Encourage patient to increase oral fluids up to 2000 mL a day. 6. Encourage patient to ambulate often. 	<ol style="list-style-type: none"> 1. Can fiber increase bulk in stools which makes them easier to pass. 2. Softeners make the stool easier to pass by softening the stool as well as taking much strain away from the patient. 3. To encourage patient to create a bowel routine which will assist with bowel movement. 4. This will reduce inflammation and promote soothing by relaxing the muscles and relieving any discomfort. 5. Increased fluid intake promotes easier elimination as it softens the stool reducing strain. 6. Stimulates elimination and strengthens abdominal muscles that assist with 	<p>Patient goal was met and successfully demonstrated how to use sitz bath and was able to verbalize and list the at home care by the time of discharge.</p>

		bowel movements and motility. <u>peristalsis</u>	
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