

Nursing Diagnosis: Risk of Infection

- Nursing Intervention
- Assess patient for redness and irritation
  - Monitor patient vital signs, specifically temperature for fever.
  - Monitor patient input and output
  - Check for abdominal pain

Nursing Diagnosis: Impaired Gas Exchange

- Nursing Intervention
- Monitor patients' respiratory rate and blood pressure
  - Assess patient's skin for warmth.
  - Assess patient's lungs and its sounds.
  - Check, if possible, cannula or a mask is needed.

Nursing Diagnosis: Compromised Skin Integrity

- Nursing Intervention
- Every 2hrs reposition patient
  - Assess if skin is intact
  - Change patients dressing on the back
  - Assist patient with commode use

Nursing Diagnosis: Knowledge Deficit

- Nursing Intervention
- Identify the patient, family member and or caregiver
  - Assess patients ability to learn desired health after care
  - Determine the priority of learning
  - Assess the motivation and willingness to learn.

Nursing Assessment: Patient is 77years old. Pt was admitted into the hospital on 03/20/23 with a diagnosis of Sepsis. Pt is alert and oriented x2.

Medications: Tylenol 650mg Q6h PRN, Rocephin 2,000mg IV infusion Q4h

Lung sounds: Normal  
Past Medical Hx: Lung Cancer, thyroid, Cirrhosis

Diagnostic test: Mass in liver found.

BP: 160/75

O2 sat: 96

HR79

RR: 19

Temp:97.1

Evaluations:  
Pt will be able to go home with IV infusion change Q4h.  
Pt will have a home attending nurse.

Expected Outcomes:  
Pads are placed and changed often; skin intact.  
Pt is on a 1:1 for monitoring and assistance.