

**Crisy Smith**  
**Nursing Concept Map**

**1.Nursing Diagnosis**

- Risk for Loneliness related separation from family

**Nursing Interventions**

- Assist patients feeling and perceptions about situation
- Form a trust a relationship with patient
- Have patience participate in goal setting and care plan development
- Assist a patient to practice social skills

**Evaluation**

- Patient will attend support groups within 6 months

**Expected Outcome**

- Patient will seek appropriate treatment for underlying factors causing social isolation
- Patient will acquire social skills to interact with society
- Patient will express the feeling of increased self-worth and appear more confident
- Patient will practice communication skills to improve social interactions

**2.Nursing Diagnosis**

- Risk for acute confusion related to hemorrhagic stroke

**Nursing Interventions**

- Orient the patient as necessary.
- Treat underlying physiological conditions.
- Limit stimuli
- Implement safety measures.

**Evaluation**

- Patient will be oriented and alert 3x(Name, Date, Location) in 3 weeks

**Expected Outcome**

- Patient will regain orientation to person, place, time, and situation with an appropriate level of consciousness
- Patient will initiate lifestyle changes to prevent reoccurrence of acute confusion/delirium
- Patient will verbalize contributing factors of fluctuations in cognition
- Patient will participates in activities of daily living (ADLs).

**3.Nursing Diagnosis**

- Risk for compromised human dignity related to multiple factors associated with hospitalization

**Nursing Interventions**

- Listen with empathy
- Refer to counseling
- Provide information about treatment options or the expected course of the illness
- Upon request, provide accurate, understandable information and strategies to deal with possible future crises

**Evaluation**

- Patient will show self care/self love within 3 months

**Expected Outcome**

- P

**4. Nursing Diagnosis**

- Risk for caregivers role strain related to inadequate support

**Nursing Interventions**

- Encourage the involvement of other family members to relieve pressure on the primary caregiver.
- Introduce stress-reducing methods to the caregiver.
- Allow caregivers to participate in support groups.
- Encourage the caregiver to know available family and friends who can assist with caregiving.

**Evaluation**

- Patient will be able to assist caregiver within 2 months with ADL tasks

**Expected Outcome**

- The caregiver will report a plan to decrease the caregiver's burden.
- The caregiver will share frustrations regarding caregiving responsibilities.
- The caregiver will relate strategies to increase support.
- The caregiver will identify changes that would improve daily life if implemented.

**Nursing assessment, vital signs, medical diagnosis/surgical procedure, lab values, Test, medication**

Pt is a 69 year old male. He was presented to the ER with a head injury. No allergies, patient is alert and oriented x1 (Name). Pt is laying in the bed with signs of confusion. History of UTI.

Temp: 97.8F Pulse:77 RR:19 BP:115/69

Diagnosis: Stroke

Medication: Losartan, Famotidine, Heparin, Carvedilol