

NURSING CARE PLAN

ASSESSMENT	NURSING DIAGNOSIS	PLANNING	NURSING INTERVENTION	RATIONALE	EVALUATION / OUTCOME
<p>Subjective Cues:</p> <p>> Patient writes, “ When will my voice return? ”</p> <p>Objective Cues:</p> <p>> inability to speak</p> <p>> anger</p> <p>> irritability</p> <p>> frustration</p>	<p>Impaired verbal communication related to removal of vocal cords</p> <p>(The state in which an individual experiences a decreased or absent ability to use or understand language in human interaction.)</p>	<p>Within 8 hours patient will:</p> <p>> indicate understanding of communication problems and ways of handling it</p> <p>> participate actively in therapeutic communication</p> <p>> communicate needs in an effective manner</p>	<p>Independent:</p> <p>Established rapport.</p> <p>Reviewed preoperative discussion regarding loss of voice using anatomical drawings to assist in explanations.</p> <p>Determined whether patient has other communication impairments.</p> <p>Provided call light/bell at bedside.</p> <p>Provided alternative methods of communication such as paper and pencil, slate board, letter or picture board, and hand/eye signals.</p>	<p>> Rapport helps gain patient’s cooperation and active participation in therapeutic communication</p> <p>> Reinforces preoperative teaching and encourages understanding of communication problems</p> <p>> Presence of other communication problems influences plan for alternative communication</p> <p>> Reassures patient that the nursing staff is vigilant and will respond promptly to patient’s call</p> <p>> Allows patient to express needs and concerns</p>	<p>Goal met. Patient communicates constantly through writing and gestures and has requested for an appointment with a speech therapist.</p>

		<p>Kept communication simple and unhurried.</p> <p>Provided therapeutic touch and physical presence; anticipated needs and validated nonverbal cues as necessary.</p> <p>Encouraged patient to watch television, listen to the radio, and read newspapers.</p> <p>Arranged for meetings with a volunteer laryngectomy client.</p> <p><u>Collaborative:</u></p> <p>Consulted a speech therapist regarding the use esophageal speech and/or artificial larynx.</p> <p>Consulted with rehabilitation agencies on the availability of support and resources for patients with a laryngectomy.</p>	<p>> Loss of speech can cause frustration and block expression so patient must be given sufficient time to respond</p> <p>> Communicates concern for patient and reduces feelings of anxiety and frustration</p> <p>> Promotes a normal lifestyle and encourages communication using methods other than speech.</p> <p>> Provides role model and enhances cooperation.</p> <p>> Ability to use alternative voice and speech methods depends on patient's age, emotional state, and motivation to return to an active life</p> <p>> Rehabilitation is lengthy and the patient may need additional resources to facilitate learning and adaptation</p>
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