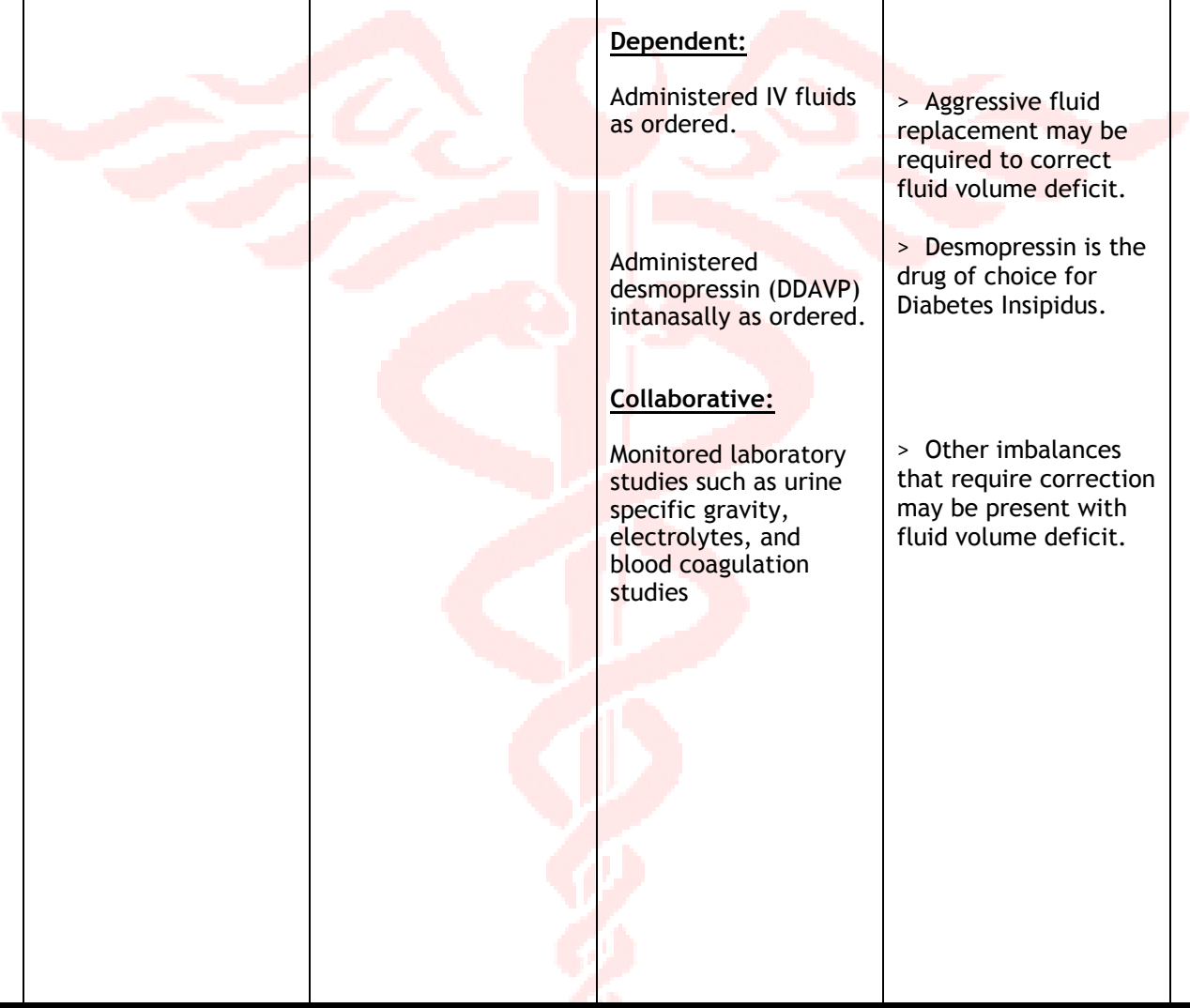


NURSING CARE PLAN

ASSESSMENT	NURSING DIAGNOSIS	PLANNING	NURSING INTERVENTION	RATIONALE	EVALUATION / OUTCOME
<p>Subjective Cues:</p> <p>>Patient states, "I am very thirsty."</p> <p>Objective Cues:</p> <p>> excessive thirst</p> <p>> dry oral mucous membranes</p> <p>> increased heart rate (HR= 140)</p> <p>> decreased BP (BP= 80/57)</p> <p>> increased body temperature (T= 38°)</p> <p>> severe polyuria (>7L/day)</p> <p>> urine specific gravity= 1.001</p> <p>> decreased skin turgor</p> <p>> weakness</p> <p>> irritability</p>	<p>Fluid Volume Deficit related to excessive urination secondary to diabetes insipidus</p> <p>(A state in which an individual is at risk of experiencing vascular, cellular, or intracellular dehydration due to active or <u>regulatory</u> losses of body water in excess of needs or replacement capability.)</p>	<p>Within 8 hours, patient will maintain adequate fluid volume as evidenced by:</p> <p>> vital signs within N range for age</p> <p>> urine output of 50-80ml/hr</p> <p>> urine specific gravity between 1.004 and 1.030</p> <p>> moist mucous membranes</p> <p>> good skin turgor</p> <p>> patient verbalizing that thirst is no longer excessive</p>	<p>Independent:</p> <p>Monitored vital signs; noted changes in body temperature.</p> <p>Observed for postural BP changes; encouraged gradual position changes.</p> <p>Palpated peripheral pulses, assessed capillary refill, mucous membranes, and skin turgor; observed for changes in mental status.</p> <p>Monitored I/O qh; obtained daily weights and compared with 24-hr I/O.</p>	<p>> Increased HR along with decreased BP and elevated temperature, is present in conditions with fluid volume deficit. Increased body temperature also increases fluid loss by increasing metabolism.</p> <p>> Patients with may experience varying degrees of postural hypotension depending on degree of fluid volume deficit.</p> <p>> Excessive fluid loss through regulatory mechanisms failure may result in severe dehydration, circulatory collapse, and shock. Decreased cerebral perfusion may result in changes in mentation.</p> <p>> Fluid replacement needs are based on correction of current deficits and ongoing losses. Decreased urinary output may require aggressive fluid replacement. A</p>	<p>Goal met. Patient maintained adequate fluid volume as evidenced by N vital signs, adequate urinary output with normal specific gravity, moist mucous membranes, good skin turgor, and patient's verbalization that thirst is not excessive.</p>

			<p>Encouraged increase in fluid intake and consumption of foods high in fluid content.</p> <p>Turned patient q2h and provided support for body prominences.</p> <p>Provided skin and mouth care, massaged skin, and applied emolients as necessary.</p> <p>Monitored IV flow rates regularly; observed for marked elevations in BP, restlessness, moist cough, dyspnea, basilar crackles, and frothy sputum.</p> <p>Provided health teachings on the need for lifelong hormonal replacement.</p>	<p>sudden weight increase may indicate third-spacing.</p> <ul style="list-style-type: none"> > Relieves thirst and aids in body fluid replacement. > Patients with fluid volume deficit are more at risk for skin breakdown. > Regular skin and mouth care relieves dryness and discomfort. Light massage promotes circulation. Use of emolients and mild soaps promotes good hygiene and comfort without excessive drying of the skin. > Patients on IV fluid therapy may be at risk for cardiopulmonary compromise. > Lifelong fluid replacement to control polyuria and polydipsia is necessary for patients with Diabetes Insipidus. 	
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