

NURSING CARE PLAN

ASSESSMENT	EXPLANATION OF THE PROBLEM	OBEJECTIVE	INTERVENTION	RATIONALE	EVALUATION
<p><i>Subjective:</i></p> <p>“Namamanas ang binti ko” as verbalized by the patient.</p> <p><i>Objective:</i></p> <ul style="list-style-type: none"> • Oliguria. • Weight gain. <p>T : 36.4 P : 98 R : 18 BP: 130/80</p>	<ul style="list-style-type: none"> • Nephritis refers to inflammation of one or both kidneys. It can be caused by infection, but is most commonly caused by autoimmune disorders that affect the major organs. For example, those with lupus are at a much higher risk for developing nephritis. In rare cases nephritis can be genetically inherited, though it may not present in childhood. As the kidneys inflame, they begin to excrete needed protein from the body into the urine stream. Nephritis also causes additional problems like water retention, as the kidneys cannot function properly to rid the body of water. Water retention or edema, can further cause swelling of the feet, ankles, legs, and hands. 	<p><i>Short term:</i></p> <ul style="list-style-type: none"> • Increased urinary output. • Minimize presence of edema. • Achieve stable weight and stable vital signs. <p><i>Long term:</i></p> <ul style="list-style-type: none"> • Prevents complication of the disease. 	<p><i>Independent:</i></p> <ul style="list-style-type: none"> • Record accurate intake and output (I&O). • Monitor urine specific gravity. • Weigh daily at the same time of the day. • Monitor heart rate and Bp. • Elevate edematous body part. <p><i>Collaborative:</i></p> <ul style="list-style-type: none"> • Monitor serum sodium. 	<ul style="list-style-type: none"> • Low output (less than 400ml/24 hr) is the first indicator of acute renal failure. • To measure the kidney’s ability to concentrate urine. • Daily body weight is best monitor of fluid status. A weight gain of more than 0.5kg/day suggest fluid retention. • Tachycardia and hypertension can occur because of failure of the kidney to excrete urine. • To promote venous return. • Hyponatremia may result from fluid overload or kidney’s inability to conserve sodium. Hypernatremia indicates total body water 	<ul style="list-style-type: none"> • Display appropriate urinary output with normal specific gravity and laboratory status within normal range. • Absence of edema and body weight returns to normal. • Vital signs within normal range.

			<ul style="list-style-type: none">• Monitor serum potassium.• Administer diuretics.	<p>deficits.</p> <ul style="list-style-type: none">• Lack of renal excretion and selective retention of potassium to excrete excess hydrogen ions lead to hyperkalemia requiring prompt treatment.• To promote adequate urine volume.	
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