CARE PLAN EXAMPLE

ENDOCRINE

SIADH

Nursing Diagnosis

Possible Nursing Diagnoses:

- Fluid volume excess
- Risk for electrolyte imbalance (hyponatremia)
- Deficient knowledge

Related To (r/t):

- Too much ADH being released
- Renal dysfunction
- New diagnosis

As Evidenced By (aeb):

- Edema
- Tachycardia
- Hypertension
- Decreased urine output
- Mental status changes
- Hyponatremia
- Concentrated urine

Patient Goals (Short and/or long term)

1. The patient will maintain a stable cardiac status with stable vital signs.
2. The patient will maintain a stable level of consciousness.
3. The patient will monitor intake and output closely.
4. The patient will maintain an adequate fluid intake and output (based on their prescribed guidelines).
5. The patient understands the importance of follow up care and treatment.

Nursing Interventions (Including rationale)

1. The nurse will monitor cardiac status and vital signs.
2. The nurse will monitor fluid status closely.
3. The nurse will educate the patient on adequate fluid intake and output.
4. The nurse will monitor electrolyte levels and urine closely.
5. The nurse will administer medications as prescribed and educate the patient on them as needed.

Include evidenced based rationales for each nursing intervention using your textbooks.

Evaluation

State whether or not the goal was met.

If the goal wasn't met, what progress did they make, and what changes do you need to make to the care plan.

Give your recommendations for changing the care plan to improve patient outcomes.