

**Nursing Diagnosis**

Possible Nursing Diagnoses:

- Anxiety
- Ineffective tissue perfusion
- Risk for decreased cardiac output

Related To (r/t):

- Loss of blood flow
- Fear of death or interventions
- Rupture of vessel

As Evidenced By (aeb):

- Alterations in circulation
- Vital sign changes
- Alterations in level of consciousness
- Alterations in sensation
- Inability to communicate
- Paralysis

**Patient Goals
(Short and/or long term)**

- 1.The patient will maintain adequate cardiac output with stable heart rate and blood pressure.
- 2.The patient will maintain adequate perfusion.
- 3.The patient will demonstrate positive coping mechanisms and anxiety reduction techniques.
- 4.The patient maintains improved tissue perfusion.
- 5.The patient understands the risk of treatment, medications given and diagnostic tests.

**Nursing Interventions
(Including rationale)**

- 1.The nurse will provide a low stimulation environment promoting rest.
- 2.The nurse will explain all procedures, medications, and treatments thoroughly.
- 3.The nurse will continue to monitor the patients perfusion status.
- 4.The nurse will continue to monitor the patients vital signs.
- 5.The nurse will administer medications as prescribed.

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.