



SICKLE CELL ANEMIA

Nursing Diagnosis

Possible Nursing Diagnoses:

- Impaired gas exchange
- Ineffective tissue perfusion
- Acute pain

Related To (r/t):

- Decreased carrying capacity of RBC
- Increased blood viscosity
- Vaso occlusive sickling

As Evidenced By (aeb):

- Dyspnea
- Tachycardia
- Diminished pulses
- Prolonged capillary refill
- Occlusion of blood flow

Patient Goals
(Short and/or long term)

- 1.The patient will maintain a stable respiratory status.
- 2.The patient will have an improved pain level.
- 3.The patient will maintain adequate tissue perfusion with stable vital signs and equal pulses.
- 4.The patient will maintain active ROM in all extremities.
- 5.The patient will maintain adequate intake.
- 6.The patient understands the interventions and treatment.

Nursing Interventions
(Including rationale)

- 1.The nurse will assess the patients respiratory status.
- 2.The nurse will assess vital signs.
- 3.The nurse will educate the patient on non-pharmacological comfort measures (heat, cool, TENS, breathing).
- 4.The nurse will educate the patient on the importance of increased hydration and managing stress.
- 5.The nurse will administer medications and blood transfusions 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.