GERIATRIC NURSING CARE PLAN

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
Subjective Data: **- Patient reports difficulty walking and occasional dizziness.** **Objective Data:** **- Reduced muscle strength and unsteady gait noted; vital signs show slight hypotension.**	**Impaired Mobility** related to muscle weakness as evidenced by unsteady gait and difficulty walking.	**Short-Term:** - Within 24 hours, patient will demonstrate improved balance with assistance. **Long-Term:** - Patient will achieve independent ambulation with reduced fall risk.	Plan mobility exercises and physical therapy sessions; assess safety needs.	Assist with walking exercises and use supportive devices as needed; monitor progress daily.	Regular exercise improves muscle strength and balance, reducing fall risk.	Patient shows improved balance; mobility increases; falls are prevented.
Subjective Data: **- Patient complains of loss of appetite and recent weight loss.** **Objective Data:** **- Weight reduction observed; lab tests indicate**	**Imbalanced Nutrition: Less Than Body Requirements** related to decreased appetite and difficulty chewing as evidenced by weight loss.	**Short-Term:** - Within 48 hours, patient will consume small, frequent meals. **Long-Term:** - Patient will maintain a balanced diet and stabilize weight.	Develop a dietary plan in collaboration with a dietitian; educate on nutrient-rich foods.	Provide meals that are easy to chew; monitor intake and weight daily; offer nutritional supplements if prescribed.	Adequate nutrition is essential for energy and overall health.	Patient consumes meals consistently; weight stabilizes; nutritional status improves.

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nutritional deficits.						
Subjective Data: **- Patient expresses concern about falling at home.** **Objective Data:** **- Patient shows decreased peripheral vision and impaired balance; risk of falls is high.**	**Risk for Falls** related to impaired mobility and visual deficits as evidenced by unsteady gait and poor balance.	**Short-Term:** - Within 24 hours, patient will demonstrate safe transfer techniques. **Long-Term:** - Patient will experience no falls and maintain independence in daily activities.	Plan safety measures including the installation of assistive devices and environmental modifications.	Educate the patient on using bed rails and proper footwear; supervise transfers; perform home safety evaluations.	Preventing falls reduces the risk of injuries and hospital readmissions.	Patient uses assistive devices correctly; no falls occur; family reports improved safety at home.
Subjective Data: **- Patient appears confused about managing medications and appointments.** **Objective Data:** **- Patient shows signs of inadequate knowledge regarding chronic disease management.**	**Ineffective Health Management** related to lack of knowledge about condition management as evidenced by inconsistent medication use and missed appointments.	**Short-Term:** - Within 24 hours, patient will verbalize key self-care strategies. **Long-Term:** - Patient will adhere to the medication regimen and attend follow-up visits consistently.	Develop an education plan with clear, written instructions; schedule teaching sessions.	Conduct one-on-one educational sessions; provide written materials; review medication schedules regularly.	Educating patients promotes self-management and improves treatment adherence.	Patient and family demonstrate understanding; medication adherence improves; follow-up visits are maintained.