## **NURSING CARE PLAN FOR HYDROCEPHALUS.**

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
Subjective Data:	Impaired Tissue	Short-Term:	Plan to administer pain	Give pain	Reducing	Patient's headache
- Patient	Perfusion related to	- Within 1 hour, the	relievers and monitor	medication as	pressure and	diminishes; vital
complains of	increased	headache will	neurological status	ordered; monitor	pain	signs and
severe headache	intracranial pressure	decrease and vital	continuously.	pupils,	improves	neurological status
and nausea.	as evidenced by	signs will stabilize.		consciousness, and	blood flow	improve.
Objective Data:	headache, nausea,	Long-Term:	./	vital signs every 15-	and comfort.	
- Patient shows	and altered	- Patient will	GINGE XPert.in	30 minutes.		
signs of increased	neurological status.	maintain normal	~O,			
intracranial		neurological status	14			
pressure; pupils		and stable	X.			
are unequal; vital		intracranial	11/3			
signs are high.		pressure.	Mis			
Subjective Data:	Risk for Injury	Short-Term:	Plan for safety measures	Assist the patient in	Safe mobility	No falls occur;
- Patient feels	related to impaired	- Within 30	and close monitoring	moving slowly; use	reduces	patient's alertness
dizzy and	cognitive function	minutes, the	during movement.	bed rails and non-	injury risk	improves; safety
confused.	and balance issues	patient will show		slip footwear;	and supports	measures remain
Objective Data:	from increased	improved alertness		monitor for signs of	recovery.	effective.
- Altered mental	intracranial pressure.	and reduced		falls.		
status; difficulty		dizziness.				
concentrating;		Long-Term:				
signs of unsteady		- Patient will				
balance.		remain safe with no				
		falls or injuries.				

Subjective Data: - Patient and family express confusion about the condition and treatment plan. Objective Data: - Family asks questions; patient appears anxious.	Deficient Knowledge regarding hydrocephalus and its management as evidenced by confusion and anxiety.	Short-Term: - Within 24 hours, patient and family will verbalize an understanding of the condition and treatment plan. Long-Term: - Patient and family will adhere to follow-up care and self-management practices.	Develop an education plan using simple explanations and visual aids.	Conduct teaching sessions; distribute handouts; answer questions in clear language.	Education empowers patients and reduces anxiety.	Patient and family show understanding; follow-up confirms adherence to the care plan.				
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