

Sample Nursing Care Plan for Acute Gastroenteritis:

| Assessment | Nursing Diagnosis | Goal/Expected Outcome | Intervention/Planning | Implementation | Rationale | Evaluation |
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| The patient exhibits frequent diarrhea and vomiting. Signs include dry mucous membranes, decreased skin turgor, and low blood pressure. Laboratory tests reveal electrolyte imbalances. | Deficient Fluid Volume related to excessive fluid loss from diarrhea and vomiting. | Short-Term: Stabilize fluid volume and restore hydration within 4 hours. Long-Term: Maintain balanced hydration and normalize electrolyte levels. | Plan to administer IV fluids and electrolyte solutions. Monitor fluid intake and output, and assess vital signs hourly. | Start IV fluid therapy immediately; check and record vital signs every hour; monitor lab values every 4 hours; educate patient on the need for hydration. | Early fluid replacement prevents complications such as shock and organ dysfunction. | Patient's vital signs stabilize; improved skin turgor and increased urine output; electrolyte levels return to normal ranges. |
| The patient reports moderate to severe abdominal pain with a pain score of 7/10. | Acute Pain related to abdominal cramping and gastrointestinal inflammation. | Short-Term: Reduce pain to 3/10 within 2 hours. Long-Term: Maintain manageable pain levels to support recovery. | Plan to administer prescribed analgesics and non-pharmacological interventions such as a warm compress to the abdomen. | Administer pain medication as ordered; reassess pain every 30 minutes; apply a warm compress for comfort; document pain levels and patient response. | Managing pain improves patient comfort and aids in the recovery process. | Patient reports decreased pain (3/10) after interventions; displays improved ability to rest and participate in care activities. |