

NURSING CARE PLAN FOR AMOEBIASIS:

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
Subjective Data: - Patient reports frequent, watery diarrhea, abdominal cramping, and fatigue. Objective Data: - Abdominal tenderness; signs of dehydration; positive stool test for <i>Entamoeba histolytica</i> .	Fluid Volume Deficit related to diarrhea and vomiting as evidenced by dehydration and weight loss.	Short-Term: - Within 24 hours, restore fluid balance and reduce signs of dehydration. Long-Term: - Patient maintains stable hydration and improved nutritional status.	Administer IV fluids or encourage increased oral fluid intake; monitor vital signs and weight.	Provide IV fluids as ordered; monitor intake/output; assess skin turgor and mucous membranes regularly.	Adequate hydration is critical for cellular function and recovery.	Patient shows improved hydration; weight stabilizes; vital signs return to normal.
Subjective Data: - Patient reports abdominal pain and discomfort. Objective Data: - Abdominal cramping noted;	Acute Pain related to intestinal inflammation as evidenced by patient-reported pain and abdominal cramping.	Short-Term: - Within 1 hour, reduce pain to a tolerable level (e.g., 3-4/10). Long-Term: - Patient experiences manageable pain	Administer prescribed analgesics; encourage relaxation techniques; apply non-pharmacological pain relief measures if appropriate.	Provide pain medication as ordered; monitor pain levels every 30 minutes; document patient feedback.	Effective pain management improves comfort and supports recovery.	Patient reports decreased pain; improved comfort; ability to participate in self-care increases.

patient rates pain as 6/10.		levels with effective recovery.				
Subjective Data: - Patient expresses uncertainty about dietary changes and hygiene practices to prevent reinfection. Objective Data: - Patient asks questions about nutrition and personal care; appears anxious.	Deficient Knowledge regarding amoebiasis management as evidenced by patient uncertainty about self-care and dietary modifications.	Short-Term: - Within 24 hours, patient will verbalize key self-care and dietary strategies. Long-Term: - Patient adheres to recommended hygiene and nutritional guidelines, reducing risk of reinfection.	Develop an education plan that includes information on proper handwashing, safe food and water practices, and a balanced diet.	Conduct one-on-one teaching sessions; provide written materials and visual aids; schedule follow-up discussions.	Patient education is crucial to preventing reinfection and supporting recovery.	Patient demonstrates understanding; self-care practices are consistent; follow-up confirms adherence.