

NURSING CARE PLAN FOR A PATIENT WITH CHOLECYSTITIS

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
<p>Subjective Data: - Patient reports severe pain in the right upper abdomen.</p> <p>Objective Data: - Fever, tachycardia, positive Murphy's sign, and tenderness in the right upper quadrant.</p>	<p>Acute Pain related to inflammation of the gallbladder secondary to gallstone obstruction, as evidenced by severe abdominal pain and positive Murphy's sign.</p>	<p>Short-Term: - Within 2 hours, pain level will decrease from 8/10 to 4/10.</p> <p>Long-Term: - Within one week, the patient will experience minimal pain and improved mobility.</p>	<p>Plan to administer analgesics and anti-inflammatory medications; schedule pain assessments every 2 hours.</p>	<p>Administer prescribed pain medications (NSAIDs or opioids) and monitor pain using a standardized scale; reposition the patient for comfort.</p>	<p>Reducing pain helps the patient relax, improves circulation, and allows for better participation in recovery activities.</p>	<p>Patient's pain score reduces to 4/10; patient reports feeling more comfortable; improved mobility is noted.</p>
<p>Subjective Data: - Patient states, "I feel nauseous and cannot eat."</p> <p>Objective Data: - Patient has reduced appetite and shows signs of dehydration.</p>	<p>Imbalanced Nutrition: Less Than Body Requirements related to decreased appetite and NPO status as evidenced by low oral intake and weight loss.</p>	<p>Short-Term: - Within 24 hours, the patient will tolerate clear liquids.</p> <p>Long-Term: - Within one week, the patient will resume a regular diet and maintain</p>	<p>Plan to start with clear liquids and gradually advance the diet as tolerated; consult with a dietitian.</p>	<p>Initiate a clear liquid diet and monitor for tolerance; gradually reintroduce soft foods as symptoms improve; provide small, frequent meals.</p>	<p>A gradual increase in dietary intake helps prevent nausea and supports healing without overwhelming the patient's digestive system.</p>	<p>Patient tolerates clear liquids and gradually progresses to a soft diet; weight and nutritional markers remain stable.</p>

		adequate nutritional status.				
<p>Subjective Data: - Patient expresses worry about infection and surgery.</p> <p>Objective Data: - Elevated temperature and slight redness around the abdomen; lab tests show elevated white blood cells.</p>	<p>Risk for Infection related to gallbladder inflammation and potential surgical intervention as evidenced by fever and elevated WBC count.</p>	<p>Short-Term: - Within 24 hours, signs of infection will be controlled.</p> <p>Long-Term: - Within one week, no new signs of infection will be present.</p>	<p>Plan to administer IV antibiotics and perform regular wound and incision care if surgery is planned.</p>	<p>Start IV antibiotics as per the doctor's order; monitor temperature and WBC count; perform aseptic wound care.</p>	<p>Early antibiotic administration and proper wound care reduce the risk of infection and support healing.</p>	<p>Temperature normalizes; WBC count returns to normal; no signs of infection are observed.</p>
<p>Subjective Data: - Patient complains of nausea and vomiting.</p> <p>Objective Data: - Signs of dehydration, including dry mucous membranes and decreased urine output.</p>	<p>Deficient Fluid Volume related to fluid loss from vomiting and reduced oral intake, as evidenced by signs of dehydration.</p>	<p>Short-Term: - Within 2 hours, improve hydration with an increase in urine output.</p> <p>Long-Term: - Within one week, maintain a stable fluid balance and normal vital signs.</p>	<p>Plan to administer IV fluids and monitor fluid intake and output closely; educate the patient on the importance of staying hydrated.</p>	<p>Start IV fluids (e.g., normal saline) as prescribed; measure urine output every hour; record fluid intake; encourage sips of water when possible.</p>	<p>Restoring fluid volume is essential to improve blood pressure, support organ function, and reduce dehydration symptoms.</p>	<p>Urine output increases; patient's mucous membranes become moist; vital signs stabilize, and patient reports feeling less dehydrated.</p>

www.NursingExpert.in

www.NursingExpert.in

www.NursingExpert.in

www.NursingExpert.in

www.NursingExpert.in

www.NursingExpert.in

www.NursingExpert.in

www.NursingExpert.in

www.NursingExpert.in