

NURSING CARE PLAN FOR HYPERKALEMIA:

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
<p>Subjective Data: - Patient reports palpitations and muscle weakness.</p> <p>Objective Data: - ECG shows peaked T waves; serum potassium is 6.2 mEq/L; patient appears fatigued.</p>	<p>Decreased Cardiac Output related to elevated potassium levels as evidenced by arrhythmias and fatigue.</p>	<p>Short-Term: - Within 1 hour, stabilize heart rate and reduce palpitations.</p> <p>Long-Term: - Patient maintains a regular heart rhythm and improved energy levels.</p>	<p>Administer prescribed calcium gluconate and insulin with glucose; monitor ECG continuously.</p>	<p>Deliver medications as ordered; check vital signs and ECG every 15-30 minutes; document changes.</p>	<p>Calcium gluconate protects the heart; insulin shifts potassium into cells, lowering serum levels.</p>	<p>ECG normalizes; heart rate stabilizes; patient reports reduced palpitations and improved energy.</p>
<p>Subjective Data: - Patient is concerned about dietary potassium intake.</p> <p>Objective Data: - Diet history reveals high consumption of</p>	<p>Risk for Electrolyte Imbalance related to excessive dietary potassium intake.</p>	<p>Short-Term: - Within 24 hours, patient identifies high-potassium foods to avoid.</p> <p>Long-Term: - Patient follows a low-potassium diet consistently.</p>	<p>Develop a dietary education plan with a dietitian; provide written guidelines on low-potassium foods.</p>	<p>Conduct dietary teaching sessions; offer brochures; review food diary with the patient.</p>	<p>Educating patients on dietary modifications helps prevent further potassium elevation.</p>	<p>Patient verbalizes understanding; food diary shows adherence; serum potassium levels gradually decrease.</p>

potassium-rich foods.						
Subjective Data: - Patient feels anxious about managing the condition at home. Objective Data: - Patient appears anxious; inconsistent medication use observed.	Deficient Knowledge regarding hyperkalemia management as evidenced by anxiety and inconsistent care practices.	Short-Term: - Within 24 hours, patient verbalizes key aspects of hyperkalemia management. Long-Term: - Patient adheres to the care plan and follows up with scheduled appointments.	Develop an education plan that covers hyperkalemia, medication use, and dietary restrictions.	Provide individual teaching sessions; supply clear, written materials; schedule regular follow-ups.	Education empowers patients to manage their condition and improves treatment adherence.	Patient demonstrates increased understanding; adherence improves; follow-up visits are consistent.