NURSING CARE PLAN FOR PREMATURE RUPTURE OF MEMBRANES:

| Assessment | Nursing Diagnosis | Goal/Expected Outcome | Intervention/Planning | Implementation | Rationale | Evaluation |
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| Subjective Data: - Patient reports a sudden gush of clear fluid and slight vaginal discomfort. Objective Data: - Leakage of amniotic fluid observed; fetal heart rate within normal limits; no signs of infection. | Risk for Infection related to exposure of the intrauterine environment as evidenced by premature rupture of membranes. | Short-Term: - Within 1 day, prevent signs of infection and maintain normal fetal heart rate. Long-Term: - Patient remains free from infection and proceeds safely to delivery. | Initiate aseptic techniques during care; monitor maternal temperature and fetal heart rate; educate on hygiene practices. | Use sterile equipment for assessments; reassess vital signs every 4 hours; instruct patient on proper perineal care. | Reducing contamination risk prevents infection and protects maternal and fetal health. | Patient remains afebrile; fetal heart rate stays within normal range; no signs of infection develop. |
| Subjective Data: - Patient expresses anxiety about potential complications and uncertain outcomes. Objective Data: - Patient shows signs of anxiety; vital signs | Deficient Knowledge regarding PROM management as evidenced by patient uncertainty and expressed anxiety. | Short-Term: - Within 24 hours, patient verbalizes key aspects of PROM care. Long-Term: - Patient adheres to the care plan and attends all | Develop an education plan covering PROM, potential complications, and selfcare practices; provide written materials and visual aids. | Conduct one-on-one teaching sessions; distribute brochures; schedule follow-up calls. | Education reduces anxiety and promotes adherence to treatment plans. | Patient demonstrates understanding; reports decreased anxiety; follows up as scheduled. |

| indicate mild | follow-up | | |
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| tachycardia. | appointments. | | |

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