ADDISON'S DISEASE NURSING CARE PLANS

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
Subjective: Patient reports severe fatigue and lightheadedness. Objective: Low blood pressure, weight loss, and hyperpigmentation noted.	Risk for Imbalanced Fluid Volume related to low cortisol and sodium levels.	Short-Term: Within 48 hours, patient's blood pressure will improve and fluid balance will be maintained. Long-Term: Patient maintains stable vital signs and weight.	Monitor vital signs and daily weights. Administer hormone replacement therapy as prescribed. Educate on fluid and electrolyte management.	Record vitals every 4 hours. Provide medication and document response. Review dietary guidelines with patient.	Early intervention stabilizes fluid volume and prevents shock.	Patient shows improved blood pressure and reports less fatigue.
Subjective: Patient expresses confusion about the condition. Objective: Patient asks questions regarding self-care practices.	Deficient Knowledge related to disease process and self- management strategies.	Short-Term: Patient verbalizes understanding of Addison's disease and its management within 24 hours. Long-Term: Patient follows treatment and self-care recommendations consistently.	Provide clear, simple educational materials and one-on-one teaching sessions. Use visual aids to explain the disease process.	Schedule education sessions and use the teach-back method to confirm understanding.	Patient education improves self-care and reduces anxiety.	Patient accurately explains the disease and demonstrates correct self- care practices.