## **CARDIAC CATHETERIZATION NURSING CARE PLANS**

Nursing Diagnosis	Patient Goals/Expected Outcomes	Assessment Data	Nursing Interventions	Rationale	Evaluation	Documentation/Follow- Up
Risk for Bleeding	Maintain hemodynamic stability; no bleeding at the insertion site	Evidence of slight oozing; abnormal clotting results may be present	Monitor vital signs and insertion site; apply pressure dressings; notify physician of changes	Prevent further blood loss and ensure clot formation	Stable vital signs and clean insertion site observed	Document bleeding status every shift; update treatment as needed
Acute Pain	Report pain at a tolerable level (≤ 3/10) within 48 hours	Patient reports pain score of 7/10 post- procedure	Administer prescribed analgesics; use non- pharmacological pain relief methods such as guided imagery	Alleviate pain and facilitate comfort for improved recovery	Patient reports reduced pain score; demonstrates relaxed posture	Record pain assessments and medication administration times
Risk for Infection	Keep catheter site free from infection throughout hospital stay	Redness, slight swelling noted at insertion site	Practice strict aseptic technique; change dressings as per protocol; monitor for signs of infection	Minimize risk of infection and promote healing	No signs of infection observed; dressing remains intact	Document site condition regularly; report changes immediately
Ineffective Cardiac Perfusion	Improve cardiac output as evidenced	EKG irregularities noted; patient history of	Administer prescribed cardiac medications; monitor EKG and	Support cardiac function and	Improved EKG readings and stable vital	Record EKG results and vital signs at regular intervals

	by stable EKG and vital signs	coronary artery disease	vital signs closely; encourage rest	prevent complications	signs post- intervention	
Anxiety	Patient will verbalize reduced anxiety and demonstrate cooperation within 48 hours	Patient appears anxious; reports fear regarding procedure outcomes	Provide clear information; use relaxation techniques; involve family in education sessions	Reduce anxiety and foster a supportive environment	Patient appears calmer; shows improved cooperation during care	Document patient's anxiety level and interventions provided

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