

DISSEMINATED INTRAVASCULAR COAGULATION NURSING CARE PLAN

Nursing Diagnosis	Patient Goals/Expected Outcomes	Assessment Data	Nursing Interventions	Rationale	Evaluation	Documentation/Follow-Up
Ineffective Tissue Perfusion	Maintain stable tissue perfusion; warm extremities and urine output ≥ 0.5 mL/kg/hr within 48 hours	Hypotension; cool extremities; low urine output	Administer IV fluids; monitor vital signs; adjust vasopressor therapy as needed	Enhances blood flow and oxygen delivery to tissues	Improved peripheral perfusion; urine output within target range	Document fluid management and vital signs regularly
Risk for Bleeding	No active bleeding observed; coagulation profile stabilizes within 24 hours	Low platelet count; prolonged clotting times; petechiae	Monitor coagulation parameters; administer blood products/clotting factors as prescribed; use gentle handling techniques	Prevents hemorrhage by supporting coagulation function	Bleeding controlled; lab values improve	Record lab results and intervention outcomes
Acute Pain	Report pain $\leq 3/10$ within 1 hour	Patient reports pain score of 6/10; signs of discomfort	Administer prescribed analgesics; use non-pharmacological	Alleviates pain and facilitates comfort	Pain score decreases; patient appears more comfortable	Document pain assessments and medication administration

			pain relief techniques (e.g., guided imagery)			
Risk for Shock	Maintain stable hemodynamic status within 1 hour	Hypotension; tachycardia; signs of poor perfusion	Initiate IV fluid resuscitation; monitor EKG; adjust vasopressor therapy as needed	Prevents circulatory collapse and supports organ perfusion	Hemodynamic parameters stabilize; no signs of shock	Record EKG and vital signs frequently
Anxiety	Patient and family report reduced anxiety within 30 minutes	Signs of anxiety; verbal expressions of fear	Provide clear explanations; offer reassurance; use relaxation techniques	Reduces stress and promotes a calm environment	Anxiety decreases; positive verbal feedback	Document emotional support interventions
Knowledge Deficit	Patient and family will accurately describe the care plan within 30 minutes	Family asks questions about DIC management	Provide detailed verbal and written education; use teach-back methods	Ensures informed participation and adherence to treatment	Family demonstrates understanding; compliant with instructions	Document education sessions and verify comprehension
Risk for Organ Dysfunction	Prevent progression to multi-organ failure; stabilize organ function within 48 hours	Elevated lactate; abnormal liver and renal function tests	Monitor lab values regularly; collaborate with the medical team; adjust	Early detection and intervention reduce risk of organ failure	Organ function stabilizes; lab values return to acceptable range	Document lab results and interventions

			interventions as needed			
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