

# HYPERNATREMIA & HYPONATREMIA NURSING CARE PLAN

Nursing Diagnosis	Patient Goals/Expected Outcomes	Assessment Data	Nursing Interventions	Rationale	Evaluation	Documentation/Follow-Up
<b>Impaired Fluid Volume</b>	Maintain normal sodium levels and adequate hydration within 24 hours	Abnormal sodium lab values; signs of dehydration or fluid overload	Administer IV fluids or diuretics as prescribed; monitor input/output	Restores normal fluid balance and normalizes sodium levels	Lab values return to normal; stable fluid balance observed	Document lab results and fluid intake/output
<b>Risk for Electrolyte Imbalance</b>	Achieve normal serum sodium levels within 24 hours	Lab values outside the normal range	Administer supplements or medications as indicated; adjust IV fluids accordingly	Balances serum sodium and prevents complications	Serum sodium normalizes; no complications observed	Record lab values and medication details
<b>Acute Neurological Impairment</b>	Patient will report reduced neurological symptoms (e.g., confusion, cramps) within 24 hours	Reports of confusion, muscle cramps; abnormal neurological exam	Administer prescribed medications; provide supportive care; monitor neurological status	Reduces neurological symptoms and prevents seizures	Improvement in neurological function; no seizures	Document neurological assessments and responses

<b>Risk for Seizures</b>	Remain free of seizure activity during treatment	History of seizures; lab values indicate severe imbalance	Monitor closely; administer anticonvulsants if necessary; adjust treatment based on response	Prevents seizures by maintaining proper electrolyte balance	No seizure activity observed; stable neurological status	Document seizure monitoring and medication response
<b>Acute Pain</b>	Report pain levels $\leq 3/10$ within 2 hours	Patient reports pain score of 6/10; muscle cramps noted	Administer analgesics; use non-pharmacological pain relief methods	Reduces pain to improve comfort and support recovery	Pain score decreases; patient appears more comfortable	Record pain assessments and treatment outcomes
<b>Risk for Cardiac Arrhythmia</b>	Maintain normal heart rate and rhythm within 2 hours	Abnormal EKG; lab values suggest electrolyte imbalance	Monitor EKG and vital signs; administer prescribed medications to stabilize heart rhythm	Prevents life-threatening cardiac arrhythmias	EKG and vital signs stabilize; no arrhythmias observed	Document EKG readings and interventions
<b>Knowledge Deficit</b>	Patient and family will explain the treatment plan within 24 hours	Family unsure about treatment and dietary changes	Provide clear, written and verbal education; use teach-back methods	Empowers patient and family to adhere to the care plan	Family demonstrates accurate understanding; compliant	Document educational sessions and verify comprehension