

INFLAMMATORY BOWEL DISEASE NURSING CARE PLANS

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Rationale	Evaluation	Notes
Patient on immunosuppressive therapy with mucosal inflammation.	Risk for Infection	Remain infection-free during treatment.	Enforce strict hand hygiene; educate on infection prevention; monitor WBC count.	Immunosuppression increases infection risk.	No signs of infection; stable labs.	Reinforce preventive measures at each visit.
Patient reports severe abdominal pain (7/10) during flare-ups.	Acute Pain	Reduce pain to 3/10 within 24 hours.	Administer analgesics; use heat therapy; encourage relaxation techniques.	Alleviating pain enhances comfort and recovery.	Patient reports pain reduced to 3/10 post-intervention.	Reassess pain every 4 hours.
Patient experiencing weight loss and poor appetite.	Impaired Nutrition: Less Than Body Requirements	Achieve weight stabilization and improved nutrient intake.	Develop a high-calorie, high-protein diet; consult dietitian; provide supplements.	Proper nutrition supports healing and overall health.	Weight stabilizes; improved lab markers for nutrition.	Monitor dietary intake daily.
Patient feels overwhelmed by chronic disease.	Ineffective Coping	Patient verbalizes effective coping strategies within 48 hours.	Offer counseling; provide stress management techniques; encourage support group participation.	Effective coping reduces psychological distress.	Patient reports improved coping and reduced stress.	Schedule follow-up mental health sessions.
Patient with persistent diarrhea	Risk for Fluid Volume Imbalance	Maintain stable hydration and	Monitor I&O; encourage oral fluids; administer IV fluids if needed.	Diarrhea leads to dehydration and	Fluid balance maintained; lab values	Educate on importance of hydration.

showing signs of dehydration.		normal electrolyte levels.		electrolyte disturbances.	within normal range.	
Patient reports frequent loose stools and occasional constipation.	Altered Bowel Elimination	Normalize bowel patterns with regular, formed stools.	Educate on fiber-rich diet; use antidiarrheal agents or stool softeners as prescribed.	Regulating bowel habits improves comfort and prevents complications.	Improved stool consistency and frequency documented.	Adjust interventions based on bowel diary.
Patient demonstrates limited understanding of IBD management.	Deficient Knowledge	Patient demonstrates increased knowledge of IBD self-care prior to discharge.	Provide detailed education sessions; use brochures and visual aids; assess learning.	Informed patients are better prepared to manage their condition.	Patient accurately describes self-care techniques.	Offer additional resources for review.
Patient reports frequent anxiety over disease flare-ups.	Anxiety	Reduce anxiety and improve coping within 24 hours.	Administer anxiolytics if prescribed; provide relaxation exercises; offer reassurance and support.	Reducing anxiety improves overall quality of life and adherence to treatment.	Patient reports decreased anxiety; improved sleep patterns noted.	Monitor for recurring anxiety symptoms.
Patient complains of constant fatigue and lack of energy.	Fatigue	Improve energy levels and reduce fatigue symptoms over 72 hours.	Encourage balanced nutrition; schedule rest periods; assess for underlying causes (e.g., anemia).	Managing fatigue is key to enhancing daily functioning and recovery.	Patient reports increased energy and reduced fatigue.	Reassess fatigue during each shift.
Patient on long-term corticosteroids showing thinning skin.	Impaired Skin Integrity	Maintain skin integrity and prevent skin breakdown.	Educate on proper skin care; use emollients; monitor for signs of steroid-induced changes.	Prolonged corticosteroid use can compromise skin health.	No new skin lesions; improved skin	Reinforce skin care routine.

					condition documented.	
Patient with chronic diarrhea exhibiting electrolyte disturbances.	Risk for Electrolyte Imbalance	Stabilize electrolyte levels within normal limits.	Monitor serum electrolytes; adjust dietary intake; administer electrolyte replacements as needed.	Persistent diarrhea affects electrolyte balance, requiring prompt correction.	Serum electrolytes return to normal; patient reports improved strength.	Continue regular electrolyte monitoring.