## NURSING CARE PLAN FOR PACEMAKER THERAPY

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
Subjective Data: - Patient reports anxiety regarding the pacemaker implantation procedure and its impact on daily life. Objective Data: - Patient appears nervous; verbalizes concerns about potential device interference	Deficient Knowledge regarding pacemaker therapy and self-care as evidenced by patient's questions about device function, EMI precautions, and lifestyle modifications.	Short-Term: - Within 24 hours, the patient will accurately verbalize at least three key self-care strategies and safety precautions related to their pacemaker. Long-Term: - Patient will consistently adhere to recommended care guidelines and demonstrate confidence in managing their device independently.	<ul> <li>Develop an education plan that includes:</li> <li>Detailed explanation of pacemaker function (e.g., "Your pacemaker helps regulate your heart rhythm, much like a backup singer supports a lead singer.")</li> <li>Information on EMI precautions (e.g., keep mobile devices at least 6 inches away)</li> <li>Demonstration of self- care practices and the use of a pacemaker ID card.</li> <li>Distribution of written and visual educational materials.</li> </ul>	Conduct one-on-one teaching sessions; use the teach-back method to ensure comprehension; schedule follow-up sessions to reinforce learning and answer questions; provide a printed pacemaker home care checklist.	Patient education empowers self- management, reduces anxiety, and improves adherence to treatment protocols, ensuring safe device function and overall well- being.	Patient demonstrates understanding through accurate verbal feedback; reports reduced anxiety; adherence to self-care practices is confirmed during follow- up assessments.

and body image issues.						
Subjective Data: - Patient reports mild discomfort and swelling at the insertion site. Objective Data: - Incision site shows slight redness; vital signs are stable; no fever noted.	Risk for Infection related to surgical intervention and presence of a foreign body (pacemaker leads) as evidenced by the recent surgical wound and patient- reported discomfort.	Short-Term: - Within 24 hours, maintain a clean and intact incision site with no signs of infection. Long-Term: - Patient remains free from infection throughout the postoperative period.	<ul> <li>Plan interventions to prevent infection:</li> <li>Use aseptic techniques during dressing changes.</li> <li>Monitor the incision site for signs of infection (redness, warmth, discharge).</li> <li>Administer prophylactic antibiotics as prescribed.</li> <li>Educate patient on proper wound care and signs of infection.</li> </ul>	Perform dressing changes with sterile technique; assess the wound every 4 hours; document findings; reinforce patient education on hygiene and proper care at home.	Maintaining a sterile environment and educating the patient on wound care reduce the risk of infection, ensuring a smooth recovery.	Incision remains clean and intact; no clinical signs of infection develop; patient demonstrates proper wound care during home self-care follow-up.
Subjective	<b>Risk for</b>	Short-Term:	Interventions include:	Monitor ECG	Early detection	Patient's vital
Data:	Decreased	- Within 1 hour,	Continuous ECG	continuously in the	and	signs remain
- Patient	Cardiac	maintain stable	monitoring post-	immediate	intervention	stable; ECG
reports	Output related	hemodynamic	implantation.	postoperative	help prevent	shows no
occasional	to potential	status and ensure	<ul> <li>Regular assessment of</li> </ul>	period; document	serious	significant
palpitations	pacemaker	proper pacemaker	vital signs and pacemaker	vital signs every 15–	complications	arrhythmias;
and mild	malfunction or	function.	function (including lead	30 minutes;	such as	patient reports
dizziness.	lead	Long-Term:	integrity).	schedule regular	reduced	no further
Objective	dislodgement	- Patient	<ul> <li>Collaborate with</li> </ul>	device checks;	cardiac	episodes of

Data:	as evidenced	experiences	cardiology for threshold	instruct patient	output,	dizziness or
- ECG	by patient-	consistent,	testing and device	during discharge on	ensuring	palpitations;
monitoring	reported	effective cardiac	interrogation.	emergency signs	patient safety	follow-up
shows	palpitations	output with no	<ul> <li>Educate the patient on</li> </ul>	and device care.	and optimal	assessments
occasional	and occasional	significant	recognizing signs of		device	confirm proper
ectopic beats;	ECG	arrhythmias and	pacemaker malfunction		performance.	device
heart rate	irregularities.	no adverse	(e.g., dizziness,			function.
within		symptoms.	palpitations) and when to			
acceptable			seek help.			
limits;			· · · · · · · · · · · · · · · · · · ·	$\sim$		
pacemaker			X			
function			00			
appears			UTX			
normal.			ingr			
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