

Essay about care plan

[Health & Medicine](#), [Healthcare](#)



TransitionNursingProcess Discussion Group 3Case StudyMichael Martinez Is a 24-year-old Marine who was Involved In a motor vehicle accident (MVA) while on leave. His face hit the dashboard, resulting in a fracture of the mandible. Yesterday, he underwent a surgical incommensurable fixation, (wiring of the Jaw) for stabilization of the fracture. As a result of this surgery, he is unable to open his mouth and is limited to a liquid diet. The restricted diet will be necessary for 4 to 5 weeks until the fracture heals. One day post op, his vital signs are 120/76, T-99. 2, P-82, and R- 20.

After medication, is pain level is 3/10. With the exception of facial bruising, his appearance is within normal Limits, Steps of the Nursing Process Patient Information Assessment Objective and subjective data will be entered here. The database presented In the case study will be used. Data is collected and verified from the primary (apt.) and the secondary (family, friends, healthprofessionals, and medical record). Analysis of this data provides the basis for development of the remaining steps in the nursing process.

Subjective: Patient expresses disinterest in a liquid only diet Objective: wired Jaw Liquid diet Nursing Diagnosis

After analyzing the assessment data, formulate a priority nursing diagnosis. Remember, a nursing diagnosis is a statement describing the patient's actual or potential response to a health problem that the nurse is licensed and competent to treat. An actual diagnosis is written in three parts: diagnosticlabel (problem) related to_ as evidenced/exhibited by_. A risk diagnosis is written in two parts: Risk for (diagnostic label) _ related to Nutrition: less than body requirements related to Inability to eat solid foods

as evidenced by liquid diet post-surgery Planning Goals: Now is the time set patient centered goals.

Here you will develop expected selection of interventions based on six important factors outlined in your text. Please write the interventions you select below in implementation. Patient will be free of signs of malnutrition post dinner time each shift Implementation Here is where the nurse will carry out the plan of care. Then continue data collection and modify the plan of care as needed and document care provided. What nursing interventions will you provide to enhance patient outcomes? Assess patient's weight every shift Calculate bowel sounds Evaluate total daily food intake Provide high calorie, nutrient-rich dietary supplements

Evaluation The purpose of evaluation is to support the effectiveness of nursing practice which is patient-centered and patient-driven. This phase measures the patient's response to nursing interventions and progress towards achieving goals using five elements listed in the text. Did you achieve the goal for this nursing diagnosis? Will you continue the plan of care, revise the plan of care, or discontinue? Reassess patient's lab value daily for signs of malnutrition. If malnourished call health care provider for further orders Patient will weight within 10% of normal body weight every morning