

Amputation

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Acute pain Related factors: Result from tissue and nerve trauma Psychological impact of loss of body part Symptoms / Risk factors: Guarding behavior Verbal or coded report Outcome / Goal: Patient appears relaxed and comfortable Verbalize understanding of phantom pain</p>		<p>Pain Management Elevate affected part using for instance pillow's Asses cause of pain Acknowledge reality of residual limb pain and phantom pain Administer medication as prescribet Instruct patient to relax and rest Obs. pain (effectivnes of medication)</p>	
	<p>Situational low self-esteem Related factors: Loss of body part, change in functional abilities Symptoms / Risk factors: Expressions of helplessness and uselessness Illness or disability Self negating verbalizations Significant losses Outcome / Goal: Patient uses positive self-talk to interrupt negat. thinking Develop realistic plans for adapting to new role.</p>		<p>Grief Work Facilitation Assess and consider client's preparation for and view of amputation. Encourage expression of fears, negative feelings and grief. Assess degree of support available to client. Self-Esteem Enhancement Promote social interaction as appropriate Determine how gender, race,age, and culture influence self-esteem Encourage participation in activities of daily living Encourage or provide for a visit by another amputee. Provide open environment for client to discuss concerns about sexuality</p>	
	<p>Ineffective tissue perfusion Related factors: Mechanical reduction of venous and/or arterial blood flow Hypervolemia Hematoma formation Tissue edema Symptoms / Risk factors: Blood pressure changes in extremities Claudication Edema Weak or absent pulses Outcome / Goal: Peripheral pulses present and strong</p>		<p>Circulatory Care: Arterial Insufficiency Apply direct pressure to bleeding site if hemorrhage occurs Monitor vital signs Palpate peripheral pulses noting strength and equality Periodic assessments:sensation, movement, pulse, skin color, and temp. Inspect dressings and drainage device Encourage and assist with early ambulation Administer intravenous (IV) fluids and products as indicated. Monitor lab. Hgb/Hct ,</p>	
	<p>Risk for infection Related factors: Inadequate primary defenses. Wound drains Symptoms / Risk factors: Decreased hemoglobin and leukopenia Invasive procedures Tissue destruction and increased environmental exposure Outcome / Goal: Surgical wound clean Achieve timely wound healing</p>		<p>Wound Care Inspect dressings and wound Maintain aseptic technique when changing dressings and caring for wound. Cover dressing with plastic when using the bedpan Monitor vital signs. Administer antibiotics, as indicated.</p>	
	<p>Impaired physical mobility Related factors: Loss of a limb Symptoms / Risk factors: Reluctance to attempt movement Uncoordinated or jerky movements Outcome / Goal: Ability to maintain ADL</p>		<p>Amputation Care Provide residual limb care on a routine basis Measure circumference periodically Rewrap residual limb immediately with an elastic bandage Assist with specified range-of-motion (ROM) Demonstrate/assist with transfer techniques and use of mobility aids Refer to rehabilitation team</p>	

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	<p>Deficient knowledge</p> <p>Related factors:</p> <p>Lack of interest in learning</p> <p>Unfamiliarity with disease and treatment</p> <p>Symptoms / Risk factors:</p> <p>Inaccurate follow through of instruction</p> <p>Increase in anxiety level</p> <p>Outcome / Goal:</p> <p>Patient verbalize understanding of disease and procedure</p>		<p>Teaching: Disease Process</p> <p>Acknowledge patient's knowledge about condition</p> <p>Assess knowledge of the disease and treatment</p> <p>Discuss therapy/treatment options</p> <p>Discuss general residual limb care:Wash daily,Massage, Dressing and so on</p> <p>Avoid the use of alcohol-based lotions</p> <p>Review common problems and appropriate actions.</p> <p>Stress importance of well-balanced diet and adequate fluid intake.</p> <p>Identify techniques to manage phantom sensation</p>	