Patients info label here

Brain infections

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	Decreased intracranial adaptive capacity *Related factors:* Infection: Abcess, Meningitis, Empyema *Symptoms / Risk factors:* Change in consciousness(lowered) Hypotension Baseline ICP >/= 10 mm Hg Elevated body temperature_____ *Outcome / Goal:* Normal neurological status		**Neurologic Monitoring** Monitor neurologic status, consciousness, pupillary size, sensory and reflexes Assess symptoms of breathing/ speaking difficulties Monitor vital signs frequently (direct arterial) Limit care activities that increase ICP (Intra Cranial Pressure) Maintain ICP monitoring systems,if used Assess cerebra perfusion pressure (mean arterial - ICP) Assess temperature every _____ hour Maintain patient airway. Obs respiration:rate,depth and rythm	
	Acute pain *Related factors:* Increased ICP Meningeal irritation *Symptoms / Risk factors:* Headache Irritability *Outcome / Goal:* Patient appears relaxed and comfortable		**Pain Management** Asses cause of pain: location, character and duration Investigate changes in characteristics of pain. Maintain comfortable environmental temperature Decrease external stimuli : visitors,noise etc Keep the patient´s room darkened or have the patient wear sunglasses Administer pain medication as prescribet Obs. pain (effectivnes of medication) Explain that treatment of infection will also decrease pain	
	Risk for injury(CNS) *Related factors:* Cerebral irritation Focal edema Ventriculitis *Symptoms / Risk factors:* Seizures *Outcome / Goal:* Patient does not experience seizure activity		**Seizure Precautions** Explore with client the various stimuli that may precipitate seizure activity. Monitor level of consciousness Monitor level (increased) white blood cell Administer anticonvulsants as orderd Monitor drug levels (anticonvulsants) Monitor for sezure activiy During a seizure secure patient´s open airway	
	Risk for deficient fluid volume *Related factors:* Vomiting Altered level of consciousness Fever *Symptoms / Risk factors:* Electrolyte imbalance Excessive losses through normal routes (e.g., diarrhea) *Outcome / Goal:* Patient will maintain balanced fluid intake and output		**Fluid/Electrolyte Management** Monitor intake and output Assess skin turgor, mucous membranes, and thirst Give anti-emetic drugs as prescribet Monitor laboratory studies: Hgb/Hct, electrolytes, protein, albumin, and creat. Monitor vital signs, noting presence of hypotension If NPO status then adiminister IV fluid as ordered.	
	Deficient knowledge *Related factors:* Unfamiliarity with disease and treatment *Symptoms / Risk factors:* Multiple questions Increase in anxiety level *Outcome / Goal:* Patient verbalize understanding of disease and procedure		**Teaching: Disease Process** Assess the patient's mental status (orientation,memory,insight,judgment) Acknowledge patient's knowledge about condition Involve the patien't family in the teaching process Explain common diagnostic tests (MRI, CT and lumbar puncture) Patient education:Diet,Medication effects and Exercise Emphasize importance of medical follow-up care.	

Plan created: 3.11.2016 by:_____

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