

Cellulitis

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Impaired skin integrity</p> <p>Related factors: Edema formation Swelling of breast</p> <p>Symptoms / Risk factors: Open wounds</p> <p>Outcome / Goal: Intact skin</p>		<p>Skin Surveillance</p> <p>Avoid friction against the infected area Keep skin area dry Change patient position regularly Inspect patient's skin every shift, document skin condition and report change Instruct patient not to scratch Encourage ambulation Apply antibiotic ointment as ordered Keep patient's linens dry, clean and free from wrinkles or curmps</p>	
	<p>Acute pain</p> <p>Related factors: Skin infection</p> <p>Symptoms / Risk factors: Guarding behavior Protective gestures Verbal or coded report</p> <p>Outcome / Goal: Patient verbalizes relief of pain</p>		<p>Pain Management</p> <p>Investigate changes in characteristics of pain. Obs vital signs _____ Administer medication as prescribed Obs. pain (effectiveness of medication)</p>	
	<p>Activity intolerance</p> <p>Related factors: Pain Weakness Fatigue Side effects of medication</p> <p>Symptoms / Risk factors: Verbal report of fatigue or weakness Verbal report of pain</p> <p>Outcome / Goal: Report an increase in activity tolerance, including ADLs.</p>		<p>Energy Management</p> <p>Assess client's ability to perform normal tasks and ADL's Encourage activity as tolerated, rest as needed Monitor vital signs during and after activity Obs. patient's symptoms (comfort, vital sign and skin color) related to his activity</p>	
	<p>Hyperthermia</p> <p>Related factors: Bacterial infection</p> <p>Symptoms / Risk factors: Flushed skin Elevated heart rate Excessive sweating Temp above 37.5 C</p> <p>Outcome / Goal: Temp. normal</p>		<p>Infection Control</p> <p>Administer antibiotics per os or IV as indicated Administering doctor-prescribed fever reducers Monitor effects of medication _____ Monitor vital signs _____ Encourage increased oral intake based on individual needs</p>	
	<p>Risk for deficient fluid volume</p> <p>Related factors: Increased metabolic rate Inadequate intake of food and liquids</p> <p>Symptoms / Risk factors: Deviations affecting access, intake, or absorption of fluids Lowered blood pressure and tachycardia</p> <p>Outcome / Goal: Patient will maintain balanced fluid intake and output Normal vital signs</p>		<p>Fluid Management</p> <p>Provide fluid po if prescribed Encourage patient (if prescribed) to take in po fluid Monitor and record patient's intake (IV) and output (urin)</p>	

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	<p>Deficient knowledge</p> <p>Related factors: Unfamiliarity with disease and treatment Information misinterpretation</p> <p>Symptoms / Risk factors: Multiple questions Increase in anxiety level</p> <p>Outcome / Goal: Patient verbalize understanding of disease and procedure Identify and use available resources appropriately</p>		<p>Teaching: Disease Process Acknowledge patient's knowledge about condition Assess knowledge of the disease and treatment Discuss symptoms and interventions Discuss therapy/treatment options Outline normally expected limitations, if any, on ADLs</p> <p>Teaching: Prescribed Activity/Exercise Assist patient in performing self-care activities Encourage activity as tolerated, rest as needed Encourage the family to supervise and assist with ambulation as needed</p> <p>Teaching: Prescribed Medication Acknowledge patient's knowledge of medications Help patient to master technique by taking a step-by-step approach. Teach patient how to apply antibiotic cream</p> <p>Wound Care Administer antibiotics, as indicated. Teach patient about cleaning the wound teach patient watching for signs of infection Cover dressing with plastic when using the bedpan</p>	