

Peritonitis

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Risk for infection</p> <p>Related factors: Possible Bowel perforation Possible perforation of diverticulitis Surgical wound Inadequate primary defenses.</p> <p>Symptoms / Risk factors: Body temp. higher than _____ Malnutrition</p> <p>Outcome / Goal: Be free of signs of infection</p>		<p>Infection Control</p> <p>Monitor vital signs _____ Monitor lab. studies, as indicated _____ Assess client knowledge Note skin color, temperature, and moisture. Monitor urine output. Observe drainage from wounds or drains. Maintain strict aseptic technique in caring for abdominal drains, incisions Administer antibiotics per os or IV as indicated Monitor effects of medication _____ Assist with peritoneal aspiration, if indicated. Prepare for surgical intervention if planned</p>	
	<p>Deficient fluid volume</p> <p>Related factors: Active fluid volume loss Peritonitis Vomiting hypermetabolic state</p> <p>Symptoms / Risk factors: Dry skin/mucous membranes Decreased skin/tongue turgor Decreased urine output Increased body temperature Weakness Hypotension; tachycardia</p> <p>Outcome / Goal: Demonstrate improved fluid balance Normal vital sign</p>		<p>Fluid/Electrolyte Management</p> <p>Monitor vital signs, noting presence of hypotension Obs fluid balance _____ obs urine output _____ Observe skin and mucous membrane dryness and turgor. Monitor laboratory studies: Hgb/Hct, electrolytes, protein, albumin, and creat. Administer IV medications in least amount of fluid as possible Administer plasma, blood, fluids, electrolytes, and diuretics, as indicated. Maintain NPO status with NG or intestinal aspiration.</p>	
	<p>Acute pain</p> <p>Related factors: Peritonitis Accumulation of fluid in abdominal and peritoneal cavity Chemical irritation of the parietal peritoneum (toxins)</p> <p>Symptoms / Risk factors: Abdominal distention Abnormal Bowel sounds Facial mask Verbal or coded report</p> <p>Outcome / Goal: Patient appears relaxed and comfortable Patient verbalizes relief of pain</p>		<p>Pain Management</p> <p>Investigate verbal reports of pain Evaluate pain level frequently. Note factors that aggravate and relieve pain Optimize the patient's comfort in bed Plan for aggressive pain management, as indicated Administer medication as prescribed Obs. pain (effectiveness of medication) Offer frequent oral hygiene Obs vital signs _____ Consider patient-controlled analgesia (PCA) for pain control.</p>	
	<p>Risk for imbalanced nutrition: Insufficient</p> <p>Related factors: Vomiting Peritonitis intestinal dysfunction Metabolic abnormalities</p> <p>Symptoms / Risk factors: Weight loss</p> <p>Outcome / Goal: Maintain usual weight and positive nitrogen balance. Normal vital sign</p>		<p>Nutrition Management</p> <p>Auscultate bowel sounds, noting absent and hyperactive sounds. Monitor NG tube output. Note presence of vomiting Consult a dietitian Maintain feeding tube: check for tube placement and flush (if indicated) Observe color, consistency, and amount of stools Offer antiemetics as prescribed Advance diet as tolerated—clear liquids to soft food Monitor protein, prealbumin or albumin, glucose, and nitrogen balance, as indicated Monitor weight _____.</p>	

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	<p>Anxiety Related factors: Health status Threat to or change in Health status Physiological factors, hypermetabolic state Symptoms / Risk factors: Anxious Confusion Difficulty concentrating Restlessness Outcome / Goal: Verbalize awareness of feelings of anxiety Will experience a reduction in anxiety</p>		<p>Anxiety reduction Assess reasons for anxiety Explain all procedure as appropriate Provide accurate, concrete information about what is being done Reinforce previous information client has been given Reduce unnecessary externa stimuli Teach relaxaiton exercises techniques to promote sleep and reduce anxiety</p>	
	<p>Deficient knowledge Related factors: Lack of exposure Lack of recall Unfamiliarity with disease and treatment Symptoms / Risk factors: Inaccurate follow through of instruction Increase in anxiety level Multiple questions Outcome / Goal: Patient verbalize understanding of disease and procedure</p>		<p>Teaching: Disease Process Acknowledge patient's knowledge about condition Review underlying disease process and recovery expectations. Discuss therapy/treatment options Discuss symptoms and interventions exercise and activity restrictions recommedations Stress importance of adequate rest. Demonstrate sterile or clean dressing change as appropriate. Emphasize importance of medical follow-up care. Refer to community resources as needed</p>	