Patients info label here

Risk for deficient fluid volume

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	Risk for deficient fluid volume *Related factors:* Alteration of clotting process, hemorrhage Diarrhea Endocrine, electrolyte imbalances, such as in renal dysfunc. gastric suctioning Inadequate intake of food and liquids Premature Increased metabolic rate Third-space fluid transudation, ascites formation Vomiting *Symptoms / Risk factors:* Excessive losses through normal routes (e.g., diarrhea) Lowered blodpressure and tachycardia Oliguria Knowledge deficiency related to fluid volume *Outcome / Goal:* Patient will maintain balanced fluid intake and output Normal vital signs Display weight gain of_____		**Fluid Monitoring** Administer oral and IV fluids as prescribed Monitor for signs and symptoms of hypovolemia or hypervolemia Monitor acid base balance Obs vital signs Bp. O2 and pulse Obs. orthostatic blodpressure Monitor serum and urine electrolyte concentrations Obs fluid balance (inntake and out) **Fluid/Electrolyte Management** Assess skin turgor, mucous membranes, and thirst Administer plasma, blood, fluids, electrolytes, and diuretics, as indicated. Administer antiemetics as indicated If NPO status then adiminister IV fluid as ordered. Monitor laboratory studies: Hgb/Hct, electrolytes, protein, albumin, and creat. Maintain NPO status with NG or intestinal aspiration. Monitor intake and output Monitor vital signs, noting presence of hypotension **Diarrhea Management** Identify foods and fluids that precipitate diarrhea Observe and record stool frequency Observe for fever, tachycardia, lethargy and leukocytosis Start oral fluid (only) intake gradually. Offer clear liquids Adm. medications: such as Antidiarrheals, Anti-inflammatories and Steroids, **Intravenous (IV) Therapy** Insert and maintain indwelling urinary catheter. Administer calculated IV replacement of fluids Change IV tubing every __ hours to prevent contamination Maintain and adjust IV fluid rate as ordered Monitor for signs and symptoms of hypovolumia and shock Monitor laboratory studies, such as Hgb/Hct,electrolytes and urine (NA) Obs dressing and change if necessary (as prescribet) Observe for potential complications	

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