

Risk for disturbed body image

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Risk for disturbed body image</p> <p>Related factors:</p> <ul style="list-style-type: none"> Loss of urinary continence Presence of pouch or collection system Presence of stoma <p>Symptoms / Risk factors:</p> <ul style="list-style-type: none"> Asocial Fear of appearing different Fear of offensive odor or leakage Fatigue <p>Outcome / Goal:</p> <ul style="list-style-type: none"> Patient begins to express feelings about stoma, body image Patient verbalizes positive feelings about his heart status 		<p>Body Image Enhancement</p> <ul style="list-style-type: none"> Assess feelings about self and body Assist patient to discuss changes caused by surgery, as appropriate Assist patient to identify actions that will enhance appearance Avoid arguing with client Be alert to suicidal ideation/behavior Encourage client to express his feelings Encourage family interaction with one another Establish a therapeutic nurse-client relationship Facilitate contact with individuals with similar changes in body image Identify support groups available to patient Monitor whether patient can look at the changed body part Provide accurate information about causes, prognosis and treatment of condition 	