

### Nursing Care Plan- Leukemia

ASSESMENT	DIAGNOSIS	PLANNING	INTERVENTION	RATIONALE	EVALUATION
<p>Subjective:  <i>"Napansin ko na madalas ako magkaron ng pana at palagi nalang akong pagod at nanghihina"</i> as verbalizes by the patient.</p> <p>Objective:</p> <ul style="list-style-type: none"> <li>• Irritability</li> <li>• Pallor of skin and mucous membrane</li> <li>• V/S taken as follows</li> </ul> <p>T: 37.1  P: 80  R: 19  BP: 100/80</p>	<p>Risk for infection related to inadequate primary defenses.</p>	<p>After 8 hours of nursing interventions the patient will identify actions to prevent or reduce risk of infection.</p>	<p>Independent:  Place the patient in private room. Limit visitors as indicated. Prohibit use of live plants or cut flowers. Restrict Fresh fruits and vegetables or make sure they are washed or peeled.</p> <p>Require good hand washing protocol for all personnel and visitors.</p> <p>Encourage frequent turning and breathing.</p> <p>Handle pt. gently. Keep linens dry or wrinkle free.</p> <p>Inspect skin for tender, erythematous areas, open wounds. Cleanse skin with antibacterial solution.</p> <p>Inspect oral mucous membrane. Provide good oral hygiene. Use soft toothbrush, sponge</p>	<p>Protect pt. from source of pathogens or infection.</p> <p>Prevent cross-contamination or reduce risk infection.</p> <p>Prevents stasis of respiratory secretions, reducing risk of atelectasis or pneumonia</p> <p>Prevent sheet burn or skin excoriation.</p> <p>May indicate local infection.</p> <p>The oral cavity is an excellent medium for growth of organism and is susceptible for</p>	<p>After 8 hours of nursing intervention the pt. was able to identify actions to prevent or reduce for infection.</p>

# Pediatric Care Plan Manual A Nursing Diagnosis Approach

**SA Adler**



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