# **NURSING CARE PLAN**

ASSESSMENT	DIAGNOSIS	INFERENCE	PLANNING	INTERVENTION	RATIONALE	EVALUATION
ASSESSMENT  "Waing gans dumede ang anak ko, parang mainit sya at matamlay" ( is difficult to feed my beby, she feels worth to booth and' not very active) as verbalized by the mother.  OBJECTIVE:  Increased body temperature.  Plushed skin.  Increased respiratory rate.  V/S taken as follows:  T: 37.7 P: 130 R: 45	Risk for infection related to compromised immune system.	Sepsis is a clinical term used to describe symptomatic bacteremia, with or without organ dysfunction. Sustained bacteremia, in contrast to transient bacteremia, may result in a sustained febrile response that may be associated with organ dysfunction. Septicemia refers to the active multiplication of bacteria in the bloodstream that results in an overwhelming infection.	After 8 hours of nursing interventions, the patient will achieve timely healing and free from further infection.	INTERVENTION  INDEPENDENT:  Provide isolation and monitor visitors as indicated.  Wash hands before or after each care activity, even gloves are used.  Limit use of invasive devices or procedure as possible.  Inspect wounds or site of invasive devices, paying particular attention to parenteral lines.	Body substance isolation (BSI) should be used for all infectious patients. Reverse isolation/restriction of visitors may be needed to protect the immunosuppress ed patient.      Reduces risk of cross contamination because gloves may have noticeable defects, get torn or damaged during use.      Prevents spread of infection via airborne droplets.      May provide clue to portal entry, type of primary infecting organisms, as	After 8 hours of nursing interventions, the patient was able to achieve timely healing and free from further infection.

# Nursing Diagnosis Care Plans For Diagnosis Related Groups

Lippincott

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