Fluid and Electrolyte Imbalance Nursing Care Plan

Patient information
Name:
Age:
Gender: ◯ Male ◯ Female ◯ Other:
Medical diagnosis:
Date of admission:
History and background:
Assessment
Clinical manifestations:
Signs of dehydration:
☐ Dry skin ☐ Dry mucous membrane ☐ Decreased skin turgor ☐ Oliguria
Signs of fluid overload:
☐ Edema ☐ Ascites ☐ Dyspnea ☐ Crackles in lungs
Symptoms related to specific electrolyte imbalances:
☐ Muscle weakness ☐ Cramps ☐ Confusion ☐ Cardiac rhythm disturbances
Laboratory findings:
Serum electrolytes (Na, K, Ca, Mg, Cl, HCO3):

Blood urea nitrogen (BUN) and creatinine:

Complete blood count (CBC):

Urine specific gravity:

Diagnostic tests:

- [ ] ECG (for detecting cardiac arrhythmias related to electrolyte imbalances)
- [ ] Imaging studies relevant to underlying conditions (e.g., chest X-ray for pulmonary edema)

Nursing diagnosis

Risk for imbalanced fluid volume related to:

Electrolyte imbalance (specify which below) related to:

◯ Hyperkalemia ◯ Hypokalemia ◯ Other:

Goals/objectives

Short-term goal:

Patient will exhibit stabilized fluid levels and balanced electrolytes as evidenced by lab results and vital signs within:

Long term goal:

Patient will maintain balanced fluid levels and electrolytes during hospital stay and on discharge, with strategies in place to manage potential imbalances.

Nursing interventions and rationales

1. Monitor fluid status:

- [ ] Measure and record input and output accurately.
- [ ] Assess weight daily.

Rationale: Provides data on fluid balance and helps in evaluating the effectiveness of interventions.

2. Manage fluid intake and output:

- [ ] Administer IV fluids as ordered.
- [ ] Restrict fluids if indicated.
- [ ] Encourage or limit oral fluid intake as appropriate.

Rationale: Helps to correct and stabilize fluid volume and composition.

3. Electrolyte management:

- [ ] Administer electrolyte supplements or modify dietary intake as ordered.
- [ ] Monitor serum electrolyte levels frequently.

Rationale: Ensures the restoration and maintenance of electrolyte balance.

4. Patient education:

- [ ] Educate the patient and family on the importance of managing fluid intake and recognizing symptoms of imbalances.
- [ ] Discuss dietary sources of electrolytes.

Rationale: Enhances patient’s compliance and understanding of the condition and its management.

5. Monitor for complications:

- [ ] Observe for signs of edema, ascites, respiratory distress, and arrhythmias.
- [ ] Adjust treatment plans based on symptoms and lab results.

Rationale: Early detection and intervention can prevent complications.

Evaluation

- [ ] Reassess the patient’s fluid and electrolyte status through clinical assessment and laboratory tests.
- [ ] Determine the effectiveness of the nursing interventions.
- [ ] Modify the care plan as necessary based on ongoing assessment and patient response.

Documentation

Document all assessments, interventions, patient responses, and any changes in the plan of care.

Nurse's signature

Date: