

(RHABDOMYOLYSIS) NURSING CARE PLAN

Medical Diagnosis: Rhabdomyolysis

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Muscle pain/cramps/aches • Generalized weakness • Nausea • Tender muscles 	Ensure proper fluid resuscitation	IV fluids help to flush out the muscle proteins and electrolytes. IV fluids can prevent dangerous heart rhythms and loss of kidney function
	Record I&O	The amount of urine output, or lack thereof, may dictate various treatment regimens. Patients may need dialysis if oliguria is present.
	Insert Foley and prevent infection	Enables nurse to closely and accurately monitor urine output, foley is a source of infection and must be cared for diligently
Objective Data: <ul style="list-style-type: none"> • Dark urine (tea, cola colored) • Vomiting • Fever • Edema • Skin changes (may even look necrotic) • Tense muscles 	Monitor labs	Labs can and will dictate treatment regimens, especially because symptoms can vary widely. CK, serum and urine pH, bicarb, and electrolytes to name a few
	Correct electrolytes per orders	Electrolyte imbalances are common (K, Ca, P are of particular importance)
	Monitor for compartment syndrome	If significant muscle injury occurred, compartment syndrome is a risk. Muscle injury is typical due to decreased perfusion.
	Discharge education r/t diet, activity level/prevention	Diet changes can prevent this in the future when there is a metabolic cause, patients who are active athletes need to ensure they are hydrated appropriately and use caution with intense exercise, and note if they're experiencing heat stroke. If a medication was noted to cause this, it and alternatives should be evaluated with the prescriber. Prevention is key!
	Patient Medication History	Statins, diuretics, aspirin overdose (salicylate toxicity), recreational drugs like cocaine and amphetamines, and narcotics can cause Rhabdomyolysis