

(INFECTION) NURSING CARE PLAN

Medical Diagnosis: Infection		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Diarrhea • Fatigue • Muscle aches • Coughing • Pain • Chills • Sore throat 	General head to toe assessment	Noting color, moisture, swelling, drainage, injuries can show signs of infection
	Assess patient's immune history/medication history	Lab values- (WBC, serum protein, serum albumin)- closely linked to patient's nutritional status and immune function. Medications (corticosteroids and antineoplastic agents)- suppress immune system which increase infection risk for patients
	Assess VS	Get baseline vitals and note if patient has a fever, tachycardia, or changes in blood pressure depending on the extent of the infection
Objective Data: <ul style="list-style-type: none"> • Fever • Tachycardia • BP changes • Elevated WBC count • Redness/swelling/heat/drainage from wound 	Diagnostics/Labs (blood tests, urine sample, throat swabs, stool samples, x-rays)	These tests can determine the particular microbe that is causing the illness and better tailor the physician for treatment plan
	Give medications (antibiotics, antivirals, antifungals, anti-parasitics)	Depending on cause of infection will depend on type of medication therapy given
	Use of proper hand hygiene (washing hands, using hand sanitizer, wiping down surface areas)	Helps in preventing the spread of the infection
	Encourage fluid intake, well balanced diet/rest	Fluids help aid in rehydrating a patient and fluid loss during a fever. Balanced diet-omega 3's, omega 6's, protein, vitamins A, C, and E, zinc, and iron (immune support) Rest-reduces stress and helps boost the immune system an able to fight off the infection