

Plan of Nursing Care The Patient With Chronic Renal Failure

Nursing Diagnosis: Excess fluid volume related to decreased urine output, dietary excesses, and retention of sodium and water

Goal: Maintenance of ideal body weight without excess fluid

Nursing Interventions	Rationale	Expected Outcomes
- Assess fluid status: - Daily weight - Intake and output balance - Skin turgor and presence of edema - Distention of neck veins - Blood pressure, pulse rate, and rhythm - Respiratory rate and effort - Limit fluid intake to prescribed volume. - Identify potential sources of fluid: - Medications and fluids used to take or administer medications: oral and intravenous - Foods - Explain to patient and family rationale for fluid restriction. - Assist patient to cope with the discomforts resulting from fluid restriction. - Provide or encourage frequent oral hygiene.	- Assessment provides baseline and ongoing database for monitoring changes and evaluating interventions. - Fluid restriction will be determined on basis of weight, urine output, and response to therapy. - Unrecognized sources of excess fluids may be identified. - Understanding promotes patient and family cooperation with fluid restriction. - Increasing patient comfort promotes compliance with dietary restrictions. - Oral hygiene minimizes dryness of oral mucous membranes.	- Demonstrates no rapid weight changes - Maintains dietary and fluid restrictions - Exhibits normal skin turgor without edema - Exhibits normal vital signs - Exhibits no neck vein distention - Reports no difficulty breathing or shortness of breath - Performs oral hygiene frequently - Reports decreased thirst - Reports decreased dryness of oral mucous membranes

Nursing Diagnosis: Imbalanced nutrition; less than body requirements related to anorexia, nausea, vomiting, dietary restrictions, and altered oral mucous membranes

Goal: Maintenance of adequate nutritional intake

- Assess nutritional status: - Weight changes - Laboratory values (serum electrolyte, BUN, creatinine, protein, transferrin, and iron levels) - Assess patient's nutritional dietary patterns:	- Baseline data allow for monitoring of changes and evaluating effectiveness of interventions. - Past and present dietary patterns are considered in planning meals. - Information about other	- Consumes protein of high biologic value - Chooses foods within dietary restrictions that are appealing - Consumes high-calorie foods
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