

NURSING CARE PLAN

Identified Problem: Polyarticular joint pain and back pain

Nursing Diagnosis: Acute pain related to bone marrow infiltration as evidenced by reports of bone pain

CUES	OBJECTIVES	INTERVENTIONS	RATIONALE	EVALUATION
<p>Subjective: N/a</p> <p>Objective:</p> <ul style="list-style-type: none"> ● Rashes accompanied by polyarticular joint pain and back pain ● Progression of symptoms and increasing fatigue ● Bone marrow biopsy showed moderately hypercellular marrow and collections of monoblasts ● Lumbar puncture was free of blast cells ● Vital signs as follows: <ul style="list-style-type: none"> ➢ T: 38.7 °C ➢ PR: 115 beats/min ➢ RR: 26 breaths/min ➢ BP: 110/54 mmHg 	<p>Short term objectives:</p> <p>Within 4 hours of nursing care, the patient will be able to:</p> <ul style="list-style-type: none"> ● Report pain is relieved/controlled. ● Follow prescribed pharmacological regimen. ● Verbalize non-pharmacologic methods that provide relief. ● Appear relaxed and able to sleep/rest appropriately. <p>Long term objectives:</p> <p>Within 2 days of nursing care, the patient will be to demonstrate behaviors to manage pain.</p>	<p>Independent:</p> <ol style="list-style-type: none"> 1. Establish trust and rapport. 2. Obtain patient's vital sign. 3. Investigate reports of pain. Note changes in degree (use scale of 0–10) and site. 4. Monitor vital signs, note nonverbal cues, e.g. muscle tension, restlessness. 5. Provide quiet environment and reduce stressful stimuli, e.g. noise, lighting, constant interruptions. 6. Place in position of comfort and support joints, extremities with pillows/padding. 7. Reposition periodically and provide/assist with gentle ROM exercises 8. Provide comfort measures (e.g. massage, cool packs) and psychological support (e.g. encouragement, presence). 9. Review/promote patient's own comfort interventions, e.g. position, physical activity/nonactivity, and so forth. 10. Evaluate and support patient's coping mechanisms. 11. Encourage use of stress management techniques, e.g. relaxation/deep-breathing exercises, guided imagery, visualization; Therapeutic Touch. 12. Assist with/provide diversional activities, relaxation techniques. 	<ol style="list-style-type: none"> 1. To promote patient cooperation. 2. To establish baseline data. 3. Helpful in assessing need for intervention; may indicate developing complications. 4. May be useful in evaluating verbal comments and effectiveness of interventions. 5. Promotes rest and enhances coping abilities. 6. May decrease associated bone/joint discomfort. 7. Improves tissue circulation and joint mobility. 8. Minimizes need for/enhances effects of medication. 9. Successful management of pain requires patient involvement. Use of effective techniques provides positive reinforcement, promotes sense of control, and prepares patient for interventions to be used after discharge. 10. Using own learned perceptions/behaviors to manage pain can help patient cope more effectively. 11. Facilitates relaxation, augments pharmacological therapy, and enhances coping abilities. 12. Helps with pain management by redirecting attention. 	<p>Short term:</p> <p>Goal met. After 4 hours of nursing interventions, the patient was able to report pain was relieved/controlled, followed prescribed pharmacological regimen to ease pain, verbalize non-pharmacologic methods that provide relief, and was able to relax and sleep/rest appropriately.</p> <p>Long term:</p> <p>Goal met. After 2 days of nursing intervention, the patient was able to demonstrate behaviors to manage pain such as relaxation techniques and diversional activities, as indicated, for individual situation.</p>

