

Nursing Care Plan on Electrolyte Imbalance (Hypokalemia)

Subjective Data:ElectrolyteShort-Term Goals:• Monitor Vital Signs• Monitoring vital signs• Sarah• Sarah states, "IImbalance• Sarah will• Sarah will• Sarah will• Sarah will• Sarahfeel muscle(Hypokalemia)• seperience a• creduction in• seperience aof complications, such asreduction infatigue, andexcessive potassiumsymptoms such asmuscle wakness,• Administer Potassiumof complications, such asreduction inbiotectro Pata:videnced by serumidicary intake, asradigue, and• Potassium• Potassiumsupplementaion is• Serum potassiumpotassium level ofLog-Term Goals:• Sarah will• Potassium• Potassium• She reported preventing life-(below normalpalpitations.potassium level of• Sarah will• Sarah will• Sarah will• She reported preventing life-• Notable muscle0.3.5.0maintain serumpotassium levels• Sarah will• Provide a list of• mupored• Notable musclepalpitations.integr (J. Sort)next two weeks topotassium.• Provide a list of• mupored• palpitationspromote muscleand cardiac• Encourage Fluid Intake• Encourage Sarah to• improved• belysicalassessment.• Encourage Sarah to• improved• improved• belysicalexperience• Encourage Sarah to• improved• belysicalexperience• Encourage Sarah to• improved• be	Assessment	Diagnosis	Planing	Interventions	Rational	Evaluation
fluid intake to prevent dehydration.	 Subjective Data: Sarah states, "I feel muscle weakness, fatigue, and experience palpitations." Objective Data: Serum potassium level: 2.9 mEq/L (below normal range of 3.5-5.0 mEq/L). Notable muscle weakness and episodes of palpitations observed during the physical assessment. 	Electrolyte Imbalance (Hypokalemia) Related to excessive potassium loss due to diuretic use and inadequate dietary intake, as evidenced by serum potassium level of 2.9 mEq/L, muscle weakness, and palpitations.	Short-Term Goals: • Sarah will experience a reduction in symptoms such as muscle weakness, fatigue, and palpitations within 48 hours Long-Term Goals: • Sarah will maintain serum potassium levels within the normal range (3.5-5.0 mEq/L) over the next two weeks to promote muscle and cardiac function.	 Monitor Vital Signs Every 4 Hours. Administer Potassium Supplements as Prescribed. Educate Sarah on Dietary Sources of Potassium. Encourage Fluid Intake According to Patient Tolerance. 	 Monitoring vital signs helps detect early signs of complications, such as arrhythmias or hypotension. Potassium supplementation is essential for correcting hypokalemia and preventing life- threatening complications such as cardiac arrhythmias. Provide a list of potassium-rich foods like bananas, oranges, potatoes, and spinach. Encourage Sarah to drink water regularly, ensuring a balance in fluid intake to prevent dehydration. 	 Sarah experienced reduction in symptoms such as muscle weakness, fatigue, and palpitations within 48 hours She reported feeling more energetic and was able to ambulate with improved stability as evidence by improved potassium level within two weeks.

Nursing Care Plan Hub

Assessment	Diagnosis	Planing	Interventions	Rational	Evaluation
	Nurs	ing Ca	 Perform Continuous Cardiac Monitoring (ECG). Implement Fall Precautions. Provide Education on Recognizing Signs of Electrolyte Imbalance Performed and the second secon	 Hypokalemia can lead to potentially dangerous cardiac arrhythmias, which can be detected early through continuous ECG monitoring. Muscle weakness associated with hypokalemia increases fall risk, so fall precautions help prevent injury. Educating Sarah on symptoms of hypokalemia allows her to seek timely medical help if symptoms recur, promoting self- management. Ensuring Sarah understands her medications, especially diuretics, helps her adhere to the regimen while recognizing side effects. 	

Nursing Care Plan Hub