

Nursing Care Plan on Impaired Skin Integrity (Bed Sore)

Assessment	Diagnosis	Planing	Interventions	Rational	Evaluation
 Patient reports, "I have a painful spot on my lower back," and states discomfort when lying down for hours. Objective Data: 	Integrity related to immobility and prolonged pressure over bony prominences as evidenced by a stage II pressure	Short-Term Goals: • Within 1 week, the pressure ulcer will show signs of healing, such as reduced redness and a decrease in wound size. Long-Term Goals: • The patient will maintain intact skin integrity and prevent further development of pressure ulcers over the next 3 months.	 Reposition Every 2 Hours Provide Wound Care as Ordered Encourage and Support Nutritional Intake Use Moisture Barrier Cream for Incontinence 	 Relieves pressure on vulnerable areas to improve blood flow and prevent further skin breakdown. Cleansing with sterile saline and applying prescribed dressings creates an optimal healing environment. Adequate nutrition, especially protein, vitamins, and minerals, promotes tissue repair and overall skin health. Protects the skin from excess moisture, reducing the risk of further breakdown and infection. 	 The pressure ulcer shows signs of healing within one week, with reduced redness, less drainage, and a smaller wound size. Over the next 3 months, the patient maintains intact skin integrity with no new areas of skin breakdown.

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			Apply Pressure-Relieving Devices	• Foam mattresses and cushions help distribute body weight and reduce pressure on bony prominences.	
			Educate on Pressure Ulcer Prevention and Skin Care	• Empowering the patient and caregivers with knowledge helps prevent the recurrence of pressure ulcers.	
	Nurs	ing Ca	Administer Analgesics as Prescribed. Pellann	 Effective pain management improves patient comfort and compliance with repositioning and wound care interventions. 	

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