



Nursing Care Plan for Fluid Volume Deficit

Assessment	Diagnosis	Planing	Interventions	Rational	Evaluation
<p>Subjective Data:</p> <ul style="list-style-type: none"> • Patient stated, "I feel so tired and thirsty, and my head hurts." <p>Objective Data:</p> <ul style="list-style-type: none"> • Flushed skin • Dry mucous membranes • Decreased urine output • Rapid breathing • High fever (39.5°C), • Tachycardia • Hypotension • Skin tenting noted. <p>Vitals:</p> <ul style="list-style-type: none"> • BP: 85/55 • HR: 130 • Temp: 39.5°C. 	<p>Deficient Fluid Volume related to excessive fluid loss through sweating and inadequate intake, as evidenced by dry mucous membranes, lethargy, and decreased urine output.</p>	<p>Short-Term Goals:</p> <ul style="list-style-type: none"> • Within 4 hours, Ahmed will show signs of improved hydration, including moist mucous membranes, urine output >1 mL/kg/hour, and normalized heart rate and blood pressure. <p>Long-Term Goals:</p> <ul style="list-style-type: none"> • Within 3 days, Ahmed will demonstrate stable fluid balance, exhibit normal hydration levels, and adhere to preventive measures for heat-related illnesses. 	<ul style="list-style-type: none"> • 1. Administer IV Fluids Infuse isotonic solutions like normal saline or Ringer's lactate as prescribed. • 2. Encourage Oral Rehydration Provide small sips of oral rehydration solution (e.g., Pedialyte) every 10–15 minutes if tolerated • 3. Initiate Cooling Measures Apply cool compresses to forehead, armpits, and groin, and use a fan for evaporative cooling. Avoid ice-cold water. • 4. Monitor Neurological Status Perform frequent neurological assessments using the Glasgow Coma Scale (GCS). 	<ul style="list-style-type: none"> • Rapidly restores intravascular volume, improving circulation and hydration. • Replenishes fluids and electrolytes lost during dehydration. • Gradual cooling reduces the risk of seizures and vasoconstriction. • Detects early signs of complications like confusion or seizures caused by dehydration or hyperthermia. 	<ul style="list-style-type: none"> • Ahmed exhibits moist mucous membranes, urine output >1 mL/kg/hour, and stable vital signs (HR <100 bpm, BP >90/60 mmHg) within 4 hours. • Within 3 days, Ahmed demonstrates normal hydration levels, engages in normal activities, and his parents adhere to preventive measures to avoid recurrence of heat-related illnesses.

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			<ul style="list-style-type: none"> • 5. Monitor and Adjust Electrolytes Monitor lab results for sodium and potassium levels and administer supplements as required. • 6. Educate Parents Explain the importance of hydration, wearing light clothing, and avoiding outdoor activities during peak heat hours. • 7. Provide Emotional Support. Reassure Ahmed and his parents, involve them in care, and explain procedures in simple terms 	<ul style="list-style-type: none"> • Prevents complications like arrhythmias caused by imbalances. • Prevents recurrence of heat-related illnesses. • Reduces stress and ensures cooperation in the treatment process. 	