



Nursing Care Plan for Gastroenteritis

Assessment	Diagnosis	Planing	Interventions	Rational	Evaluation
<p>Subjective Data:</p> <ul style="list-style-type: none"> • Patient says i'm feeling severe diarrhea, abdominal cramps, and vomiting for 24 hours. <p>Objective Data:</p> <ul style="list-style-type: none"> • Dry mucous membranes, poor skin turgor, lethargy. • Laboratory results showing mild metabolic acidosis and electrolyte imbalance <p>Vitals:</p> <ul style="list-style-type: none"> • BP: 90/60 • HR: 110 • Temp: 38°C. 	<p>Deficient Fluid Volume related to excessive fluid loss through diarrhea and vomiting as evidenced by dry mucous membranes, poor skin turgor, and hypotension.</p>	<p>Short-Term Goals:</p> <ul style="list-style-type: none"> • Within 8 hours, the patient will show improved hydration status as evidenced by moist mucous membranes, stable vital signs, and adequate urine output (>30 mL/hour). <p>Long-Term Goals:</p> <ul style="list-style-type: none"> • Within 5 days, the patient will demonstrate restored nutritional balance, tolerating small, frequent meals without gastrointestinal distress. 	<ul style="list-style-type: none"> • Offer small, frequent sips of oral rehydration solution (ORS), about 50-100 mL after each episode of diarrhea or vomiting. • Administer Ringer's lactate or normal saline at a rate determined by severity of dehydration. Monitor for signs of fluid overload (e.g., crackles in lungs, increased BP). • Check serum electrolytes every 4–6 hours and administer potassium, sodium bicarbonate, or magnesium as needed. 	<ul style="list-style-type: none"> • ORT replaces lost fluids and electrolytes effectively, preventing progression to severe dehydration. • IV fluids restore circulating volume and improve perfusion in cases of severe dehydration. • Electrolyte supplementation addresses imbalances caused by prolonged diarrhea and vomiting, preventing complications like arrhythmias or metabolic acidosis 	<ul style="list-style-type: none"> • Short-term goal met: Improved hydration with moist mucous membranes, stable BP, and urine output >30 mL/hour. • Long-term goal in progress: Patient tolerates small meals without nausea and reports improved energy levels.

Assessment	Diagnosis	Planing	Interventions	Rational	Evaluation
			<ul style="list-style-type: none"> • Begin with small portions of low-fat, bland foods like rice, bananas, or toast, and increase as tolerated. Monitor for any recurrence of vomiting or diarrhea. • Administer ondansetron (4 mg IV or orally) for nausea and vomiting, and loperamide (4 mg initially, then 2 mg after each episode of diarrhea) as prescribed. • Teach proper handwashing techniques with soap and water, especially after using the restroom and before meals. Discuss food safety measures, such as avoiding raw or poorly cooked foods. 	<ul style="list-style-type: none"> • Gradual introduction of food minimizes gastrointestinal irritation while supporting nutritional recovery • These medications help reduce gastrointestinal symptoms, preventing further fluid and electrolyte loss • Proper hygiene practices prevent the spread of infectious agents, reducing recurrence or transmission to others 	