Nursing Care Plan on Sepsis

Assessment	Diagnosis	Planing	Interventions	Rational	Evaluation
Subjective Data: • Patient stated, "I feel weak, and my body hurts all over." **Objective Data:** • Positive blood cultures for E. coli. • Fever (Temperature: 39.2°C) • Chills • Tachycardia (HR: 120 bpm) • Hypotension (BP: 85/50 mmHg) • Rapid shallow breathing • Flushed skin • Decreased urine output. **Vitals:** • BP: 85/50 • HR: 120 bpm • Temp: 39.2°C. • SpO2: 92%	**Ineffective Tissue Perfusion** related to impaired oxygen delivery due to sepsis, as evidenced by hypotension, tachycardia, and decreased urine output.	**Short-Term Goals:** • Within 6 hours, the patient will demonstrate improved tissue perfusion, with blood pressure stabilized >90/60 mmHg and urine output >30 mL/hour. **Long-Term Goals:** • Within 3 days, the patient will show no signs of sepsis-related complications, with stable vital signs, normal WBC count, and improved mental status.	• **1. Administer IV Fluids** Infuse isotonic fluids (e.g., normal saline) as prescribed . • **2. Administer Antibiotics** Administer broad-spectrum antibiotics immediately after obtaining blood cultures. • **3. Monitor Vital Signs** Assess blood pressure, heart rate, respiratory rate, and temperature every 15–30 minutes during acute phase. • **4. Administer Oxygen Therapy** Provide supplemental oxygen via nasal cannula or mask.	• Restores intravascular volume, improving blood pressure and tissue perfusion. • Treats the underlying bacterial infection, preventing further systemic damage. • Early detection of worsening sepsis or improvement. • Detects early signs of complications like confusion or seizures caused by dehydration or hyperthermia.	• Within 6 hours, patient demonstrates stabilized blood pressure (>90/60 mmHg), heart rate <100 bpm, urine output >30 mL/hour, and reduced lactate levels. • Within 3 days, patient shows no signs of systemic infection, normal WBC count, stable vital signs, and improved mental alertness.

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			• **5. Monitor Urine Output** Use a Foley catheter to measure urine output hourly. • **6. Monitor Lactate Levels** Recheck lactate levels every 4–6 hours. • **7. Provide Emotional Support** Explain procedures to the patient and family and address concerns.	• Low urine output is an early sign of hypoperfusion and worsening sepsis. • High lactate levels indicate poor tissue oxygenation, which is critical to monitor in sepsis. • Reduces anxiety, which can worsen the physiological stress response.	