Nursing Care Plan on Risk For Bleeding

Assessment	Diagnosis	Planing	Interventions	Rational	Evaluation
Subjective Data: • Patient reports mild dizziness, minor bruising at the injection site. **Objective Data:** • Presence of surgical drains • An indwelling catheter • Increased INR, • Anticoagulant therapy. **Vital Signs** **BP:** 180/95 mmHg, **HR:** 88 bpm, **RR:** 18 bpm, **O2 Saturation:** 94%, **GCS:** 11	**Risk for Bleeding** related to anticoagulant therapy, postoperative status, and invasive devices as evidenced by bruising at the injection site, mild dizziness, and an increased INR of 3.2.	**Short-Term Goals:** • 1. The patient will remain free from active bleeding within 24 hours. • 2. The patient's INR will stay within the therapeutic range within 48 hours. **Long-Term Goals:** • 1. The patient will remain free from hemorrhagic complications within 7 days. • 2. The patient will demonstrate adherence to anticoagulant therapy and bleeding precautions within 2 weeks.	**1. Monitor Surgical and IV Sites** Assess for bruising, oozing, or excessive bleeding every 4 hours. **2. Apply Pressure to Bleeding Sites** Hold firm pressure on injection or IV sites for at least 5 minutes. **3. Monitor Laboratory Values** Check INR, PT, aPTT, hemoglobin, and hematocrit daily. **4. Administer Medications as Prescribed** Give vitamin K or fresh frozen plasma if INR is excessively high. **5. Limit Invasive Procedures** Avoid unnecessary IV insertions and catheterizations.	Early detection of bleeding prevents severe complications. Prevents excessive blood loss in anticoagulated patients. Ensures clotting function remains within a safe range. Helps reverse anticoagulant effects and prevent bleeding. Minimizes the risk of induced bleeding.	1. The patient remained free from active bleeding. 2. INR levels stayed within the therapeutic range, preventing complications. 3. The patient verbalized understanding of bleeding precautions and adhered to safety measures. 4. At the two-week follow-up, the patient demonstrated compliance with anticoagulant therapy and had no signs of internal or external bleeding.

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			6. Monitor Vital Signs Check BP and HR every 4 hours.	Hypotension and tachycardia can indicate internal bleeding.	
			7. Educate the Patient on Bleeding Precautions Teach about avoiding sharp objects, using soft toothbrushes, and recognizing bleeding signs.	Prevents trauma-related bleeding and enables early reporting.	
			8. Ensure Infection Control Maintain hand hygiene and proper wound care	Reduces the risk of secondary infections, which can worsen bleeding.	