Aya arouri 1191397

Nursing care plan for head trauma

|  |  |  |
| --- | --- | --- |
| Nursing Evaluation | Nursing Action | Nursing Dx |
| -VS taken shephy according to pt status  - We watched pt's behavior. If pt was vomiting, unbalanced and forgetful, he might have a problem in the brain so tell the doctor  -VS taken shephy according to pt status  -Ask the pt if the pain reduce .  -Notify Dr of any abnormality change  - Tell the doctor if the dizziness is frequent or persistent  - We have removed anything that could infect the patient  - Make sure the bed is low and the side bars are placed , making sure by themselves or informing the patient's family | -Take VS (pulse,pain,spo2)  - Monitor the patient and ask him if he suffers from (blurred vision, nausea, vomiting, loss of consciousness)  - Assess the patient's memory and balance  The Dr -Tell  Give him painkill -  The Dr -Tell  Take VS (pain .Temp )-  - Assess condition that can increase the patient’s level of fall risk  - Keep the pt’s room free of anything that could hit his head  - keep the patient’s bed is in the lowest position and use the side rails on the bed | -Pt risk of injury in brain r\t head trauma  Pt risk for Headache that worsens r\t injury in brain  Pt risk for dizziness r\t injury in brain |