Aya arouri 1191397

Nursing care plan for head trauma

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| 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 balanceThe Dr -TellGive him painkill -The Dr -TellTake 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 traumaPt risk for Headache that worsens r\t injury in brain Pt risk for dizziness r\t injury in brain  |