Edema Nursing Care Plan

| Patient information | |
|--------------------------------|--|
| Name: | Age: |
| Gender: | Date of birth: |
| Medical history | |
| Relevant medical history: | |
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| Allergies: | |
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| Medications: | |
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| Assessment | |
| Subjective data | Objective data |
| Duration of symptoms: | Location of edema (e.g., legs, ankles, hands, face): Edema grading: Skin assessment: Weight change: |
| Aggravating/relieving factors: | Vital signs |
| | Blood pressure:Heart rate:Respiratory rate:Oxygen saturation:Temperature: |

| Diagnosis | |
|---|------------|
| ☐ Fluid overload | |
| ☐ Lymphatic obstruction | |
| ☐ Others (please specify): | |
| Goals and outcomes | |
| Long-term | Short-term |
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| Interventions | |
| Edema monitoring: | |
| ☐ Daily weight monitoring | |
| ☐ Regular assessment of edema location and severity | |
| ☐ Skin care to prevent breakdown | |
| Fluid management: | |
| ☐ Fluid restriction as ordered | |
| ☐ Monitor intake and output (I&O) | |
| Medication administration: | |
| ☐ Diuretics (e.g., furosemide) | |
| ☐ Antihypertensives (if applicable) | |
| ☐ Other medications: | |
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| Education: |
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| ☐ Teach the patient about the causes and management of edema |
| ☐ Importance of leg elevation and compression |
| ☐ Dietary changes (e.g., low sodium intake) |
| Other interventions: |
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| Rationale |
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| Evaluations |
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| Additional notes |
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| Healthcare professional information |
| Name: |
| License number: |
| Contact number: |