Fluid Volume Deficit Nursing Care Plan

Patient Information
Full Name:
Date of Birth:
Gender:
Patient ID:
Contact Number:
Email Address:
Indicate the following: ☐ Vomiting ☐ Diarrhea ☐ Excessive sweating ☐ Fever ☐ Frequent urination ☐ Lack of oral fluid
Current medications:
Pregnancy or breastfeeding:

Assessment

Assessment	Rationale	Notes/ Referral
Perform a comprehensive head-to-toe evaluation.		
Perform a comprehensive head-to-toe evaluation.		
Monitor vital signs.		

Review laboratory findings.		
Assess skin elasticity.		
Examine urine color and concentration.		
Listen to cardiac sounds.		
Evaluate cardiac rhythm.		
Evaluate mental status.		

Intervention

Intervention	Rationale	Notes/ Referral
Encourage or prompt the patient regarding oral fluid intake.		
Provide intravenous hydration if necessary.		
Educate the patient and family on potential causes of dehydration.		
Educate the patient and family on potential causes of dehydration.		
Instruct the patient and family on monitoring fluid intake and output.		
Conduct daily patient weight assessments.		
Educate the patient on the significance of maintaining proper hydration and nutrition consistently.		

Physician's Notes and Recommendations

Physician's Signature
Date: