Sepsis Nursing Care Plan

Patient information								
Full name:				Date of birth:				
Gender:	Male	Female	Other:					
Patient ID:								
Contact num	ber:			Email:				
Infection and medical information								
Physical exams:								
Lab testing:								
Imaging:								
Symptoms of	of sepsis							
□ Change	in mental st	tatus		Lightheadedness				
_	shallow bro			Shivering				
	g with no ca			,				
	-							
Decreased o	ardiac out	put						
Tachycan	dia			Blood pressure reading <90/60 mmHg				
Central v	venous pres	sure < 8 mm⊦	łg	Changes in the level of consciousness				
Nean arterial pressure <65 mmH				Cold and clammy hands				
Cyanosis				Presence of murmurs				
Prolonged capillary refill time								

Assessment	Intervention
 Assess for signs and symptoms of cardiac and circulatory compromise. Monitor hemodynamic parameters such as Central Venous Pressure, Pulmonary Artery Diastolic Pressure, and Pulmonary Capillary Wedge Pressure. Monitor laboratory data and look for elevated cardiac markers. 	 Administering fluid resuscitation and medications as prescribed (antibiotics and vasopressors). Anticipate the need for adjunctive therapies as indicated. Mechanical support such as intraaortic balloon pumps are widely used in septic cardiomyopathy. Meet oxygen demands.
Notes	
Hyperthermia	
 High body temperature 	Flushed skin
	Flushed skin Tachypnea
 High body temperature 	
 High body temperature Dehydration 	Tachypnea
 High body temperature Dehydration Increased metabolic rate 	Tachypnea Tachycardia
 High body temperature Dehydration Increased metabolic rate Inflammation 	Tachypnea Tachycardia Seizures

Ineffective protection					
Abnormal blood results	Change in levels of consciousness				
Immunosuppression	Insomnia				
Poor nutrition	Open wounds or pressure ulcers				
Assessment	Intervention				
• Xareful monitoring for signs of progressing sepsis, monitoring leukocytosis, and careful management of risk factors such as patients who suffer from immunosuppression from cancer, HIV, and related treatments, and careful management of patients who are immobile or have open wounds.	 Encouragement of rest. Avoiding invasive procedures like catheterization, injections, and rectal or vaginal procedures where possible. Dietary changes involving high protein, nutrient-dense foods. Education for family and patients around infection control and management. 				
Notes					
Attach daily care plans, related lab results, and infection control procedures.					
Physician's notes and recommendations					

Physician's signature: _____ Date: _____