

Wound Infection Nursing Care Plan

Patient Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Gender: _____

Patient ID: _____

Contact Number: _____

Email Address: _____

ASSESSMENT

Medical History:

- Document patient's history, including any previous instances of wound infections, surgeries, chronic diseases (like diabetes), or immunocompromised states.
- Risk Factors: Note any risk factors for wound infections, such as poor nutrition, obesity, smoking, or prolonged hospital stays.

Notes:

Physical Assessment:

- Inspect the wound for signs of infection, such as redness, swelling, warmth, pus, or foul odor.
- Assess for systemic symptoms of infection like fever, chills, and increased pain.
- Vital Signs: Monitor blood pressure, heart rate, temperature, and respiratory rate for abnormalities.
- Local Wound Assessment: Evaluate the wound size, depth, exudate, and surrounding skin condition.

Notes:

DIAGNOSIS

Primary Diagnosis: Wound Infection

- Signs of Infection: Presence of symptoms indicating infection at the wound site.
- Systemic Infection Symptoms: Fever, chills, or other systemic signs of infection.
- Risk Factor Presence: Identification of one or more risk factors for wound infection.
- Diagnostic Confirmations: Results from wound cultures or other tests confirming infection.

Secondary Diagnoses:

- Impaired Skin Integrity: Assess and monitor for worsening of the wound condition.
- Acute Pain: Evaluate for pain associated with the wound infection.
- Risk for Sepsis: Monitor for signs of systemic infection spreading from the wound.
- Anxiety: Assess for anxiety related to the wound and its healing process.
- Knowledge Deficit: Evaluate the patient's understanding of wound care and infection control.
- Nutritional Imbalance: Assess for nutritional needs to support wound healing.

PLANNING

Goals of care

- Control Infection: Implement strategies to reduce and eliminate infection.
- Promote Wound Healing: Facilitate conditions for optimal wound healing.
- Manage Pain and Discomfort: Provide effective pain management strategies.
- Prevent Complications: Ensure measures are in place to prevent complications like sepsis.
- Educate on Wound Care and Infection Control: Help the patient understand how to care for the wound.
- Nutritional Support: Encourage adequate nutrition to support healing.
- Monitor for Complications: Regularly assess for signs of worsening infection or other complications.
- Psychological Support: Address anxiety and emotional concerns related to the wound.

INTERVENTIONS

Intervention	Example	Notes and Referrals
Antibiotic Therapy	Administer prescribed antibiotics to treat the infection.	
Pain Management	Provide analgesics as prescribed for pain relief.	
Wound Care	Perform regular wound cleaning and dressing changes as per protocol.	
Nutritional Support	Encourage a diet high in protein, vitamins, and minerals to support healing.	
Patient Education	Educate about proper wound care techniques and signs of infection to watch for.	
Psychological Support	Offer psychological support and counseling as needed.	
Monitoring for Complications	Regularly assess for signs of worsening infection or other complications.	
Follow-up and Coordination of Care	Schedule regular follow-up appointments and coordinate with wound care specialists.	

EVALUATION

- Regular Wound Assessment: Reassess the wound for signs of healing or infection.
- Medication Response Monitoring: Evaluate the patient's response to antibiotics and other medications.
- Recovery Progress Tracking: Monitor overall recovery progress, noting improvements or any complications.
- Vital Signs Monitoring: Regularly check vital signs for signs of systemic infection.
- Symptom Monitoring: Continuously observe for new or worsening symptoms of infection.
- Laboratory Test Review: Review results of blood tests, including infection markers.

- Wound Culture Follow-up: If applicable, schedule and review follow-up wound cultures.
- Patient Feedback: Gather feedback from the patient regarding symptoms, side effects, and general well-being.

Additional Notes:

Follow-up:

Follow-up Date: ____ / ____ / _____

Nurse's Signature: _____ Date: ____ / ____ / _____

Physician's Notes and Recommendations

Physician's Signature: _____ Date: ____ / ____ / _____

Patient Acknowledgment

I have reviewed the Wound Infection Nursing Care Plan and understand the information provided.

Patient's Signature: _____ Date: ____ / ____ / _____