

Edema Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____ Date of birth: _____ dd / mm / yyyy

MEDICAL HISTORY

Relevant medical history:

Allergies:

Medications:

ASSESSMENT

Subjective data

Duration of symptoms: _____ Aggravating/relieving factors: _____

Objective data

Location of edema: _____ Edema grading: _____

Skin assessment: _____ Weight change: _____

Vital signs

Blood pressure: _____ Heart rate: _____

Respiratory rate: _____ Oxygen saturation: _____

Temperature: _____

Diagnosis - Select one:

☐ Fluid overload ☐ Lymphatic obstruction

GOALS AND OUTCOMES

Long-term:

Short-term:

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

Education:

- ☐ 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:

Rationale - Specify below:

Evaluation - Specify below:

Additional notes - Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License number: _____

Contact number: _____