Pulmonary Embolism Nursing Care Plan

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Patient ID: _____

Contact Number: _____ Email Address: _____

ASSESSMENT

Medical History Notes:

Physical Assessment Notes:

DIAGNOSIS

Primary Diagnosis: Pulmonary Embolism

- [ ] Signs of DVT: Presence of symptoms indicating deep vein thrombosis
- [ ] Symptoms Consistent with PE: Shortness of breath, chest pain, cough, etc.
- [ ] Risk Factor Presence: Identification of one or more risk factors for PE
- [ ] Diagnostic Confirmations: Results from imaging tests confirming PE

Secondary Diagnoses:

- [ ] Impaired Gas Exchange
- [ ] Acute Pain
- [ ] Risk for Decreased Cardiac Output
- [ ] Anxiety
- [ ] Knowledge Deficit
- [ ] Risk for Bleeding
- [ ] Mobility Issues

PLANNING

Goals of Care:

- [ ] Stabilize Cardiovascular and Respiratory Status
- [ ] Prevent Recurrence of Pulmonary Embolism
- [ ] Manage Pain and Discomfort
- [ ] Improve Oxygenation and Gas Exchange
- [ ] Educate on Disease Process and Self-Care
- [ ] Promote Physical Mobility
- [ ] Monitor for Complications
- [ ] Psychological Support

INTERVENTIONS

Anticoagulation Therapy Notes:

Pain Management Notes:

Oxygen Therapy Notes:

Mobility Enhancement Notes:

Patient Education Notes:

Psychological Support Notes:

Monitoring for Complications Notes:

Follow-up and Coordination of Care Notes:

EVALUATION

Evaluation Activities:

- [ ] Regular Respiratory Assessment
- [ ] Medication Response Monitoring
- [ ] Recovery Progress Tracking
- [ ] Vital Signs Monitoring
- [ ] Symptom Monitoring
- [ ] Laboratory Test Review
- [ ] Imaging Follow-up
- [ ] Patient Feedback

Follow-up Date: _____ dd / mm / yyyy

Long-term Monitoring Plan:

Nurse's Signature:
Nurse's Date: _____ dd / mm / yyyy

Physician's Notes and Recommendations:

Physician's Signature:
Physician's Date: _____ dd / mm / yyyy

Patient's Signature:
Patient's Date: _____ dd / mm / yyyy