NURSING DIAGNOSIS: ALTERED NUTRITION: LESS THAN BODY REQUIREMENTS

Inserting a Nasogastric Tube & Removing a Feeding Tube

Patient's Medical Diagnosis:

DEFINITION:		A state in which an individual experiences an intake of nutrients insufficient to meet metabolic needs.		
DEFINING		Loss of weight with adequate food intake; body weight 20% or more under ideal; reported inadequate food intake less than		
CHARACTERISTICS:		recommended daily allowance; weakness of muscles required for swallowing or mastication; reported or evidence of lack of		
		food; aversion to eating; reported altered taste sensation; satiety immediately after ingesting food; abdominal pain with or without		
		pathology; sore, inflamed buccal cavity; capillary fragility; abdominal cramping; diarrhea and/or steatorrhea; hyperactive bowel		
		sounds; lack of interest in food; perceived inability to ingest food; pale conjunctival and mucous membranes; poor muscle tone;		
		excessive loss of hair; lack of information; misinformation; misconceptions.		
RELATED		Inability to ingest or digest food or absorb nutrients due to biological, psychological, or economic factors.		
FACTORS:				
STUDENT		In the space below enter the subjective and objective data gathered during your patient assessment.		
INSTRUCTIONS:				
	Subjective Data Entr	у	Objective Data Entry	
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ASSESSMENT				
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	Student Instructions: To be sure your patient diagnostic statement written below is accurate, you need to review the de		stic statement written below is accurate, you need to review the defining	
	characteristics and related factors associated with the nursing diagnosis and see how your patient data matches. Do you			
	TIME OUT! an accurate match or is additional data required or does another nursing diagnosis need to be investigated?			
PATIENT Nursing Diagnosis:				
<u>∞</u> DIAGNOSTIC				
DIAGNOSTIC STATEMENT: Related to: AEB:				
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	Desired Outcome The Patient Will: And Patient Criteria:			
	The desired outcome must meet criteria to be accurate. The outcome must be specific, realistic, measurable, and include a time frame for completion. Does the action verb describe the patient's behavior to be evaluated? Can the outcome be used in the evaluation step of the nursing process to measure the patient's response to the nursing interventions listed below?			
PLANNING	Interventions Rationale For Selected Intervention and References			
ON	Do your interventions assist in achieving the desired outcome? Do your interventions address further monitoring of the patient's response to your interventions and to the achievement of the desired outcome? Are qualifiers: when, how, amount, time, and frequency used? Is the focus of the action's verb on the nurse's actions and not on the patient? Do your rationales provide sufficient reason and directions?			
EVALUATION	What was your patient's response to the interventions?			
EV.	Was the desired outcome achieved? If no, what revisions to either the desired outcome or interventions would you make? Yes No			
	Documentation Focus: Now that you have completed the evaluation, the next step is to document your care and the patient's response. Use the areas below to enter your progress note information. (Past Tense).			
DOCUMENTATION				

INSTRUCTOR'S COMMENTS: