

ISBAR - Plan of Care

Nursing Process

Assessing

Diagnosing

Planning

Implementing

Evaluating

ISBAR Plan of Care

Identification

Please remember to use three identifiers to confirm correct patient

Patient name:	Age/Date of Birth:	Gender:

Situation: Admission Diagnosis

Background: History

Assessment

Objective Data	Subjective Data
•	•
•	•
•	•
•	•

ISBAR - Plan of Care 1

Identification

Situation

Background

Assessment

Problems (actual or potential):

Priority of problems:

ISBAR - Plan of Care 2

Assessment

Planning: Recommendations

Expected Outcome	Outcome Criteria

Nursing Interventions

Interventions	Rationale

ISBAR - Plan of Care 3

Recommendations

Evaluation:

Signature _____ Date _____

ISBAR - Plan of Care 4

I Identification



Identification

Please remember to use three identifiers to confirm correct patient

Patient name: UR:	Age/Date of Birth:	Gender:

Identification



Identification

Please remember to use three identifiers to confirm correct patient

Patient name: UR:	Age/Date of Birth:	Gender:
WALTERS, Amy Jane UR: 201405	(68) 01/01/XX	Female

Situation

Nursing
Process

Assessing

<p><u>Situation:</u> Admission Diagnosis</p>	
<p><u>Background:</u> History</p>	
<p><u>Assessment</u></p>	
<p>Objective Data</p>	<p>Subjective Data</p>
<ul style="list-style-type: none">•••••	<ul style="list-style-type: none">•••••

Situation

Nursing
Process

Assessing

Situation: Admission Diagnosis
Acute Pyelonephritis

Background: History

Assessment

Objective Data	Subjective Data
<ul style="list-style-type: none">•••••	<ul style="list-style-type: none">•••••

Background

Nursing
Process

Assessing

Situation: Admission Diagnosis
Acute Pyelonephritis

Background: History

Assessment

Objective Data	Subjective Data
<ul style="list-style-type: none">•••••	<ul style="list-style-type: none">•••••

Background

Nursing
Process

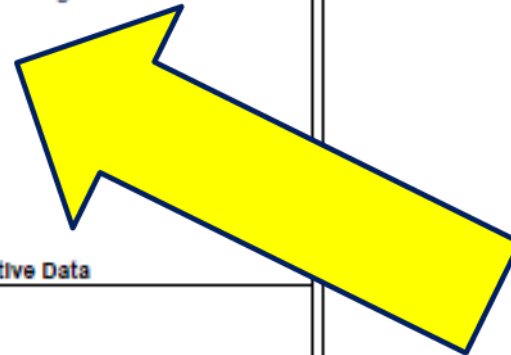
Assessing

Situation: Admission Diagnosis
Acute Pyelonephritis

Background: History
Presented to GP with decrease appetite, abdominal pain & vomiting
Urinary incontinence
Commenced POABs (Ciprofloxacin)
Bloods, urinalysis performed
Recent travel to Thailand with Rhytidectomy & bilateral breast augmentation 2/52 ago
Wound breakdown L) breast suture wound
Wound swab performed
PMHx: ureteric re-implantation; recurrent UTI
Sx: recent separation from husband; 2 adult children; lives alone

Assessment

Objective Data	Subjective Data
<ul style="list-style-type: none">••••	<ul style="list-style-type: none">••••



Assessment



Situation: Admission Diagnosis

Acute Pyelonephritis

Background: History

Presented to GP with decreased appetite, abdominal pain & vomiting.

Urinary incontinence

Commenced on POABs (Ciprofloxacin)

Bloods, urinalysis performed

Recent travel to Thailand with Rhytidectomy & bilateral breast augmentation 2/52 ago.

Wound breakdown L) breast suture wound

Wound swab performed

PMHx: ureteric re-implantation; recurrent UTI

Sx: Recent separation, 2 adult children, lives alone.

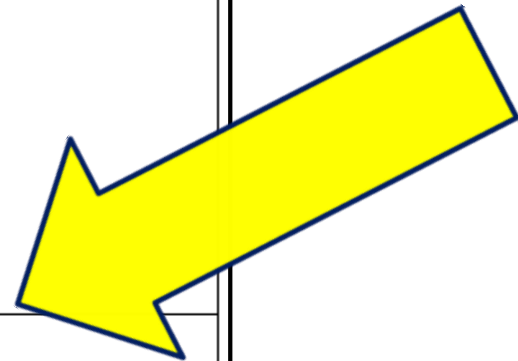
Assessment

Objective Data

Subjective Data

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Assessment

Nursing
Process

Assessing

Situation: Admission Diagnosis

Acute Pyelonephritis

Background: History

Presented to GP with decrease appetite, abdominal pain & vomiting

Urinary incontinence

Commenced POABs (Ciprofloxacin)

Bloods, urinalysis performed

Recent travel to Thailand with Rhytidectomy & bilateral breast augmentation 2/52 ago

Wound breakdown L)breast suture wound

Wound swab performed

PMHx: ureteric re-implantation; recurrent UTI

Sx: recent separation from husband; 2 adult children; lives alone

Assessment

Objective Data

- Temp 38.9 °C; HR: 110bpm; BP 106/74; RR: 22
- Blood cultures (+ve); FBC - elevated WCC;
- Urinalysis - leucocytes & nitrites (+ve)
- Wound dehiscence
- Wound swabs - MRSA (+ve)

Subjective Data

- Pain: moderate to severe L)flank;
- c/o urinary incontinence - states 'embarrassed to go out with friends due to occasional 'accidents''
- c/o constipation
- Lives alone - states 'recently separated from husband'

Assessment

Nursing
Process

Diagnosing

Problems (actual or potential):

Priority of problems:

Assessment

Nursing
Process

Diagnosing

Problems (actual or potential):

Actual Problems:

- Acute Pain related to acute pyelonephritis as manifested by patient complaint of moderate to severe pain L) flank
- Impaired tissue integrity related to L) breast suture line dehiscence.
- Urinary incontinence as manifested by patient complaints of occasional urinary incontinence
- Social Isolation related to urinary incontinence as manifested by patient statement that she is fearful to meet and socialise with new people as a result of occasional incontinence

Potential Problems:

- Risk for low self-esteem related to urinary incontinence and recent separation from husband
- Risk for loneliness related to recent separation from husband and living alone.

Assessment

Nursing
Process

Diagnosing

Priority of problems:

1. Acute Pain
2. Social Isolation
3. Impaired tissue integrity
4. Urinary incontinence
5. Risk for low self-esteem
6. Risk for loneliness



Recommendations



<u>Planning: Recommendations</u>	
Expected Outcome	Outcome Criteria

<u>Nursing Interventions</u>	
Interventions	Rationale
•	•
•	•
•	•
•	•
•	•



Recommendations



Planning: Recommendations	
Expected Outcome	Outcome Criteria
<ul style="list-style-type: none">Reduced pain L) flank	<ul style="list-style-type: none">Patient states 'pain free' with use of analgesiaNo clinically observable signs or symptoms of painPatient able to resume ADLs unimpeded
<ul style="list-style-type: none">Resumes social activities	<ul style="list-style-type: none">Patient plans social activities

Nursing Interventions	
Interventions	Rationale
<ul style="list-style-type: none">Vital sign observationsPain assessmentAnalgesia regular and PRNRegular antibiotics, as prescribed	<ul style="list-style-type: none">Monitor for signs and symptoms of painAssess effectiveness of pain managementManage and alleviate symptoms of painManage infection and cause of pain
<ul style="list-style-type: none">Referral for Continence Nurse consultationProvide incontinence aids, as required	<ul style="list-style-type: none">Incontinence assessment and planSupportive management of occasional incontinence

Recommendations

Nursing
Process

Evaluating

Evaluation:

Evaluation:

1. Current pain management plan effective with nil reported side effects. Continue with current management plan.
2. Continence Nurse Consultation completed; awaiting management plan. Continue to support client with provision of incontinence aides, as required.