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For Additional Help With Care Plans And Critical Thinking EXAMPLE: Nursing Diagnosis Rationale Patient Goals Intervention: Implementation (Yes Or No) Evaluation Outcome Diagnosis: High Risk For Falls Related To Confusion As Evidenced By Disorientation To Place, Time, Situation, Unsteady Gait, Apr 1th, 2024

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Nursing Diagnosis Patient Goals (Short And/or Long Term) Nursing Interventions (Including Rationale) Evaluation YOUR SELECTED NANDA-I® NURSING DIAGNOSIS Due To History Of 2 Falls, Current Substance Use, Mental Confusion, Dizziness Upon Standing, Blood Pressure Of 90/50, Patient Is Female, Patient Is 70 Years Old. 1. The Patient Will Not Fall By May 1th, 2024

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Such As Increasing Activity Level, School Attendance Or Possible Hospitalizations 1. To Begin Transition To Home 2. Aid In Smooth Transition To Home With Adequate Support System In Place 3. To Determine If Adhering To Medical Regimen And Provide Support 4. Establish And Encourage Realistic Expectation Of Activity And Energy Level 5. Mar 1th, 2024

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