

F — Food and fluids

13 statements · Recommended tool: CP-FLUID Fluid Balance & Nutrition Score · Validated scales: MUST, fluid chart, glucose

F1 Not eating enough to meet body needs

Group: Food and fluids | Type: Actual problem

Definition: Food intake is too low to supply the energy and nutrients needed for health and healing.

Possible causes: Illness; poor appetite; mouth pain; poverty; nausea; depression

Signs and symptoms: Weight loss; eating less than half of meals; weakness; hair or skin changes

Scenario. A patient with cancer eats only a few bites and has lost 5 kg in a month.

S: "I just don't feel like eating."

O: Eats only 2-3 bites per meal; weight down 5 kg in one month; BMI 17.8; dry skin.

Tools: CP-FLUID, CP-SKIN · MUST, fluid chart, glucose, Braden Scale, TIME wound chart **CarePath

diagnosis: Not eating enough to meet body needs related to illness, as evidenced by weight loss and eating less than half of meals. **Interventions and rationale** | Intervention | Rationale | |---|---| | Weigh weekly. | Weekly weight shows the trend and tells whether the nutrition plan is working. | | Offer small frequent meals. | Small frequent meals are less overwhelming than large ones and easier to finish when appetite is poor. | | Involve a dietitian. | A dietitian calculates his needs and plans energy-dense foods that suit his illness. | | Treat nausea and mouth pain. | Nausea and mouth pain are common reasons for not eating, so treating them removes barriers to eating. | | Give supplements if ordered. | Supplements add calories and protein when food alone is not enough. | | Record intake. | Recording intake shows how much is really eaten, so the team can see progress and adjust the plan. | **Expected outcomes** - Within 1 week: eats at least 75% of meals. - By discharge: weight stable or rising. - Patient chooses high-energy foods and accepts supplements. **Linking the data to the diagnosis** The patient has cancer and eats only 2-3 bites per meal. Weight is down 5 kg in one month, BMI is 17.8 and the skin is dry. He says he just does not feel like eating. This is an actual problem because the shortfall in intake and the weight loss are already happening. Poor appetite describes the lack of desire to eat, while this statement covers the result, intake too low for body needs, so it fits better. The plan aims for eating at least 75% of meals within 1 week, stable or rising weight by discharge, and the patient choosing high-energy foods and accepting supplements.**

CarePath diagnosis: Not eating enough to meet body needs related to illness, as evidenced by weight loss and eating less than half of meals.

Intervention	Rationale
Weigh weekly.	Weekly weight shows the trend and tells whether the nutrition plan is working.
Offer small frequent meals.	Small frequent meals are less overwhelming than large ones and easier to finish when appetite is poor.
Involve a dietitian.	A dietitian calculates his needs and plans energy-dense foods that suit his illness.
Treat nausea and mouth pain.	Nausea and mouth pain are common reasons for not eating, so treating them removes barriers to eating.
Give supplements if ordered.	Supplements add calories and protein when food alone is not enough.
Record intake.	Recording intake shows how much is really eaten, so the team can see progress and adjust the plan.

Expected outcomes: Within 1 week: eats at least 75% of meals. · By discharge: weight stable or rising. · Patient chooses high-energy foods and accepts supplements.

Linking the data: The patient has cancer and eats only 2-3 bites per meal. Weight is down 5 kg in one month, BMI is 17.8 and the skin is dry. He says he just does not feel like eating. This is an actual problem because the shortfall in intake and the weight loss are already happening. Poor appetite describes the lack of desire to eat, while this statement covers the result, intake too low for body needs, so it fits better. The plan aims for eating at least 75% of meals within 1 week, stable or rising weight by discharge, and the patient choosing high-energy foods and accepting supplements.

F2 Eating more than the body needs

Group: Food and fluids | Type: Actual problem

Definition: Intake is higher than the body uses, leading to unhealthy weight gain.

Possible causes: Large portions; low activity; stress eating; medicines; thyroid problems

Signs and symptoms: Weight above the healthy range; eating when not hungry; breathlessness on effort

Scenario. A man with diabetes has gained 10 kg and snacks late at night.

S: "I snack at night when I'm bored."

O: Weight 98 kg, BMI 34; blood sugar 11 mmol/L; waist 112 cm; diet history shows large evening portions.

Tools: CP-FLUID · MUST, fluid chart, glucose **CarePath diagnosis:** Eating more than the body needs related to large portions, as evidenced by weight above the healthy range and eating when not hungry. **Interventions and rationale:** | Intervention | Rationale | |---|---| | Assess eating habits. | Learning when and why he eats, such as evening snacks from boredom, shows what to target. | | Set small realistic goals. | Small goals are more achievable and build confidence, which lasts longer than drastic changes. | | Teach portion control and activity. | Portion control and activity lower energy intake and raise energy use, which improves weight and blood sugar. | | Involve a dietitian. | A dietitian tailors a plan to his diabetes and food preferences. | | Praise progress. | Praise motivates, supports self-esteem and helps him keep up the changes. **Expected outcomes:** - Within 1 week: sets 2 realistic eating goals. - Over 4 weeks: loses 0.5-1 kg per week. - Names 3 portion-control strategies. **Linking the data to the diagnosis:** The man has diabetes and has gained 10 kg. He weighs 98 kg with a BMI of 34 and a waist of 112 cm, blood sugar is 11 mmol/L, and the diet history shows large evening portions. He says he snacks at night when he is bored. This is an actual problem because the excess intake and weight gain are already present, so a risk statement is not needed. Unsteady blood sugar could be confused with it, but the sugar is a result here, not the main problem. The plan aims for two realistic eating goals in 1 week, loss of 0.5-1 kg per week over 4 weeks, and three portion-control strategies named.

CarePath diagnosis: Eating more than the body needs related to large portions, as evidenced by weight above the healthy range and eating when not hungry.

Intervention	Rationale
Assess eating habits.	Learning when and why he eats, such as evening snacks from boredom, shows what to target.
Set small realistic goals.	Small goals are more achievable and build confidence, which lasts longer than drastic changes.
Teach portion control and activity.	Portion control and activity lower energy intake and raise energy use, which improves weight and blood sugar.
Involve a dietitian.	A dietitian tailors a plan to his diabetes and food preferences.
Praise progress.	Praise motivates, supports self-esteem and helps him keep up the changes.

Expected outcomes: Within 1 week: sets 2 realistic eating goals. · Over 4 weeks: loses 0.5-1 kg per week. · Names 3 portion-control strategies.

Linking the data: The man has diabetes and has gained 10 kg. He weighs 98 kg with a BMI of 34 and a waist of 112 cm, blood sugar is 11 mmol/L, and the diet history shows large evening portions. He says he snacks at night when he is bored. This is an actual problem because the excess intake and weight gain are already present, so a risk statement is not needed. Unsteady blood sugar could be confused with it, but the sugar is a result here, not the main problem. The plan aims for two realistic eating goals in 1 week, loss of 0.5-1 kg per week over 4 weeks, and three portion-control strategies named.

F3 Dehydration

Group: Food and fluids | Type: Actual problem

Definition: The body has too little water, shown by thirst, dry mouth, dark urine, or low blood pressure.

Possible causes: Vomiting; diarrhea; poor drinking; fever; diuretics; burns

Signs and symptoms: Thirst; dry mouth; dark urine; low blood pressure; fast pulse; sunken eyes

Scenario. A child with diarrhea has dry lips, sunken eyes, and no tears.

S: "I'm so thirsty and tired."

O: Dry mucous membranes; sunken eyes; heart rate 126/min in a child; reduced skin elasticity; dark scant urine; weight down 0.5 kg.

Tools: CP-FLUID, CP-SKIN, CP-ELIM · MUST, fluid chart, glucose, Braden Scale, TIME wound chart, Bristol Stool Chart, bladder scan ****CarePath diagnosis:**** Dehydration related to diarrhea, as evidenced by dry mucous membranes, sunken eyes, a fast heart rate, and dark scant urine. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Measure intake and output. | Measuring intake and output shows whether fluid losses are being replaced and how the kidneys are coping. | | Give oral rehydration or intravenous fluids as ordered. | Oral rehydration solution replaces water and salts, and intravenous fluids are used when drinking is not enough or not safe. | | Weigh. | Weight changes, especially in a child, reflect fluid loss or gain accurately. | | Report low urine output. | Low urine output signals that fluid is still too low and the kidneys are not getting enough blood, so stronger treatment may be needed. | ****Expected outcomes**** - Within 12 hours: urine pale and normal in amount, mucous membranes moist, heart rate and blood pressure normal for age. - Drinks fluids willingly. ****Linking the data to the diagnosis**** The child has diarrhea, dry lips, sunken eyes and no tears. The nurse finds dry mucous membranes, heart rate 126/min, reduced skin elasticity, dark scant urine and weight down 0.5 kg. The patient says they are very thirsty and tired. This is an actual problem because fluid loss is already shown by these signs, so a risk statement would be wrong. Fluid build-up in the body is the opposite problem and does not apply. The plan aims for pale urine in normal amounts, moist mucous membranes and a normal heart rate and blood pressure for age within 12 hours, with the child drinking willingly.

CarePath diagnosis: Dehydration related to diarrhea, as evidenced by dry mucous membranes, sunken eyes, a fast heart rate, and dark scant urine.

Intervention	Rationale
Measure intake and output.	Measuring intake and output shows whether fluid losses are being replaced and how the kidneys are coping.
Give oral rehydration or intravenous fluids as ordered.	Oral rehydration solution replaces water and salts, and intravenous fluids are used when drinking is not enough or not safe.
Weigh.	Weight changes, especially in a child, reflect fluid loss or gain accurately.
Report low urine output.	Low urine output signals that fluid is still too low and the kidneys are not getting enough blood, so stronger treatment may be needed.

Expected outcomes: Within 12 hours: urine pale and normal in amount, mucous membranes moist, heart rate and blood pressure normal for age. · Drinks fluids willingly.

Linking the data: The child has diarrhea, dry lips, sunken eyes and no tears. The nurse finds dry mucous membranes, heart rate 126/min, reduced skin elasticity, dark scant urine and weight down 0.5 kg. The patient says they are very thirsty and tired. This is an actual problem because fluid loss is already shown by these signs, so a risk statement would be wrong. Fluid build-up in the body is the opposite problem and does not apply. The plan aims for pale urine in normal amounts, moist mucous membranes and a normal heart rate and blood pressure for age within 12 hours, with the child drinking willingly.

F4 Fluid build-up in the body

Group: Food and fluids | Type: Actual problem

Definition: The body holds too much fluid, causing swelling, quick weight gain, or breathlessness.

Possible causes: Heart failure; kidney failure; too much intravenous fluid; liver disease

Signs and symptoms: Swelling; quick weight gain; breathlessness; bulging neck veins

Scenario. A dialysis patient gains 3 kg between sessions and has swollen ankles.

S: "My ankles are swollen and I get breathless."

O: Weight up 3 kg between dialysis sessions; pitting edema 2+; blood pressure 168/94; neck veins distended.

Tools: CP-FLUID, CP-SKIN, CP-BREATH · MUST, fluid chart, glucose, Braden Scale, TIME wound chart, NEWS2, SpO₂, ECG **CarePath diagnosis:** Fluid build-up in the body related to kidney failure and fluid taken between dialysis sessions, as evidenced by 2+ swelling, a 3 kg weight gain, and distended neck veins. **Interventions and rationale** | Intervention | Rationale | |---|---| | Measure fluids in and out. | Measuring fluids in and out shows whether more fluid is being kept than lost. | | Weigh daily. | Daily weight is the most reliable sign of fluid change, because each kilogram gained is about a liter of fluid. | | Limit fluids and salt as ordered. | Salt holds water in the body, so limiting salt and fluid reduces build-up, especially when the kidneys cannot remove it. | | Raise legs. | Raising the legs helps fluid drain from the ankles back into the circulation. | | Give diuretics as ordered. | Diuretics increase urine output to remove extra fluid, and are given as ordered because their effect depends on how well the kidneys work. | **Expected outcomes** - Weight gain between sessions under the doctor's target (often under 2 kg). - Swelling reduced. - Breathing comfortable. - Patient states the fluid limit and a plan to keep to it. **Linking the data to the diagnosis** The dialysis patient gained 3 kg between sessions and has pitting edema 2+, blood pressure 168/94 and distended neck veins. He says his ankles are swollen and he gets breathless. This is an actual problem because extra fluid is already being held. Fluid in the lungs could be confused with it, but no frothy sputum or very low oxygen is described, so this wider fluid statement fits better. The plan aims for weight gain between sessions under the doctor's target (often under 2 kg), less swelling, comfortable breathing, and the patient stating the fluid limit and a plan to keep to it.

CarePath diagnosis: Fluid build-up in the body related to kidney failure and fluid taken between dialysis sessions, as evidenced by 2+ swelling, a 3 kg weight gain, and distended neck veins.

Intervention	Rationale
Measure fluids in and out.	Measuring fluids in and out shows whether more fluid is being kept than lost.
Weigh daily.	Daily weight is the most reliable sign of fluid change, because each kilogram gained is about a liter of fluid.
Limit fluids and salt as ordered.	Salt holds water in the body, so limiting salt and fluid reduces build-up, especially when the kidneys cannot remove it.
Raise legs.	Raising the legs helps fluid drain from the ankles back into the circulation.
Give diuretics as ordered.	Diuretics increase urine output to remove extra fluid, and are given as ordered because their effect depends on how well the kidneys work.

Expected outcomes: Weight gain between sessions under the doctor's target (often under 2 kg). · Swelling reduced. · Breathing comfortable. · Patient states the fluid limit and a plan to keep to it.

Linking the data: The dialysis patient gained 3 kg between sessions and has pitting edema 2+, blood pressure 168/94 and distended neck veins. He says his ankles are swollen and he gets breathless. This is an actual problem because extra fluid is already being held. Fluid in the lungs could be confused with it, but no frothy sputum or very low oxygen is described, so this wider fluid statement fits better. The plan aims for weight gain between sessions under the doctor's target (often under 2 kg), less swelling, comfortable breathing, and the patient stating the fluid limit and a plan to keep to it.

F5 Unsteady blood sugar ⚠ URGENT

Group: Food and fluids | Type: Risk problem

Definition: Blood sugar may swing too high or too low because of illness, diet, or medicine.

Risk factors: Diabetes; insulin or tablets; skipped meals; infection; steroids

Warning signs: Shaking, sweating, hunger (low sugar); thirst and frequent urination (high sugar); unusual readings

Scenario. A patient with diabetes has taken insulin before lunch, but lunch is late and she has just had a chest infection.

S: "I took my insulin but lunch has not come yet."

O: Blood sugar 5.2 mmol/L before lunch; insulin given 30 minutes ago; lunch delayed; recent infection; no sweating or shaking.

Tools: CP-FLUID, CP-INFECT · MUST, fluid chart, glucose, qSOFA / sepsis screen **CarePath diagnosis:** Unsteady blood sugar related to insulin, a delayed meal and infection (risk factors); no signs of the problem are present yet. **Interventions and rationale** | Intervention | Rationale | |---|---| | Check blood sugar before meals and if symptoms appear. | Checking before meals and when symptoms appear finds high or low sugar early, before harm occurs. | | Call the kitchen and give a snack if the meal is late. | Insulin keeps working whether or not food arrives, so a late meal risks low sugar. A snack covers the gap. | | Treat blood sugar below 4 mmol/L at once per protocol and recheck in 15 minutes. | Blood sugar below 4 mmol/L can quickly cause confusion or loss of consciousness. Fast sugar corrects it and rechecking confirms it worked. | | Teach the warning signs of low and high sugar. | Knowing the signs, such as shaking, sweating or thirst, lets her act early. | | Record readings. | Records show patterns, which helps the doctor adjust insulin and meal timing. | **Expected outcomes** - Blood sugar stays in the doctor's target range with no readings below 4 mmol/L. - Patient states warning signs and how to treat them. - Meals matched to insulin timing. **Linking the data to the diagnosis** This is a risk statement: the blood sugar has not become unsafe yet. The patient has diabetes, took insulin 30 minutes ago, lunch is delayed and she has just had a chest infection. Blood sugar is 5.2 mmol/L before lunch, and she has no sweating or shaking. She says lunch has not come yet. The diagnosis rests on these risk factors. It is urgent because a fall below 4 mmol/L needs treatment at once, so help is called first if it happens. The plan aims for sugar in the doctor's range with no readings below 4 mmol/L, warning signs stated by the patient, and meals matched to insulin timing.

CarePath diagnosis: Unsteady blood sugar related to insulin, a delayed meal and infection (risk factors); no signs of the problem are present yet.

Intervention	Rationale
Check blood sugar before meals and if symptoms appear.	Checking before meals and when symptoms appear finds high or low sugar early, before harm occurs.
Call the kitchen and give a snack if the meal is late.	Insulin keeps working whether or not food arrives, so a late meal risks low sugar. A snack covers the gap.
Treat blood sugar below 4 mmol/L at once per protocol and recheck in 15 minutes.	Blood sugar below 4 mmol/L can quickly cause confusion or loss of consciousness. Fast sugar corrects it and rechecking confirms it worked.
Teach the warning signs of low and high sugar.	Knowing the signs, such as shaking, sweating or thirst, lets her act early.
Record readings.	Records show patterns, which helps the doctor adjust insulin and meal timing.

Expected outcomes: Blood sugar stays in the doctor's target range with no readings below 4 mmol/L. · Patient states warning signs and how to treat them. · Meals matched to insulin timing.

Linking the data: This is a risk statement: the blood sugar has not become unsafe yet. The patient has diabetes, took insulin 30 minutes ago, lunch is delayed and she has just had a chest infection. Blood sugar is 5.2 mmol/L before lunch, and she has no sweating or shaking. She says lunch has not come yet. The diagnosis rests on these risk factors. It is urgent because a fall below 4 mmol/L needs treatment at once, so help is called first if it happens. The plan aims for sugar in the doctor's range with no readings below 4 mmol/L, warning signs stated by the patient, and meals matched to insulin timing.

F6 Trouble chewing or swallowing

Group: Food and fluids | Type: Actual problem

Definition: Chewing or swallowing is painful or unsafe, with coughing or choking at meals.

Possible causes: Stroke; mouth or throat problems; weak muscles; dementia

Signs and symptoms: Coughing or choking at meals; wet voice; food held in cheeks; drooling; very slow meals

Scenario. After a stroke, a patient coughs every time he drinks water.

S: "It feels like the water goes the wrong way."

O: Coughs after each sip of water; wet gurgling voice; right facial droop; failed bedside swallow screen.

Tools: CP-FLUID · MUST, fluid chart, glucose ****CarePath diagnosis:**** Trouble chewing or swallowing related to stroke, as evidenced by coughing or choking at meals and wet voice. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Screen swallowing. | A swallow screen shows whether swallowing is safe before food or drink can go into the lungs. | | Sit upright for meals. | An upright position uses gravity and helps the airway close properly, lowering the risk of food entering it. | | Follow texture advice from the speech therapist. | The speech therapist knows which food and drink textures he can swallow safely. | | Supervise eating. | Supervision lets the nurse notice coughing or choking quickly and help. | | Give mouth care. | Mouth care removes bacteria, so if saliva or food does enter the lungs, there are fewer germs to cause pneumonia. | ****Expected outcomes**** - No choking or aspiration during the stay. - Within 48 hours: safe diet level confirmed by the speech therapist. - Patient eats and drinks safely following advice. ****Linking the data to the diagnosis**** After a stroke the patient coughs after each sip of water, has a wet gurgling voice, a right facial droop and failed the bedside swallow screen. He says the water goes the wrong way. This is an actual problem because the swallowing difficulty is already shown. A statement about not eating enough would miss the safety issue, since the danger here is food or fluid entering the airway. The plan aims for no choking or aspiration during the stay, a safe diet level confirmed by the speech therapist within 48 hours, and the patient eating and drinking safely by following advice.

CarePath diagnosis: Trouble chewing or swallowing related to stroke, as evidenced by coughing or choking at meals and wet voice.

Intervention	Rationale
Screen swallowing.	A swallow screen shows whether swallowing is safe before food or drink can go into the lungs.
Sit upright for meals.	An upright position uses gravity and helps the airway close properly, lowering the risk of food entering it.
Follow texture advice from the speech therapist.	The speech therapist knows which food and drink textures he can swallow safely.
Supervise eating.	Supervision lets the nurse notice coughing or choking quickly and help.
Give mouth care.	Mouth care removes bacteria, so if saliva or food does enter the lungs, there are fewer germs to cause pneumonia.

Expected outcomes: No choking or aspiration during the stay. · Within 48 hours: safe diet level confirmed by the speech therapist. · Patient eats and drinks safely following advice.

Linking the data: After a stroke the patient coughs after each sip of water, has a wet gurgling voice, a right facial droop and failed the bedside swallow screen. He says the water goes the wrong way. This is an actual problem because the swallowing difficulty is already shown. A statement about not eating enough would miss the safety issue, since the danger here is food or fluid entering the airway. The plan aims for no choking or aspiration during the stay, a safe diet level confirmed by the speech therapist within 48 hours, and the patient eating and drinking safely by following advice.

F7 Vomiting

Group: Food and fluids | Type: Actual problem

Definition: Repeated throwing up that may lead to fluid loss, weakness, and poor intake.

Possible causes: Stomach infection; medicines; blockage; pregnancy; chemotherapy

Signs and symptoms: Repeated throwing up; nausea; dry mouth; weakness; weight loss

Scenario. A patient on chemotherapy vomits four times after dinner.

S: "I keep throwing up and can't keep anything down."

O: Vomited four times in 3 hours; dry mouth; weight down 1 kg; pulse 102/min; on chemotherapy.

Tools: CP-FLUID · MUST, fluid chart, glucose **CarePath diagnosis:** Vomiting related to chemotherapy, as evidenced by four episodes of vomiting in 3 hours, dry mouth, and a pulse of 102/min. **Interventions and rationale** | Intervention | Rationale | | Give anti-sickness medicine as ordered. | Anti-sickness medicine blocks nausea signals, which stops further vomiting and helps keep fluids down. | | Keep upright. | An upright position lowers the risk of vomit entering the lungs and eases nausea. | | Offer small sips. | Small sips are easier to keep down than large drinks and start replacing lost fluid. | | Protect skin and airway. | Vomit irritates skin and can block the airway if the patient is weak, so keeping skin clean and the airway clear prevents harm. | | Record amounts. | Recording amounts shows how much fluid is lost and helps decide how much to replace. | | Replace fluids. | Replacing fluids corrects the water and salt lost through repeated vomiting. The route follows the doctor's orders. | | Give mouth care. | Vomiting leaves a sour taste and can damage the mouth lining, so mouth care adds comfort and protects it. | **Expected outcomes** - Within 24 hours: vomiting stops or falls to once a day or less, takes sips without nausea, hydration signs normal. - Patient reports less nausea. **Linking the data to the diagnosis** The patient is on chemotherapy and vomited four times in 3 hours. The nurse finds a dry mouth, weight down 1 kg and pulse 102/min. He says he keeps throwing up and cannot keep anything down. This is an actual problem because the vomiting is already happening. Dehydration could follow, but it has not been shown here, so this statement is the main one. The plan aims for vomiting to stop or fall to once a day or less within 24 hours, sips taken without nausea, normal hydration signs and less nausea reported by the patient.

CarePath diagnosis: Vomiting related to chemotherapy, as evidenced by four episodes of vomiting in 3 hours, dry mouth, and a pulse of 102/min.

Intervention	Rationale
Give anti-sickness medicine as ordered.	Anti-sickness medicine blocks nausea signals, which stops further vomiting and helps keep fluids down.
Keep upright.	An upright position lowers the risk of vomit entering the lungs and eases nausea.
Offer small sips.	Small sips are easier to keep down than large drinks and start replacing lost fluid.
Protect skin and airway.	Vomit irritates skin and can block the airway if the patient is weak, so keeping skin clean and the airway clear prevents harm.
Record amounts.	Recording amounts shows how much fluid is lost and helps decide how much to replace.
Replace fluids.	Replacing fluids corrects the water and salt lost through repeated vomiting. The route follows the doctor's orders.
Give mouth care.	Vomiting leaves a sour taste and can damage the mouth lining, so mouth care adds comfort and protects it.

Expected outcomes: Within 24 hours: vomiting stops or falls to once a day or less, takes sips without nausea, hydration signs normal. · Patient reports less nausea.

Linking the data: The patient is on chemotherapy and vomited four times in 3 hours. The nurse finds a dry mouth, weight down 1 kg and pulse 102/min. He says he keeps throwing up and cannot keep anything down. This is an actual problem because the vomiting is already happening. Dehydration could follow, but it has not been shown here, so this statement is the main one. The plan aims for vomiting to stop or fall to once a day or less within 24 hours, sips taken without nausea, normal hydration signs and less nausea reported by the patient.

F8 Needs tube feeding

Group: Food and fluids | Type: Actual problem

Definition: Food and fluids must be given through a tube, which needs careful care and monitoring.

Possible causes: Cannot swallow safely; unconscious; severe illness; gut surgery

Signs and symptoms: Feeding tube in nose or stomach; relies on prescribed feeds; risk of tube blockage

Scenario. A stroke patient receives nutrition through a nasogastric tube.

S: (Unable to swallow.) Wife: "He can't eat anymore since the stroke."

O: Nasogastric tube in place at the marked length; feeds running at the ordered rate; head of bed 35 degrees; weight steady.

Tools: CP-FLUID · MUST, fluid chart, glucose ****CarePath diagnosis:**** Needs tube feeding related to cannot swallow safely, as evidenced by feeding tube in nose or stomach and relies on prescribed feeds. ****Interventions and rationale**** | Intervention | Rationale | |---| | Check tube position before each feed. | A tube in the wrong place, such as the lungs, can cause serious harm if feed is given, so checking confirms the stomach before feeding. | | Keep head raised at least 30 degrees. | A raised head prevents feed flowing back up and entering the lungs. | | Flush as ordered. | Flushing keeps the tube clear of blocking feed and medicine. | | Give mouth care. | Without eating, the mouth dries and germs grow, so mouth care keeps it clean and comfortable. | | Watch for vomiting or diarrhea. | Vomiting or diarrhea may mean a problem with feed rate, position or tolerance that needs a change. | ****Expected outcomes**** - Receives full prescribed nutrition by tube. - No aspiration, vomiting, or diarrhea. - Tube stays in place and open. - Mouth stays clean and moist. ****Linking the data to the diagnosis**** The stroke patient cannot swallow and receives all nutrition through a nasogastric tube. His wife says he cannot eat anymore since the stroke. The nurse finds the tube in place at the marked length, feeds running at the ordered rate, the head of the bed at 35 degrees and weight steady. This is an actual problem because he depends on the tube now. A statement about trouble swallowing would describe the cause, but this one fits the nursing care of the tube and feeds. The plan aims for full prescribed nutrition, no aspiration, vomiting or diarrhea, a tube that stays in place and open, and a clean moist mouth.

CarePath diagnosis: Needs tube feeding related to cannot swallow safely, as evidenced by feeding tube in nose or stomach and relies on prescribed feeds.

Intervention	Rationale
Check tube position before each feed.	A tube in the wrong place, such as the lungs, can cause serious harm if feed is given, so checking confirms the stomach before feeding.
Keep head raised at least 30 degrees.	A raised head prevents feed flowing back up and entering the lungs.
Flush as ordered.	Flushing keeps the tube clear of blocking feed and medicine.
Give mouth care.	Without eating, the mouth dries and germs grow, so mouth care keeps it clean and comfortable.
Watch for vomiting or diarrhea.	Vomiting or diarrhea may mean a problem with feed rate, position or tolerance that needs a change.

Expected outcomes: Receives full prescribed nutrition by tube. · No aspiration, vomiting, or diarrhea. · Tube stays in place and open. · Mouth stays clean and moist.

Linking the data: The stroke patient cannot swallow and receives all nutrition through a nasogastric tube. His wife says he cannot eat anymore since the stroke. The nurse finds the tube in place at the marked length, feeds running at the ordered rate, the head of the bed at 35 degrees and weight steady. This is an actual problem because he depends on the tube now. A statement about trouble swallowing would describe the cause, but this one fits the nursing care of the tube and feeds. The plan aims for full prescribed nutrition, no aspiration, vomiting or diarrhea, a tube that stays in place and open, and a clean moist mouth.

F9 Breastfeeding difficulty

Group: Food and fluids | Type: Actual problem

Definition: The mother or baby struggles with latch, milk flow, or comfort during breastfeeding.

Possible causes: Poor latch; sore nipples; low milk; tongue-tie; stress or lack of support

Signs and symptoms: Baby fussy at feeds; poor weight gain; cracked nipples; few wet diapers

Scenario. A new mother cries because the baby keeps slipping off the breast and her nipples are sore.

S: "It hurts so much when she latches and I'm afraid I'm not feeding her enough."

O: Nipples cracked and red; baby latches shallowly; baby lost 8% of birth weight by day 4; 4 wet diapers in 24 hours.

Tools: CP-FLUID, CP-PAIN, CP-SKIN · MUST, fluid chart, glucose, NRS 0-10, FLACC, PAINAD, Braden Scale, TIME wound chart ****CarePath diagnosis:**** Breastfeeding difficulty related to poor latch, as evidenced by baby fussy at feeds and poor weight gain. ****Interventions and rationale**** | Intervention | Rationale |
|---|---| | Teach positions and latch. | A good position and deep latch let the baby take milk well and prevent nipple damage. | | Encourage skin-to-skin contact. | Skin-to-skin contact calms the baby, triggers feeding cues and supports milk release. | | Treat soreness. | Treating sore nipples relieves pain so the mother can keep feeding instead of stopping. | | Refer to a lactation specialist. | A lactation specialist gives skilled, hands-on help with latch and milk supply beyond routine care. | | Review diapers and weight. | Wet diapers and weight show whether the baby is getting enough milk, which confirms or eases the mother's worry. | ****Expected outcomes**** - Within 1 week: baby latches deeply and feeds 8-12 times per 24 hours. - At least 6 wet diapers per day by day 5. - Mother reports less pain and names positions she can use. ****Linking the data to the diagnosis**** The new mother has cracked, red nipples and the baby latches shallowly and keeps slipping off. The baby lost 8% of birth weight by day 4 and had 4 wet diapers in 24 hours. The mother says it hurts and she fears she is not feeding enough. This is an actual problem because the feeding trouble and weight loss are already present. Not eating enough to meet body needs would describe the baby's intake only, while this statement includes the latch and the mother's pain. The plan aims for a deep latch with 8-12 feeds per 24 hours within 1 week, at least 6 wet diapers by day 5, and less pain with positions named.

CarePath diagnosis: Breastfeeding difficulty related to poor latch, as evidenced by baby fussy at feeds and poor weight gain.

Intervention	Rationale
Teach positions and latch.	A good position and deep latch let the baby take milk well and prevent nipple damage.
Encourage skin-to-skin contact.	Skin-to-skin contact calms the baby, triggers feeding cues and supports milk release.
Treat soreness.	Treating sore nipples relieves pain so the mother can keep feeding instead of stopping.
Refer to a lactation specialist.	A lactation specialist gives skilled, hands-on help with latch and milk supply beyond routine care.
Review diapers and weight.	Wet diapers and weight show whether the baby is getting enough milk, which confirms or eases the mother's worry.

Expected outcomes: Within 1 week: baby latches deeply and feeds 8-12 times per 24 hours. · At least 6 wet diapers per day by day 5. · Mother reports less pain and names positions she can use.

Linking the data: The new mother has cracked, red nipples and the baby latches shallowly and keeps slipping off. The baby lost 8% of birth weight by day 4 and had 4 wet diapers in 24 hours. The mother says it hurts and she fears she is not feeding enough. This is an actual problem because the feeding trouble and weight loss are already present. Not eating enough to meet body needs would describe the baby's intake only, while this statement includes the latch and the mother's pain. The plan aims for a deep latch with 8-12 feeds per 24 hours within 1 week, at least 6 wet diapers by day 5, and less pain with positions named.

F10 Body salts out of balance

Group: Food and fluids | Type: Risk problem

Definition: Levels of salts such as sodium or potassium may become unsafe.

Risk factors: Vomiting; diarrhea; kidney disease; diuretics; fluid shifts

Warning signs: Weakness; cramps; confusion; irregular heartbeat; abnormal blood tests

Scenario. A patient on strong water tablets for heart failure has had two days of diarrhea.

S: "I have had loose stools and I am passing a lot of urine."

O: On high-dose diuretic; 6 loose stools in 24 hours; potassium 3.8 mmol/L (low-normal); pulse regular 80/min; no cramps or weakness.

Tools: CP-FLUID, CP-ELIM · MUST, fluid chart, glucose, Bristol Stool Chart, bladder scan **CarePath diagnosis:** Body salts out of balance related to diuretics and diarrhea (risk factors); no signs of the problem are present yet. **Interventions and rationale** | Intervention | Rationale | |---|---| | Check blood results. | Blood results show potassium and sodium levels so a fall is caught early. | | Give replacements as ordered. | Replacements restore low salts before they cause weakness or a dangerous heart rhythm. | | Monitor heart rhythm. | Low potassium can cause an irregular heartbeat, so monitoring detects it early. | | Report symptoms. | Cramps, weakness or confusion can be the first signs of imbalance, and reporting them prompts testing. | | Teach diet and medicine advice. | Knowing which foods and medicines help keeps levels safe after discharge. | **Expected outcomes** - Within 48 hours: potassium and sodium back in the normal range, no cramps or irregular heartbeat. - Patient names food and medicine advice. **Linking the data to the diagnosis** This is a risk statement: the salt imbalance has not occurred yet. The patient takes a high-dose diuretic and has had 6 loose stools in 24 hours. Potassium is 3.8 mmol/L (low-normal), the pulse is regular at 80/ min, and there are no cramps or weakness. She says she has loose stools and is passing a lot of urine. The diagnosis rests on the risk factors of diuretic use and diarrhea. The plan aims for potassium and sodium in the normal range within 48 hours, no cramps or irregular heartbeat, and the patient naming food and medicine advice.

CarePath diagnosis: Body salts out of balance related to diuretics and diarrhea (risk factors); no signs of the problem are present yet.

Intervention	Rationale
Check blood results.	Blood results show potassium and sodium levels so a fall is caught early.
Give replacements as ordered.	Replacements restore low salts before they cause weakness or a dangerous heart rhythm.
Monitor heart rhythm.	Low potassium can cause an irregular heartbeat, so monitoring detects it early.
Report symptoms.	Cramps, weakness or confusion can be the first signs of imbalance, and reporting them prompts testing.
Teach diet and medicine advice.	Knowing which foods and medicines help keeps levels safe after discharge.

Expected outcomes: Within 48 hours: potassium and sodium back in the normal range, no cramps or irregular heartbeat. · Patient names food and medicine advice.

Linking the data: This is a risk statement: the salt imbalance has not occurred yet. The patient takes a high-dose diuretic and has had 6 loose stools in 24 hours. Potassium is 3.8 mmol/L (low-normal), the pulse is regular at 80/ min, and there are no cramps or weakness. She says she has loose stools and is passing a lot of urine. The diagnosis rests on the risk factors of diuretic use and diarrhea. The plan aims for potassium and sodium in the normal range within 48 hours, no cramps or irregular heartbeat, and the patient naming food and medicine advice.

F11 Poor appetite

Group: Food and fluids | Type: Actual problem

Definition: The person has little desire to eat, so intake falls.

Possible causes: Illness; depression; medicines; dental problems; loneliness

Signs and symptoms: Leaves food on the plate; says not hungry; early fullness; weight drop

Scenario. An older woman living alone pushes her dinner away every day.

S: "Nothing tastes good and I'm never hungry."

O: Leaves most meals; eats about 25% of dinner; lives alone; weight down 2 kg in a month.

Tools: CP-FLUID · MUST, fluid chart, glucose ****CarePath diagnosis:**** Poor appetite related to illness, as evidenced by leaves food on the plate and says not hungry. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Find the cause. | Appetite loss can come from nausea, pain, medicines or low mood, so treating the cause works better than just urging her to eat. | | Offer favorite foods and small meals. | Favorite foods and small meals are more appealing and less overwhelming. | | Make meals pleasant. | A pleasant setting and company make eating more enjoyable and raise intake. | | Treat nausea or mouth pain. | Nausea and mouth pain make eating unpleasant, so relieving them removes a barrier. | | Involve family and dietitian. | Family can give company and help at home, and the dietitian plans her nutrition. | ****Expected outcomes**** - Within 1 week: eats at least 50% of meals and weight stable. - Patient names 3 foods she can manage and has a plan for meals at home. ****Linking the data to the diagnosis**** The older woman lives alone and pushes her dinner away every day. She eats about 25% of dinner, leaves most meals and has lost 2 kg in a month. She says nothing tastes good and she is never hungry. This is an actual problem because the lack of appetite is already reducing her intake. Not eating enough to meet body needs is a close statement, but this one targets the cause, loss of desire to eat, so it fits better. The plan aims for at least 50% of meals eaten and stable weight within 1 week, three manageable foods named, and a plan for meals at home.

CarePath diagnosis: Poor appetite related to illness, as evidenced by leaves food on the plate and says not hungry.

Intervention	Rationale
Find the cause.	Appetite loss can come from nausea, pain, medicines or low mood, so treating the cause works better than just urging her to eat.
Offer favorite foods and small meals.	Favorite foods and small meals are more appealing and less overwhelming.
Make meals pleasant.	A pleasant setting and company make eating more enjoyable and raise intake.
Treat nausea or mouth pain.	Nausea and mouth pain make eating unpleasant, so relieving them removes a barrier.
Involve family and dietitian.	Family can give company and help at home, and the dietitian plans her nutrition.

Expected outcomes: Within 1 week: eats at least 50% of meals and weight stable. · Patient names 3 foods she can manage and has a plan for meals at home.

Linking the data: The older woman lives alone and pushes her dinner away every day. She eats about 25% of dinner, leaves most meals and has lost 2 kg in a month. She says nothing tastes good and she is never hungry. This is an actual problem because the lack of appetite is already reducing her intake. Not eating enough to meet body needs is a close statement, but this one targets the cause, loss of desire to eat, so it fits better. The plan aims for at least 50% of meals eaten and stable weight within 1 week, three manageable foods named, and a plan for meals at home.

F12 Sore or damaged mouth

Group: Food and fluids | Type: Actual problem

Definition: The lining of the mouth or gums is painful, dry, or ulcerated, making eating and speaking hard.

Possible causes: Chemotherapy; poor mouth care; dehydration; dentures; infection

Signs and symptoms: Red or white patches; ulcers; bleeding gums; pain when eating; bad breath

Scenario. A cancer patient has mouth ulcers and cannot eat solid food.

S: "My mouth is so sore I can't chew."

O: Mouth ulcers on inner cheeks and tongue; red inflamed gums; eats only soft foods; on chemotherapy; pain 6/10 when eating.

Tools: CP-FLUID, CP-PAIN, CP-SKIN · MUST, fluid chart, glucose, NRS 0–10, FLACC, PAINAD, Braden Scale, TIME wound chart ****CarePath diagnosis:**** Sore or damaged mouth related to chemotherapy, as evidenced by red or white patches and ulcers. ****Interventions and rationale**** | Intervention | Rationale |
|---|---| | Give mouth care with a soft brush. | A soft brush cleans teeth and gums without further injuring tender tissue, and a clean mouth lowers infection risk. | | Use rinses as ordered. | Ordered rinses soothe, clean or treat infection of the mouth lining. | | Avoid spicy or hot food. | Spicy or hot food irritates ulcers and worsens pain. | | Give pain relief before meals. | Pain relief before meals lets him chew and swallow more comfortably, so he eats more. | | Check the mouth daily. | Daily checks find new ulcers, infection or bleeding early. | ****Expected outcomes**** - Within 3 days: mouth pain 3/10 or lower, eats a soft diet comfortably, ulcers healing. - Patient does mouth care correctly 4 times a day. ****Linking the data to the diagnosis**** The cancer patient is on chemotherapy and has mouth ulcers on the inner cheeks and tongue and red inflamed gums. Pain is 6/10 when eating and he manages only soft foods. He says his mouth is so sore he cannot chew. This is an actual problem because the mouth damage is already present. Not eating enough to meet body needs could follow, but the cause to treat here is the damaged mouth lining, so this statement is the right one. The plan aims for pain of 3/10 or lower, comfortable eating of a soft diet and healing ulcers within 3 days, with correct mouth care 4 times a day.

CarePath diagnosis: Sore or damaged mouth related to chemotherapy, as evidenced by red or white patches and ulcers.

Intervention	Rationale
Give mouth care with a soft brush.	A soft brush cleans teeth and gums without further injuring tender tissue, and a clean mouth lowers infection risk.
Use rinses as ordered.	Ordered rinses soothe, clean or treat infection of the mouth lining.
Avoid spicy or hot food.	Spicy or hot food irritates ulcers and worsens pain.
Give pain relief before meals.	Pain relief before meals lets him chew and swallow more comfortably, so he eats more.
Check the mouth daily.	Daily checks find new ulcers, infection or bleeding early.

Expected outcomes: Within 3 days: mouth pain 3/10 or lower, eats a soft diet comfortably, ulcers healing. · Patient does mouth care correctly 4 times a day.

Linking the data: The cancer patient is on chemotherapy and has mouth ulcers on the inner cheeks and tongue and red inflamed gums. Pain is 6/10 when eating and he manages only soft foods. He says his mouth is so sore he cannot chew. This is an actual problem because the mouth damage is already present. Not eating enough to meet body needs could follow, but the cause to treat here is the damaged mouth lining, so this statement is the right one. The plan aims for pain of 3/10 or lower, comfortable eating of a soft diet and healing ulcers within 3 days, with correct mouth care 4 times a day.

F13 Unplanned weight loss

Group: Food and fluids | Type: Actual problem

Definition: The person is losing weight without trying, which may signal poor intake or illness.

Possible causes: Poor intake; cancer; depression; infection; thyroid disease

Signs and symptoms: Clothes looser; falling weight chart; muscle loss; weakness

Scenario. An older man has lost 6 kg in two months without dieting.

S: "My clothes are loose and I'm not trying to lose weight."

O: Weight down 6 kg in 2 months; BMI 18.5; reduced muscle bulk; poor appetite.

Tools: CP-FLUID · MUST, fluid chart, glucose ****CarePath diagnosis:**** Unplanned weight loss related to poor intake, as evidenced by clothes looser and falling weight chart. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Weigh regularly. | Regular weights show the trend and whether treatment is working. | | Look for causes. | Unplanned weight loss can signal illness such as infection, cancer or thyroid disease, so finding the cause allows it to be treated. | | Give high-energy foods and supplements. | High-energy foods and supplements give more calories in small amounts, which suits a poor appetite. | | Involve a dietitian. | A dietitian plans nutrition to his needs. | | Report ongoing loss to the doctor. | Ongoing loss despite effort may signal an untreated illness that needs doctor review. | ****Expected outcomes**** - Within 2 weeks: weight stops falling and gradually rises. - Cause of weight loss investigated. - Patient eats high-energy small meals about 6 times a day. ****Linking the data to the diagnosis**** The older man has lost 6 kg in 2 months without dieting. His BMI is 18.5, muscle bulk is reduced and appetite is poor. He says his clothes are loose and he is not trying to lose weight. This is an actual problem because the loss has already happened. Not eating enough to meet body needs is a close statement, but the key finding here is the weight falling without intent, which may point to an illness that must be looked for. The plan aims for weight to stop falling and gradually rise within 2 weeks, the cause investigated, and the patient eating high-energy small meals about 6 times a day.

CarePath diagnosis: Unplanned weight loss related to poor intake, as evidenced by clothes looser and falling weight chart.

Intervention	Rationale
Weigh regularly.	Regular weights show the trend and whether treatment is working.
Look for causes.	Unplanned weight loss can signal illness such as infection, cancer or thyroid disease, so finding the cause allows it to be treated.
Give high-energy foods and supplements.	High-energy foods and supplements give more calories in small amounts, which suits a poor appetite.
Involve a dietitian.	A dietitian plans nutrition to his needs.
Report ongoing loss to the doctor.	Ongoing loss despite effort may signal an untreated illness that needs doctor review.

Expected outcomes: Within 2 weeks: weight stops falling and gradually rises. · Cause of weight loss investigated. · Patient eats high-energy small meals about 6 times a day.

Linking the data: The older man has lost 6 kg in 2 months without dieting. His BMI is 18.5, muscle bulk is reduced and appetite is poor. He says his clothes are loose and he is not trying to lose weight. This is an actual problem because the loss has already happened. Not eating enough to meet body needs is a close statement, but the key finding here is the weight falling without intent, which may point to an illness that must be looked for. The plan aims for weight to stop falling and gradually rise within 2 weeks, the cause investigated, and the patient eating high-energy small meals about 6 times a day.