

T — Long-term illness

8 statements · Recommended tool: CP-LONG Long-Term Condition Check · Validated scales:
Self-management review

T1 Uncontrolled high blood pressure

Group: Long-term illness | Type: Actual problem

Definition: Blood pressure stays high despite treatment, raising the risk of stroke and heart disease.

Possible causes: High salt intake; stress; obesity; missed medicine; kidney disease

Signs and symptoms: Readings above target; headaches; dizziness; sometimes no symptoms

Scenario. A patient's pressure stays above 160/100 despite medicine.

S: "I don't get headaches so I'm fine."

O: Blood pressure 168/102; misses medicines; high-salt diet.

Tools: CP-LONG, CP-PAIN, CP-SKIN · Self-management review, NRS 0–10, FLACC, PAINAD, Braden Scale, TIME wound chart ****CarePath diagnosis:**** Uncontrolled high blood pressure related to high salt intake and missed medicines, as evidenced by a blood pressure of 168/102. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Check technique. | Wrong cuff size, arm position or rushed measurement can give false readings. Checking technique makes sure treatment decisions are based on accurate numbers. | | Encourage taking medicine. | Missed doses let blood pressure rise again. Regular medicine gives steady control, which lowers the risk of stroke, heart disease and kidney damage. | | Reduce salt. | Salt makes the body hold water, which raises blood pressure. Cutting salt helps lower readings and can make medicines work better. | | Encourage exercise. | Regular physical activity strengthens the heart and helps lower blood pressure over time, and it helps weight control. | | Follow up. | Follow-up lets the team see whether readings are improving and adjust treatment, and it reinforces the habit of ongoing care. | | Report severe symptoms. | Severe headache, chest pain, vision change or weakness can signal stroke or a dangerous rise in pressure and need urgent medical attention. | ****Expected outcomes**** - Blood pressure within target. - Takes medicine regularly. - Reduces salt. - Follows up. ****Linking the data to the diagnosis**** This is an actual problem because the blood pressure is already above target. The patient's reading is 168/102, he misses medicines and eats a high-salt diet. He says, "I don't get headaches so I'm fine," which shows he does not realize that high pressure can be silent. Raised pressure despite treatment fits this statement better than a simple knowledge need. The plan checks measurement technique, encourages regular medicine, reduces salt, encourages exercise and follows up. The aim is blood pressure within target, regular medicine use, less salt and attendance at follow-up.

CarePath diagnosis: Uncontrolled high blood pressure related to high salt intake and missed medicines, as evidenced by a blood pressure of 168/102.

Intervention	Rationale
Check technique.	Wrong cuff size, arm position or rushed measurement can give false readings. Checking technique makes sure treatment decisions are based on accurate numbers.
Encourage taking medicine.	Missed doses let blood pressure rise again. Regular medicine gives steady control, which lowers the risk of stroke, heart disease and kidney damage.
Reduce salt.	Salt makes the body hold water, which raises blood pressure. Cutting salt helps lower readings and can make medicines work better.
Encourage exercise.	Regular physical activity strengthens the heart and helps lower blood pressure over time, and it helps weight control.
Follow up.	Follow-up lets the team see whether readings are improving and adjust treatment, and it reinforces the habit of ongoing care.
Report severe symptoms.	Severe headache, chest pain, vision change or weakness can signal stroke or a dangerous rise in pressure and need urgent medical attention.

Expected outcomes: Blood pressure within target. · Takes medicine regularly. · Reduces salt. · Follows up.

Linking the data: This is an actual problem because the blood pressure is already above target. The patient's reading is 168/102, he misses medicines and eats a high-salt diet. He says, "I don't get headaches so I'm fine," which shows he

does not realize that high pressure can be silent. Raised pressure despite treatment fits this statement better than a simple knowledge need. The plan checks measurement technique, encourages regular medicine, reduces salt, encourages exercise and follows up. The aim is blood pressure within target, regular medicine use, less salt and attendance at follow-up.

T2 Foot problems in diabetes

Group: Long-term illness | Type: Risk problem

Definition: Reduced feeling and blood flow raise the chance of ulcers and infection.

Risk factors: Nerve damage; poor circulation; poor foot care; ill-fitting shoes

Warning signs: Numb feet; ulcers; calluses; slow healing

Scenario. A diabetic with numb feet wears tight shoes and has dry, cracked heels.

S: "I cannot feel my feet."

O: Numb feet; dry cracked heels; tight shoes; weak foot pulses; no ulcer or open skin; blood sugar 14 mmol/L.

Tools: CP-LONG, CP-SKIN, CP-FLUID · Self-management review, Braden Scale, TIME wound chart, MUST, fluid chart, glucose **CarePath diagnosis:** Foot problems in diabetes related to nerve damage and poor foot care (risk factors); no signs of the problem are present yet. **Interventions and rationale** | Intervention | Rationale | |---|---| | Check feet daily. | Numb feet cannot sense injury, so daily inspection finds cuts, blisters and pressure marks early, before they become ulcers or infections. | | Use proper shoes. | Tight or poorly fitting shoes rub and press on numb skin and cause sores. Well-fitting protective shoes spread pressure and prevent damage. | | Keep feet clean and dry. | Moist skin between the toes encourages fungal infection, and dry cracked heels allow germs in. Clean, dry and moisturized skin keeps the barrier intact. | | Refer to podiatry. | A podiatrist can assess nerve and blood flow, treat calluses and advise on footwear, which lowers the chance of ulcers in a high-risk foot. | | Control sugar. | High blood sugar damages nerves and blood vessels and slows healing. Better control lowers the risk of further nerve damage and infection. | **Expected outcomes** - No ulcer or open skin develops. - No infection. - Daily foot checks. - Proper shoes. **Linking the data to the diagnosis** This is a risk diagnosis because there is no ulcer yet. The patient has numb feet, says, "I cannot feel my feet," and has dry cracked heels, tight shoes, weak foot pulses and a blood sugar of 14 mmol/L. There is no open skin, so an actual foot ulcer diagnosis would be wrong; nerve damage and poor foot care are the risk factors. The plan protects the skin and improves control of sugar. The aim is no infection, daily foot checks and proper shoes.

CarePath diagnosis: Foot problems in diabetes related to nerve damage and poor foot care (risk factors); no signs of the problem are present yet.

Intervention	Rationale
Check feet daily.	Numb feet cannot sense injury, so daily inspection finds cuts, blisters and pressure marks early, before they become ulcers or infections.
Use proper shoes.	Tight or poorly fitting shoes rub and press on numb skin and cause sores. Well-fitting protective shoes spread pressure and prevent damage.
Keep feet clean and dry.	Moist skin between the toes encourages fungal infection, and dry cracked heels allow germs in. Clean, dry and moisturized skin keeps the barrier intact.
Refer to podiatry.	A podiatrist can assess nerve and blood flow, treat calluses and advise on footwear, which lowers the chance of ulcers in a high-risk foot.
Control sugar.	High blood sugar damages nerves and blood vessels and slows healing. Better control lowers the risk of further nerve damage and infection.

Expected outcomes: No ulcer or open skin develops. · No infection. · Daily foot checks. · Proper shoes.

Linking the data: This is a risk diagnosis because there is no ulcer yet. The patient has numb feet, says, "I cannot feel my feet," and has dry cracked heels, tight shoes, weak foot pulses and a blood sugar of 14 mmol/L. There is no open skin, so an actual foot ulcer diagnosis would be wrong; nerve damage and poor foot care are the risk factors. The plan protects the skin and improves control of sugar. The aim is no infection, daily foot checks and proper shoes.

T3 Lung disease flare-ups

Group: Long-term illness | Type: Actual problem

Definition: Breathing worsens suddenly in chronic lung disease.

Possible causes: Infection; smoking; pollution; missed inhalers

Signs and symptoms: Cough; wheeze; breathlessness; change in sputum

Scenario. A COPD patient becomes more breathless and coughs more.

S: "I'm more breathless and coughing more."

O: Wheeze; sputum increased and green; oxygen saturation 90%.

Tools: CP-LONG, CP-BREATH · Self-management review, NEWS2, SpO₂, ECG ****CarePath diagnosis:****

Lung disease flare-ups related to infection, as evidenced by cough and wheeze. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Give medications as ordered. | Bronchodilators open narrowed airways and steroids or antibiotics, if ordered, treat inflammation or infection, which eases breathlessness and shortens the flare-up. | | Give oxygen. | Oxygen raises low blood oxygen levels. In COPD it is given carefully to reach the ordered target, because too much can cause carbon dioxide to build up. | | Position. | Sitting upright or leaning forward lets the lungs expand more easily and the breathing muscles work better, which relieves breathlessness. | | Teach early signs. | Spotting early signs such as more cough, a change in sputum or more breathlessness allows treatment sooner, which can prevent hospital admission. | | Vaccinate. | Vaccines such as those for influenza and pneumonia lower the chance of infections that trigger flare-ups. | | Support stopping smoking. | Smoking damages the airways and triggers flare-ups. Support to stop slows lung damage and lowers the number of future flare-ups. | ****Expected outcomes**** - Breathing returns to baseline. - Oxygen at target. - Flare-up resolves. - Patient knows early signs. ****Linking the data to the diagnosis**** This is an actual problem because the flare-up has already begun. The patient with COPD says, "I'm more breathless and coughing more." The nurse finds wheeze, increased green sputum and oxygen saturation of 90%. The green sputum suggests infection as the trigger. This fits a flare-up, not a stable chronic condition, because breathing has worsened suddenly. The plan gives medicines and oxygen as ordered, positions him to ease breathing and teaches early signs. The aim is that breathing returns to baseline, oxygen is at target, the flare-up resolves and the patient knows early signs.

CarePath diagnosis: Lung disease flare-ups related to infection, as evidenced by cough and wheeze.

Intervention	Rationale
Give medications as ordered.	Bronchodilators open narrowed airways and steroids or antibiotics, if ordered, treat inflammation or infection, which eases breathlessness and shortens the flare-up.
Give oxygen.	Oxygen raises low blood oxygen levels. In COPD it is given carefully to reach the ordered target, because too much can cause carbon dioxide to build up.
Position.	Sitting upright or leaning forward lets the lungs expand more easily and the breathing muscles work better, which relieves breathlessness.
Teach early signs.	Spotting early signs such as more cough, a change in sputum or more breathlessness allows treatment sooner, which can prevent hospital admission.
Vaccinate.	Vaccines such as those for influenza and pneumonia lower the chance of infections that trigger flare-ups.
Support stopping smoking.	Smoking damages the airways and triggers flare-ups. Support to stop slows lung damage and lowers the number of future flare-ups.

Expected outcomes: Breathing returns to baseline. · Oxygen at target. · Flare-up resolves. · Patient knows early signs.

Linking the data: This is an actual problem because the flare-up has already begun. The patient with COPD says, "I'm more breathless and coughing more." The nurse finds wheeze, increased green sputum and oxygen saturation of 90%. The green sputum suggests infection as the trigger. This fits a flare-up, not a stable chronic condition, because breathing has worsened suddenly. The plan gives medicines and oxygen as ordered, positions him to ease breathing and teaches early signs. The aim is that breathing returns to baseline, oxygen is at target, the flare-up resolves and the patient knows early signs.

T4 Difficulty following fluid limits

Group: Long-term illness | Type: Actual problem

Definition: The person struggles to keep to fluid restrictions set for heart or kidney problems.

Possible causes: Thirst; habit; lack of understanding; salty food

Signs and symptoms: Weight gain; swelling; breathlessness

Scenario. A dialysis patient drinks beyond his limit.

S: "I can't stop drinking. I'm thirsty."

O: Weight up 3 kg; swelling; breathless; on dialysis.

Tools: CP-LONG, CP-FLUID · Self-management review, MUST, fluid chart, glucose **CarePath diagnosis:** Difficulty following fluid limits related to thirst, as evidenced by weight gain and swelling. **Interventions and rationale** | Intervention | Rationale | ---|---| Teach limits. | When kidneys or the heart cannot clear fluid, extra intake builds up in the body. Knowing the limit and why helps him stay within it. | Offer ice chips or sugar-free candy. | Ice chips and sugar-free candy keep the mouth moist and ease thirst with little fluid. Ice counts toward the limit because it melts into water. | Measure intake. | Recording what he drinks shows how close he is to his limit and helps spot patterns, so the team can give targeted advice. | Support. | Thirst is hard to resist, so encouragement and practical help improve his chance of keeping to the limit over time. **Expected outcomes** - Keeps within the fluid limit. - Weight gain under target. - States strategies for thirst. **Linking the data to the diagnosis** This is an actual problem because he is already going over his limit. The dialysis patient says, "I can't stop drinking. I'm thirsty." His weight is up 3 kg, he has swelling and is breathless, which are signs of fluid overload. The difficulty lies in keeping to the limit, not in lacking fluid. The plan teaches the limit, offers thirst-relief options, measures intake and gives support. The aim is that he keeps within the fluid limit, his weight gain stays under target and he states strategies for thirst.

CarePath diagnosis: Difficulty following fluid limits related to thirst, as evidenced by weight gain and swelling.

Intervention	Rationale
Teach limits.	When kidneys or the heart cannot clear fluid, extra intake builds up in the body. Knowing the limit and why helps him stay within it.
Offer ice chips or sugar-free candy.	Ice chips and sugar-free candy keep the mouth moist and ease thirst with little fluid. Ice counts toward the limit because it melts into water.
Measure intake.	Recording what he drinks shows how close he is to his limit and helps spot patterns, so the team can give targeted advice.
Support.	Thirst is hard to resist, so encouragement and practical help improve his chance of keeping to the limit over time.

Expected outcomes: Keeps within the fluid limit. · Weight gain under target. · States strategies for thirst.

Linking the data: This is an actual problem because he is already going over his limit. The dialysis patient says, "I can't stop drinking. I'm thirsty." His weight is up 3 kg, he has swelling and is breathless, which are signs of fluid overload. The difficulty lies in keeping to the limit, not in lacking fluid. The plan teaches the limit, offers thirst-relief options, measures intake and gives support. The aim is that he keeps within the fluid limit, his weight gain stays under target and he states strategies for thirst.

T5 Dialysis access care

Group: Long-term illness | Type: Risk problem

Definition: The dialysis access site may become infected, blocked, or damaged.

Risk factors: Needle sites; poor care; infection; clotting

Warning signs: Redness; swelling; no buzzing feel; fever

Scenario. A dialysis patient with a new fistula carries a heavy shopping bag on that arm.

S: "I carry my shopping on that arm."

O: Fistula arm: pulse buzz present; skin clean, cool, no redness; carries a heavy bag on that arm; blood pressure was taken on that arm at the last visit.

Tools: CP-LONG, CP-SKIN, CP-BREATH · Self-management review, Braden Scale, TIME wound chart, NEWS2, SpO₂, ECG **CarePath diagnosis:** Dialysis access care related to poor care and pressure on the access arm (risk factors); no signs of the problem are present yet. **Interventions and rationale** | Intervention | Rationale | |---| | Protect the arm. | Pressure, heavy loads or tight items on the access arm can squeeze the fistula and reduce blood flow, causing clotting and loss of the access. | | No blood pressure or needles on that arm. | Pressure from a cuff or needle puncture can damage or block the fistula, so these are kept to the other arm. | | Check the thrill. | Feeling the thrill, the buzz of blood flow, shows that the fistula is working. Loss of the thrill means a clot may have formed and needs urgent attention. | | Keep clean. | Washing the arm, especially before dialysis, lowers germs on the skin and reduces the risk of infection at needle sites. | | Report the blood pressure taken on that arm and any sign of infection. | The access arm must not have blood pressure cuffs or needles because it can damage the fistula, so the error is recorded and corrected. | **Expected outcomes** - No infection develops at the access site. - Fistula keeps working. - No complications. - Patient protects the arm. **Linking the data to the diagnosis** This is a risk diagnosis because the fistula is working and no problem has occurred. The thrill is present and the skin is clean, cool and not red. However, the patient says, "I carry my shopping on that arm," carries a heavy bag on it, and had blood pressure taken on that arm at the last visit. These behaviors and poor care are the risk factors, so an actual infection or blockage statement would be wrong. The plan protects the arm, checks the thrill, keeps it clean and reports infection. The aim is that the fistula keeps working, there are no complications and the patient protects the arm.

CarePath diagnosis: Dialysis access care related to poor care and pressure on the access arm (risk factors); no signs of the problem are present yet.

Intervention	Rationale
Protect the arm.	Pressure, heavy loads or tight items on the access arm can squeeze the fistula and reduce blood flow, causing clotting and loss of the access.
No blood pressure or needles on that arm.	Pressure from a cuff or needle puncture can damage or block the fistula, so these are kept to the other arm.
Check the thrill.	Feeling the thrill, the buzz of blood flow, shows that the fistula is working. Loss of the thrill means a clot may have formed and needs urgent attention.
Keep clean.	Washing the arm, especially before dialysis, lowers germs on the skin and reduces the risk of infection at needle sites.
Report the blood pressure taken on that arm and any sign of infection.	The access arm must not have blood pressure cuffs or needles because it can damage the fistula, so the error is recorded and corrected.

Expected outcomes: No infection develops at the access site. · Fistula keeps working. · No complications. · Patient protects the arm.

Linking the data: This is a risk diagnosis because the fistula is working and no problem has occurred. The thrill is present and the skin is clean, cool and not red. However, the patient says, "I carry my shopping on that arm," carries a heavy bag on it, and had blood pressure taken on that arm at the last visit. These behaviors and poor care are the risk factors, so an actual infection or blockage statement would be wrong. The plan protects the arm, checks the thrill, keeps it clean and reports infection. The aim is that the fistula keeps working, there are no complications and the patient protects the arm.

T6 Cancer treatment side effects

Group: Long-term illness | Type: Actual problem

Definition: Nausea, tiredness, sore mouth, or hair loss from treatment.

Possible causes: Chemotherapy; radiation; immune suppression

Signs and symptoms: Nausea; fatigue; hair loss; mouth sores; infection

Scenario. A patient on chemotherapy has mouth sores and extreme tiredness.

S: "My mouth is sore and I'm so tired."

O: Mouth ulcers; fatigue; nausea; on chemotherapy.

Tools: CP-LONG, CP-SKIN · Self-management review, Braden Scale, TIME wound chart ****CarePath diagnosis:**** Cancer treatment side effects related to chemotherapy, as evidenced by nausea and fatigue. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Give anti-sickness medicine. | Anti-sickness medicine blocks the signals that cause nausea and vomiting, which lets him eat and drink and helps prevent dehydration and weight loss. | | Mouth care. | Chemotherapy damages the lining of the mouth. Gentle, regular mouth care eases soreness, keeps the mouth clean and lowers the chance of infection. | | Rest. | Treatment drains energy. Planned rest periods help him conserve strength and recover, and pacing activities helps him manage tiredness. | | Hydration. | Vomiting and a sore mouth make drinking difficult, and fluid is needed to keep kidneys and circulation working well. | | Infection precautions. | Chemotherapy lowers white cells, so infections can develop quickly. Hand hygiene and avoiding sick contacts lower the risk of serious infection. | | Report fever. | Fever during chemotherapy can signal serious infection that needs urgent treatment, so reporting it quickly can be life-saving. | ****Expected outcomes**** - Side effects controlled. - Eats and drinks. - No fever. - Patient states when to call. ****Linking the data to the diagnosis**** This is an actual problem because the side effects are already present. The patient on chemotherapy says, "My mouth is sore and I'm so tired." The nurse finds mouth ulcers, fatigue and nausea. These are expected effects of treatment, which fits better than a problem caused by the cancer itself. The plan controls symptoms and protects against complications such as dehydration and infection. The aim is that side effects are controlled, he eats and drinks, he has no fever and he states when to call for help.

CarePath diagnosis: Cancer treatment side effects related to chemotherapy, as evidenced by nausea and fatigue.

Intervention	Rationale
Give anti-sickness medicine.	Anti-sickness medicine blocks the signals that cause nausea and vomiting, which lets him eat and drink and helps prevent dehydration and weight loss.
Mouth care.	Chemotherapy damages the lining of the mouth. Gentle, regular mouth care eases soreness, keeps the mouth clean and lowers the chance of infection.
Rest.	Treatment drains energy. Planned rest periods help him conserve strength and recover, and pacing activities helps him manage tiredness.
Hydration.	Vomiting and a sore mouth make drinking difficult, and fluid is needed to keep kidneys and circulation working well.
Infection precautions.	Chemotherapy lowers white cells, so infections can develop quickly. Hand hygiene and avoiding sick contacts lower the risk of serious infection.
Report fever.	Fever during chemotherapy can signal serious infection that needs urgent treatment, so reporting it quickly can be life-saving.

Expected outcomes: Side effects controlled. · Eats and drinks. · No fever. · Patient states when to call.

Linking the data: This is an actual problem because the side effects are already present. The patient on chemotherapy says, "My mouth is sore and I'm so tired." The nurse finds mouth ulcers, fatigue and nausea. These are expected effects of treatment, which fits better than a problem caused by the cancer itself. The plan controls symptoms and protects against complications such as dehydration and infection. The aim is that side effects are controlled, he eats and drinks, he has no fever and he states when to call for help.

T7 Difficulty accepting long-term illness

Group: Long-term illness | Type: Actual problem

Definition: The person struggles emotionally with a permanent condition.

Possible causes: New diagnosis; fear; denial; losses

Signs and symptoms: Anger; sadness; refusal; withdrawal

Scenario. A newly diagnosed diabetic denies the illness.

S: "I don't have diabetes."

O: Newly diagnosed; denies the illness; misses checks.

Tools: CP-LONG · Self-management review ****CarePath diagnosis:**** Difficulty accepting long-term illness related to a new diagnosis, as evidenced by denial of the illness and missed checks. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Listen. | Listening without judgment lets him express fear, anger or denial and helps him feel understood, which is the first step toward acceptance. | | Give information. | Clear, simple information in small amounts corrects misunderstandings and lets him see that diabetes can be managed, without overwhelming him. | | Suggest support groups. | Meeting others with the same condition shows that people live well with it, and offers practical tips and emotional support. | | Offer a counselor. | A counselor can help him work through grief, denial and fear in more depth than ward staff can offer. | | Set small goals. | Small, achievable goals build confidence and a sense of control, which makes it easier to take the next step in managing his illness. | ****Expected outcomes**** - Acknowledges the illness. - Attends education. - Sets goals. - Joins support. ****Linking the data to the diagnosis**** This is an actual problem because he is already refusing to accept the diagnosis. He is newly diagnosed with diabetes, says, "I don't have diabetes," denies the illness and misses checks. This is about emotional acceptance, which fits better than a knowledge deficit, because information alone will not work while he is denying the illness. The plan listens, gives information gradually, suggests support groups, offers counseling and sets small goals. The aim is that he acknowledges the illness, attends education, sets goals and joins support.

CarePath diagnosis: Difficulty accepting long-term illness related to a new diagnosis, as evidenced by denial of the illness and missed checks.

Intervention	Rationale
Listen.	Listening without judgment lets him express fear, anger or denial and helps him feel understood, which is the first step toward acceptance.
Give information.	Clear, simple information in small amounts corrects misunderstandings and lets him see that diabetes can be managed, without overwhelming him.
Suggest support groups.	Meeting others with the same condition shows that people live well with it, and offers practical tips and emotional support.
Offer a counselor.	A counselor can help him work through grief, denial and fear in more depth than ward staff can offer.
Set small goals.	Small, achievable goals build confidence and a sense of control, which makes it easier to take the next step in managing his illness.

Expected outcomes: Acknowledges the illness. · Attends education. · Sets goals. · Joins support.

Linking the data: This is an actual problem because he is already refusing to accept the diagnosis. He is newly diagnosed with diabetes, says, "I don't have diabetes," denies the illness and misses checks. This is about emotional acceptance, which fits better than a knowledge deficit, because information alone will not work while he is denying the illness. The plan listens, gives information gradually, suggests support groups, offers counseling and sets small goals. The aim is that he acknowledges the illness, attends education, sets goals and joins support.

T8 Weak immune system

Group: Long-term illness | Type: Risk problem

Definition: Illness or treatment lowers the body's defenses against infection.

Risk factors: Chemotherapy; HIV; steroids; poor nutrition; diabetes

Warning signs: Frequent infections; slow healing; fevers

Scenario. A patient starting steroids and chemotherapy lives with a school-age child who has a cold.

S: "My child has a cold."

O: On steroids and chemotherapy; white cell count 2.1; temperature 36.8 C; no signs of infection; lives with a school-age child.

Tools: CP-LONG, CP-INFECT · Self-management review, qSOFA / sepsis screen ****CarePath diagnosis:**** Weak immune system related to chemotherapy and steroids (risk factors); no signs of the problem are present yet. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Protect from infection. | Chemotherapy and steroids reduce the body's defenses, so keeping germs away, such as avoiding sick contacts, lowers the chance of a serious infection. | | Hygiene. | Clean hands, mouth and skin reduce the germs that can enter the body, which matters when white cell counts are low. | | Vaccines as advised. | Some vaccines are safe and helpful, but live vaccines can be harmful with a weak immune system, so only those advised by the team are given. | | Monitor. | Regular checks of temperature and signs of infection find problems early, when treatment works best and before the infection spreads. | | Teach. | Understanding precautions and warning signs helps the patient and household act early and consistently, and report a fever promptly. | ****Expected outcomes**** - No new infection. - Follows precautions. - Vaccines updated. - Monitoring done. ****Linking the data to the diagnosis**** This is a risk diagnosis because no infection has developed. The patient is on steroids and chemotherapy, the white cell count is 2.1, and her temperature is 36.8 C with no signs of infection. She says, "My child has a cold," and lives with a school-age child, which raises exposure. An actual infection statement would be wrong; the weak defenses and exposure are the risk factors. The plan protects her, supports hygiene, updates vaccines as advised, monitors and teaches. The aim is no new infection, precautions followed, vaccines updated and monitoring done.

CarePath diagnosis: Weak immune system related to chemotherapy and steroids (risk factors); no signs of the problem are present yet.

Intervention	Rationale
Protect from infection.	Chemotherapy and steroids reduce the body's defenses, so keeping germs away, such as avoiding sick contacts, lowers the chance of a serious infection.
Hygiene.	Clean hands, mouth and skin reduce the germs that can enter the body, which matters when white cell counts are low.
Vaccines as advised.	Some vaccines are safe and helpful, but live vaccines can be harmful with a weak immune system, so only those advised by the team are given.
Monitor.	Regular checks of temperature and signs of infection find problems early, when treatment works best and before the infection spreads.
Teach.	Understanding precautions and warning signs helps the patient and household act early and consistently, and report a fever promptly.

Expected outcomes: No new infection. · Follows precautions. · Vaccines updated. · Monitoring done.

Linking the data: This is a risk diagnosis because no infection has developed. The patient is on steroids and chemotherapy, the white cell count is 2.1, and her temperature is 36.8 C with no signs of infection. She says, "My child has a cold," and lives with a school-age child, which raises exposure. An actual infection statement would be wrong; the weak defenses and exposure are the risk factors. The plan protects her, supports hygiene, updates vaccines as advised, monitors and teaches. The aim is no new infection, precautions followed, vaccines updated and monitoring done.