Nurses Content
Downloaded from nursescontent.com

Pain interfering with rest or activity Wound dressing and healing

Nursing Foundation | Focused diagnosis-based template

For educational purposes only.

Fictional educational example. Individualize using verified patient findings, authorized treatment and current local protocols. No real patient record or observed outcome is claimed.

Clinical assessment

Subjective: Local tenderness and uncertainty about changing the dressing.

Objective findings and required checks: Wound edges and exudate require documented assessment; no systemic instability in this scenario.

Physical examination and investigations: Assess wound dimensions, tissue, drainage, pain and infection signs; review glucose or cultures when indicated.

Supply actual values, units, timing and trends during supervised application. Do not invent missing clinical data.

Clinical focus and pathophysiology

Wound dressing and healing: Healing depends on tissue perfusion, protection from contamination and adequate nutrition.

Medical / surgical management

Use the prescribed dressing and aseptic technique, protect surrounding skin and address healing barriers.

Illustrative drug and treatment study

Nurses Content For educational purposes only. 1 / 6

Nurses Content
Downloaded from nursescontent.com

Medicine / treatment	Purpose	Nursing checks
Prescribed analgesic	Support comfortable wound care	Assess timing and effect
prescribed antimicrobial	Treat clinically diagnosed infection when indicated	Check allergy and response rather than routine use.

Treatment examples are not a prescription. Verify the authorized product, dose, route, timing, contraindications and current local product information.

Nurses Content For educational purposes only. 2 / 6

Nurses Content
Downloaded from nursescontent.com

Focused nursing-problem template

Nursing diagnoses use original clinical problem wording. They are not the licensed NANDA-I classification. Verify any formal label or code against your institution's licensed current edition; select actual or risk diagnoses only when supported by assessment.

Context task: Establish the immediate clinical priorities and verify the baseline before assuming a diagnosis.

Set individualized measurable targets and an exact review time. Select actual or risk statements only when supported by assessment.

Assessment: subjective / objective	Nursing diagnosis: original problem wording	Short- and longer-term goals	Nursing interventions with rationale	Evaluation
Ask: Ask about pain site, onset, severity, quality and the patient's acceptable pain level. Assess: Observe guarding, expression and effect on movement; use an appropriate pain scale.	Pain interfering with rest or activity. Possible factors: tissue irritation, injury or the underlying condition. Validate against the patient's assessment.	Short-term: At the next patient-specific reassessment: Pain decreases toward the patient-agreed target after reassessment. Longer-term: Before the clinically approved transition or agreed follow-up: Uses agreed comfort strategies and explains when new or worsening pain needs review.	1. Assess pain and associated red flags before and after treatment. Rationale: Changing pain may signal a complication and helps evaluate relief. 2. Provide comfortable positioning, reassurance and appropriate non-drug measures. Rationale: Comfort measures can reduce distress and complement prescribed treatment. 3. Give prescribed analgesia and monitor sedation, breathing and other adverse effects. Rationale: Relief should improve function without creating medication-related harm. 4. Use the prescribed dressing and aseptic technique, protect surrounding skin and address healing barriers. Rationale: Healing depends on tissue perfusion, protection from contamination and adequate nutrition. The condition-specific plan addresses the underlying problem while response is monitored.	Record the baseline and reassessed finding, the time and whether this goal is met, partly met or not met. If not met, reassess causes and revise or escalate. Do not record an unobserved improvement.

Nurses Content For educational purposes only. 3 / 6

Nurses Content
Downloaded from nursescontent.com

Apply this template

Complete with verified data: assessment cues; supported actual problem or risk; measurable outcome and review time; selected authorized interventions and rationale; observed response and next action.

Subjective / objective cues: _____

Patient-specific target and review time: _____

Evaluation evidence and next action: _____

Nurses Content For educational purposes only. 4 / 6

Nurses Content
Downloaded from nursescontent.com

Health education and continuing care

Teach dressing protection, hand hygiene, nutrition and the wound review schedule.

Transition only after clinical readiness is confirmed. Reconcile medicines, check access and caregiver support, and document who will review the patient and when.

Urgent warning signs

Spreading redness, increasing pain, wound separation, heavy bleeding or systemic illness needs urgent review.

Evaluation and conclusion

For each goal, document met, partly met or not met using observed evidence and the review time. Reassess and revise if progress is inadequate. Individual assessment, prioritized care and coordinated review guide this topic.

Quick Revision

- Healing depends on tissue perfusion, protection from contamination and adequate nutrition.
- Priority concerns: Pain interfering with rest or activity.
- Spreading redness, increasing pain, wound separation, heavy bleeding or systemic illness needs urgent review.
- Teach dressing protection, hand hygiene, nutrition and the wound review schedule.

Exam / viva: What assessment evidence supports this problem, and what measurable result would demonstrate improvement?

References

Nursing Fundamentals, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2024
https://wtcs.pressbooks.pub/nursingfundamentals/

Nursing Pharmacology, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2023
https://wtcs.pressbooks.pub/pharmacology2e/

Nurses Content For educational purposes only. 5 / 6

Nurses Content
Downloaded from nursescontent.com

B.Sc. Nursing curriculum and regulatory notifications - Indian Nursing Council

https://www.indiannursingcouncil.org/gazette-notification

Original cases and care-plan wording by Nurses Content. Linked sources support further study; source terms and local clinical requirements apply. Prepared 23 November 2026. Not independently clinically peer reviewed.

Rights and reuse

Delivered by Nurses Content. Copyright claims apply only to original material owned by its authors. Medical facts, statutory exceptions and third-party/open licence rights remain unaffected. See the website's /policies/reuse/ page for terms.

Nurses Content For educational purposes only. 6 / 6