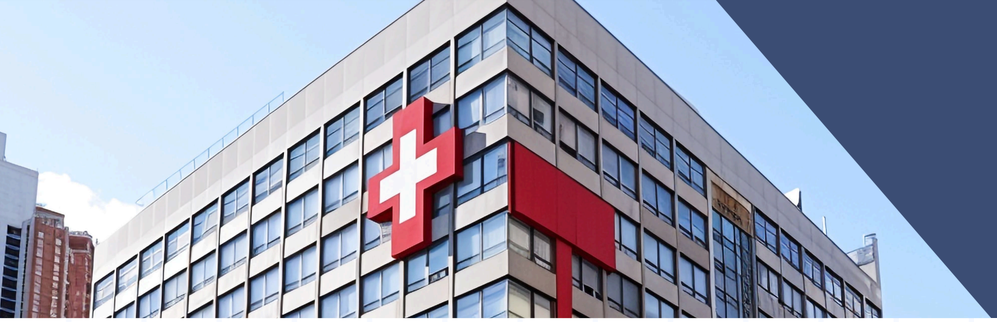

NURSING CARE PLAN FOR HYPERTENSION

Assessment

Subjective: “I feel tired most of the time.” “Sometimes I skip my pills if my sugar is okay.”

Objective: BP 158/94 mmHg, HR 88 bpm, BMI 31, glucose 152 mg/dL, mild pedal edema.

Diagnosis

Risk for Decreased Renal Perfusion related to prolonged hypertension and diabetes, as evidenced by elevated BP and blood glucose levels.

Planning

Short-Term Goals:

- Patient will explain how hypertension and diabetes affect each other.
- Patient will state why regular medication use is necessary.

Long-Term Goals:

- Maintain BP <130/80 mmHg and glucose <140 mg/dL within six weeks.
- Follow a consistent routine for medication, diet, and exercise.

Intervention

1. Monitor BP, blood glucose, urine output, and kidney labs.
2. Explain how hypertension and diabetes increase kidney strain.
3. Reinforce medication timing and purpose.
4. Recommend DASH and diabetic meal plan.
5. Encourage walking or light exercise after meals.
6. Schedule follow-up visits to review progress.

Evaluation

- Patient described the connection between diabetes and hypertension.
- Demonstrated proper monitoring techniques.
- BP lowered to 134/82 mmHg and glucose to 128 mg/dL after six weeks.
- **Goal met:** Better understanding, routine adherence, and improved control.