

# Pulmonary Embolism Nursing Care Plan

## PATIENT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ dd / mm / yyyy  
Gender: \_\_\_\_\_ Patient ID: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## ASSESSMENT

### Medical History Notes:

### Physical Assessment Notes:

## DIAGNOSIS

### Primary Diagnosis: Pulmonary Embolism

#### Primary Diagnosis indicators

- Signs of DVT: Presence of symptoms indicating deep vein thrombosis
- Symptoms Consistent with PE: Shortness of breath, chest pain, cough, etc.
- Risk Factor Presence: Identification of one or more risk factors for PE
- Diagnostic Confirmations: Results from imaging tests confirming PE

#### Secondary Diagnoses:

- Impaired Gas Exchange
- Acute Pain
- Risk for Decreased Cardiac Output
- Anxiety
- Knowledge Deficit
- Risk for Bleeding
- Mobility Issues

## PLANNING

### Goals of Care:

- Stabilize Cardiovascular and Respiratory Status
- Prevent Recurrence of Pulmonary Embolism
- Manage Pain and Discomfort
- Improve Oxygenation and Gas Exchange
- Educate on Disease Process and Self-Care
- Promote Physical Mobility
- Monitor for Complications
- Psychological Support

## INTERVENTIONS

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Anticoagulation Therapy Notes:

Pain Management Notes:

Oxygen Therapy Notes:

Mobility Enhancement Notes:

Patient Education Notes:

Psychological Support Notes:

Monitoring for Complications Notes:

Follow-up and Coordination of Care Notes:

## EVALUATION

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Evaluation Activities:

- Regular Respiratory Assessment
- Medication Response Monitoring
- Recovery Progress Tracking
- Vital Signs Monitoring
- Symptom Monitoring
- Laboratory Test Review
- Imaging Follow-up
- Patient Feedback

Follow-up Date: \_\_\_\_\_ dd / mm / yyyy

**Long-term Monitoring Plan:**

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**Nurse's Signature:**

**Nurse's Date:** \_\_\_\_\_ dd / mm / yyyy

**Physician's Notes and Recommendations:**

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**Physician's Signature:**

**Physician's Date:** \_\_\_\_\_ dd / mm / yyyy

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**Patient's Signature:**

**Patient's Date:** \_\_\_\_\_ dd / mm / yyyy