NURSING CARE PLAN.

1. PATIENT INFORMATION.

* NAME:...................................................WARD........................................BED NO.....................................
* AGE:..............................................................RELIGION...............................................................................
* SEX:...............................................................DIAGNOSIS..........................................................................
* OCCUPATION:
* CONTACT:

1. PATIENTS PROBLEMS

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3.ALLERGIES

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4.PATIENTS STRENGTH

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5. ROUTINE CARE

T.P.R........................................................................................................................................................................

DIET......................................................................................................................................................................

FLUIDS....................................................................................................................................................................

INTAKE AND OUTPUT....................................................................................................................

BATH......................................................................................................................................................................

URINE TESTING..................................................................................................................................................

BODY WEIGHT......................................................................................................................................................

ACTIVITY.................................................................................................................................................

6.

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| MEDICATION | | | OTHER TREATMENT | | | INVESTIGATION | | |
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