Anaphylaxis Nursing Care Plan

PATIENT INFORMATION

Patient name: _____ Age: _____

Gender: _____ Date of birth: _____ dd / mm / yyyy

MEDICAL HISTORY

Allergies:

Current medications:

Other relevant medical history:

ASSESSMENT

Subjective data - Specify below:

Objective data - Specify below:

Blood pressure: _____ Heart rate: _____

Respiratory rate: _____ Temperature: _____

Tryptase levels: _____ Oxygen saturation: _____

Indicators of mast cell activation: _____

Diagnosis - Specify below:

GOALS AND OUTCOMES

Long-term:

Short-term:

Interventions - Specify below:

Rationale - Specify below:

Evaluation - Specify below:

Additional notes - Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License number: _____

Contact number: _____