Cellulitis Nursing Care Plan

PATIENT INFORMATION

Name: _____ Medical Record Number: _____

Date of Admission: _____ dd / mm / yyyy

NURSING ASSESSMENT

Physical Assessment

Wound Assessment

Pain Assessment

Patient History

Nursing Diagnosis

GOALS AND EXPECTED OUTCOMES

Reduce Infection

Manage Pain

Promote Wound Healing

Prevent Complications

NURSING INTERVENTIONS

Administer Antibiotics

Pain Management

Wound Care

Patient Education

EVALUATION

Infection Status

Pain Management

Wound Healing

Complications

NURSE'S SIGNATURE

Name: _____ Date: _____ dd / mm / yyyy