

Cholecystitis Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____

Medical History:

Allergies:

ASSESSMENT

1. Medical History:

2. Current Symptoms:

3. Nutritional Status:

Diagnosis:

Nursing Diagnoses:

Planning:

INTERVENTIONS

1. Pain Management:

2. Nutritional Support:

3. Monitoring and Observation:

4. Patient Education:

5. Preventive Measures:

Evaluation: