Cirrhosis Nursing Care Plan

Patient name: _____ Date: _____ dd / mm / yyyy

Nursing diagnosis:

Assessment data:

NURSING INTERVENTIONS

Assessment of nutritional status:

Recommendations for dietary modification:

Fluid balance status:

Medications and schedules:

Expected outcomes:

Care plan:

DAY 1

Date: _____ dd / mm / yyyy

Response to intervention:

Additional notes:

DAY 2

Date: _____ dd / mm / yyyy

Response to intervention:

Additional notes:

DAY 3

Date: _____ dd / mm / yyyy

Response to intervention:

Additional notes:

DAY 4

Date: _____ dd / mm / yyyy

Response to intervention:

Additional notes:

DAY 5

Date: _____ dd / mm / yyyy

Response to intervention:

Additional notes:

DAY 6

Date: _____ dd / mm / yyyy

Response to intervention:

Additional notes:

DAY 7

Date: _____ dd / mm / yyyy

Response to intervention:

Additional notes: