Cystic Fibrosis ATI

PATIENT INFORMATION

Name: _____ Age: _____

Date: _____ dd / mm / yyyy Diagnosis: Cystic Fibrosis: _____

Primary Care Physician: _____

PATHOPHYSIOLOGY

Description of Cystic Fibrosis:

Genetic Factors:

CLINICAL MANIFESTATIONS

1. Respiratory Symptoms:

2. Gastrointestinal Symptoms:

3. Other Symptoms:

DIAGNOSTIC CRITERIA

Diagnostic Tests Performed:

Results and Interpretations:

TREATMENT AND MANAGEMENT

1. Medications:

2. Physiotherapy:

3. Nutritional Support:

4. Other Interventions:

PATIENT EDUCATION AND COUNSELING

Key Points for Patient Education:

Counseling on Lifestyle Modifications:

HEALTHCARE PROVIDER'S NOTES

Observations:

Plan for Follow-Up: