Diabetes Mellitus Nursing Care Plan

Patient name: _____ Age: _____

Gender: _____

MEDICAL HISTORY

Check all that apply:

Medical History Options

- [ ] Family history of diabetes
- [ ] History of gestational diabetes
- [ ] Recent history of elevated blood glucose levels
- [ ] Use of oral medications for diabetes
- [ ] Current insulin therapy (e.g., insulin injections or continuous subcutaneous insulin infusion)
- [ ] Other

ASSESSMENT

Subjective

Check all that apply:

Subjective Assessment Options

- [ ] Reports of increased thirst and urination
- [ ] Complaints of blurred vision
- [ ] Fatigue and weakness
- [ ] Numbness or tingling in extremities
- [ ] Reports of high blood sugar
- [ ] Difficulty adhering to blood glucose monitoring schedule
- [ ] Other

Objective

Check all that apply:

Objective Assessment Options

- [ ] Blood glucose level outside target range
- [ ] Abnormal lab values (e.g., HbA1c, fasting glucose)
- [ ] Elevated blood pressure
- [ ] Signs of dehydration (dry skin, low urine output)
- [ ] Other

VITAL SIGNS

Heart rate: _____ Blood pressure: _____

Respiratory rate: _____ Temperature: _____

NURSING DIAGNOSIS

Specify below:

GOALS AND OUTCOMES

Short-term:

Long-term:

NURSING INTERVENTIONS

Specify below:

RATIONALE

Specify below:

EVALUATION

Specify below:

ADDITIONAL NOTES

Specify below:

NURSE'S INFORMATION

Name: _____ License number: _____

Contact number: _____