Diabetes Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____ Type of Diabetes: _____

Coexisting Health Conditions:

Allergies:

Current Medications:

LIFESTYLE FACTORS

Dietary Preferences:

Physical Activity Level: _____

Other Relevant Factors:

MEDICAL HISTORY

Previous Diabetes-Related Complications:

Other Relevant Medical History:

CURRENT SYMPTOMS

Blood Glucose Levels: _____

Presence of Polyuria, Polydipsia, Polyphagia:

Any Other Relevant Symptoms:

KEY LIFESTYLE FACTORS

Current Diet:

Physical Activity Habits:

Sleep Patterns:

Stress Levels:

MEDICATION MANAGEMENT

Current Medications: Type, Dosage, Frequency:

Prescribed Insulin: Type, Dosage, Administration Instructions:

DIETARY RECOMMENDATIONS

Meal Planning:

Preferred Diet Type: _____

Dietary Restrictions:

Blood Glucose Monitoring Frequency: _____ Target Range: _____

LIFESTYLE MODIFICATIONS

Physical Activity Recommendations:Type, Frequency, Duration:

Stress Management Techniques Recommended:

PATIENT EDUCATION

Understanding Diabetes:Explanation of Diabetes Type and Management.

Medication Adherence:Educate on the importance of consistent medication use.

Dietary Guidance:Provide meal planning tips and nutritional guidance.

Lifestyle Changes:Encourage and discuss the benefits of physical activity.

PATIENT EMPOWERMENT

Setting Realistic Goals:Collaboratively establish achievable health goals.

Self-Monitoring:Educate on self-monitoring techniques.

REGULAR EVALUATIONS

Blood Glucose Monitoring:Review trends and adjust medication as needed.

Symptom Assessment:Evaluate changes in symptoms.

Lifestyle Modifications:Assess adherence and adjust recommendations.

FOLLOW-UP APPOINTMENTS

Next Appointment Date: _____ dd / mm / yyyy

Additional Notes: