DVT Nursing Care Plan

PATIENT INFORMATION

Patient name: _____ Age: _____

Gender: _____ Date of birth: _____ dd / mm / yyyy

MEDICAL HISTORY

Relevant medical history:

Allergies:

Medications:

ASSESSMENT

Subjective data - Specify below

Objective data - Specify below:

VITAL SIGNS

Blood pressure: _____ Heart rate: _____

Respiratory rate: _____ Oxygen saturation: _____

Temperature: _____

LABORATORY VALUES

Platelet count: _____ D-dimer test: _____

INR (International Normalized Ratio): _____ PTT (Partial Thromboplastin Time): _____

Fibrinogen levels: _____

Diagnosis - Specify below:

GOALS AND OUTCOMES

Long-term:

Short-term:

Interventions - Specify below:

Rationale - Specify below:

Evaluation - Specify below:

Additional notes - Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License number: _____

Contact number: _____