Fever Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Medical record number: _____ Date of admission: _____ dd / mm / yyyy

DIAGNOSIS

Specify below:

NURSING ASSESSMENT AND FINDINGS

Vital signs

Body temperature: _____ Heart rate: _____

Respiratory rate: _____ Blood pressure: _____

Other findings

Symptoms of bacterial infection?

◯ Yes ◯ No

Impaired thermoregulatory function?

◯ Yes ◯ No

Signs of acute brain injury?

◯ Yes ◯ No

NURSING DIAGNOSIS

Specify below:

NURSING INTERVENTIONS

Specify below:

ADDITIONAL NOTES AND DOCUMENTATION

Specify below: