GERD Nursing Care Plan

GERD NURSING CARE PLAN

Details:

[ClientInfo]

Specify below (1)

Specify below (2)

1. Test/s

Result/s (1)

2. Test/s

Result/s (2)

3. Test/s

Result/s (3)

4. Test/s

Result/s (4)

5. Test/s

Result/s (5)

Specify below (3)

1. Long-term

Short-term (1)

2. Long-term

Short-term (2)

3. Long-term

Short-term (3)

4. Long-term

Short-term (4)

1. Nursing interventions

Rationale (1)

2. Nursing interventions

Rationale (2)

3. Nursing interventions

Rationale (3)

4. Nursing interventions

Rationale (4)

5. Nursing interventions

Rationale (5)

Specify below (4)

Specify below (5)

Name: _____ License number: _____

Contact number: _____