Imbalanced Nutrition Nursing Care Plan

Patient information: _____

Allergies

Medications

Nursing diagnosis: _____

Specify below

1. Long-term

Short-term

2. Long-term

Short-term

3. Long-term

Short-term

4. Long-term

Short-term

Nursing interventions: _____

Specify below

Rationale: _____

Specify below

Evaluation: _____

Specify below

Additional notes: _____

Specify below

Name: _____ License number: _____

Contact number: _____