Pancreatitis Nursing Care Plan

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Patient ID: _____

Admission Date: _____ dd / mm / yyyy

Contact Information

Emergency Contact: _____

MEDICAL HISTORY & RELATED QUESTIONS

Previous history of pancreatitis?

History of alcohol consumption?

Family history of pancreatic diseases?

Any known allergies?

Current medications?

Recent surgeries or medical procedures?

PANCREATITIS NURSING CARE PLAN

Pain Management

Nutritional Support

Fluid and Electrolyte Balance

Monitoring Vital Signs

Medication Administration

Patient Education

Follow-up and Referrals

DOCTOR'S SIGNATURE

Signature

Name of Doctor: _____ Date: _____ dd / mm / yyyy