Diabetes Mellitus Nursing Care Plan

Patient information	
Name:	Age:
Gender:	

Medical history

- [ ] Family history of diabetes
- [ ] History of gestational diabetes
- [ ] Recent history of elevated blood glucose levels
- [ ] Use of oral medications for diabetes
- [ ] Current insulin therapy (e.g., insulin injections or continuous subcutaneous insulin infusion)
- [ ] Others (Please specify):

Assessment

Subjective data

- [ ] Reports of increased thirst and urination
- [ ] Complaints of blurred vision
- [ ] Fatigue and weakness
- [ ] Numbness or tingling in extremities
- [ ] Reports of high blood sugar
- [ ] Difficulty adhering to blood glucose monitoring schedule
- [ ] Others (Please specify):

Objective data

- [ ] Blood glucose level outside target range
- [ ] Abnormal lab values (e.g., HbA1c, fasting glucose)
- [ ] Elevated blood pressure
- [ ] Signs of dehydration (dry skin, low urine output)
- [ ] Others (Please specify):

Vital signs

Heart rate:

Blood pressure:

Respiratory rate:

Temperature:

Nursing diagnosis

Goals and outcomes	
Short-term	**Long-term**

Nursing interventions

Rationale

Evaluation
Additional notes
Nurse’s information
Name:
License number:
Contact number: