

DVT Nursing Care Plan

Patient information	
Name:	Age:
Gender:	Date of birth:
Medical history	
Relevant medical history:	Allergies:
Medications:	
Assessment	
Subjective data	Vital signs
	Blood pressure: Heart rate: Respiratory rate: Oxygen saturation: Temperature:
Objective data	Laboratory values
	Platelet count: D-dimer test: INR (International Normalized Ratio): PTT (Partial Thromboplastin Time): Fibrinogen levels:

Diagnosis	
Goals and outcomes	
Short-term	Long-term
Interventions	Rationale

Evaluation**Additional notes****Healthcare professional information****Name:****License number:****Contact number:**