

Fever Nursing Care Plan

Patient information	
Name:	Age:
Medical record number:	Date of admission:
Diagnosis	
Nursing assessment and findings	
Vital signs	
Body temperature:	Heart rate:
Respiratory rate:	Blood pressure:
Symptoms of bacterial infection?	Impaired thermoregulatory function?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signs of acute brain injury?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nursing diagnosis	
Nursing interventions	

Additional notes and documentation