

Fever Nursing Care Plan

Patient Information	
Name:	Age:
Medical Record Number:	Date of Admission:
Diagnosis:	
Nursing Assessment	
Vital Signs	Assessment Findings
Body Temperature:	Symptoms of Bacterial Infection: <input type="checkbox"/> Yes No
Heart Rate:	Impaired Thermoregulatory Function: <input type="checkbox"/> Yes No
Respiratory Rate:	Signs of Acute Brain Injury: <input type="checkbox"/> Yes No
Blood Pressure:	
Nursing Diagnosis	
Nursing Interventions	

Additional Notes and Documentation