

GI Bleed Nursing Care Plan

Patient name:		Age:
Gender:	Date of birth:	
Medical history		
Relevant medical history:		
Allergies:		
Medications		
Assessment		
Subjective data		
Objective data		
A. Vital signs		
Blood pressure:	Heart rate:	
Respiratory rate:	Oxygen saturation:	
Temperature:		
B. Laboratory values		
Platelet count:	Hemoglobin:	
Hematocrit:	Coagulation studies:	
Diagnosis		

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

Additional notes**Healthcare professional information**

Name:

License number:

Contact number: