

# Hypothyroidism Nursing Care Plan

Patient information	
Name:	Age:
Gender:	
Medical history	
<input type="checkbox"/> History of autoimmune diseases (e.g., Hashimoto's thyroiditis)	
<input type="checkbox"/> History of thyroid surgery	
<input type="checkbox"/> Family history of thyroid disorders	
<input type="checkbox"/> Recent pregnancy or childbirth	
<input type="checkbox"/> Previous treatments (thyroid hormone replacement, iodine therapy, etc.)	
<input type="checkbox"/> Others (Please specify):	
Assessment	
Subjective data	Objective data
<input type="checkbox"/> Reports of fatigue	<input type="checkbox"/> Dry or coarse skin
<input type="checkbox"/> Weight gain or difficulty losing weight	<input type="checkbox"/> Puffy face
<input type="checkbox"/> Cold intolerance	<input type="checkbox"/> Slowed reflexes
<input type="checkbox"/> Dry skin and hair	<input type="checkbox"/> Bradycardia
<input type="checkbox"/> Muscle weakness or joint pain	<input type="checkbox"/> Thyroid gland palpation (enlargement or nodules)
<input type="checkbox"/> Depression or cognitive difficulties	Others (Please specify):
<input type="checkbox"/> 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: