## Pancreatitis Nursing Care Plan

Patient Information
Patient Name
Date of Birth
Gender
Patient ID
Admission Date
Contact Information
Emergency Contact

Medical History & Related Questions	
Question	
Previous history of pancreatitis?	
History of alcohol consumption?	
Family history of pancreatic diseases?	
Any known allergies?	
Current medications?	
Recent surgeries or medical procedures?	

Pancreatitis Nursing Care Plan	
Care Aspect	Plan Details
Pain Management	
Nutritional Support	
Fluid and Electrolyte Balance	
Monitoring Vital Signs	
Medication Administration	
Patient Education	

Follow-up and Referrals	

Doctor's Signature		
Signature	Name of Doctor	Date