

DKA Nursing Care Plan

Patient name:	Age:
Gender:	Date of birth:
Medical history	
Type of diabetes mellitus:	
Allergies:	
Current medications:	
Other relevant medical history:	
Assessment	
Subjective data	
Objective data	
Vital signs:	Diagnostic data:
Blood pressure:	Blood glucose levels:
Heart rate:	Arterial blood gas (ABG):
Respiratory rate:	Electrolytes and kidney function:
Temperature:	

Diagnosis**Goals and outcomes****Long-term****Short-term****Interventions****Rationale**

Evaluation**Additional notes****Healthcare professional information**

Name:

License number:

Contact number: