

Cellulitis Nursing Care Plan

| Patient information | |
|---------------------|----------------|
| Patient name: | Age: |
| Gender: | Date of birth: |
| Medical history: | |
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| Assessment | |
| Subjective | Objective |
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| Nursing diagnosis | |
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| Goals and outcomes | |
| Long-term | Short-term |
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| | |

| Long-term | Short-term |
|-----------|------------|
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| | |

Nursing interventions

Rationale

Evaluation

Additional notes**Nurse's information**

Name:

License number:

Contact number: