## **Hypoglycemia Nursing Care Plan**

Patient information	
Patient name:	Age:
Gender:	Date of birth:
Medical history	
Allergies	Medications
Assessment	
Subjective	Objective
Diagnosis	

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

Additional notes
Healthcare professional information
Name:
License number:
Contact number: