

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: