



PHILIPPINE GENERAL HOSPITAL
The National University Hospital
University of the Philippines Manila
PGH Nursing Services
Taft Avenue, Manila
PHAC-Accredited Health Care Provider
ISO 9001:2008 Certified

NURSING CARE PLAN I

Case #	_____
RIC / Consultant (s)	_____
MSS Classification/ Card #:	_____
PhilHealth info:	_____

Name <i>(Surname) (First Name) (Middle Name)</i>			Age/ Birthdate	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Ht (cm) Wt (kg)	Religion (Specify)	Nationality
Address						Civil Status: S M W C Sep	
Date Admitted	Ward/Unit Room/Bed No.	Educational Level	Occupation	Allergies	Blood Type/ Date done A B AB O		
Diagnosis					Precautions <input type="checkbox"/> Standard Prec (white) <input type="checkbox"/> Blood / Body fluid Prec (pink) <input type="checkbox"/> Airborne Prec (yellow) <input type="checkbox"/> Droplet Prec (blue) <input type="checkbox"/> Contact Prec (green) <input type="checkbox"/> SHEA Prec <input type="checkbox"/> Radiation Prec		
Operation / Delivery / Date							

NURSING CARE PLAN II

(Nsg. Problems, Medication, IV Lines, Laboratories)

Date / Shift / Nursing Problem	Parenteral Therapy (IV, BT, TPN, GT, etc)	Intake (TFL, IV, NGT, diet, etc.)	Output (foley cath, thora, NGT, ostomy)	Monitoring (NVS, CBG, Measurements)	Nursing Interventions (O2, turning sked, trache, CPAP, Mech. Vent. dressing, etc.)	Other Endorsements (Laboratories, Procedures)

Name	Ward/Unit. Room/Bed No
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