

# Cellulitis Nursing Care Plan

## PATIENT INFORMATION

Name: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ dd / mm / yyyy

## NURSING ASSESSMENT

### Physical Assessment

### Wound Assessment

### Pain Assessment

### Patient History

### Nursing Diagnosis

## GOALS AND EXPECTED OUTCOMES

### Reduce Infection

### Manage Pain

### Promote Wound Healing

Prevent Complications

## NURSING INTERVENTIONS

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Administer Antibiotics

Pain Management

Wound Care

Patient Education

## EVALUATION

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Infection Status

Pain Management

Wound Healing

Complications

## NURSE'S SIGNATURE

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Name: \_\_\_\_\_ Date: \_\_\_\_\_ dd / mm / yyyy