**DIAGNOSIS/DISEASE PROCESS PAGE**

FILL OUT THIS PAGE FOR **EVERY DIAGNOSIS/DISEASE PROCESS** YOUR PATIENT HAS ON THEIR CHART.

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| **DIAGNOSIS /DISEASE PROCESS:** | | | | |
| **PATHOPHYSIOLOGY** (WHAT WENT WRONG WITH THEIR PHYSIOLOGY TO CAUSE THIS DISEASE)**:** | | | | |
| **MEDICATIONS ASSOCIATED WITH THIS DIAGNOSIS:** | | | | |
| MEDICATION NAME  BRAND/GENERIC | MEDICATION CLASSIFICATION | DOSAGE | NRSG CONSIDERATIONS (CHECK BEFORE GIVING) | HOW DOES MED WORK FOR THIS DIAGNOSIS |
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| **WHAT SYMPTOMS OR ASSESSMENT ISSUES MIGHT BE POSSIBLE BECAUSE OF THIS DIAGNOSIS/DISEASE PROCESS:** | | | | **DID YOU PATIENT HAVE THIS ISSUE?** |
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| **WHAT IS YOUR PATIENT AT RISK FOR DUE TO THIS DIAGNOSIS/DISEASE PROCESS?** | | | | |
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**\***INSERT ADDITIONAL PAGES FOR EACH DIAGNOSIS/DISEASE PROCESS