

Pediatric Nursing Care Plan

PNSN NAME: _____ CLINICAL DATES: _____ CLIENT INITIALS: _____ AGE: _____ ROOM: _____

PATHO ATTACHED: _____ Approved _____ Rejected *If applicable, point deduction: _____ pts.

INSTRUCTOR RATING: _____ Approved _____ Revise & Resubmit by: _____ Redo, Attach failed CP & Resubmit by: _____ * If applicable, point deductions: _____ pts

NANDA APPROVED NURSING DIAGNOSIS	GOALS: STG & LTG (date included)	INTERVENTIONS (3 each for every goal)	RATIONALES (reference cited)	EVALUATION: Was it met, not met or partially met?
Nursing Diagnosis:	#1 STG (Short-Term Goal):			
R/T (Related To):	#2 STG (Short-Term Goal):			
AEB (As Evidenced By):	#3 STG (Short-Term Goal):			

Primary Dx: _____ Secondary Dx: _____ Is Isolation Precautions ordered? _____ Type: _____

NANDA APPROVED NURSING DIAGNOSIS	GOALS: STG & LTG (date included)	INTERVENTIONS (3 each for every goal)	RATIONALES (reference cited)	EVALUATION: Was it met, not met or partially met?
Nursing Diagnosis:	#1 LTG (Long-Term Goal):			
	#2 LTG (Long-Term Goal):			
R/T (Related To):				
AEB (As Evidenced By):	#3 LTG (Long-Term Goal):			