

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 20 points	GOALS: STG & LTG (date included) 20 points	INTERVENTIONS (3 each for every goal) 20 points	RATIONALES (reference cited) 20 points	EVALUATION: Was it met, not met or partially met? 20 points
Nursing Diagnosis	Patient will AEB	1. 2. 3.	1. 2. 3	
R/T				
AEB	_____	1. 2. 3.	1. 2. 3.	
	Patient will AEB	1. 2. 3.	1. 2. 3.	

	#1 LTG Patient will AEB			

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