

# NURSING CARE PLAN

NURSING DIAGNOSIS (minimum of 3)

STUDENT NAME

PT. INITIALS:

AGE:

SEX: \_\_\_\_\_

MEDICAL DIAGNOSIS

<u>Nsg. Dx</u> R/T: _____ AEB: _____ _Goal:	Interventions:
<u>Nsg. Dx</u> R/T: _____ AEB: _____ _Goal:	Interventions:
<u>Nsg. Dx</u> R/T: _____ AEB: _____ _Goal:	Interventions:

References:

Remember: Check goals for the following criteria: Pt. centered, specific, with a time frame, realistic  
Interventions-need at least 4 per goal