

Nursing Care Plan PDF

Patient Information

- Name: _____
- Date of Birth: _____
- Gender: _____
- Patient ID: _____
- Date of Admission: _____

Presenting Condition

- Chief Complaint: _____
- Medical History: _____

Assessment

- Vital Signs:
 - Temperature: _____
 - Pulse: _____
 - Respiration: _____
 - Blood Pressure: _____
- General Appearance: _____

Nursing Diagnoses and Outcomes

Nursing Diagnosis	Related to	As evidenced by	Expected Outcome
1. _____	_____	_____	_____
2. _____	_____	_____	_____

3. _____	_____	_____	_____
4. _____	_____	_____	_____

Nursing Interventions

1. Intervention #1: _____
 - Rationale: _____
 - Frequency: _____
2. Intervention #2: _____
 - Rationale: _____
 - Frequency: _____

Evaluation

- Outcome #1 Achieved/Not Achieved: ☐ Achieved ☐ Not Achieved
 - Evidence: _____
- Outcome #2 Achieved/Not Achieved: ☐ Achieved ☐ Not Achieved
 - Evidence: _____