

Nursing Care Plan

Student's Name _____ Patient's Initials _____ Room # _____ Age _____

Current Medical Dx: _____ Comorbidities: _____

NURSING DX: _____

R/T: _____

AEB: _____

SUBJECTIVE DATA	OBJECTIVE DATA

SUBJECTIVE DATA	OBJECTIVE DATA

PLAN/ EXPECTED OUTCOME: _____

NSG INTERVENTIONS	SCIENTIFIC RATIONALE	EVALUATION

NSG INTERVENTIONS	SCIENTIFIC RATIONALE WITH REFERENCE	EVALUATION

ANCILLARY TEST OR PROCEDURE

[Ex.: chest x-ray, EKG, US, MRIs, Cat Scans, Colonoscopy, etc.]

DATE	TEST OR PROCEDURE	RESULT	INTERPRETATION BY STUDENT
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