GALEN COLLEGE OF NURSING

Care Plan

Circle type: HEALTH PROMOTION, SAFETY, PHYSIOLOGICAL, PSYCHOSOCIAL

Student Name:_____Date:_____Pt's Initials:_____Age:____Medical Diagnosis:_____

Assessment Data What did you look at to determine the problem**?**	**NANDA Nursing Diagnosis**	**Patient Goal** What do you hope will be the result of your efforts**?**	**Nursing Interventions** What is indicated for the management of this particular problem**?** Name four priority interventions	**Rational** Why is the intervention indicated**?**	**Evaluation** Did patient reach goal**?** Did interventions work**?** Was goal appropriate?
Objective:		**Patient will:**	1.	1.	**Circle one:** **Met goal**
	R/T:		2.	2.	**Goal partially met, need to:**
			3.	3.	
Subjective:	**As manifested by:**	**As exhibited by:**			
			4.	4.	**Goal not met, need to:**