NURSING PROCESS CARE PLAN FORMAT

PATIENT'S INITIALS: _____ STUDENT'S NAME: _____

DATES OF CARE: _____

| ASSESSMENT | ANALYSIS | PLANNING | IMPLEMENTATION | | EVALUATION |
|---|---|---|---|---|---|
| SUPPORTIVE DATA | NURSING DIAGNOSIS | PATIENT GOALS/ OUTCOME CRITERIA | NURSING ACTIONS | SCIENTIFIC PRINCIPLES/ RATIONALE | OBSERVATIONS/ CONCLUSIONS |
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