BAPTIST HEALTH SCHOOL OF NURSING
NURSING CARE PLAN Day #1

Student:_____ **Date:**_____ **Room #:**_____ **Pt. Initials:**_____ **Age:**_____	**Medical Diagnoses:**_____ _____ _____ _____	
ASSESSMENT	**PLAN**	**IMPLEMENTATION/EVALUATION**
Subjective/Objective Date	**Goal Statement (Expected Outcome)**	**Summary Statement of Interventions**
	Planned Interventions/Rationale	
Nursing Diagnosis **(Problem Statement in NANDA format)**		**Goal Evaluation (Actual Outcome)**
Need **_____ Self Actualization** **_____ Self Esteem** **_____ Love and Belonging** **_____ Safety & Security** **_____ Physiological**		**Revsion of Plan**

Care Plan Continuation- Day #2

Student:_____ Date:_____	Pt. Initials:_____ Age:_____ Room #:_____ Medical Diagnosis:_____	
ASSESSMENT	**PLAN**	**IMPLEMENTATION/EVALUATION**
Subjective/Objective Date	**Goal Statement (Expected Outcome)**	**Summary Statement of Interventions**
	Planned Interventions/Rationale	
Nursing Diagnosis **(Problem Statement in NANDA format)**		**Goal Evaluation (Actual Outcome)**
		Revsion of Plan
Need **_____ Self Actualization** **_____ Self Esteem** **_____ Love and Belonging** **_____ Safety & Security** **_____ Physiological**		