BAPTIST HEALTH SCHOOL OF NURSING
NURSING CARE PLAN

Student: _____Date : _____ **Instructor:_____Room# _____** **Patient initials: _____ Unit :_____**	**Medical Diagnosis:_____** **_____** **_____**

Assessment	Plan	Implementation/Evaluation
Subjective / Objective Data	**Goal Statement** : (Expected Outcomes)	**Goal Evaluation** (Actual Outcome)
	Planned Interventions / Rationales	**Summary of Interventions**
Nursing Diagnosis: (Problem Statement in NANDA format)		
Need:(Place a check next to the Maslow Level for this problem) Self Actualization ____ Self Esteem____ Love and belonging ____Safety ____ Physiological ____	**Reference:**	**Revision of Plan**