Atrial Fibrillation Nursing Care Plan

PATIENT INFORMATION:

Patient Information

Medical history

ASSESSMENT

Subjective

Objective #1

Objective #2

Objective #3

Objective #4

Objective #5

Objective #6

Nursing diagnosis

Goals and outcomes #1

Goals and outcomes #2

Goals and outcomes #3

Goals and outcomes #4

Nursing interventions

Rationale

Evaluation

Additional notes

Nurse Name: _____ License number: _____

Contact number: _____