Cancer Nursing Care Plan

CANCER NURSING CARE PLAN

Name: _____ Age: _____

Gender: _____ Cancer Type: _____

Stage: _____ Date of Diagnosis: _____ dd / mm / yyyy

Current Treatment Regimen: _____

Chief Complaint

Medical History

Physical Examination Findings

Vital Signs

Laboratory and Diagnostic Test Results

Psychological and Emotional Status

Social and Family History

Current Medications

Nursing Diagnosis 1

Related Factors

Evidence

Nursing Diagnosis 2

Related Factors

Evidence

Short-term Goal

Long-term Goal

Actions

Responsible Personnel: _____ Method: _____

Frequency: _____ Reassessment Frequency: _____

Criteria for Modification

Documentation and Communication Strategy

Patient/Family Education

Community Resources

Follow-up Care

Multidisciplinary Team Coordination