Chest Pain Nursing Care Plan

PATIENT INFORMATION

Patient name: _____ Age: _____

Gender: _____ Date of birth: _____ dd / mm / yyyy

MEDICAL HISTORY

Specify below:

ASSESSMENT:

Subjective

Specify below:

Objective

Indicate test/s and result/s.

Entry 1:

Entry 2:

Entry 3:

Entry 4:

Entry 5:

NURSING DIAGNOSIS

Specify below:

PLANNING

Indicate goals and interventions.

Entry 1:

Entry 2:

Entry 3:

Entry 4:

IMPLEMENTATION

Specify below:

RATIONALE

Specify below:

EVALUATION

Specify below:

DISCHARGE PLANNING

Specify below:

ADDITIONAL NOTES

Specify below:

NURSE'S INFORMATION

Name: _____ License number: _____

Contact number: _____