Constipation Nursing Care Plan

Patient information

Medical history - Specify below

Assessment - Subjective

Assessment - Objective

Nursing diagnosis - Specify below

Goals and outcomes - Long-term

Goals and outcomes - Short-term

Nursing interventions - Specify below

Rationale - Specify below

Evaluation - Specify below

Additional notes - Specify below

Nurse's information - Name: _____ License number: _____

Contact number: _____