CVA Nursing Care Plan

CVA NURSING CARE PLAN

Name: _____ Age: _____

Date of Admission: _____ dd / mm / yyyy Medical Diagnosis: _____

History of Present Illness

Past Medical History

Consciousness level: _____ Orientation: _____

Pupil reaction: _____ Muscle strength: _____

Sensory deficits: _____ Reflexes: _____

Heart rate: _____ Blood pressure: _____

Peripheral pulses: _____ Capillary refill time: _____

Respiratory rate: _____ Oxygen saturation: _____

Breath sounds: _____ Use of accessory muscles: _____

Range of motion: _____ Presence of paralysis or paresis: _____

Coordination: _____ Speech clarity: _____

Language comprehension: _____ Ability to express needs: _____

Swallow reflex: _____ Diet tolerance: _____

Hydration status: _____ Presence of pressure ulcers: _____

Skin turgor: _____ Skin integrity in immobile areas: _____

Emotional status: _____ Coping mechanisms: _____

Family support: _____

Nursing Diagnoses

Short-term Goals

Long-term Goals

Intervention

Rational

Response to interventions

Progress towards goals

Adjustments to care plan

Follow-up appointments

Rehabilitation needs

Home care requirements

Patient and family education