Evaluation Nursing Care Plan

PATIENT INFORMATION:

Name: _____ Age: _____

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

Medical Diagnosis: _____

INITIAL ASSESSMENT:

Vital Signs (BP, HR, RR, Temp):

Pain Level (0-10 scale): _____

Physical Assessment Findings:

Psychological Assessment Findings:

Social/Environmental Factors:

Patient/Family Concerns:

NURSING DIAGNOSES:

Nursing Diagnoses:

EXPECTED OUTCOMES:

Expected Outcomes:

INTERVENTIONS AND RATIONALE:

Rationale:

Rationale:

Rationale:

EVALUATION:

Outcome 1:

Current Status:

Progress Towards Outcome:

◯ Met ◯ Partially Met ◯ Not Met

Evaluation of Interventions:

Outcome 2:

Current Status:

Progress Towards Outcome:

◯ Met ◯ Partially Met ◯ Not Met

Evaluation of Interventions:

Outcome 3:

Current Status:

Progress Towards Outcome:

◯ Met ◯ Partially Met ◯ Not Met

Evaluation of Interventions:

ADJUSTMENTS/REVISIONS TO CARE PLAN:

Revised Interventions:

Additional Assessments Required:

Changes in Expected Outcomes:

Additional Notes:

Next Evaluation Date: _____ dd / mm / yyyy

Nurse's Signature: