Hip Fracture Nursing Care Plan

Patient name: _____ Age: _____

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

Medical history

Allergies:

Current medications:

Other relevant medical History:

ASSESSMENT

Subjective data

Specify below:

Objective data

Specify below:

Vital signs

Blood pressure: _____ Heart rate: _____

Respiratory rate: _____ Temperature: _____

Diagnostic data

X-ray results: _____ Pain level: _____

Mobility status: _____

DIAGNOSIS

Specify below:

GOALS AND OUTCOMES

Long-term

Specify below:

Short-term

Specify below:

INTERVENTIONS

Specify below:

RATIONALE

Specify below:

EVALUATION

Specify below:

ADDITIONAL NOTES

Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License number: _____

Contact number: _____