Hypertension Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____

Medical History:

Allergies:

ASSESSMENT

Vital Signs:

Physical Assessment:

Laboratory and Diagnostic Tests:

DIAGNOSIS

Diagnosis

PLANNING

Goals:

Interventions:

IMPLEMENTATION

Medical Administration

Education

EVALUATION

Assess Patient Response

Modify Care Plan

Follow-Up

NURSE'S SIGNATURE

Name: _____ Date: _____ dd / mm / yyyy