Knowledge Deficit Nursing Care Plan

Patient information:

[ClientInfo]: _____

Medical history

Specify below:

ASSESSMENT

Subjective

Specify below:

Objective

Specify below:

1. Test: _____ Result: _____

2. Test: _____ Result: _____

3. Test: _____ Result: _____

NURSING DIAGNOSIS

Specify below:

GOALS AND OUTCOMES

Short-term:

Long-term:

NURSING INTERVENTIONS

Specify below:

RATIONALE

Specify below:

EVALUATION

Specify below:

ADDITIONAL NOTES

Specify below:

NURSE'S INFORMATION

Name: _____ License number: _____

Contact number: _____