Labor And Delivery Nursing Care Plan

PATIENT INFORMATION

[ClientInfo]

MEDICAL HISTORY

Allergies:

Medications:

ASSESSMENT

Subjective data

Anxiety level:

Coping mechanisms and support systems:

Pain level and location:

Objective data

Vital signs:

Uterine contractions:

Fetal heart rate and position:

Cervical dilation and effacement:

Signs of labor progression or complications:

DIAGNOSIS

Specify below:

GOALS AND OUTCOMES

Long-term:

Short-term:

INTERVENTIONS

Specify below:

RATIONALE

Specify below:

EVALUATION

Specify below:

ADDITIONAL NOTES

Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License number: _____

Contact number: _____