List of Nursing Interventions

PATIENT INFORMATION

Medical Diagnosis:

Date of Admission: _____ dd / mm / yyyy

Allergies:

NURSING ASSESSMENT

Vital Signs:

Pain Assessment:

Nutrition and Hydration Status:

Mobility and Activity Level:

Skin Integrity:

Cognitive and Emotional Status:

Current Medications:

Special Needs and Preferences:

NURSING DIAGNOSES

Nursing Diagnoses

PLANNED NURSING INTERVENTIONS

For Pain Management

For Improving Nutrition and Hydration

For Enhancing Mobility

For Maintaining Skin Integrity

For Supporting Cognitive and Emotional Health

For Medication Management

For Special Needs (Specify if applicable)

IMPLEMENTATION NOTES

Date/Time: _____

Intervention

Outcome/Notes:

EVALUATION

Date/Time: _____

Reassessment of condition

Adjustments to care plan

Nurse's Signature