Nursing Care Plan for Impaired Memory

PATIENT INFORMATION

Name: _____ Gender: _____

Age: _____ Patient number: _____

Date: _____ dd / mm / yyyy

Medical condition:

ASSESSMENT

Assessment used: _____ Assessment results: _____

Notes:

DIAGNOSIS

Specify below:

GOALS AND OUTCOMES

Specify below:

INTERVENTIONS

Specify below:

RATIONALE

Specify below:

EVALUATIONS

Specify below:

ATTENDING NURSE INFORMATION

Attending nurse name: _____ License number: _____

Signature:

Date: _____ dd / mm / yyyy