Preeclampsia Nursing Care Plan

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Patient information: _____

[ClientInfo]

Medical history

ASSESSMENT

Subjective - Specify below

Objective #1 - Indicate test/s and result/s

Objective #2

Objective #3

Objective #4

Objective #5

Objective #6

Nursing diagnosis - Specify below

Goals and outcomes #1 - Indicate long-term and short-term goals and outcomes

Goals and outcomes #2

Goals and outcomes #3

Goals and outcomes #4

Nursing interventions - Specify below

Rationale - Specify below

Evaluation - Specify below

Additional notes - Specify below

Nurse's Name: _____ License number: _____

Contact number: _____