

PTSD Nursing Care Plan

Patient information: _____ [ClientInfo]: _____

Medical history - Specify below

Assessment - Subjective

Assessment - Objective

Nursing diagnosis - Specify below

Goals and outcomes - Short-term

Goals and outcomes - Long-term

Nursing interventions - Specify below

Rationale - Specify below

Evaluation - Specify below

Additional notes - Specify below

Nurse's information - Name: _____ Nurse's information - License number: _____

Nurse's information - Contact number: _____