

Risk for Injury Care Plan

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Patient Information

Name:

Age:

Gender:

- ☐ Male
- ☐ Female
- ☐ Other

Medical History:

Allergies:

Assessment Findings

Mobility Status:

Cognitive Function:

Medication Use:

Environmental Factors:

Nursing Diagnoses:

Goals:

Interventions:

Evaluation Criteria:

Additional Notes: