

Nursing care plan (blank)

Patient: _____ Age: _____ Ward/Bed: _____ Date: _____ Nurse: _____

Assessment — Subjective (S):

Objective (O):

Diagnosis 1 — Code: _____ Type: ☐ Actual ☐ Risk ☐ Urgent

Problem _____ related to _____

as evidenced by _____

Goal (who · what change · how much · by when):

Intervention (priority order)	Rationale	Done ✓

Evaluation: ☐ Met ☐ Partly met ☐ Not met — revise: _____

Diagnosis 2 — Code: _____ Type: ☐ Actual ☐ Risk ☐ Urgent

Problem _____ related to _____

as evidenced by _____

Goal (who · what change · how much · by when):

Intervention (priority order)	Rationale	Done ✓

Evaluation: ☐ Met ☐ Partly met ☐ Not met — revise: _____