

**HEALTH NEST FAMILY PRACTICE**

**Nursing Care Plan**

A STRUCTURED PLAN FOR HOLISTIC PATIENT CARE

**Patient information**

|  |  |
| --- | --- |
| **Name:** | @Name here |
| **Date and time:** | **Jun 4, 2030** | 08:00 a.m. | |
| **Primary medical diagnosis:** | Write a brief statement here | |
| **Attending provider or unit:** | @Name or unit here | |

**Medical history**

Include any chronic conditions, past surgeries, or notable diagnoses relevant to the patient’s overall care.

* *Example 1*
* *Example 2*
* *Example 3*
* *Example 4*

**Allergies**

List all known allergies and describe the reaction. If none, use *NKDA* (No Known Drug Allergies).

|  |  |
| --- | --- |
| **Allergy** | **Reaction** |
| Allergy 1 | *Reaction here* |
| Allergy 2 | *Reaction here* |
| Allergy 3 | *Reaction here* |

**Medications**

List all home medications, prescribed meds in the hospital, and supplements.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Dose** | **Route** | **Frequency** |
| Name here | 00 mg | ⏳ Not set | ⏳ Not set |
| Name here | 00 mg | 🟢 Route 1 | 1️⃣ once daily |
| Name here | 00 mg | 🟡 Route 2 | 2️⃣ twice daily |

**Assessment**

Capture a concise clinical snapshot in this section.

**Subjective**

List what the patient or family reports (e.g. pain level, concerns, goals).

* *Information here*
* *Information here*
* *Information here*

**Objective**

List the most decision-shaping data (e.g., vital signs, physical findings, lab results)

* *Information here*
* *Information here*
* *Information here*

**Nursing diagnosis**

Translate the assessment into a standard problem statement. Use the correct structure and classification system (e.g., NANDA-I).

**Goals**

Set SMART goals and define what success or progress looks like.

**Short-term**

Define goals achievable within your current shift or the patient’s hospital stay.

 *Goal 1*

 *Goal 2*

 *Goal 3*

**Long-term**

Set a broader recovery or education target that may be achieved in follow-up care.

 *Goal 1*

 *Goal 2*

 *Goal 3*

**Interventions and rationales**

Describe the action plan to guide intentional care

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan #** | **What you’ll do** | **Why it helps** | **Timing** |
| 1 | Description here | Description here | ⏳ Not set |
| 2 | Description here | Description here | ⏳ Not set |
| 3 | Description here | Description here | ⏳ Not set |

**Name**

**Signature**

**Designation**

**Date**

**Evaluation**

Close the loop and identify if the plan worked.

|  |  |
| --- | --- |
| **Outcome met?** | **Yes**  **No**  **Partially** |
| **Supporting data** | State the evidence, such as vital signs, lab results, and patient feedback |
| **Next steps** | List all steps you’ll continue, modify, or escalate.   * *Elaborate here* * *Elaborate here* * *Elaborate here* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | @Name here | **Designation** | Title here |
| **Signature** | Signature here | **Date** | Jun 4, 2030 |
| **Notes**  Additional notes here | | | |
|

**Pexels, Pixabay**

for the photos



for the template

**Credits**

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