

Evaluation Nursing Care Plan

Patient Information:

- Name:
- Age:
- Gender:
- Date of Admission:
- Medical Diagnosis:

Initial Assessment:

- Vital Signs(BP, HR, RR, Temp):
- Pain Level (0-10 scale):
- Physical Assessment Findings:
- Psychological Assessment Findings:
- Social/Environmental Factors:
- Patient/Family Concerns:

Nursing Diagnoses:

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Expected Outcomes:

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Interventions and Rationale:

1.
 - Rationale:
2.
 - Rationale:
3.
 - Rationale:

Evaluation:

Outcome 1:

- Current Status:
- Progress Towards Outcome:
- Evaluation of Interventions:

Outcome 2:

- Current Status:
- Progress Towards Outcome:
- Evaluation of Interventions:

Outcome 3:

- Current Status:
- Progress Towards Outcome:
- Evaluation of Interventions:

Adjustments/Revisions to Care Plan:

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Next Evaluation Date:

Nurse's Signature: