## **Pneumothorax Nursing Care Plan**

Patient information
Name:
Age:
Gender:
Medical history:
Allergies:
Assessment
1. Respiratory status:
2. Chest pain:
3. Vital signs:
Heart rate:
Blood pressure:
Respiratory rate:
Oxygen saturation:
4. Breath sounds:
5. Chest wall symmetry:

Diagnosis
Planning
1. Goal:
Interventions:
2. Goal:
Interventions:
3. Goal:

Interventions:
Implementation
Evaluation
N
Nurse's name:
Date:
Signature: