

Smoking Cessation Nursing Care Plan

Patient name: _____ Age: _____ Gender: _____

Medical history	
Smoking history	History of tobacco-related health issues
Presence of nicotine dependence symptoms	Previous quit attempts
Others (Please specify):	
Assessment	
Subjective	Objective
Nursing diagnosis	
Goals and outcomes	
Long-term	Short-term

Long-term	Short-term
Nursing interventions	Rationale
Evaluation	
Additional notes	
Nurse's information	
Name:	
License number:	
Contact number:	