

# Syncope Nursing Care Plan

Patient information	
Name:	Age:
Gender:	Date of birth:
Medical history	
Relevant medical history:	
Allergies:	
Medications:	
Assessment	
Subjective data	Objective data
	Vital signs
	<ul style="list-style-type: none"><li>• Blood pressure:</li><li>• Heart rate:</li><li>• Respiratory rate:</li><li>• Oxygen saturation:</li><li>• Temperature:</li></ul>

**Diagnosis****Goals and outcomes****Long-term****Short-term****Interventions****Rationale****Evaluation**

**Additional notes****Healthcare professional information****Name:****License number:****Contact number:**