

ROCKINGHAM COMMUNITY COLLEGE

NURSING CARE PLAN

STUDENT: _____

INSTRUCTOR: _____

CLIENT INITIALS: _____

DATES: _____

UNIT: _____

ROOM NUMBER: _____

SEX: _____ **AGE:** _____

MEDICAL DIAGNOSIS: PRIMARY _____
(SECONDARY DIAGNOSIS): _____

ALLERGIES: _____

CODE STATUS: _____

LABORATORY VALUES Client Result, Normal Range, Interpretation			DRUGS – SCHEDULED AND PRNs Dosage, Route, Frequency	THERAPIES

INTAKE & OUTPUT: _____ cc _____ cc
LEVINE: _____ cc
CATHETER: _____ cc
HEMOVAC _____ cc
T-TUBE: _____ cc
WOUND DRAINAGE TUBE _____ cc
FLUID RESTRICTION _____
IV FLUIDS: Kind and Rate _____

VITAL SIGNS:
TPR _____ C°/F°
APICAL PULSE: _____
BP: _____

DAILY WEIGHTS
B-C-F _____ Kibg/lbs

RESPIRATORY THERAPY:
LITER FLOW: _____
DEVICE: _____

RESTRAINT TYPES

SURGICAL PROCEDURES: _____

ACTIVITY:
BATH: _____
ASSISTIVE DEVICES

DIAGNOSTIC TEST/EXAMS:

LIST 5 PROBLEMS RELATED TO MEDICAL DIAGNOSIS. EXPAND ON 2 OF THE MOST PERTINENT PROBLEMS.

1. _____
2. _____
3. _____
4. _____
5. _____

ASSESSMENT:	NURSING DIAGNOSTIC STATEMENT #1	MEASUREABLE OUTCOME CRITERIA
<u>SUBJECTIVE DATA:</u>	PROBLEM:	1.
	<u>ETIOLOGY: (R/T)</u>	2.
<u>OBJECTIVE DATA</u>		
	<u>SIGNS/SYMPTOMS: (AEB)</u>	

NURSING INTERVENTIONS	RATIONALE	EVALUATION; GOAL MET, IF NOT, GIVE REASON
MEASUREABLE OUTCOME CRITERIA #1		
MEASUREABLE OUTCOME CRITERIA #2		

ASSESSMENT:	NURSING DIAGNOSTIC STATEMENT #2	MEASUREABLE OUTCOME CRITERIA
<u>SUBJECTIVE DATA:</u>	PROBLEM:	1.
	<u>ETIOLOGY: (R/T)</u>	2.
<u>OBJECTIVE DATA</u>		
	<u>SIGNS/SYMPTOMS: (AEB)</u>	

NURSING INTERVENTIONS	RATIONALE	EVALUATION; GOAL MET, IF NOT, GIVE REASON
MEASUREABLE OUTCOME CRITERIA #1		
MEASUREABLE OUTCOME CRITERIA #2		

MEDICATION CARE PLAN

CLIENT INITIALS _____

CLIENT DIAGNOSIS _____

STUDENT _____

ALLERGIES _____

MEDICATIONS	CLASS	INTERVENTIONS	FOOD/DRUG	TEACHING	EVALUATION/CLIENT RESPONSE

INTERPERSONAL PROCESS RECORDING

NURSING _____

CLIENT	NURSE	COMMENTS/THERAPEUTIC TECHNIQUE

TEXTBOOK SIGNS/SYMPTOMS FOR MEDICAL DIAGNOSIS	CLIENT SIGNS/SYMPTOMS FOR MEDICAL DIAGNOSIS

TEACHING NEEDS

REFERENCES

NAME **Example**

ROCKINGHAM COMMUNITY COLLEGE
Associate Degree Nursing Program
ANECDOTAL NOTES

STUDENT'S COMMENTS
Self-Evaluation of Performance*

INSTRUCTOR'S COMMENTS
on Student's Performance

DATE	CLINICAL SITUATION	STUDENT'S COMMENTS Self-Evaluation of Performance*	INSTRUCTOR'S COMMENTS on Student's Performance
	<p>Please include all pertinent clinical information such as admitting diagnosis, current code status, current IV's (including type and rate and location)</p> <p>Explain any new procedures, current labs or pertinent clinical data.</p> <p>Basically, write down the information you give to the oncoming nurse in report.</p> <p>This is designed to create a "mental" picture of your clinical day.</p>	<p>We do want you to include skills performed, but elaborate on how well you performed, how you felt after the skills were completed.</p> <p>List strengths of the experience, areas you could improve in.</p> <p>Include any information on how you are progressing during the clinical experience.</p>	<p>Instructor's will provide feedback in this section</p>

*Include preparation, performance of skills, procedures and observations

Student Signature after reading Instructor Comments (Date)

NAME

ROCKINGHAM COMMUNITY COLLEGE
Associate Degree Nursing Program
ANECDOTAL NOTES

DATE	CLINICAL SITUATION	STUDENT'S COMMENTS Self-Evaluation of Performance*	INSTRUCTOR'S COMMENTS on Student's Performance

*Include preparation, performance of skills, procedures and observations

Student Signature after reading Instructor Comments (Date)