

Acute Confusion 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
	Heart rate:
	Blood pressure:
	Respiratory rate:
	Oxygen saturation:
	Temperature:

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

Evaluation

Additional notes

Healthcare professional information

Name:

License number:

Contact number: