## **C Section Nursing Care Plan**

Patient information	
Patient name:	
Age:	Gender:
Medical history:	
Assessment	
Subjective	Objective
Nursing diagnosis	
Hursing diagnosis	

Goals and outcomes		
Long-term	Short-term	
Nursing interventions		
Rationale		
Rationale		
Evaluation		

Additional notes
Nurse's information
Name:
License number:
Contact number: