

# Congestive Heart Failure Nursing Care Plan

Patient Information
Name:
Date of Birth:
Gender:
Address:
Contact Information:

Medical History & Related Questions
Previous Cardiac Events:
Comorbid Conditions:
Medications:
Allergies:
Symptom Description:
Symptom Management:
Family History:

Assessment	Nursing Interventions	Goals and Outcomes
<b>Cardiac Status:</b>		
<b>Respiratory Function:</b>		
<b>Fluid Volume:</b>		
<b>Nutrition:</b>		

Assessment	Nursing Interventions	Goals and Outcomes
<b>Medication Management:</b>		
<b>Emotional and Psychological Support:</b>		
<b>Physical Activity:</b>		
<b>Patient Education:</b>		

Doctor's Signature
Name:
Date: