

Constipation Nursing Care Plan

| Patient information | |
|---------------------|----------------|
| Patient name: | Age: |
| Gender: | Date of birth: |
| Medical history | |
| | |
| Assessment | |
| Subjective | Objective |
| | |
| Nursing diagnosis | |
| | |
| Goals and outcomes | |
| Long-term | Short-term |
| | |
| | |

| Long-term | Short-term |
|------------------------------|------------|
| | |
| | |
| Nursing interventions | |
| | |
| Rationale | |
| | |
| Evaluation | |
| | |
| Additional notes | |
| | |
| Nurse's information | |
| Name: | |
| License number: | |
| Contact number: | |