COPD Nursing Care Plan

Patient information	
Patient name:	Age:
Gender:	Room number:
Attending physician:	Date of admission:
Medical history:	
Assessment	
Subjective data	Objective data
Nursing diagnosis	
Goals/outcomes	
Nursing interventions	
Nursing interventions	

Rationale
Evaluation
Additional notes
Nurse's information
Name:
Date:
Signature: