CVA Nursing Care Plan

Patient name:		
Date of birth:	Gender:	
Medical history		
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Assessment		
Subjective	Objective	
	Test	Result
Nursing diagnosis		

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

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