

Hip Fracture Nursing Care Plan

Patient name:	Age:
Gender:	Date of birth:
Medical history	
Allergies:	
Current medications:	
Other relevant medical History:	
Assessment	
Subjective data	Objective data
	Vital signs
	Blood pressure:
	Heart rate:
	Respiratory rate:
	Temperature:
	Diagnostic data
	X-ray results:
	Pain level:
	Mobility status:

Diagnosis	
Goals and outcomes	
Long-term	Short-term
Interventions	
Rationale	

Evaluation**Additional notes****Healthcare professional information**

Name:

License number:

Contact number: