

# Hypertension Nursing Care Plan

Patient name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Medical history

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Assessment		Nursing diagnosis	Goals and outcomes		Nursing interventions	Rationale	Evaluation
Subjective	Objective		Long-term	Short-term			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Test/s</th> <th style="text-align: center;">Result/s</th> </tr> <tr> <td style="height: 150px;"></td> <td></td> </tr> </table>		Test/s	Result/s			
Test/s	Result/s						

## Additional notes

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## Nurse's information

Name:	License number:	Contact number:
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