

Hypertension Nursing Care Plan

Patient name: _____ Age: _____ Gender: _____ Date of birth: _____

Medical history								
Assessment			Nursing diagnosis	Goals and outcomes		Nursing interventions	Rationale	Evaluation
Subjective	Objective			Long-term	Short-term			
	Test/s	Result/s						
Additional notes								
Nurse's information								
Name:			License number:			Contact number:		