

# Hypertension Nursing Care Plan

## Patient Information

Name:

Age:

Gender:

Medical History:

Allergies:

## Assessment

1. Vital Signs:

2. Physical Assessment:

3. Laboratory and Diagnostic Tests:

## Diagnosis

## Planning

Goals:

Interventions:

### Implementation

1. Medical Administration

2. Education

### Evaluation

1. Assess Patient Response

2. Modify Care Plan

### Follow-Up

### Nurse's Signature

Name:

Date: