## **Impaired Gas Exchange Nursing Care Plan**

Patient name:		
Age:		
Gender:		
Medical history		
Assessment		
Subjective	Objective	
•		
	Test:	Results:

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

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