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: