

Ineffective Breathing Pattern Nursing Care Plan

| Patient information | |
|---------------------|----------------|
| Patient name: | Age: |
| Gender: | Date of birth: |
| Medical history: | |
| | |
| Assessment | |
| Subjective | Objective |
| | |
| Nursing diagnosis | |
| | |

| Goals and outcomes | |
|-----------------------|------------|
| Long-term | Short-term |
| | |
| | |
| | |
| | |
| Nursing interventions | |
| | |
| Rationale | |
| | |
| Evaluation | |
| | |

Additional notes**Nurse's information**

Name:

License number:

Contact number: