

Knowledge Deficit Nursing Care Plan

Patient information		
Patient name:		Age:
Gender:	Date of birth:	
Medical history		
Assessment		
Subjective	Objective	
	Test/s	Result/s
Nursing diagnosis		
Goals and outcomes		
Long-term	Short-term	

Long-term	Short-term
Nursing interventions	Rationale
Evaluation	
Additional notes	
Nurse's information	
Name:	
License number:	
Contact number:	