## **Myocardial Infarction Nursing Care Plan**

| Patient name:     |           |        |
|-------------------|-----------|--------|
| Age:              | Gender:   |        |
| Medical history   |           |        |
|                   |           |        |
|                   |           |        |
|                   |           |        |
|                   |           |        |
|                   |           |        |
| Assessment        |           |        |
| Subjective        | Objective |        |
|                   |           |        |
|                   |           |        |
|                   |           |        |
|                   |           |        |
|                   |           |        |
|                   | Test      | Result |
|                   |           |        |
|                   |           |        |
|                   |           |        |
|                   |           |        |
|                   |           |        |
|                   |           |        |
|                   |           |        |
| Nursing diagnosis |           |        |

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