## **Nursing Care Plan for Aggressive Behavior**

Patient name: A		ge:	Gender:		Date of birth:			
Medical history								
			,					
Assessment		Nursing diagnosis	Goals and outcomes		Nursing interventions	Rationale	Evaluation	
Subjective	Objective		Long-term	Short-term				
Additional notes								
Nurse's information								
Name:		License number:	License number:			Contact number:		