

# Nursing Care Plan for Aggressive Behavior

Patient name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Medical history

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## Assessment

## Nursing diagnosis

## Goals and outcomes

## Nursing interventions

## Rationale

## Evaluation

## Subjective

## Objective

## Long-term

## Short-term

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## Additional notes

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## Nurse's information

Name: \_\_\_\_\_ License number: \_\_\_\_\_ Contact number: \_\_\_\_\_