

Nursing Care Plan for Impaired Memory

Patient Information				
Name:				
Age:				
Medical Diagnosis:				
Date:				
Assessment				
Brief History:				
Memory Impairment Level:				
Mild	Moderate	Severe	Other (specify):_____	
Potential Causes:				
Associated Symptoms:				
Risk Factors:				
Nursing Diagnosis				
Impaired memory related to _____ [identify cause or contributing factors]				
as evidenced by _____ [specific patient symptoms or behaviors]				

Goal/Outcome

Short-term Goal: The patient will demonstrate improved recall of daily tasks with assistance within _____.

Long-term Goal: The patient will maintain the highest possible level of independence in daily activities within _____.

Intervention**Cognitive Stimulation:**

Activities:

Frequency:

Environmental Modification:

Strategies:

Medication Management:

Medications:

Monitoring:

Family/Caregiver Support and Education:

Topics:

Resources:

Safety Measures:

Implementations:

Communication Techniques:

Approaches:

Evaluation

Short-term Goal Achievement:

Long-term Goal Achievement:

Plan Modification:

Follow-up Needs:

Additional Notes