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]			e or contributing factors]	
as evidenced by	[specifi	ic patient sympto	oms 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