

# Nursing Diagnosis for Pneumonia

## Patient Information

Name:

Age:                      Date of Birth:

Medical Record Number:

Date of Admission:

Referring Physician:

## Clinical Assessment

Symptoms Observed:

## Vital Signs

Temperature:

Pulse Rate:

Respiratory Rate:

Blood Pressure:

Oxygen Saturation:

## Physical Examination Results

Lung Auscultation results:

Inspection and Palpation for Respiratory Effort:

Percussion of Chest (if applicable):

Others:

**Nursing Diagnoses**

**Recommended Interventions**

**Treatment Goals and Outcomes**

**Follow-Up Care**

Date:

Nurse's Signature:

Contact Information: