

Pneumonia Nursing Care Plan

Patient's information

Patient name:

Age:

Gender:

Date of birth:

Medical history

Assessment

Subjective

Objective

Test/s

Result/s

Nursing diagnosis

| Goals and outcomes | |
|-----------------------|------------|
| Long-term | Short-term |
| | |
| | |
| | |
| | |
| Nursing interventions | |
| | |
| Rationale | |
| | |

Evaluation**Additional notes****Nurse's information****Name:****License number:****Contact number:**