

# Pneumothorax Nursing Care Plan

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

## Medical history

## Assessment

## Nursing diagnosis

## Goals and outcomes

## Nursing interventions

## Rationale

## Evaluation

### Subjective

### Objective

### Long-term

### Short-term

### Test/s

### Result/s

## Additional notes

## Nurse's information

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