

# Respiratory Failure Nursing Care Plan

Patient information	
Patient name:	
Age:	Gender:
Date of birth:	
Medical history	
Allergies:	Medications:
Assessment	
Subjective data	Objective data
Pain levels:	Vital signs:
Breathing difficulties:	Physical observations:
Fatigue or discomfort:	Auscultation findings:
Relevant history:	Lab results:
	Diagnostic imaging:
Diagnosis	

Goals and outcomes	
Long-term:	Short-term:
Interventions	
Rationale	
Evaluation	

**Additional notes****Healthcare professional information****Name:****License number:****Contact number:**