

Risk for Aspiration 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:		