

# Small Bowel Obstruction Nursing Care Plan

Patient information	
Patient name:	Age:
Gender:	Date of birth:
Medical history	
Allergies:	
Medications:	
Assessment	
<b>Subjective data (Patient's reported symptoms):</b>	<b>Objective data (Observed information):</b>
Nursing diagnosis	
Goals and outcomes	
<b>Long-term</b>	<b>Short-term</b>

<b>Long-term</b>	<b>Short-term</b>

**Nursing interventions**

**Rationale**

**Evaluation**

**Additional notes****Nurse's information**

Name:

License number:

Contact number: