

Syncope Nursing Care Plan

Patient information	
Name:	Age:
Gender:	Date of birth:
Medical history	
Relevant medical history:	
Allergies:	
Medications:	
Assessment	
Subjective data	Objective data
	Vital signs
	<ul style="list-style-type: none">• Blood pressure:• Heart rate:• Respiratory rate:• Oxygen saturation:• Temperature:

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

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