

Tracheostomy Nursing Care Plan

Patient name:	Age:
Gender:	Date of birth:
Medical history	
Relevant medical history:	
Allergies:	
Medications:	
Assessment	
Subjective data	Objective data
	Vital signs
	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: