

N197
NURSING CARE PLAN

____ Satisfactory
____ Unsatisfactory
____ Resubmit

Student _____ Date Submitted _____
Patient (initials) _____ Age _____ EDB _____ G _____ P _____
Date(s) of Care _____ Delivery Date/Type _____ / _____ Anesthesia _____
Pt. Info: Education _____ Occupation _____ Family Composition _____
Complications (Delivery/Postpartum) _____
Infant Info: Gender _____ Weight _____ Gestational Age _____ Feedings _____
Pertinent Antepartal Info: _____

Other Pertinent Info: _____
Treatments _____
Medications _____

ASSESSMENT

NURSING DIAGNOSIS

DESIRED OUTCOMES

NURSING INTERVENTION

**RATIONAL FOR
NURSING INTERVENTION**

**SPECIFIC EVALUATION
OF GOALS**

ASSESSMENTS (DATA BASE)

NURSING DIAGNOSIS

DESIRED OUTCOMES

NURSING INTERVENTION

**RATIONAL FOR
NURSING INTERVENTION**

**SPECIFIC EVALUATION
OF GOALS**

REFERENCES
(USE APA FORMAT)