

CLIENT INITIALS \_\_\_\_\_

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

<b>NURSING DIAGNOSIS</b>			<b>PLANNING</b>		
<b>Nursing Problem</b>	<b>related to ETIOLOGY or RISK FACTORS</b>	<b>evidenced by DEFINING CHARACTERISTICS</b>	<b>GOALS (SHORT &amp; LONG TERM)</b>	<b>INTERVENTION WITH JUSTIFICATION</b>	<b>EVALUATION</b>