

Atrial Fibrillation Nursing Care Plan

PATIENT INFORMATION:

Patient Information

MEDICAL HISTORY

Medical history

ASSESSMENT

Subjective

Objective #1

Objective #2

Objective #3

Objective #4

Objective #5

Objective #6

NURSING DIAGNOSIS

Nursing diagnosis

GOALS AND OUTCOMES #1

Goals and outcomes #1

GOALS AND OUTCOMES #2

Goals and outcomes #2

GOALS AND OUTCOMES #3

Goals and outcomes #3

GOALS AND OUTCOMES #4

Goals and outcomes #4

NURSING INTERVENTIONS

Nursing interventions

RATIONALE

Rationale

EVALUATION

Evaluation

ADDITIONAL NOTES

Additional notes

NURSE NAME

Nurse Name: _____

LICENSE NUMBER

License number: _____

CONTACT NUMBER

Contact number: _____