

# Decreased Cardiac Output Nursing Care Plan

## PATIENT INFORMATION

Patient name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ dd / mm / yyyy

Medical history:

## SUBJECTIVE

Specify below:

## OBJECTIVE

1. Test/s: \_\_\_\_\_

Result/s:

2. Test/s: \_\_\_\_\_

Result/s:

3. Test/s: \_\_\_\_\_

Result/s:

4. Test/s: \_\_\_\_\_

Result/s:

5. Test/s: \_\_\_\_\_

Result/s:

## NURSING DIAGNOSIS

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Specify below:

## GOALS AND OUTCOMES

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1. Long-term:

2. Long-term:

3. Long-term:

4. Long-term:

Short-term:

Short-term:

Short-term:

Short-term:

## NURSING INTERVENTIONS

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1. Nursing intervention:

2. Nursing intervention:

3. Nursing intervention:

4. Nursing intervention:

5. Nursing intervention:

**RATIONALE**

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1. Rationale:

2. Rationale:

3. Rationale:

4. Rationale:

5. Rationale:

**EVALUATION**

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Specify below:

**ADDITIONAL NOTES**

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Specify below:

**NURSE'S INFORMATION**

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Name: \_\_\_\_\_ License number: \_\_\_\_\_

Contact number: \_\_\_\_\_