Ineffective Coping Care Plan

PATIENT INFORMATION

Name:: _____   Age:: _____

Medical History:

[ ]

Diagnosis:

[ ]

NURSING DIAGNOSIS

Ineffective coping related to:

[ ]

Evidenced by:

[ ]

GOALS

Goal 1:: _____   By:: _____

The patient will:

[ ]

Goal 2:: _____   By:: _____

The patient will:

[ ]

Interventions:

[ ]

Education and Support:

[ ]

Monitoring and Evaluation:

Nurse In-Charge:: _____   Date:: _____ dd / mm / yyyy

Nurse In-Charge:: _____   Date:: _____ dd / mm / yyyy