

Nursing Care Plan for Impaired Memory

PATIENT INFORMATION

Name:: _____ Gender:: _____

Age:: _____ Patient number:: _____

Date:: _____ dd / mm / yyyy

Medical condition:

ASSESSMENT

Assessment used:: _____ Assessment results:: _____

Notes:

DIAGNOSIS

Specify below:

GOALS AND OUTCOMES

Specify below:

INTERVENTIONS

Specify below:

RATIONALE

Specify below:

EVALUATIONS

Specify below:

ATTENDING NURSE INFORMATION

Attending nurse name:: _____ License number:: _____

Signature: _____
Date:: _____ dd / mm / yyyy