

# Knowledge Deficit Nursing Care Plan

## KNOWLEDGE DEFICIT NURSING CARE PLAN

Patient information: \_\_\_\_\_

[ClientInfo]

### Medical history

Specify below:

## ASSESSMENT

### Subjective

Specify below:

### Objective

Specify below:

- |                |               |
|----------------|---------------|
| 1. Test: _____ | Result: _____ |
| 2. Test: _____ | Result: _____ |
| 3. Test: _____ | Result: _____ |

## NURSING DIAGNOSIS

Specify below:

## GOALS AND OUTCOMES

Short-term:

Long-term:

## NURSING INTERVENTIONS

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Specify below:

## RATIONALE

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Specify below:

## 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: \_\_\_\_\_