

Clinical I____Clinical II____Clinical III____

UAM COLLEGE OF TECHNOLOGY-McGEHEE
PRACTICAL NURSE PROGRAM
CLINICAL CARE PLAN

Satisfactory_____ Unsatisfactory_____

Student Name_____Date_____Clinical Facility_____

Comments_____

Client's Initials_____Room #_____Age_____Sex_____Admitting Diagnosis_____

Reason for current admission (per client statement)_____

History of current illness_____

Medical Diagnosis	Definition/ Pathophysiology	Signs and Symptoms

ASSESSMENT Objective behavior	ASSESSMENT Subjective behavior	NURSING DIAGNOSIS	NURSING INTERVENTIONS	RATIONALES	EVALUATION OF OUTCOMES/GOAL
<p>Oxygenation (Continued)</p> <p>Circulatory: Capillary refill_____</p> <p>Heart sounds_____</p> <hr/> <p>Edema</p> <hr/> <p>Pulses</p> <hr/> <p>Hgb_____</p> <p>Hct_____</p> <p>EKG_____</p> <hr/> <p>Blood Pressure_____</p> <p>Heart Rate_____</p> <hr/> <p>Cholesterol_____</p> <p>Triglycerides_____</p>	<p>Do you now or have you had any problems with your heart? Yes__No__</p> <hr/> <hr/> <hr/> <p>Circulation? Yes__No__</p> <hr/> <p>Blood Pressure Yes__No__</p> <hr/> <hr/> <p>Bleeding? Yes__No__</p> <hr/> <p>Describe:_____</p> <hr/> <hr/> <p>List medications that pt is taking that will affect the cardiovascular system.</p> <hr/>	<p>Problem</p> <hr/> <hr/> <hr/> <p>Related to (etiology)</p> <hr/> <hr/> <hr/> <p>As evidenced by(S/S)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Goal/Outcomes</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<p>Supportive Data</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Goal Met_____</p> <p>Not Met_____</p>

