Pneumonia Nursing Care Plan

Patient's information		
Patient name:		
Age:		
Gender:		
Date of birth:		
Medical history		
Assessment		
Subjective	**Objective**	
	Test/s	**Result/s**
Nursing diagnosis		

Goals and outcomes	
Long-term	**Short-term**
Nursing interventions	
Rationale	

Evaluation
Additional notes
Nurse’s information
Name:
License number:
Contact number: