

Seizure Nursing Care Plan

Patient information	
Patient name:	Age:
Gender:	Date of birth:
Medical history:	
Assessment	
Subjective	Objective
Nursing diagnosis	
Goals and outcomes	
Long-term	Short-term

Long-term	Short-term
Nursing interventions	
Rationale	
Evaluation	

Additional notes**Nurse's information**

Name:

License number:

Contact number: