

Student Nurse's Name and Surname: _____ **Student number:** _____

Nursing Diagnosis:.....

| DIAGNOSIS | PLANNING | | INTERVENTION | EVALUATION (Please explain the objective and subjective criteria in detail.) |
|---------------------------|------------------------|---------------------------------|--------------|---------------------------------------------------------------------------------|
| Etiologic Factors: | Goals/Outcome Criteria | Interventions / Nursing Actions | | |
| Defining Characteristics: | Goal: | | | |
| | Outcome Criteria: | | | |

