

NEAR EAST UNIVERSITY
FACULTY OF NURSING
20.../20... ACADEMIC YEAR SEMESTER
NUR 302 CHILD HEALTH AND DISEASES NURSING COURSE
CARE PLAN NURSING PROCESS FORM (Common form for newborns and infants)

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:			

