

## Nursing Process

**Supporting data: subjective and objective** \_\_\_\_\_

Subjective: What the patient reported \_\_\_\_\_

Objective: What is observed; things that can be seen or measured i.e. x-rays, labs \_\_\_\_\_

**Nursing Diagnosis (NANDA)/related to/as evidenced by:** \_\_\_\_\_

NANDA: What is the problem? \_\_\_\_\_

Related to: Why do they have this problem? \_\_\_\_\_

As evidenced by: What was seen by nursing student or what the patient verbally said to the nursing student; this information is pertinent assessment data. \_\_\_\_\_

**Short-Term Goal:** Measurable by and during time nursing student is in clinical; What are some smaller goals that will assist your patient in reaching the bigger, long-term goal. \_\_\_\_\_

**Long-Term Goal:** Measureable and attainable by D/C); this is the overall goal. Try to plan this first. What do you want your patient to be able to do in the long run? \_\_\_\_\_

### Priority Nursing Interventions with Rationale

1.

2.

*What are you going to do to assist the patient in doing to reach the goals?  
This can include patient education.*

3.

### Evaluation of Interventions

1.

2.

*Were each of the goals met and how (evidence)? If the goals were not met, is the patient progressing towards goal.*

3.

### Evaluation of Goals: