

Augusta State University  
Department of Nursing  
Nursing 4001

**NURSING DIAGNOSIS CARE PLAN**

Student's Name: \_\_\_\_\_

Priority problem #: \_\_\_\_\_

**\*Please use one form for each diagnosis/problem**

Assessment Data	Nursing Diagnosis (Prioritized)	Patient Goal	Interventions Plan	Evaluation of Goal
Subjective				
Objective				