Nursing Notes

Initials/Signature: _____ Rm No: _____

Actual Patient Problem:	
Clinical Reasoning: Goal:	Met: ☐ Unmet:☐
Goal:	Met: ☐ Unmet:☐
Actual Patient Problem:	
Clinical Reasoning: Goal:	Met: ☐ Unmet:☐
Goal:	Met: ☐ Unmet:☐

Additional Patient Problems:

Patient Problem	Time	Relevant Assessments Indicate pertinent assessment findings.	Time	Multidisciplinary Team Intervention What interventions were done in response to your abnormal assessments?	Time	Reassessment/Evaluation What was your patient's response to the intervention?

Patient Problem	Time	Relevant Assessments Indicate pertinent assessment findings.	Time	Multidisciplinary Team Intervention What interventions were done in response to your abnormal assessments?	Time	Reassessment/Evaluation What was your patient's response to the intervention?

Significant Event Documentation: Use the area below to document any significant events that happened during your time of care.