

N311 Care Plan 1

Student Name

Lakeview College of Nursing

N311: Foundations of Professional Practice

Clinical Instructor Name

Date

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
Race/Ethnicity	Occupation	Marital Status	Allergies
Code Status	Height	Weight	

Medical History (5 Points)**Past Medical History:****Past Surgical History:****Family History:****Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):****Admission Assessment****Chief Complaint (2 points):****History of Present Illness – OLD CARTS (10 points):****Primary Diagnosis****Primary Diagnosis on Admission (3 points):****Secondary Diagnosis (if applicable):****Pathophysiology****Pathophysiology of the Disease, APA format (20 points):****Pathophysiology References (2) (APA):****Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions