

NYACK COLLEGE  
Cheryl Phenicie School of Nursing  
**NURSING CARE PLAN**

Student's Name:  
Nursing Diagnosis:

Patient's Initials:  
Date  
Admitting Diagnosis:

**P**  
**E**  
**S**

<b>Expected Outcomes</b>	<b>Nursing Interventions</b>	<b>Rationales</b>	<b>Evaluations</b>

Reference