SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
DOCTOR SHAIR MUHAMMAD ROAD QUETTA
Email: sinahsquetta75@gmail.com
PHONE: 0311-8013611

Nursing Care Plan

Patient Name: _____Age: _____Bed No: _____Address: _____

Medical Diagnose: _____ Date of Admission: _____

ASSESSMENT	NURSING DIAGNOSIS	PLANNING	INTERVENTION	RATIONAL	EVALUATION

Student Name: _____Batch_____Semester_____