



**ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG**

NURSING CARE PLAN

Name of Patient		Age/Sex		Ward
Diagnosis			Date/Time	Bed No
Date & Time	Nursing Assessment	Planning/Goals	Nursing Intervention & Implementation	Evaluation



ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG

--	--	--	--	--