

Day 1

TL: _____

CNA: _____

MERCED COLLEGE
Registered Nursing Program
Patient Care Plan - Page One

Student: _____

Dates: _____

| | | | | | | | |
|--------------------|------|------|-----------|--------|---------|-------------|----|
| Date of Admission: | Age: | Sex: | Initials: | Room#: | Weight: | DNR Status: | MD |
|--------------------|------|------|-----------|--------|---------|-------------|----|

Admitting Diagnoses: _____

Brief History of Present Illness including major admitting Medical Diagnosis: _____

Other Medical Diagnoses:

Surgeries: (with dates)

All attachments and invasive devices including all IV lines (names and flow rates), tubes, drains, medical treatments:

Significant RN nursing tasks/responsibilities (based on Medical Diagnoses):

Lab/Diagnostic Tests:

Allergies: _____

Listing of all medications for 24 hours (name/dosage/frequency)