



Emotional:

b. Parent/family description of:

i. The effects of condition/illness on their way of life

ii. Their understanding of health and treatment for their child

iii. Their involvement in /attitude towards treatment

iv. Their health goals and services expected.

5. Health Care System Factors:

a. Current medical diagnoses:

b. Admission date:

c. Summary of current medical condition:

d. Medical plan of care and treatment / surgery and date of surgery:

e. Medical orders for this admission:

f. Consultations or referrals specifying plan of care and treatment by other professionals:

6. Socio-cultural Orientation

- a. Languages : Spoken &/or understood by family
  
- b. Religious and/or cultural factors to be considered during hospitalisation or in discharge plans
  
- c. Level of education or professional skills (as applicable)

7. Family System Factors

- a. Genogram *with a complete legend*

I stage: \_\_\_\_\_

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**DATA ANALYSIS WITH CONCLUSION... (*THE SO WHAT QUESTION?*)**

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PERTINENT

## NURSING CARE PLAN: DIAGNOSIS & PRESCRIPTION

| ACTION DEMAND                        | SELF-CARE AGENCY (æ•^•Äæä} æääc Ä Ä ^!†! } <b>Each</b> of the general methods. Place a * beside any power component in which patient has limitations to perform <b>any</b> of the general methods. <i>Please note these may apply to the Parents when the child is very young.</i> |
|--------------------------------------|--|
| Particularized self-care requisite : | <ol style="list-style-type: none"> <li>1. Attention span for each of the gms</li> <br/> <li>2. Physical energy for each of the gms</li> </ol>  |
| General methods (gms)                | <ol style="list-style-type: none"> <li>3. Control of the body position for each of the gms</li> </ol>  |







## NURSING CARE PLAN: EVALUATION



