



Nursing Care Plan

Name	
Date:	

Staff Instructions: READ THE NURSING CARE PLAN AND FEEDING PROTOCOL AS APPLICABLE ATTACHED. SIGNING BELOW INDICATES YOU HAVE READ AND UNDERSTAND THE INTERVENTIONS CONTAINING WITHIN THE NURSING PLAN OF CARE. FOR ANY QUESTIONS CONTACT THE DELEGATING NURSE. STAFF SIGNATURE ACKNOWLEDGES PROCEDURE TO CONTACT THE NURSE CASE MANGER.

PRINTED NAME	SIGNATURE	

Delegating Nurse: _____
Phone: 410-654-1010