N121.1 INTENSIVE NURSING EXPERIENCE (HOSPITAL) 2ND Semester AY2022-2023

NAME OF STUDENT	AREA	NUMBER OF PATIENTS	DATE

BED NO.	NAME OF PATIENT	MEDICAL DIAGNOSIS	PRIORITY NURSING DIAGNOSIS	LEVEL OF CARE



College of Nursing UNIVERSITY OF THE PHILIPPINES MANILA The Health Sciences Center

Sotejo Hall, Pedro Gil Street, Ermita, Manila 1000 Philippines Tel Nos. (02) 85231472, (02) 85231477, (02) 85231494 • TeleFax: (02) 85231485 Email: upm-cn@up.edu.ph



BED NO.	NAME OF PATIENT	MEDICAL DIAGNOSIS	PRIORITY NURSING DIAGNOSIS	LEVEL OF CARE



College of Nursing UNIVERSITY OF THE PHILIPPINES MANILA The Health Sciences Center

Sotejo Hall, Pedro Gil Street, Ermita, Manila 1000 Philippines Tel Nos. (02) 85231472, (02) 85231477, (02) 85231494 • TeleFax: (02) 85231485 Email: upm-cn@up.edu.ph

BED NO.	NAME OF PATIENT	MEDICAL DIAGNOSIS	PRIORITY NURSING DIAGNOSIS	LEVEL OF CARE
	.,,,,,			



College of Nursing UNIVERSITY OF THE PHILIPPINES MANILA The Health Sciences Center

Sotejo Hall, Pedro Gil Street, Ermita, Manila 1000 Philippines Tel Nos. (02) 85231472, (02) 85231477, (02) 85231494 • TeleFax: (02) 85231485 Email: upm-cn@up.edu.ph



BED NO.	NAME OF PATIENT	MEDICAL DIAGNOSIS	PRIORITY NURSING DIAGNOSIS	LEVEL OF CARE