Acute Kidney Injury Nursing Care Plan

Patient information		
Patient name:		
Date of birth:	Gender:	
Admission date:	MRN:	
Medical history		
Previous kidney issues:		
Chronic conditions:		
Medications:		
Allergies:		
Assessment		
Subjective		
Patient's description of symptoms:		
Objective		
a. Vital signs:		
Blood pressure:	Respiratory rate:	
Heart rate:	Temperature:	
b. Urine output:		

c. Lab results:	
Serum creatinine:	BUN:
Electrolytes:	Glomerular filtration rate (GFR):
Nursing diagnosis	
Goals/outcomes	
Nursing interventions	
Rationale	
Evaluation	
Additional notes	
Nurse's information	
Nurse's name:	
Date:	
Signature:	