

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:	