AKI Nursing Care Plan

Patient Information

- Full Name: _____
- Date of Birth: ____ / ____ / _____
- Gender: _____
- Patient ID: _____
- Contact Number: _____
- Email Address: _____

Assessment

Assessment	Observations	Notes/Referral
Physical Signs	☐ Reduced urine output ☐ Swelling in hands, feet, or face ☐ Fatigue	
Gastrointestinal Symptoms	☐ Nausea ☐ Vomiting ☐ Loss of appetite ☐ Abdominal pain	
Neurological Signs	☐ Confusion ☐ Altered mental status	
Cardiovascular Manifestations	☐ Elevated blood pressure ☐ Irregular heart rhythm ☐ Palpitations ☐ Signs of fluid overload	
Renal Factors		

Metabolic Effects	☐ Acidosis ☐ Protein catabolism	
Secondary Issues		

Interventions

Area of Management	Interventions / Rationale	Notes/Referral
Fluid Management		
Electrolyte Management		
Medication Management		
Nutritional Support		
Vital Signs Monitoring		

Education and Support	
Prevention of Complications	

Physician's Notes and Recommendations

Physician's Signature: _____ Date: ____ / ____ / _____