

Chronic Kidney Disease Nursing Care Plan

Patient name: _____ Age: _____ Gender: _____ Date of birth: _____

Medical history

Assessment

Nursing diagnosis

Goals and outcomes

Nursing interventions

Rationale

Evaluation

Subjective

Objective

Long-term

Short-term

Test/s

Result/s

Additional notes

Nurse's information

Name:

License number:

Contact number: