Infection Nursing Care Plan

| Patient information | | |
|---------------------|----------------|--------|
| Patient name: | | Age: |
| Gender: | Date of birth: | |
| Medical history | | |
| | | |
| Assessment | | |
| Subjective | Objective | |
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| Nursing diagnosis | | |
| | | |
| Goals and outcomes | | |
| Long-term | Short | t-term |
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| Long-term | Short-term | |
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| Nursing interventions | | |
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| Rationale | | |
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| Evaluation | | |
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| Additional notes |
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| Nurse's information |
| Name: |
| License number: |
| Contact number: |