

# Kidney Stones Nursing Care Plan

Patient name:		
Gender:	Date of birth:	
Medical history		
Assessment		
Subjective	Objective	
	Test/s	Result/s
Nursing diagnosis		

Goals and outcomes	
Long-term	Short-term
Nursing interventions	
Rationale	
Evaluation	

**Additional notes****Nurse's information**

Name:

License number:

Contact number: