

# Risk for Infection Nursing Care Plan

Patient name:
Age:
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: