

Acute Kidney Injury (AKI) Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____
Gender: _____ Medical Record Number: _____
Date of Admission: _____ dd / mm / yyyy

ASSESSMENT

Vital Signs

Blood Pressure: _____ Heart Rate: _____
Respiratory Rate: _____ Temperature: _____

Laboratory Results

Serum Creatinine: _____ Blood Urea Nitrogen (BUN): _____
Electrolyte Levels: _____ Complete Blood Count (CBC): _____

Urine Output and Characteristics

Hourly urine output: _____ Color and clarity of urine: _____

DIAGNOSIS

Primary Cause of AKI: _____ Stage of AKI: _____

GOALS AND OUTCOMES

Renal Function Improvement:

Fluid and Electrolyte Balance

Underlying Cause Resolution

INTERVENTIONS

Fluid Management

Medication Administration:

Monitoring:

Dietary Modifications:

EVALUATION

Evaluation

PATIENT EDUCATION

Patient Education

DISCHARGE PLANNING

Discharge Planning

REVIEW AND SIGN-OFF

Review and Sign-off