Kidney Stones Nursing Care Plan

Patient name: _____ Date of birth: _____ dd / mm / yyyy

Gender: _____

Medical history

Subjective Assessment

Test 1: _____

Result 1:

Test 2: _____

Result 2:

Test 3: _____

Result 3:

Test 4: _____

Result 4:

Test 5: _____

Result 5:

Nursing diagnosis

Long-term Goals and outcomes

Short-term Goals and outcomes

Nursing interventions

Rationale

Evaluation

Additional notes

Nurse Name: _____

License number: _____ Contact number: _____