Risk for Infection Nursing Care Plan

Risk for Infection Nursing Care Plan

Patient information:

[ClientInfo]: _____

Medical history:

ASSESSMENT

Subjective

Specify below:

Objective

Indicate test/s and result/s.

Objective #1:

Objective #2:

Objective #3:

Objective #4:

Objective #5:

Objective #6:

NURSING DIAGNOSIS

Specify below:

GOALS AND OUTCOMES

Indicate long-term and short-term goals and outcomes.

Goals and outcomes #1:

Goals and outcomes #2:

Goals and outcomes #3:

Goals and outcomes #4:

NURSING INTERVENTIONS

Specify below:

RATIONALE

Specify below:

EVALUATION

Specify below:

ADDITIONAL NOTES

Specify below:

NURSE'S INFORMATION

Name: _____ License number: _____

Contact number: _____