Risk for Infection Nursing Care Plan

Patient name:		
Age:		
Gender:		
Date of birth:		
Medical history:		
Assessment		
Subjective	Objec	
	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: