## **Urinary Retention Nursing Care Plan**

Patient's information	
Patient name:	
Age:	
Gender:	
Date of birth:	
Medical history	
Assessment	
Subjective	Objective
Nursing diagnosis	

Goals and outcomes	
Long-term	Short-term
Nursing interventions	
Rationale	
Nationale	

Evaluation
Additional notes
Nurse's information
Name:
License number:
Contact number: