

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8Am 3pm 10r	Skin Breakdown, Bleeding, wound care.	<input checked="" type="checkbox"/> Patient will have intact skin while staying in the hospital and on discharge.	<ul style="list-style-type: none"> ● Instruct the patient to stay in bed as advised ● Check all drains from the operation site more frequently. ● Clean body. wound on daily basis ● Minimize pressure. ● Provide adequate nutritional support. ● Report signs of poor healing or trauma to doctor ● Observe for elevated body temperature . ● Encourage patient to maintain personal hygiene. ● Assess the wound for exudate, tissue type, infection ● Assess the wound edge for maceration, dehydration & Rolled edges. ● Check the periwound skin for maceration, dry skin excoriation, eczema, hyperkeratosis & callus 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Skin integrity in intact and free of signs of infection, pressure or trauma. <input type="checkbox"/> Open wound appears pink, epithelialising and free of infection. <input type="checkbox"/> Healed wound is soft and smooth. <input type="checkbox"/> Skin is elastic	Apur N3292 3p Shradhe N3360 10pm Uke 132
8A 3pm 10r	Care of drains / tubes (wound care)	<input checked="" type="checkbox"/> Patient will have patient properly maintained catheters, drains etc.	<ul style="list-style-type: none"> ● Check the catheters, drains etc frequently. ● Observe I/O chart ● Watch for any symptoms related to kinked or blocked tubes. ● Check the site properly ● Maintain adequate cleaning & dressing ● Observe the colour of Drainage 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Drain maintained properly <input type="checkbox"/> No Signs of infection & Block noticed.	Apur N3292 3p Shradhe N3360 10pm Uke 1344
8A 3pm 10r	Disturbed body image. N/A	<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image.	<ul style="list-style-type: none"> ● Note non verbal body language, negative attitude, and self talk. ● Note emotional reaction. (Grieving, depression, anger). ● Maintain calm and reassuring matter. Acknowledge and accept expression of feeling of grief and hostility. ● _____ 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Participation in selfcare activities and positive interaction with other. <input type="checkbox"/> _____	Apur N3292 3p Shradhe N3360 10pm Uke 1344