

| Time | Patient Specific Nursing Needs | Measurable Goal | Nursing Interventions | M | E | N | Evaluation / Outcome | Time Date Name & ID |
|------------|--|--|---|-------------------------------------|-------------------------------------|--------------------------|--|--------------------------------|
| 8AM 31- | Skin Breakdown, Bleeding, wound care. | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 | 10/1/24 AB 10/1/24 AB |
| 8AM 31 | 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 type="checkbox"/> | <input type="checkbox"/> Drain maintained properly <input type="checkbox"/> No Signs of infection & Block noticed. | 10/1/24 AB 10/1/24 AB |
| 8AM 31 | Disturbed body image. N/A | <input checked="" 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"/> Participation in selfcare activities and positive interaction with other. <input type="checkbox"/> _____ | 10/1/24 AB 10/1/24 AB |