

| Time           | Patient Specific Nursing Needs  | Measurable Goal   | Nursing Interventions   | M  | E  | N  | Evaluation / Outcome   | Time Date Name & ID   |
|----------------|---|---|---|--|--|--|--|---|
| 8<br>3P<br>10A | <b>Fluid and electrolytes</b><br><input type="checkbox"/> Oral<br><input type="checkbox"/> IV<br><input checked="" type="checkbox"/> Ryles Tube Feed<br><input type="checkbox"/> TPN<br><input type="checkbox"/> Others   | <input checked="" type="checkbox"/> Patient will have balanced fluid and electrolyte balance  | <ul style="list-style-type: none"> <li>● Monitor intake and output chart</li> <li>● Check for IV sites, patency and monitor for any signs of phlebitis</li> <li>● Enhance fluid intake unless contraindicated</li> <li>● Fluid _____ at _____</li> </ul>  | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="radio"/> Well hydrated.<br><input checked="" type="radio"/> IV cannula is patent and intact.<br><input type="radio"/> I/O chart _____                               | 100%<br>IV cannula is patent and intact.<br>I/O chart _____<br>JFB 10A  |
| 8<br>3P<br>10A | <b>NUTRITION</b><br><input type="checkbox"/> Keep NBM<br><input type="checkbox"/> Full Diet<br><input type="checkbox"/> Therapeutic Diet<br><input checked="" type="checkbox"/> Ryles tube feed<br><input type="checkbox"/> TPN   | <input type="checkbox"/> Patient will have adequate nutrition<br><input type="checkbox"/> Patient will have no nausea and vomiting      | <ul style="list-style-type: none"> <li>● Provide prescribed diet on time</li> <li>● Encourage patient to consume the served meal</li> <li>● Record the amount of food consumed</li> <li>● IV Fluid at _____ ml/hr.</li> <li>● TPN at _____ ml/hr.</li> <li>● RT Feed at _____ ml/hr.</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="radio"/> Good appetite<br><input type="radio"/> No nausea or vomiting<br><input type="radio"/> Served meal is consumed full/partial/none (tick wherever applicable) | 100%<br>Good appetite<br>No nausea or vomiting<br>Served meal is consumed full/partial/none (tick wherever applicable)<br>JFB 10A |
| 8<br>3P<br>10A | <b>SKIN INTEGRITY</b><br><input type="checkbox"/> Intact skin<br><input checked="" type="checkbox"/> Skin peel present at Area _____ Grade _____ PUSH Score _____   | <input checked="" type="checkbox"/> Patient will have intact skin integrity<br><input type="checkbox"/> Patients skin peel is improving | <ul style="list-style-type: none"> <li>● Assess the Braden score and all potential causes of skin breakdown</li> <li>● Minimize / eliminate friction /shear</li> <li>● Relieve pressure points by using air mattress, prophylactic skin dressing</li> <li>● Manage moisture</li> <li>● Maintain adequate nutrition and hydration</li> <li>● Keep bed wrinkle free</li> <li>● Change position as per position clock</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="radio"/> No skin breakdown is noted<br><input type="radio"/> Skin peel is healing/not healing  | 100%<br>No skin breakdown is noted<br>Skin peel is healing/not healing<br>JFB 10A   |
| 8<br>3P<br>10A | <b>HYGIENE</b><br><input checked="" type="checkbox"/> Bed bath<br><input type="checkbox"/> Assist in bath on bed<br><input type="checkbox"/> Oral care<br><input type="checkbox"/> Perineal care<br><input type="checkbox"/> Hair wash<br><input type="checkbox"/> Others _____ | <input checked="" type="checkbox"/> Patient will stay clean and well groomed.   | <ul style="list-style-type: none"> <li>● Encourage patient / daily give sponge bath, oral care, hair care and perineal care.</li> <li>● Change patients clothes daily</li> <li>● Encourage hand hygiene as per 5 moments</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input checked="" type="radio"/> Patient is having good personal hygiene   | 100%<br>Patient is having good personal hygiene<br>JFB 10A  |