

| Time             | Patient Specific Nursing Needs   | Measurable Goal   | Nursing Interventions   | M                                   | E                                   | N                                   | Evaluation / Outcome  | Time Date Name & ID  |
|------------------|--|---|---|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| 8am<br>3p<br>10p | <b>Hygiene</b><br><input checked="" type="checkbox"/> Bed - bath<br><input checked="" type="checkbox"/> Assist bath.<br><input type="checkbox"/> Self - care<br><input type="checkbox"/> Oral care<br><input type="checkbox"/> Hair care<br><input type="checkbox"/> perineal care | <input checked="" type="checkbox"/> Patient will stay clean and well groomed.<br><input type="checkbox"/> No hospital acquired infection like (CAUTI)<br><input type="checkbox"/> _____ | <ul style="list-style-type: none"> <li>● Encourage patient to do daily bathing and oral hygiene.</li> <li>● Change patient's clothes daily.</li> <li>● Encourage hand hygiene.</li> <li>● Provide oral care, catheter care</li> <li>● Implemented CAUTI prevention bundle</li> <li>● Keep urobag above the floor</li> <li>● Empty the urobag as per protocol</li> </ul> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Maintained hygiene.<br><input checked="" type="checkbox"/> Oral care provided<br><input checked="" type="checkbox"/> Foleys care provided<br><input type="checkbox"/> Perineal care given | Jayashree 3pm<br>N3352<br>Ullas<br>332m<br>Am<br>N3329 8A- |
|                  | <b>Safety</b><br><input checked="" type="checkbox"/> Apply ID band<br><input type="checkbox"/> Allergy Check<br><input checked="" type="checkbox"/> Side rails upright<br><input type="checkbox"/> Fall prevention measures  | <input checked="" type="checkbox"/> Patient will have no life threatening situation.<br><input type="checkbox"/> _____  | <ul style="list-style-type: none"> <li>● Check the identity with ID band before any interaction with the patient.</li> <li>● Raise side rails.</li> <li>● Keep bed locked and low at all time.</li> <li>● Check for any allergies</li> <li>● Check risk for fall and implement fall prevention measures.</li> </ul>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Patient safety secured.<br><input type="checkbox"/> _____   | Jayashree 3pm<br>N3352<br>Ullas<br>332m<br>Am<br>N3329 8A- |
| 8am<br>3p<br>10p | <b>Comfort and sleep</b><br><input checked="" type="checkbox"/> Pain control<br><input checked="" type="checkbox"/> Sleep patterns<br><input checked="" type="checkbox"/> Noise free environment.  | <input checked="" type="checkbox"/> Patient will have comfortable sleep.<br><input type="checkbox"/> Patients pain level is minimised   | <ul style="list-style-type: none"> <li>● Provide clean calm and restful environment.</li> <li>● Provide privacy at all time.</li> <li>● Check for patient sleep pattern.</li> <li>● Assess the patients pain</li> <li>● Provide pain relieving measures.</li> </ul>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Patient is comfortable.<br><input checked="" type="checkbox"/> Patient pain is relieved<br><input checked="" type="checkbox"/> Patient had a adequate sleep.   | Jayashree 3pm<br>N3352<br>Ullas<br>332m<br>Am<br>N3329 8A- |
| 8am<br>3p<br>10p | <b>General Observation</b><br><input checked="" type="checkbox"/> Vital signs<br><input checked="" type="checkbox"/> GCS<br><input checked="" type="checkbox"/> Random Blood sugar<br><input type="checkbox"/> Critical Reports if any   | <input checked="" type="checkbox"/> Patient will have normal range of vital signs/ GCS/ RBS.  | <ul style="list-style-type: none"> <li>● Monitor vital signs regularly / as per order.</li> <li>● Monitor GCS / RBS on ordered time.</li> <li>● Document any critical report</li> <li>● Inform doctor if there is any abnormality.</li> </ul>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Patient is stable with normal values.   | Jayashree 3pm<br>N3352<br>Ullas<br>332m<br>Am<br>N3329 8A- |