

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8AM 3pm 10pm	Hygiene <input checked="" type="checkbox"/> Bed - bath <input checked="" type="checkbox"/> Assist bath. <input type="checkbox"/> Self - care <input checked="" type="checkbox"/> Oral care <input checked="" type="checkbox"/> Hair care <input type="checkbox"/> perineal care	<input type="checkbox"/> Patient will stay clean and well groomed. <input type="checkbox"/> No hospital acquired infection like (CAUTI) <input type="checkbox"/> _____	<ul style="list-style-type: none"> ● Encourage patient to do daily bathing and oral hygiene. ● Change patient's clothes daily. ● Encourage hand hygiene. ● Provide oral care, catheter care ● Implemented CAUTI prevention bundle ● Keep urobag above the floor ● Empty the urobag as per protocol 	<input 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"/> <input 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Maintained hygiene. <input type="checkbox"/> Oral care provided <input type="checkbox"/> Foleys care provided <input type="checkbox"/> Perineal care given	Jayshree N 3352 8A Ule 13384 April N 3529
8AM 3pm 10pm	Safety <input type="checkbox"/> Apply ID band <input type="checkbox"/> Allergy Check <input checked="" type="checkbox"/> Side rails upright <input checked="" type="checkbox"/> Fall prevention measures	<input type="checkbox"/> Patient will have no life threatening situation. <input type="checkbox"/> _____	<ul style="list-style-type: none"> ● Check the identity with ID band before any interaction with the patient. ● Raise side rails. ● Keep bed locked and low at all time. ● Check for any allergies ● Check risk for fall and implement fall prevention measures. 	<input 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"/> <input 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Patient safety secured. <input type="checkbox"/> _____	Jayshree N 3352 8A Ule 13384 April N 3529
8PM 3pm 10pm	Comfort and sleep <input type="checkbox"/> Pain control <input type="checkbox"/> Sleep patterns <input checked="" type="checkbox"/> Noise free environment.	<input type="checkbox"/> Patient will have comfortable sleep. <input type="checkbox"/> Patients pain level is minimised	<ul style="list-style-type: none"> ● Provide clean calm and restful environment. ● Provide privacy at all time. ● Check for patient sleep pattern. ● Assess the patients pain ● Provide pain relieving measures. 	<input 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"/> <input 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Patient is comfortable. <input type="checkbox"/> Patient pain is relieved <input type="checkbox"/> Patient had a adequate sleep.	Jayshree N 3352 8A Ule 13384 April N 3529
8AM 3pm 10pm	General Observation <input type="checkbox"/> Vital signs <input type="checkbox"/> GCS <input type="checkbox"/> Random Blood sugar <input type="checkbox"/> Critical Reports if any	<input type="checkbox"/> Patient will have normal range of vital signs/ GCS/ RBS.	<ul style="list-style-type: none"> ● Monitor vital signs regularly / as per order. ● Monitor GCS / RBS on ordered time. ● Document any critical report ● Inform doctor if there is any abnormality. 	<input 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"/> <input 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Patient is stable with normal values.	Jayshree N 3352 8A Ule 13384 April N 3529