Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
	Skin Breakdown, Bleeding, wound care.	☑ Patient will have intact skin while staying in the hospital and on discharge.	● 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	☐ ☑ ☑ ☑ ☐ ☑ ☑ ☑ ☑ ☑ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Skin integrity in intact and free of signs of infection, pressure or trauma. ☐ Open wound appears pink, epithelialising and free of infection. ☐ Healed wound is soft and smooth. ☐ Skin is elastic	
	Care of drains / tubes (wound care)	☑ Patient will have patient properly maintained catheters, drains etc.	● 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	☑ ☑ ☑ ☑ ☑ ☑	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ Drain maintained properly ☐ No Signs of infection & Block noticed.	
NA	**Disturbed body image. N/A**	☐ The patient will demonstrate initial acceptance and to newly body image.	● 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. ● _____	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ Participation in selfcare activities and positive interaction with other. ☐ _____	