

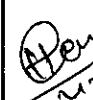


Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
NA 3pm NA 10pm NA	Comfort and sleep <input type="checkbox"/> Controlling pain <input type="checkbox"/> Regulate sleeping pattern	<input type="checkbox"/> Patient will have no pain <input type="checkbox"/> Patient will have regular sleeping pattern	<ul style="list-style-type: none"> Assess sleeping pattern and cause of pain if any Provide calm peaceful conducive environment Provide day and night orientation Manage noise levels and alarm fatigue Manage noise levels and alarm fatigue 	<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 has reported sound sleep and pain free	 NA 10pm NA
8 3pm 10pm	SAFETY <input checked="" type="checkbox"/> Patient identification <input type="checkbox"/> High alert medication <input type="checkbox"/> Safe surgery or procedure <input checked="" type="checkbox"/> Prevention of infections and falls <input checked="" type="checkbox"/> Prevention of hospital acquired infections	<input checked="" type="checkbox"/> Patient will be safe from any threatening situation	<ul style="list-style-type: none"> Check the identity of patient before any procedure and on documents High alert medications are administered as per policy. Surgical /procedural safety measure are followed. Fall prevention strategies are appropriately implemented. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 	<input checked="" type="checkbox"/> Patient safety is ensured	 NA 10pm NA
8 3pm 10pm	GENERAL OBSERVATION <input checked="" type="checkbox"/> Vital signs <input type="checkbox"/> GCS <input type="checkbox"/> Post operative <input type="checkbox"/> Blood sugar <input checked="" type="checkbox"/> Others	<input checked="" type="checkbox"/> Patient will have normal range of vital signs	<ul style="list-style-type: none"> Monitor vital signs as ordered Monitor for GCS every hourly especially if patient has neurological condition Monitor for Blood sugar levels as prescribed and intervene as instructed. Monitor for potential post-operative complications. Inform doctor for any abnormality 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 	<input checked="" type="checkbox"/> Patient has stable vital signs	 NA 10pm NA