Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8 A~ 7:20 Pm 10 p~	**Elimination** ☑ Foleys Catheter ☐ Bedpan, urinal ☐ NGT ☐ Bowel movement ☐ Self voiding ☐ Others (vomiting) _____ _____	☑ Patient will have normal elimination pattern. ☐ _____	● Encourage fluid intake. ● Encourage fiber diet intake. ● Encourage early ambulation. ● Maintain I & O record ● Report any abnormalities to the attending physician. ● Maintain voiding pattern. ● Observe voiding accessories as Foley's catheter, condom catheter, SPC etc. ● Bowel opened at _____ ● Check for bowel & bladder incontinence	☑ ☑ ☑ ☐ ☐ ☑ ☑ ☐ ☐	☑ ☑ ☑ ☐ ☐ ☑ ☑ ☐ ☐	☑ ☐ ☑ ☐ ☐ ☐ ☐ ☐ ☐	☑ Voided freely. ☐ No constipation. ☐ Balanced I & O record.	Amy N3529 — 3n Ayan N3400 Mu An
8 A~ 7:20 Pm 10 v	**Mobility** ☐ Mobile / immobile ☐ Walk with assistance ☐ Physiotherapy ongoing ☑ Active & Passive exercises	☐ Patient will mobilize freely. ☐ Improved range of motion	● Encourage regular ambulation. ● Encourage range of motion exercises ● DVT prophylaxis implemented ● Provide comfort devices. ● Change position as advised.	☑ ☑ ☐ ☐ ☐	☑ ☑ ☐ ☐ ☐	☑ ☑ ☐ ☐ ☐	☑ Good ambulation. ☑ Improved range of motion ☐ Educate patient / relatives regarding exercises	Amy N3529 3n Ayan N3400 Mu An
8 A~ 7:20 Pm 10 v	**Skin Integrity** ☐ Assess for skin breakdown ☐ Pressure part care provided ☐ Check for risk for pressure ulcer (Braden scale)	☑ Patient will discharge with intact skin ☐ _____ ☐ _____	● Minimize / eliminate friction and shear. ● Minimize pressure (off-loading). ● Provide a firm surface ● Manage moisture. ● Maintain adequate nutrition and hydration. ● Change position ● Provide comfort measure ● Apply preventive measures as applicable	☑ ☐ ☑ ☑ ☑ ☑ ☐ ☐	☑ ☐ ☑ ☑ ☑ ☑ ☐ ☐	☑ ☑ ☑ ☑ ☐ ☐ ☐ ☐	☑ Skin intact ☐ Any other observations ☐ _____ ☐ _____	Amy N3529 3n Ayan N3400 Mu An