

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8am 3pm 10m	<b>Psychological / Spiritual</b> <input type="checkbox"/> Psychological support <input type="checkbox"/> Spiritual needs <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Patient will be able to identify his emotional/ psychological/ spiritual needs.	<ul style="list-style-type: none"> <li>● Encourage verbalization of feelings.</li> <li>● Provide empathy and reassurance.</li> <li>● Provide diversional therapy</li> <li>● Encourage to use spiritual books/ articles.</li> <li>● Provide counselling session if required.</li> </ul>	<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 psychological/ spiritual needs are met	80p4 3pm N3396 Amon N Shu Car
8am 3pm 10m	<b>Communication</b> <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non Verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Patient communicates effectively with positive feedback. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<ul style="list-style-type: none"> <li>● Introduce the care giver.</li> <li>● Encourage the use of call bell.</li> <li>● Obtain interpreter if needed.</li> <li>● Use communication boards for patients on tracheostomy tube</li> <li>● Keep writing pad if required.</li> <li>● Listen attentively to patient</li> </ul>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" 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 satisfied. <input type="checkbox"/> Maintained IPR with team	80p4 3pm N3396 Amon N Shu Car
8am 3pm 10m	<b>Health Education</b> <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Family <input type="checkbox"/> Others	<input checked="" type="checkbox"/> Patient/ relative will redemonstrate procedures as per needs.	<ul style="list-style-type: none"> <li>● Assess the patient/family educational needs.</li> <li>● Provide proper education.</li> <li>● Ask for redemonstration</li> <li>● Provide educational material.</li> </ul>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Patient/ relative redemonstrated the procedure effectively	80p4 3pm N3396 Amon N Shu Car
8am 3pm 10m	<b>Special interventions Precautions</b> <input checked="" type="checkbox"/> Medication <input checked="" type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Age specific needs. <input type="checkbox"/> _____	<input checked="" type="checkbox"/> To meet special needs of the patient. <input type="checkbox"/> _____ <input type="checkbox"/> _____	<ul style="list-style-type: none"> <li>● Double check ordered medication.</li> <li>● Administer medication on time.</li> <li>● Observe for medication reaction.</li> <li>● Report any untoward medication reaction.</li> <li>● Provide wound care as instructed</li> <li>● Check for wound healing or worsening</li> <li>● Provide barrier nursing care.</li> <li>● Keep all equipment's in the isolation areas.</li> <li>● Provide for care related to age specific needs.</li> </ul>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> All special care related interventions are implemented. <input type="checkbox"/> Wound care provided <input type="checkbox"/> Isolation precautions followed & maintained.	80p4 3pm N3396 Amon N Shu Car