

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8AM 3pm 10pm	<b>Hygiene</b> <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 checked="" type="checkbox"/> Patient will stay clean and well groomed. <input checked="" type="checkbox"/> No hospital acquired infection like (CAUTI) <input type="checkbox"/> _____	<ul style="list-style-type: none"> <li>● Encourage patient to do daily bathing and oral hygiene.</li> <li>● Change patient's clothes daily.</li> <li>● Encourage hand hygiene.</li> <li>● Provide oral care, catheter care</li> <li>● Implemented CAUTI prevention bundle</li> <li>● Keep urobag above the floor</li> <li>● Empty the urobag as per protocol</li> </ul>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Maintained hygiene. <input type="checkbox"/> Oral care provided <input type="checkbox"/> Foleys care provided <input type="checkbox"/> Perineal care given	Jayshree N3352 Ullas N3351 April N3529 8A
8AM 3pm 10pm	<b>Safety</b> <input checked="" type="checkbox"/> Apply ID band <input checked="" type="checkbox"/> Allergy Check <input checked="" type="checkbox"/> Side rails upright <input checked="" type="checkbox"/> Fall prevention measures	<input checked="" type="checkbox"/> Patient will have no life threatening situation. <input type="checkbox"/> _____	<ul style="list-style-type: none"> <li>● Check the identity with ID band before any interaction with the patient.</li> <li>● Raise side rails.</li> <li>● Keep bed locked and low at all time.</li> <li>● Check for any allergies</li> <li>● Check risk for fall and implement fall prevention measures.</li> </ul>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Patient safety secured. <input type="checkbox"/> _____	Jayshree N3352 Ullas N3351 April N3529 8A
8AM 3pm 10pm	<b>Comfort and sleep</b> <input checked="" type="checkbox"/> Pain control <input checked="" type="checkbox"/> Sleep patterns <input checked="" type="checkbox"/> Noise free environment.	<input checked="" type="checkbox"/> Patient will have comfortable sleep. <input type="checkbox"/> Patients pain level is minimised	<ul style="list-style-type: none"> <li>● Provide clean calm and restful environment.</li> <li>● Provide privacy at all time.</li> <li>● Check for patient sleep pattern.</li> <li>● Assess the patients pain</li> <li>● Provide pain relieving measures.</li> </ul>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Patient is comfortable. <input type="checkbox"/> Patient pain is relieved <input type="checkbox"/> Patient had a adequate sleep.	Jayshree N3352 Ullas N3351 April N3529 8A
8AM 3pm 10pm	<b>General Observation</b> <input checked="" type="checkbox"/> Vital signs <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> Random Blood sugar <input type="checkbox"/> Critical Reports if any	<input checked="" type="checkbox"/> Patient will have normal range of vital signs/ GCS/ RBS.	<ul style="list-style-type: none"> <li>● Monitor vital signs regularly / as per order.</li> <li>● Monitor GCS / RBS on ordered time.</li> <li>● Document any critical report</li> <li>● Inform doctor if there is any abnormality.</li> </ul>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Patient is stable with normal values.	Jayshree N3352 Ullas N3351 April N3529 8A