

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8/10 10/10 10/10	<b>Comfort and sleep</b> <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"> <li>● Assess sleeping pattern and cause of pain if any</li> <li>● Provide calm peaceful conducive environment</li> <li>● Provide day and night orientation</li> <li>● Manage noise levels and alarm fatigue</li> <li>● Manage noise levels and alarm fatigue</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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Patient has reported sound sleep and pain free	<i>KG</i> <i>O/10/10 10/10</i> <i>SKR</i>
9/10 3/10 10/10	<b>SAFETY</b> <input type="checkbox"/> Patient identification <input type="checkbox"/> High alert medication <input type="checkbox"/> Safe surgery or procedure <input type="checkbox"/> Prevention of infections and falls <input type="checkbox"/> Prevention of hospital acquired infections	<input type="checkbox"/> Patient will be safe from any threatening situation	<ul style="list-style-type: none"> <li>● Check the identity of patient before any procedure and on documents</li> <li>● High alert medications are administered as per policy.</li> <li>● Surgical /procedural safety measure are followed.</li> <li>● Fall prevention strategies are appropriately implemented.</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 checked="" type="checkbox"/> Patient safety is ensured	<i>KG</i> <i>O/10/10 10/10</i> <i>SKR</i>
9/10 3/10 10/10	<b>GENERAL OBSERVATION</b> <input checked="" type="checkbox"/> Vital signs <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> Post operative <input type="checkbox"/> Blood sugar <input type="checkbox"/> Others	<input type="checkbox"/> Patient will have normal range of vital signs	<ul style="list-style-type: none"> <li>● Monitor vital signs as ordered</li> <li>● Monitor for GCS every hourly especially if patient has neurological condition</li> <li>● Monitor for Blood sugar levels as prescribed and intervene as instructed.</li> <li>● Monitor for potential post-operative complications.</li> <li>● Inform doctor for any abnormality</li> </ul>	<input checked="" type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Patient has stable vital signs	<i>KG</i> <i>O/10/10 10/10</i> <i>SKR</i>