

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8 2pm 10pm	Skin Breakdown, Bleeding, wound care.	<input type="checkbox"/> Patient will have intact skin while staying in the hospital and on discharge.	<ul style="list-style-type: none"> Instruct the patient to stay in bed as advised Check all drains from the operation site more frequently. Clean body, wound on daily basis Minimize pressure. Provide adequate nutritional support. Report signs of poor healing or trauma to doctor Observe for elevated body temperature . Encourage patient to maintain personal hygiene. Assess the wound for exudate, tissue type, infection Assess the wound edge for maceration, dehydration & Rolled edges. Check the periwound skin for maceration, dry skin excoriation, eczema, hyperkeratosis & callus 	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Skin integrity in intact and free of signs of infection, pressure or trauma. <input type="checkbox"/> Open wound appears pink, epithelialising and free of infection. <input type="checkbox"/> Healed wound is soft and smooth. <input type="checkbox"/> Skin is elastic	 8:30 AM 10pm 03/04/2024
8 2pm 10pm	Care of drains / tubes (wound care)	<input type="checkbox"/> Patient will have patient properly maintained catheters, drains etc.	<ul style="list-style-type: none"> Check the catheters, drains etc frequently. Observe I/O chart Watch for any symptoms related to kinked or blocked tubes. Check the site properly Maintain adequate cleaning & dressing Observe the colour of Drainage 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input 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"/> Drain maintained properly <input type="checkbox"/> No Signs of infection & Block noticed.	 8:30 AM 10pm 03/04/2024
8 2pm 10pm	Disturbed body image. N/A	<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image.	<ul style="list-style-type: none"> Note non verbal body language, negative attitude, and self talk. Note emotional reaction. (Grieving, depression, anger). Maintain calm and reassuring matter. Acknowledge and accept expression of feeling of grief and hostility. _____ 	<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"/> Participation in selfcare activities and positive interaction with other.	 8:30 AM 10pm 03/04/2024