

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8AM  6PM  10PM	<b>Elimination</b> <input checked="" type="checkbox"/> Foleys Catheter <input type="checkbox"/> Bedpan, urinal <input type="checkbox"/> NGT <input checked="" type="checkbox"/> Bowel movement <input type="checkbox"/> Self voiding <input type="checkbox"/> Others (vomiting)	<input checked="" type="checkbox"/> Patient will have normal elimination pattern. <input type="checkbox"/> _____	<ul style="list-style-type: none"> <li>● Encourage fluid intake.</li> <li>● Encourage fiber diet intake.</li> <li>● Encourage early ambulation.</li> <li>● Maintain I &amp; O record</li> <li>● Report any abnormalities to the attending physician.</li> <li>● Maintain voiding pattern.</li> <li>● Observe voiding accessories as Foley's catheter, condom catheter, SPC etc.</li> <li>● Bowel opened at _____</li> <li>● Check for bowel &amp; bladder incontinence</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 checked="" type="checkbox"/> Voided freely. <input checked="" type="checkbox"/> No constipation. <input checked="" type="checkbox"/> Balanced I & O record.	Koom N3384 VHK N3384 Long 87
8AM  6PM  10PM	<b>Mobility</b> <input checked="" type="checkbox"/> Mobile / immobile <input checked="" type="checkbox"/> Walk with assistance <input checked="" type="checkbox"/> Physiotherapy ongoing <input checked="" type="checkbox"/> Active & Passive exercises	<input checked="" type="checkbox"/> Patient will mobilize freely. <input checked="" type="checkbox"/> Improved range of motion	<ul style="list-style-type: none"> <li>● Encourage regular ambulation.</li> <li>● Encourage range of motion exercises</li> <li>● DVT prophylaxis implemented</li> <li>● Provide comfort devices.</li> <li>● Change position as advised.</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 checked="" type="checkbox"/> Good ambulation. <input checked="" type="checkbox"/> Improved range of motion <input checked="" type="checkbox"/> Educate patient / relatives regarding exercises	Koom N3384 VHK N3384 Long 87
8AM  6PM  10PM	<b>Skin Integrity</b> <input checked="" type="checkbox"/> Assess for skin breakdown <input checked="" type="checkbox"/> Pressure part care provided <input checked="" type="checkbox"/> Check for risk for pressure ulcer (Braden scale)	<input checked="" type="checkbox"/> Patient will discharge with intact skin <input type="checkbox"/> _____ <input type="checkbox"/> _____	<ul style="list-style-type: none"> <li>● Minimize / eliminate friction and shear.</li> <li>● Minimize pressure (off-loading).</li> <li>● Provide a firm surface</li> <li>● Manage moisture.</li> <li>● Maintain adequate nutrition and hydration.</li> <li>● Change position</li> <li>● Provide comfort measure</li> <li>● Apply preventive measures as applicable</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 checked="" type="checkbox"/> Skin intact <input checked="" type="checkbox"/> Any other observations <input type="checkbox"/> _____ <input type="checkbox"/> _____	Koom N3384 VHK N3384 Long 87