Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8am 3pm 10pm	**Elimination** ☑ Foleys Catheter ☐ Bedpan, urinal ☐ NGT ☐ Bowel movement ☐ Self voiding ☐ Others (vomiting) _____	☐ Patient will have normal elimination pattern. ☐ _____	● Encourage fluid intake. ● Encourage fiber diet intake. ● Encourage early ambulation. ● Maintain I & O record ● Report any abnormalities to the attending physician. ● Maintain voiding pattern. ● Observe voiding accessories as Foley's catheter, condom catheter, SPC etc. ● Bowel opened at _____ ● Check for bowel & bladder incontinence	☐ ☐ ☐ ☐ ☐ ☐ ☑ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☑ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☑ Voided freely. ☐ No constipation. ☐ Balanced I & O record.	*(signature)* Ayan NSI000 *(signatures)*
8am 3pm 10pm	**Mobility** ☐ Mobile / immobile ☐ Walk with assistance ☐ Physiotherapy ongoing ☐ Active & Passive exercises	☐ Patient will mobilize freely. ☐ Improved range of motion	● Encourage regular ambulation. ● Encourage range of motion exercises ● DVT prophylaxis implemented ● Provide comfort devices. ● Change position as advised.	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ Good ambulation. ☐ Improved range of motion ☐ Educate patient / relatives regarding exercises	*(signature)* Ayan NSI000 *(signatures)*
8am 3pm 10pm	**Skin Integrity** ☑ Assess for skin breakdown ☑ Pressure part care provided ☐ Check for risk for pressure ulcer (Braden scale)	☑ Patient will discharge with intact skin ☐ P USG Car ☐ _____	● Minimize / eliminate friction and shear. ● Minimize pressure (off-loading). ● Provide a firm surface ● Manage moisture. ● Maintain adequate nutrition and hydration. ● Change position ● Provide comfort measure ● Apply preventive measures as applicable	☑ ☑ ☑ ☑ ☑ ☑ ☐ ☐	☑ ☑ ☑ ☑ ☑ ☑ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☑ Skin intact ☐ Any other observations ☐ _____ ☐ _____	*(signature)* Ayan NSI000 *(signatures)*