

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8 AM 6 PM 10 PM	Comfort and sleep <input type="checkbox"/> Controlling pain <input checked="" 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"> ● Assess sleeping pattern and cause of pain if any ● Provide calm peaceful conducive environment ● Provide day and night orientation ● Manage noise levels and alarm fatigue ● Manage noise levels and alarm fatigue 	<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	
6 PM 8 PM 10 PM	SAFETY <input type="checkbox"/> Patient identification <input checked="" 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"> ● Check the identity of patient before any procedure and on documents ● High alert medications are administered as per policy. ● Surgical /procedural safety measure are followed. ● Fall prevention strategies are appropriately implemented. 	<input checked="" 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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Patient safety is ensured	
6 PM 8 PM 10 PM	GENERAL OBSERVATION <input type="checkbox"/> Vital signs <input checked="" type="checkbox"/> GCS <input 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"> ● Monitor vital signs as ordered ● Monitor for GCS every hourly especially if patient has neurological condition ● Monitor for Blood sugar levels as prescribed and intervene as instructed. ● Monitor for potential post-operative complications. ● Inform doctor for any abnormality 	<input type="checkbox"/> <input checked="" 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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Patient has stable vital signs	