

| Time | Patient Specific Nursing Needs | Measurable Goal | Nursing Interventions | M | E | N | Evaluation / Outcome | Time Date Name & ID |
|--------------------|---|--|---|-------------------------------------|-------------------------------------|--------------------------|---|---|
| 8Am 3pm 10pm | Fluid and electrolytes <input type="checkbox"/> Oral <input type="checkbox"/> IV <input checked="" type="checkbox"/> Ryles Tube Feed <input type="checkbox"/> TPN <input type="checkbox"/> Others | <input type="checkbox"/> Patient will have balanced fluid and electrolyte balance | <ul style="list-style-type: none"> ● Monitor intake and output chart ● Check for IV sites, patency and monitor for any signs of phlebitis ● Enhance fluid intake unless contraindicated ● Fluid <u>15</u> at <u>60</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Well hydrated. <input type="radio"/> IV cannula is patent and intact. <input type="radio"/> I/O chart _____ | <u>KA</u> <u>N3091</u> <u>Ward</u> <u>108C</u> <u>J3554</u> |
| 8Am 3pm 10pm | NUTRITION <input type="checkbox"/> Keep NBM <input type="checkbox"/> Full Diet <input type="checkbox"/> Therapeutic Diet <input type="checkbox"/> Ryles tube feed <input type="checkbox"/> TPN | <input type="checkbox"/> Patient will have adequate nutrition <input type="checkbox"/> Patient will have no nausea and vomiting | <ul style="list-style-type: none"> ● Provide prescribed diet on time ● Encourage patient to consume the served meal ● Record the amount of food consumed ● IV Fluid at <u>60</u> ml/hr. ● TPN at _____ ml/hr. ● RT Feed at <u>40</u> ml/hr. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Good appetite <input type="radio"/> No nausea or vomiting <input type="radio"/> Served meal is consumed full/partial/none (tick wherever applicable) | <u>KA</u> <u>N3091</u> <u>Ward</u> <u>108C</u> <u>J3554</u> |
| 8Am 3pm 10pm | SKIN INTEGRITY <input type="checkbox"/> Intact skin <input checked="" type="checkbox"/> Skin peel present at Area _____ Grade _____ PUSH Score _____ | <input type="checkbox"/> Patient will have intact skin integrity <input type="checkbox"/> Patients skin peel is improving | <ul style="list-style-type: none"> ● Assess the Braden score and all potential causes of skin breakdown ● Minimize / eliminate friction /shear ● Relieve pressure points by using air mattress, prophylactic skin dressing ● Manage moisture ● Maintain adequate nutrition and hydration ● Keep bed wrinkle free ● Change position as per position clock | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> No skin breakdown is noted <input type="radio"/> Skin peel is healing/not healing | <u>KA</u> <u>N3091</u> <u>Ward</u> <u>108C</u> <u>J3554</u> |
| 8Am 3pm 10pm | HYGIENE <input type="checkbox"/> Bed bath <input type="checkbox"/> Assist in bath on bed <input checked="" type="checkbox"/> Oral care <input type="checkbox"/> Perineal care <input type="checkbox"/> Hair wash <input type="checkbox"/> Others _____ | <input type="checkbox"/> Patient will stay clean and well groomed. | <ul style="list-style-type: none"> ● Encourage patient / daily give sponge bath, oral care, hair care and perineal care. ● Change patients clothes daily ● Encourage hand hygiene as per 5 moments | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Patient is having good personal hygiene | <u>KA</u> <u>N3091</u> <u>Ward</u> <u>108C</u> <u>J3554</u> |