Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
6PM 10PM	**Fluid and electrolytes** ☐ Oral ☑ IV ☐ Ryles Tube Feed ☐ TPN ☐ Others	☑ Patient will have balanced fluid and electrolyte balance	● Monitor intake and output chart ● Check for IV sites, patency and monitor for any signs of phlebitis ● Enhance fluid intake unless contraindicated ● Fluid NS at 100ml	☑ ☑ ☑ ☑	☐ ☐ ☐ ☐	☑ ☑ ☑ ☑	○ Well hydrated. ○ IV cannula is patent and intact. ○ I/O chart _____	
6PM 10PM	**NUTRITION** ☑ Keep NBM ☐ Full Diet ☐ Therapeutic Diet ☐ Ryles tube feed ☐ TPN	☑ Patient will have adequate nutriation ☑ Patient will have no nausea and vomiting	● Provide prescribed diet on time ● Encourage patient to consume the served meal ● Record the amount of food consumed ● IV Fluid at 100 ml/hr. ● TPN at_____ml/hr. ● RT Feed at _____ml/hr.	☐ ☐ ☑ ☑ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☑ ☑ ☐ ☐	○ Good appetite ○ No nausea or vomitting ○ Served meal is consumed full/partial/none (tick wherever applicable)	
6PM 10PM	**SKIN INTEGRITY** ☑ Intact skin ☐ Skin peel present at Area _____ Grade _____ PUSH Score_____	☑ Patient will have intact skin integrity ☐ Patients skin peel is improving	● 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	☑ ☑ ☑ ☑ ☑ ☑ ☑	☐ ☐ ☐ ☐ ☐ ☐ ☐	☑ ☑ ☑ ☑ ☑ ☑ ☑	○ No skin breakdown is noted ○ Skin peel is healing/not healing	
6PM 10PM	**HYGIENE** ☐ Bed bath ☐ Assist in bath on bed ☑ Oral care ☑ Perineal care ☐ Hair wash ☐ Others _____	☑ Patient will stay clean and well groomed.	● Encourage patient / daily give sponge. bath, oral care, hair care and perineal care. ● Change patients clothes daily ● Encourage hand hygiene as per 5 moments	☑ ☑ ☑	☐ ☐ ☐	☑ ☑ ☑	○ Patient is having good personal hygiene	