

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8am 3p 10p	Skin Breakdown, Bleeding, wound care.	<input checked="" type="checkbox"/> Patient will have intact skin while staying in the hospital and on discharge.	<ul style="list-style-type: none"> <li>● Instruct the patient to stay in bed as advised</li> <li>● Check all drains from the operation site more frequently.</li> <li>● Clean body. wound on daily basis</li> <li>● Minimize pressure.</li> <li>● Provide adequate nutritional support.</li> <li>● Report signs of poor healing or trauma to doctor</li> <li>● Observe for elevated body temperature .</li> <li>● Encourage patient to maintain personal hygiene.</li> <li>● Assess the wound for exudate, tissue type, infection</li> <li>● Assess the wound edge for maceration, dehydration &amp; Rolled edges.</li> <li>● Check the periwound skin for maceration, dry skin excoriation, eczema, hyperkeratosis &amp; callus</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"/> <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 type="checkbox"/> Skin integrity in intact and free of signs of infection, pressure or trauma.  <input type="checkbox"/> Open wound appears pink, epithelialising and free of infection.  <input type="checkbox"/> Healed wound is soft and smooth.  <input checked="" type="checkbox"/> Skin is elastic	Aried 24/3/23 2pm  Mrs V 24/3/23 4pm  Mrs V 24/3/23
8am 3p 10p	Care of drains / tubes (wound care)	<input checked="" type="checkbox"/> Patient will have patient properly maintained catheters, drains etc.	<ul style="list-style-type: none"> <li>● Check the catheters, drains etc frequently.</li> <li>● Observe I/O chart</li> <li>● Watch for any symptoms related to kinked or blocked tubes.</li> <li>● Check the site properly</li> <li>● Maintain adequate cleaning &amp; dressing</li> <li>● Observe the colour of Drainage</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"/> Drain maintained properly <input type="checkbox"/> No Signs of infection & Block noticed.	Aried 24/3/23 2pm  Mrs V 24/3/23 4pm  Mrs V 24/3/23
8am 3p 10p	Disturbed body image. N/A	<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image.	<ul style="list-style-type: none"> <li>● Note non verbal body language, negative attitude, and self talk.</li> <li>● Note emotional reaction. (Grieving, depression, anger).</li> <li>● Maintain calm and reassuring matter. Acknowledge and accept expression of feeling of grief and hostility.</li> <li>● _____</li> </ul>	<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"/> Participation in selfcare activities and positive interaction with other.  <input type="checkbox"/> _____	Mrs V 24/3/23 4pm  Mrs V 24/3/23