

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8am 3p 10p	Comfort and Sleep <input type="checkbox"/> Controlling pain <input checked="" type="checkbox"/> Regulate sleeping pattern	<input type="checkbox"/> Patient will have no pain <input checked="" 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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Patient has reported sound sleep and pain free	Activity 133m 2m 1km 134m 1a 4m
8am 3p 10p	SAFETY <input checked="" type="checkbox"/> Patient identification <input checked="" type="checkbox"/> High alert medication <input checked="" type="checkbox"/> Safe surgery or procedure <input checked="" type="checkbox"/> Prevention of infections and falls <input checked="" type="checkbox"/> Prevention of hospital acquired infections	<input checked="" 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 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"/> Patient safety is ensured	Activity 133m 2m 1km 134m 1a 4m
8am 3p 10p	GENERAL OBSERVATION <input checked="" type="checkbox"/> Vital signs <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> Post operative <input checked="" type="checkbox"/> Blood sugar <input type="checkbox"/> Others	<input checked="" 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 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"/> Patient has stable vital signs	Activity 133m 2m 1km 134m 1a 4m