Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
NA NA NA 10¹	**Comfort and sleep** ☐ Controlling pain ☐ Regulate sleeping pattern	☐ Patient will have no pain ☐ Patient will have regular sleeping pattern	● 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	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ Patient has reported sound sleep and pain free	*(signatures)*
8am 3pm 10²	**SAFETY** ☑ Patient identification ☐ High alert medication ☐ Safe surgery or procedure ☑ Prevention of infections and falls ☐ Prevention of hospital acquired infections	☐ Patient will be safe from any threatening situation	● 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.	☑ ☐ ☑ ☑	☐ ☐ ☑ ☐	☑ ☑ ☑ ☐	☐ Patient safety is ensured	*(signatures)*
8am 3pm Nov	**GENERAL OBSERVATION** ☐ Vital signs ☐ GCS ☐ Post operative ☐ Blood sugar ☐ Others	☐ Patient will have normal range of vital signs	● 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	☐ ☐ ☐ ☑ ☐	☐ ☐ ☑ ☐ ☑	☐ ☐ ☐ ☐ ☐	☐ Patient has stable vital signs	*(signatures)*