

| Time               | Patient Specific Nursing Needs        | Measurable Goal  | Nursing Interventions  | M  | E   | N  | Evaluation / Outcome   | Time Date Name & ID   |
|--------------------|---------------------------------------|--|--|--|---|--|--|---|
| 8am<br>2pm<br>10pm | Skin Breakdown, Bleeding, wound care. | <input 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 type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> Skin integrity in intact and free of signs of infection, pressure or trauma.<br><br><input type="checkbox"/> Open wound appears pink, epithelialising and free of infection.<br><br><input type="checkbox"/> Healed wound is soft and smooth.<br><br><input type="checkbox"/> Skin is elastic | <p>Jayashree<br/>N332<br/>Mr<br/>18pm<br/>Am<br/>n3529 8A</p> |
| 8am<br>2pm<br>10pm | 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 type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/> Drain maintained properly<br><input type="checkbox"/> No Signs of infection & Block noticed.  | <p>Jayashree<br/>N332<br/>Mr<br/>18pm<br/>Am<br/>n3529 8A</p> |
| 8am<br>2pm<br>10pm | Disturbed body image.<br>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"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/> Participation in selfcare activities and positive interaction with other.<br><input type="checkbox"/> _____   | <p>Jayashree<br/>N332<br/>Mr<br/>18pm<br/>Am<br/>n3529 8A</p> |