

| Time | Patient Specific Nursing Needs | Measurable Goal | Nursing Interventions | M | E | N | Evaluation / Outcome | Time Date Name & ID |
|-------------------|--|---|---|---|---|---|--|---|
| 8Am 3pm 10r | Hygiene <input checked="" type="checkbox"/> Bed - bath <input type="checkbox"/> Assist bath. <input type="checkbox"/> Self - care <input checked="" type="checkbox"/> Oral care <input type="checkbox"/> Hair care <input type="checkbox"/> perineal care | <input type="checkbox"/> Patient will stay clean and well groomed. <input checked="" type="checkbox"/> No hospital acquired infection like (CAUTI) <input type="checkbox"/> _____ | <ul style="list-style-type: none"> ● Encourage patient to do daily bathing and oral hygiene. ● Change patient's clothes daily. ● Encourage hand hygiene. ● Provide oral care, catheter care ● Implemented CAUTI prevention bundle ● Keep urobag above the floor ● Empty the urobag as per protocol | <input checked="" type="checkbox"/> <input 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"/> <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"/> <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"/> Maintained hygiene. <input type="checkbox"/> Oral care provided <input checked="" type="checkbox"/> Foleys care provided <input type="checkbox"/> Perineal care given | <i>Apri N3292 3pm Anandha S2/28369 Un 13284</i> |
| | | <input type="checkbox"/> Patient will have no life threatening situation. <input type="checkbox"/> _____ | <ul style="list-style-type: none"> ● Check the identity with ID band before any interaction with the patient. ● Raise side rails. ● Keep bed locked and low at all time. ● Check for any allergies ● Check risk for fall and implement fall prevention measures. | <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> Patient safety secured. <input type="checkbox"/> _____ | <i>Apri N3292 3pm Anandha S2/28369 Un 13284</i> |
| | Comfort and sleep <input type="checkbox"/> Pain control <input checked="" type="checkbox"/> Sleep patterns <input type="checkbox"/> Noise free environment. | <input checked="" type="checkbox"/> Patient will have comfortable sleep. <input type="checkbox"/> Patients pain level is minimised | <ul style="list-style-type: none"> ● Provide clean calm and restful environment. ● Provide privacy at all time. ● Check for patient sleep pattern. ● Assess the patients pain ● Provide pain relieving measures. | <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> Patient is comfortable. <input type="checkbox"/> Patient pain is relieved <input type="checkbox"/> Patient had a adequate sleep. | <i>Apri N3292 3pm Anandha S2/28369 Un 13284</i> |
| 8Am 3pm 10r | General Observation <input checked="" type="checkbox"/> Vital signs <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> Random Blood sugar <input type="checkbox"/> Critical Reports if any | <input checked="" type="checkbox"/> Patient will have normal range of vital signs/ GCS/ RBS. | <ul style="list-style-type: none"> ● Monitor vital signs regularly / as per order. ● Monitor GCS / RBS on ordered time. ● Document any critical report ● Inform doctor if there is 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"/> <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 is stable with normal values. | <i>Apri N3292 3pm Anandha S2/28369 Un 13284</i> |
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