

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8A 3pm 10r	Psychological / Spiritual <input checked="" type="checkbox"/> Psychological support <input type="checkbox"/> Spiritual needs <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Patient will be able to identify his emotional/ psychological/ spiritual needs. <input type="checkbox"/> _____ <input type="checkbox"/> _____	<ul style="list-style-type: none"> ● Encourage verbalization of feelings. ● Provide empathy and reassurance. ● Provide diversional therapy ● Encourage to use spiritual books/ articles. ● Provide counselling session if required. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Patient psychological/ spiritual needs are met	April 3rd N3529 Aron N3529 W 13pm
	Communication <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non Verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Patient communicates effectively with positive feedback. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<ul style="list-style-type: none"> ● Introduce the care giver. ● Encourage the use of call bell. ● Obtain interpreter if needed. ● Use communication boards for patients on tracheostomy tube ● Keep writing pad if required. ● Listen attentively to patient 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Patient is satisfied. <input type="checkbox"/> Maintained IPR with team	April 3rd N3529 Aron N3529 W 13pm
8A 3pm 10r	Health Education <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Others	<input checked="" type="checkbox"/> Patient/ relative will redemonstrate procedures as per needs.	<ul style="list-style-type: none"> ● Assess the patient/family educational needs. ● Provide proper education. ● Ask for redemonstration ● Provide educational material. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Patient/ relative redemonstrated the procedure effectively	April 3rd N3529 Aron N3529 W 13pm
8A 3pm 10r	Special interventions Precautions <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Age specific needs. <input type="checkbox"/> _____	<input checked="" type="checkbox"/> To meet special needs of the patient. <input type="checkbox"/> _____ <input type="checkbox"/> _____	<ul style="list-style-type: none"> ● Double check ordered medication. ● Administer medication on time. ● Observe for medication reaction. ● Report any untoward medication reaction. ● Provide wound care as instructed ● Check for wound healing or worsening ● Provide barrier nursing care. ● Keep all equipment's in the isolation areas. ● Provide for care related to age specific needs. 	<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 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 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 checked="" type="checkbox"/> All special care related interventions are implemented. <input type="checkbox"/> Wound care provided <input type="checkbox"/> Isolation precautions followed & maintained.	April 3rd N3529 Aron N3529 W 13pm