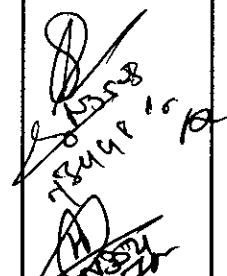
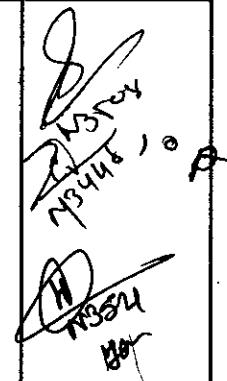
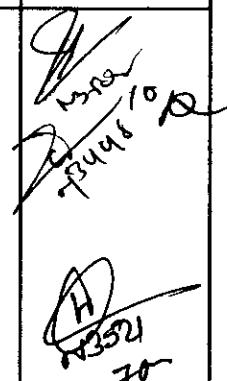


| Time | Patient Specific Nursing Needs | Measurable Goal | Nursing Interventions | M | E | N | Evaluation / Outcome | Time Date Name & ID |
|------------------|--|---|--|--|--|--|---|--|
| G 2pm 10pm | Comfort and sleep <input type="checkbox"/> Controlling pain <input type="checkbox"/> Regulate sleeping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