

| Time              | Patient Specific Nursing Needs   | Measurable Goal  | Nursing Interventions  | M   | E   | N  | Evaluation / Outcome   | Time Date Name & ID   |     |
|-------------------|--|--|--|---|---|--|--|---|-----|
| 8am<br>3p<br>10p- | <b>Psychological / Spiritual</b><br><input checked="" type="checkbox"/> Psychological support<br><input type="checkbox"/> Spiritual needs<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____  | <input checked="" type="checkbox"/> Patient will be able to identify his emotional/ psychological/ spiritual needs.  | <ul style="list-style-type: none"> <li>● Encourage verbalization of feelings.</li> <li>● Provide empathy and reassurance.</li> <li>● Provide diversional therapy</li> <li>● Encourage to use spiritual books/ articles.</li> <li>● Provide counselling session if required.</li> </ul>   | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/>  | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input checked="" type="checkbox"/> Patient psychological/ spiritual needs are met | Jayashree<br>N3352<br>Ull<br>N3352<br>Jayashree<br>N3329 8A | 3pm |
|                   | <b>Communication</b><br><input checked="" type="checkbox"/> Verbal<br><input type="checkbox"/> Non Verbal<br><input type="checkbox"/> Sign language<br><input type="checkbox"/> Others<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____           | <input checked="" type="checkbox"/> Patient communicates effectively with positive feedback.<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ | <ul style="list-style-type: none"> <li>● Introduce the care giver.</li> <li>● Encourage the use of call bell.</li> <li>● Obtain interpreter if needed.</li> <li>● Use communication boards for patients on tracheostomy tube</li> <li>● Keep writing pad if required.</li> <li>● Listen attentively to patient</li> </ul>  | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/>  | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input checked="" type="checkbox"/> Patient is satisfied.<br><input checked="" type="checkbox"/> Maintained IPR with team  | Jayashree<br>N3352<br>Ull<br>N3352<br>Jayashree<br>N3329 8A                        | 3pm   |     |
| 8am<br>3p<br>10p- | <b>Health Education</b><br><input checked="" type="checkbox"/> Patient<br><input checked="" type="checkbox"/> Family<br><input type="checkbox"/> Others  | <input checked="" type="checkbox"/> Patient/ relative will redemonstrate procedures as per needs.  | <ul style="list-style-type: none"> <li>● Assess the patient/family educational needs.</li> <li>● Provide proper education.</li> <li>● Ask for redemonstration</li> <li>● Provide educational material.</li> </ul>  | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/>  | <input type="checkbox"/><br><input checked="" type="checkbox"/> Patient/ relative redemonstrated the procedure effectively   | Jayashree<br>N3352<br>Ull<br>N3352<br>Jayashree<br>N3329 8A                        | 3pm   |     |
| 8am<br>3p<br>10p- | <b>Special interventions Precautions</b><br><input checked="" type="checkbox"/> Medication<br><input checked="" type="checkbox"/> Wound care<br><input type="checkbox"/> Isolation<br><input type="checkbox"/> Age specific needs.<br><input type="checkbox"/> _____ | <input checked="" type="checkbox"/> To meet special needs of the patient.<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____  | <ul style="list-style-type: none"> <li>● Double check ordered medication.</li> <li>● Administer medication on time.</li> <li>● Observe for medication reaction.</li> <li>● Report any untoward medication reaction.</li> <li>● Provide wound care as instructed</li> <li>● Check for wound healing or worsening</li> <li>● Provide barrier nursing care.</li> <li>● Keep all equipment's in the isolation areas.</li> <li>● Provide for care related to age specific needs.</li> </ul> | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> All special care related interventions are implemented.<br><input checked="" type="checkbox"/> Wound care provided<br><input type="checkbox"/> Isolation precautions followed & maintained. | Jayashree<br>N3352<br>Ull<br>N3352<br>Jayashree<br>N3329 8A                        | 3pm   |     |