

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8 Am          10 P	<b>URINARY ELIMINATION</b> <input type="checkbox"/> Self voiding in Bathroom <input type="checkbox"/> Bedpan, Urinal <input type="checkbox"/> Condom Catheter <input checked="" type="checkbox"/> Foley's Catheter  <b>BOWEL ELIMINATION</b> <input checked="" type="checkbox"/> Bowel opened normally <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Colostomy  <b>CHEST DRAINS</b>  Others _____	<input type="checkbox"/> Patient will have normal elimination pattern	<ul style="list-style-type: none"> <li>● Assess for elimination pattern</li> <li>● Maintain I/O chart</li> <li>● Encourage fluid intake</li> <li>● Encourage early ambulation</li> <li>● Condom catheter is applied by measuring appropriate size (in case of condom catheter)</li> <li>● Catheter care is given every shift with 0.9% NS</li> <li>● Securing of condom/foleys is done by appropriate adhesive</li> <li>● Urobag/urometer is kept below the hip level</li> <li>● Administer laxatives / suppository enema as per orders</li> <li>● Clean perineal area with cotton and water</li> <li>● Change colostomy bag as prescribed.</li> </ul>	<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 checked="" type="checkbox"/> <input 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 type="checkbox"/> <input type="checkbox"/> <input 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 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"/> Voided Freely <input type="checkbox"/> No constipation <input type="checkbox"/> Balanced I and O Record <input type="checkbox"/> _____ <input type="checkbox"/> _____	KA N3491  H544
8 Am          10 P	<b>MOBILITY</b> <input checked="" type="checkbox"/> Bedfast <input type="checkbox"/> Bedside mobility <input type="checkbox"/> Walks with assistance <input type="checkbox"/> Ambulatory <input type="checkbox"/> Others _____	<input checked="" type="checkbox"/> Patient will mobilized as advised and tolerated <input type="checkbox"/> Patients will be given passive exercises	<ul style="list-style-type: none"> <li>● Assess the level of activity that is tolerated</li> <li>● Encourage passive exercises</li> <li>● Apply splints/ support to prevent foot drop</li> <li>● Encourage range of motion exercises</li> <li>● Encourage regular ambulation</li> <li>● Use Sequential Compression Devices to prevent DVT</li> </ul>	<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 type="checkbox"/> Patient has ambulated without/with assistance. <input type="checkbox"/> Patient is given passive exercises	KA N3491  H544	