

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8Am Sim por	Elimination <input checked="" type="checkbox"/> Foleys Catheter <input type="checkbox"/> Bedpan, urinal <input type="checkbox"/> NGT <input type="checkbox"/> Bowel movement <input type="checkbox"/> Self voiding <input type="checkbox"/> Others (vomiting) 	<input type="checkbox"/> Patient will have normal elimination pattern. <input type="checkbox"/> _____	<ul style="list-style-type: none"> ● Encourage fluid intake. ● Encourage fiber diet intake. ● Encourage early ambulation. ● Maintain I & O record ● Report any abnormalities to the attending physician. ● Maintain voiding pattern. ● Observe voiding accessories as Foley's catheter, condom catheter, SPC etc. ● Bowel opened at _____ ● Check for bowel & bladder incontinence 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input 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 type="checkbox"/> <input 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"/> Voided freely. <input checked="" type="checkbox"/> No constipation. <input type="checkbox"/> Balanced I & O record.	April 3rd N3529 Aron N3529 VME N3529
8Am 3pm	Mobility <input type="checkbox"/> Mobile / immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy ongoing <input checked="" type="checkbox"/> Active & Passive exercises	<input type="checkbox"/> Patient will mobilize freely. <input checked="" type="checkbox"/> Improved range of motion	<ul style="list-style-type: none"> ● Encourage regular ambulation. ● Encourage range of motion exercises ● DVT prophylaxis implemented ● Provide comfort devices. ● Change position as advised. 	<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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Good ambulation. <input checked="" type="checkbox"/> Improved range of motion <input type="checkbox"/> Educate patient / relatives regarding exercises	April 3rd N3529 Aron N3529 VME N3529
8Am 3pm	Skin Integrity <input checked="" type="checkbox"/> Assess for skin breakdown <input type="checkbox"/> Pressure part care provided <input type="checkbox"/> Check for risk for pressure ulcer (Braden scale)	<input type="checkbox"/> Patient will discharge with intact skin <input type="checkbox"/> _____ <input type="checkbox"/> _____	<ul style="list-style-type: none"> ● Minimize / eliminate friction and shear. ● Minimize pressure (off-loading). ● Provide a firm surface ● Manage moisture. ● Maintain adequate nutrition and hydration. ● Change position ● Provide comfort measure ● Apply preventive measures as applicable 	<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 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 type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Skin intact <input checked="" type="checkbox"/> Any other observations <input type="checkbox"/> _____ <input type="checkbox"/> _____	April 3rd N3529 Aron N3529 VME N3529