

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
3PM 3PM	URINARY ELIMINATION <input type="checkbox"/> Self voiding in Bathroom <input type="checkbox"/> Bedpan, Urinal <input type="checkbox"/> Condom Catheter <input checked="" type="checkbox"/> Foley's Catheter BOWEL ELIMINATION <input checked="" type="checkbox"/> Bowel opened normally <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Colostomy CHEST DRAINS Others _____	<input checked="" type="checkbox"/> Patient will have normal elimination pattern	<ul style="list-style-type: none"> ● Assess for elimination pattern ● Maintain I/O chart ● Encourage fluid intake ● Encourage early ambulation ● Condom catheter is applied by measuring appropriate size (in case of condom catheter) ● Catheter care is given every shift with 0.9% NS ● Securing of condom/foleys is done by appropriate adhesive ● Urobag/urometer is kept below the hip level ● Administer laxatives / suppository enema as per orders ● Clean perineal area with cotton and water ● Change colostomy bag as prescribed. 	<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 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 checked="" type="checkbox"/> <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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Voided Freely <input checked="" type="checkbox"/> No constipation <input checked="" type="checkbox"/> Balanced I and O Record <input type="checkbox"/> _____ <input type="checkbox"/> _____	\$ 10PM \$ 10PM \$ 10PM
3PM	MOBILITY <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 adviced and tolerated <input type="checkbox"/> Patients will be given passive exercises	<ul style="list-style-type: none"> ● Assess the level of activity that is tolerated ● Encourage passive exercises ● Apply splints/ support to prevent foot drop ● Encourage range of motion exercises ● Encourage regular ambulation ● Use Sequential Compression Devices to prevent DVT 	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> Patient is given passive exercises	\$ 10PM \$ 10PM	