



MGM NEW BOMBAY HOSPITAL, VASHI

NABH ACCREDITED

Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703. Tel.: (022) 5066 6777



JCI ACCREDITED



MR. KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGMP2406720

Age/Sex : 56 Years /M/F : 05/10/2024

BED : SICU-011 WARD SICU

DR : DR.PRASHANT ATHALE

Date 27/10/24

General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
Qr 2pm 10 P	NON INVASIVE VENTILATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <input type="checkbox"/> HFNC <input type="checkbox"/> NIV <input checked="" type="checkbox"/> Others	<input type="checkbox"/> Patient will have normal O2 saturation <input checked="" type="checkbox"/> Acceptable O2 saturation is <u>91</u> %	<ul style="list-style-type: none"> ● Check oxygen saturation ● Administer O2 <u>2</u> l/hr ● Encourage deep breathing exercises ● Provide well ventilated environment ● Refer any oxygen saturation abnormalities to attending physician 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input 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 type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen saturation within acceptable range	<u>27/10/24</u> <u>10:00 AM</u> <u>10/10/24</u> <u>10:00 AM</u> <u>10/10/24</u> <u>10:00 AM</u>
Qr 11A 10P	INVASIVE VENTILATION Ventilator with mode of <input type="checkbox"/> PS <input type="checkbox"/> PC <input type="checkbox"/> PRVC <input type="checkbox"/> Others <input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Patient will have saturation of <u> </u> % <input type="checkbox"/> <u> </u> % <input type="checkbox"/> PEEP <u> </u> <input type="checkbox"/> FiO2 <u> </u>	<ul style="list-style-type: none"> ● Assessment of patients cuff pressure ● Closed suctioning as required ● Oral suction and epiglottic suction ● Mouth care every shift ● Elevation of bed 30-45 degree ● Change HME every 48 hourly ● DVT prophylaxis ● PUD prophylaxis ● Assess readiness to wean ● Confirm for sedation vacation 	<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"/> <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"/> Oxygen saturation is _____	<u>10/10/24</u> <u>10:00 AM</u> <u>10/10/24</u> <u>10:00 AM</u>