



# MGM NEW BOMBAY HOSPITAL, VASHI



MR. KIRAN BHAGWAN TAWARE  
UHID : MGM240017131 IPD : MGMIP2406720  
Age/Sex : 56 Years / MPOA : 05/10/2024  
BED : SW-518 WARD : MWU  
DR : DR. PRASHANT ATHALE

5/11/2024

## General Nursing Care Plan (Ward)

| Time              | Patient Specific Nursing Needs   | Measurable Goal  | Nursing Interventions  | M                                   | E                                   | N                        | Evaluation / Outcome  | Time Date Name & ID            |
|-------------------|--|--|--|-------------------------------------|-------------------------------------|--------------------------|---|--------------------------------|
| 8am<br>3pm<br>10m | <b>Nutrition</b><br><input type="checkbox"/> Keep NPO<br><input type="checkbox"/> Regular Diet<br><input checked="" type="checkbox"/> RT Feed<br><input type="checkbox"/> Other Diets  | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting.<br><input type="checkbox"/>                      | <ul style="list-style-type: none"> <li>● Provide prescribed diet on time.</li> <li>● Encourage patient to consume the served meal.</li> <li>● Record amount of food consumed.</li> <li>● IV Fluid _____ ml/hr</li> <li>● RT Feed _____ ml/h</li> </ul>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Good appetite.<br><input type="checkbox"/> No nausea or vomiting.<br><input type="checkbox"/> Feeds tolerated well<br><input type="checkbox"/><br><input type="checkbox"/>              | Should be<br>13m<br>13m<br>13m |
| 8am<br>3pm<br>10m | <b>Oxygenation</b><br><input checked="" type="checkbox"/> Room Air<br><input type="checkbox"/> Nasal Cannula<br><input type="checkbox"/> Mask<br><input type="checkbox"/> Tracheostomy | <input checked="" type="checkbox"/> Patient will maintain adequate O <sub>2</sub> saturation..<br><input type="checkbox"/><br><input type="checkbox"/> | <ul style="list-style-type: none"> <li>● Check respiration</li> <li>● Administer O<sub>2</sub> _____ l/hr</li> <li>● Check O<sub>2</sub> saturation.</li> <li>● Refer any O<sub>2</sub> saturation abnormalities to attending Physician.</li> <li>● Provide well ventilated environment.</li> <li>● Encourage deep breathing exercises.</li> </ul> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> O <sub>2</sub> saturation within normal range.<br><input type="checkbox"/> Continue O <sub>2</sub> as ordered<br><input type="checkbox"/><br><input type="checkbox"/>                              | Should be<br>13m<br>13m<br>13m |
| 8am<br>3pm<br>10m | <b>Fluid and electrolytes</b><br><input checked="" type="checkbox"/> IV<br><input checked="" type="checkbox"/> Oral  | <input checked="" type="checkbox"/> Patient will maintain fluid and electrolytes balance.  | <ul style="list-style-type: none"> <li>● Enhance fluid intake unless restricted.</li> <li>● Check IV sites and assess if there is any complication.</li> <li>● Monitor Intake Output Chart.</li> <li>● Follow doctors advice for any electrolyte corrections</li> </ul>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Well hydrated.<br><input checked="" type="checkbox"/> IV cannula is patent and intact.<br><input type="checkbox"/> Electrolyte levels within normal limits.<br><input type="checkbox"/> | Should be<br>13m<br>13m<br>13m |