

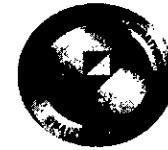


NABH ACCREDITED



MGM NEW BOMBAY HOSPITAL, VASHI

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



JCI ACCREDITED

MR KIRAN BHAGWAN TAWARE
 UHID MGM240017131 I/PD MGMIP2406726
 Age/Sex 56 Years M/DOA 05/10/2024
 BED TICU-008 WARD TIC
 DR DR PRASHANT ATHALE

Date 05/10/24

General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
2pm	NON INVASIVE VENTILATION <ul style="list-style-type: none"> <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask 2L/min <input type="checkbox"/> HFNC <input type="checkbox"/> NIV <input type="checkbox"/> Others 	<input type="checkbox"/> Patient will have normal O2 saturation <input type="checkbox"/> Acceptable O2 saturation is _____ %	<ul style="list-style-type: none"> ● Check oxygen saturation ● Administer O2 _____ l/hr ● Encourage deep breathing exercises ● Provide well ventilated environment ● Refer any oxygen saturation abnormalities to attending physician 	<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 within acceptable range	
2pm	INVASIVE VENTILATION Ventilator with mode of <ul style="list-style-type: none"> <input type="checkbox"/> PS <input type="checkbox"/> PC <input checked="" type="checkbox"/> PRVC <input type="checkbox"/> Others <input type="checkbox"/> Tracheostomy 	<input type="checkbox"/> Patient will have saturation of _____ % <input type="checkbox"/> _____ % <input type="checkbox"/> PEEP _____ <input type="checkbox"/> FiO2 _____	<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 <i>Pre op</i> <i>10 min later</i> ● Confirm for sedation vacation 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation is _____		