



# MGM NEW BOMBAY HOSPITAL, VASHI



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UHID : MGM240017131 IPD : MGMIP2406720  
Age/Sex : 56 Years / M DOA : 05/10/2024  
BED : SW-518 WARD : MWU  
DR : DR. PRASHANT ATHALE

## General Nursing Care Plan (Ward)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8 3hr	<b>Nutrition</b> <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input checked="" type="checkbox"/> RT Feed <input type="checkbox"/> Other Diets	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting. <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 <u>80</u> ml/h</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Good appetite. <input type="checkbox"/> No nausea or vomiting. <input checked="" type="checkbox"/> Feeds tolerated well <input type="checkbox"/> _____ <input type="checkbox"/> _____	4/1 3hr 8 75451
8 3hr	<b>Oxygenation</b> <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <input type="checkbox"/> Tracheostomy	<input checked="" type="checkbox"/> Patient will maintain adequate O2 saturation.. <input type="checkbox"/> _____ <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 checked="" type="checkbox"/> O <sub>2</sub> saturation within normal range. <input type="checkbox"/> Continue O <sub>2</sub> as ordered _____ _____	4/1 3hr 8 75456
8 3hr	<b>Fluid and electrolytes</b> <input checked="" type="checkbox"/> IV <input 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> <li>● _____</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Well hydrated. <input type="checkbox"/> IV cannula is patent and intact. <input type="checkbox"/> Electrolyte levels within normal limits. <input type="checkbox"/> _____	4/1 3hr 8 75451