



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 IPD : MGMIP2406720
Age/Sex : 56 Years / M DOA : 05/10/2024
BED : SICU-010 WARD : SICU
DR : DR.PRASHANT ATHALE

Date

17/10/24

General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8u 3PM	NON INVASIVE VENTILATION <input checked="" type="checkbox"/> Room Air <input checked="" type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <input type="checkbox"/> HFNC <input type="checkbox"/> NIV <input type="checkbox"/> Others <i>Tipec</i>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen saturation within acceptable range	<i>4/30</i> <i>5/10pm</i> <i>New</i>
<i>NA</i> 3PM NA	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 _____ % <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 ● Confirm for sedation vacation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation is _____	<i>4/30</i> <i>5/10pm</i> <i>New</i>