



**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 09/10/24

## General Nursing Care Plan (ICU)

| Time               | Patient Specific Nursing Needs  | Measurable Goal  | Nursing Interventions  | M                                   | E                                   | N                                   | Evaluation / Outcome   | Time Date Name & ID |
|--------------------|---|--|--|-------------------------------------|-------------------------------------|-------------------------------------|--|---------------------|
| 8am<br>11am<br>2pm | <b>NON INVASIVE VENTILATION</b><br><input type="checkbox"/> Room Air<br><input type="checkbox"/> Nasal Cannula<br><input type="checkbox"/> Mask<br><input type="checkbox"/> HFNC<br><input type="checkbox"/> NIV<br><input type="checkbox"/> Others | <input type="checkbox"/> Patient will have normal O2 saturation<br><br><input type="checkbox"/> Acceptable O2 saturation is _____%   | <ul style="list-style-type: none"> <li>● Check oxygen saturation</li> <li>● Administer O2 _____ l/hr</li> <li>● Encourage deep breathing exercises</li> <li>● Provide well ventilated environment</li> <li>● Refer any oxygen saturation abnormalities to attending physician</li> </ul>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> Oxygen saturation within acceptable range   | <br>09/10/24        |
| 8am<br>9pm<br>10pm | <b>INVASIVE VENTILATION</b><br>Ventilator with mode of<br><input type="checkbox"/> PS<br><input type="checkbox"/> PC<br><input checked="" type="checkbox"/> PRVC<br><input type="checkbox"/> Others<br><input type="checkbox"/> Tracheostomy        | <input type="checkbox"/> Patient will have saturation of<br><input type="checkbox"/> <u>96</u> %<br><input type="checkbox"/> _____<br><input type="checkbox"/> PEEP <u>6</u><br><input type="checkbox"/> FiO2 <u>0.2</u> | <ul style="list-style-type: none"> <li>● Assessment of patients cuff pressure</li> <li>● Closed suctioning as required</li> <li>● Oral suction and epiglottic suction</li> <li>● Mouth care every shift</li> <li>● Elevation of bed 30-45 degree</li> <li>● Change HME every 48 hourly</li> <li>● DVT prophylaxis</li> <li>● PUD prophylaxis</li> <li>● Assess readiness to wean</li> <li>● Confirm for sedation vacation</li> </ul> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Oxygen saturation is <u>96.7</u> | <br>09/10/24        |