



MGM

NEW BOMBAY HOSPITAL, VASHI



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 MRS. LALITA RAVINDRA LOKHAND UHID : MGM16035596 IPD : M3MIP2406662 Age/Sex : 68 Years /F DOA : 03/10/2024 BED : 806 WARD SAUN DR. DR.K. RAJMOHAN	
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5/10/24

General Nursing Care Plan (Ward)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8 AM 3 PM	Nutrition <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> RT Feed <input type="checkbox"/> Other Diets <hr/>	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting. <input type="checkbox"/>	<ul style="list-style-type: none"> Provide prescribed diet on time. Encourage patient to consume the served meal. Record amount of food consumed. IV Fluid <u>80</u> ml/hr RT Feed _____ ml/h 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> Good appetite. <input type="checkbox"/> No nausea or vomiting. <input type="checkbox"/> Feeds tolerated well <input type="checkbox"/> _____ <input type="checkbox"/> _____	<i>siddhi 3pm</i> <i>75478 pinky 10M</i> <i>w88ce</i>
8 AM 3 PM	Oxygenation <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <input type="checkbox"/> Tracheostomy <hr/>	<input type="checkbox"/> Patient will maintain adequate O ₂ saturation. <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> Check respiration Administer O₂ _____ l/hr Check O₂ saturation. Refer any O₂ saturation abnormalities to attending Physician. Provide well ventilated environment. Encourage deep breathing exercises. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> O ₂ saturation within normal range. <input type="checkbox"/> Continue O ₂ as ordered <hr/>	<i>siddhi 3pm</i> <i>75478 pinky 10M</i> <i>w8899</i>
8 AM 3 PM	Fluid and electrolytes <input type="checkbox"/> IV <input type="checkbox"/> Oral <hr/>	<input checked="" type="checkbox"/> Patient will maintain fluid and electrolytes balance.	<ul style="list-style-type: none"> Enhance fluid intake unless restricted. Check IV sites and assess if there is any complication. Monitor Intake Output Chart. Follow doctors advice for any electrolyte corrections _____ 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input 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"/> _____	<i>siddhi 3pm</i> <i>75478 pinky 10M</i> <i>w8899</i>