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MGM NEW BOMBAY HOSPITAL, VASHI



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

21/11/2024

General Nursing Care Plan (Ward)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8am 8:15am 10:30am	Nutrition <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> RT Feed <input type="checkbox"/> Other Diets _____	<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 _____ ml/hr RT Feed <u>80</u> ml/h 	<input 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Good appetite. <input type="checkbox"/> No nausea or vomiting. <input type="checkbox"/> Feeds tolerated well <input type="checkbox"/> _____ <input type="checkbox"/> _____	Copy N.B. 3pm Ans N.B. 10am Enq 8am
8am 8:30am 10:30am	Oxygenation <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <input type="checkbox"/> Tracheostomy _____	<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 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> O ₂ saturation within normal range. <input type="checkbox"/> Continue O ₂ as ordered _____ _____	Copy N.B. 3pm Ans N.B. 10am Enq 8am
8am 8:30am 10:30am	Fluid and electrolytes <input type="checkbox"/> IV <input checked="" type="checkbox"/> Oral _____	<input 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 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Well hydrated. <input type="checkbox"/> IV cannula is patent and intact. <input type="checkbox"/> Electrolyte levels within normal limits. <input type="checkbox"/> _____	Copy N.B. 3pm Ans N.B. 10am Enq 8am