



Date 11 10 26

General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
NA 10/08	NON INVASIVE VENTILATION <p> <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <input type="checkbox"/> HFNC <input type="checkbox"/> NIV <input type="checkbox"/> Others </p>	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Acceptable O ₂ 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 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation within acceptable range	<i>KA N3291</i>
8 AM 10/08	INVASIVE VENTILATION <p> Ventilator with mode of </p> <p> <input type="checkbox"/> PS <input type="checkbox"/> PC <input type="checkbox"/> PRVC <input type="checkbox"/> Others <input type="checkbox"/> Tracheostomy </p>	<input type="checkbox"/> Patient will have saturation of <input type="checkbox"/> _____ % <input type="checkbox"/> PEEP _____ <input type="checkbox"/> FiO ₂ _____	<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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation is _____	<i>KA N3291 Do Tsuru</i>