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MGM NEW BOMBAY HOSPITAL, VASHI



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11 of 11

MRS LALITA RAVINDRA LOKHAND

Acc/Serv : 68 Year/ExRDA : 03/10/2024

BED : 806 WARD : SAUN

DE DE K BAIMOHN

General Nursing Care Plan (Ward)

311014

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
2pm 10pm 9pm	Nutrition <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> RT Feed <input type="checkbox"/> Other Diets <hr/>	<input checked="" 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 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"/> <input checked="" type="checkbox"/> <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"/> Good appetite. <input type="checkbox"/> No nausea or vomiting. <input type="checkbox"/> Feeds tolerated well <input type="checkbox"/> _____ <input type="checkbox"/> _____	Deepak N3501 10pm Telashree N2897 8am Deepak N3501 10pm
2pm 10pm 9pm	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 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 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 checked="" type="checkbox"/> O ₂ saturation within normal range. <input type="checkbox"/> Continue O ₂ as ordered <hr/> <hr/>	Deepak N3501 10pm Telashree N2897 8am
2pm 10pm 9pm	Fluid and electrolytes <input checked="" type="checkbox"/> IV <input type="checkbox"/> Oral <hr/>	<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 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"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Well hydrated. <input checked="" type="checkbox"/> IV cannula is patent and intact. <input type="checkbox"/> Electrolyte levels within normal limits. <input type="checkbox"/> _____	Deepak N3501 10pm Telashree N2897 8am