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# MGM

## NEW BOMBAY HOSPITAL, VASHI

Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703. Tel.: (022) 5066 6777



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MR. KIRAN BHAGWAN TAWARE  
 UHID : MGM240017131 IPD : MGMIP2406720  
 Age/Sex : 56 Years /M/F : 05/10/2024  
 BED : SICU-010 WARD : SICU  
 DR : DR.PRAHANT ATHALE

Date 13/10/24

### General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8 AM	<b>NON INVASIVE VENTILATION</b>  □ Room Air □ Nasal Cannula □ Mask □ HFNC □ NIV □ Others	<input type="checkbox"/> Patient will have normal O <sub>2</sub> saturation  <input type="checkbox"/> Acceptable O <sub>2</sub> saturation is _____ %	<ul style="list-style-type: none"> <li>● Check oxygen saturation</li> <li>● Administer O<sub>2</sub> _____ 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"/> <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>Ward 19</i> <i>DR. Athale</i> <i>13/10/24</i>
10 AM	<b>INVASIVE VENTILATION</b>  Ventilator with mode of □ PS □ PC □ PRVC □ Others □ Tracheostomy	<input type="checkbox"/> Patient will have saturation of _____ %  <input checked="" type="checkbox"/> 99 %  <input type="checkbox"/>  <input type="checkbox"/> PEEP _____  <input type="checkbox"/> FiO <sub>2</sub> _____	<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"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen saturation is _____	<i>10 AM</i> <i>Ward 19</i> <i>DR. Athale</i> <i>13/10/24</i> <i>10 AM</i> <i>Ward 19</i> <i>DR. Athale</i> <i>13/10/24</i>