



**MGM**  
**NEW BOMBAY HOSPITAL, VASHI**  
 Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703. Tel.: (022) 5066 6777



JCI ACCREDITED

MR. KIRAN BHAGWAN TAWARE  
 UHID : MGM240017131 IPD : MGMIP2406720  
 Age/Sex : 56 Years / M DOA : 05/10/2024  
 BED : SICU-011 WARD : SICU  
 DR : DR PRASHANT ATHALE

Date 21/10/24

## General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8am 3pm 10h	<b>NON INVASIVE VENTILATION</b> <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	<input type="checkbox"/> Patient will have normal O2 saturation  <input type="checkbox"/> Acceptable O2 saturation is _____%	<ul style="list-style-type: none"> <li>● Check oxygen saturation</li> <li>● Administer O2 _____ 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Oxygen saturation within acceptable range	Shrestha 8:10 AM Air New 3 PM PUD 10 AM
NA 3 PM 10h	<b>INVASIVE VENTILATION</b> Ventilator with mode of <input type="checkbox"/> PS <input type="checkbox"/> PC <input type="checkbox"/> PRVC <input type="checkbox"/> Others <input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Patient will have saturation of _____%  <input type="checkbox"/> _____  <input type="checkbox"/> PEEP _____  <input type="checkbox"/> FiO2 _____	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation is _____	Shrestha 3 PM Air 10 PM PUD 8 AM