



NABH ACCREDITED



# 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 / PD : MGMIP2406720  
Age/Sex : 56 Years / MOA : 05/10/2024  
BED : SICU-010 WARD : SICU  
DR : DR. PRASHANT ATHALE

Date 15/10/24

## General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8 MA 3P 7P 1C	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation within acceptable range	8 7/3/24 J. P. N.
8 3P 1C	<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 checked="" type="checkbox"/> Tracheostomy	<input checked="" type="checkbox"/> Patient will have saturation of  <input type="checkbox"/> 97%  <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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen saturation is _____	8 7/3/24 J. P. N.