General Nursing Care Plan (ICU)

Date 19/10/24

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8/ 3PM) 9PM	**NON INVASIVE VENTILATION** ☑ Room Air ☐ Nasal Cannula ☐ Mask ☐ HFNC ☐ NIV ☐ Others	☐ Patient will have normal O2 saturation ☐ Acceptable O2 saturation is _____%	● Check oxygen saturation ● Administer O2 _____ l/hr ● Encourage deep breathing exercises ● Provide well ventilated environment ● Refer any oxygen saturation abnormalities to attending physician	☑ ☐ ☑ ☐ ☑	☑ ☐ ☑ ☑ ☑	☑ ☑ ☑ ☑ ☑	☐ Oxygen saturation within acceptable range	
8/ wA 8PM NA 9PM	**INVASIVE VENTILATION** Ventilator with mode of ☐ PS ☐ PC ☐ PRVC ☐ Others ☐ Tracheostomy	☐ Patient will have saturation of ☐ _____% ☐ _____ ☐ PEEP _____ ☐ FiO2 _____	● 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	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Oxygen saturation is _____	