



NABH ACCREDITED

30/10/24

General Nursing Care Plan (Ward)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
7 AM 7:20 PM 10P	Nutrition <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input checked="" type="checkbox"/> RT Feed <input type="checkbox"/> Other Diets _____	<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 _____ ml/hr ● RT Feed <u>80</u> ml/h 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Good appetite. <input checked="" type="checkbox"/> No nausea or vomiting. <input type="checkbox"/> Feeds tolerated well <input type="checkbox"/> _____ <input type="checkbox"/> _____	<u>Nilanjay</u> <u>N3529</u> <u>Ayan</u> <u>N3400</u> <u>Ule</u> <u>T32</u>
7 AM 7:20 PM 10P	Oxygenation <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <input type="checkbox"/> Tracheostomy _____	<input type="checkbox"/> Patient will maintain adequate O ₂ saturation. <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 checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> O ₂ saturation within normal range. <input type="checkbox"/> Continue O ₂ as ordered _____ _____	<u>Nilanjay</u> <u>N3529</u> <u>Ayan</u> <u>N3400</u> <u>Ule</u> <u>T32</u>
7 AM 7:20 PM 10P	Fluid and electrolytes <input type="checkbox"/> IV <input checked="" type="checkbox"/> Oral	<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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" 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 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"/> _____	<u>Nilanjay</u> <u>N3529</u> <u>Ayan</u> <u>N3400</u> <u>Ule</u> <u>T32</u>