



MGM

NEW BOMBAY HOSPITAL, VASHI

NABH ACCREDITED

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-010 WARD : SICU
 DR : DR.PRASHANT ATHALE

Date 17/10/24

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 3 PM	NON INVASIVE VENTILATION <input checked="" 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 <i>None</i>	<input type="checkbox"/> Patient will have normal O2 saturation <input type="checkbox"/> Acceptable O2 saturation is _____ %	<ul style="list-style-type: none"> Check oxygen saturation Administer O2 _____ l/hr Encourage deep breathing exercises Provide well ventilated environment Refer any oxygen saturation abnormalities to attending physician 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen saturation within acceptable range	<i>4/30/24</i> <i>6 PM</i>
11 AM 3 PM 5 PM	INVASIVE VENTILATION 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"/> _____ % <input type="checkbox"/> PEEP _____ <input type="checkbox"/> FiO2 _____	<ul style="list-style-type: none"> 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 	<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"/> <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 is _____	<i>4/30/24</i> <i>5 PM</i> <i>10 PM</i>