



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 : MGM24001713 | PD : MGMP2406720

Age/Sex : 56 Years /M DOA : 05/10/2024

BED : SICU-011 WARD : SICU

DR : DR PRASHANT ATHALE

Date 02/10/24

## General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
85	<b>NON INVASIVE VENTILATION</b> <p><input type="checkbox"/> Room Air.</p> <p><input checked="" type="checkbox"/> Nasal Cannula <u>T-Press</u></p> <p><input type="checkbox"/> Mask</p> <p><input type="checkbox"/> HFNC</p> <p><input type="checkbox"/> NIV</p> <p><input type="checkbox"/> Others</p>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen saturation within acceptable range	<u>Kiran</u> <u>10/10/24</u>
96	<b>INVASIVE VENTILATION</b> <p>Ventilator with mode of</p> <p><input type="checkbox"/> PS</p> <p><input type="checkbox"/> PC</p> <p><input type="checkbox"/> PRVC</p> <p><input type="checkbox"/> Others</p> <p><input type="checkbox"/> Tracheostomy</p>	<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"> <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 _____	<u>Kiran</u> <u>10/10/24</u>