



MGM NEW BOMBAY HOSPITAL, VASHI

Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703. Tel.: (022) 5066 6777

NABH ACCREDITED



JCI ACCREDITED

MR. KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPPD : MGMIP2405720

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

BED : SICU-010 WARD : SICU

DR : DR PRASHANT ATHALE

Date 12/10/24

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}	NON INVASIVE VENTILATION <p><input type="checkbox"/> Room Air</p> <p><input type="checkbox"/> Nasal Cannula</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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation within acceptable range	<i>12/10/24</i>
10 ^{AM}	INVASIVE VENTILATION <p>Ventilator with mode of</p> <p><input type="checkbox"/> PS</p> <p><input checked="" 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"/> PEEP _____ <input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Oxygen saturation is _____	<i>12/10/24</i>