



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 : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years /M/OA : 05/10/2024
BED : SICU-011 WARD : SICU
DR. DR.PRAHANT ATHALE

Date 24/10/24

General Nursing Care Plan (ICU)

| Time | Patient Specific Nursing Needs | Measurable Goal | Nursing Interventions | M | E | N | Evaluation / Outcome | Time Date Name & ID |
|------|--|--|--|-------------------------------------|-------------------------------------|-------------------------------------|--|----------------------------|
| 1pm | NON INVASIVE VENTILATION <ul style="list-style-type: none"> <input 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 | <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 | <u>Kiran 24/10/24 10pm</u> |
| 8pm | INVASIVE VENTILATION <p>Ventilator with mode of</p> <ul style="list-style-type: none"> <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"/> 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Oxygen saturation is _____ | <u>Kiran 24/10/24 10pm</u> |