



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 IPD : MGMIP2406720
Age/Sex : 56 Years /MDOA : 05/10/2024
BED : SICU-011 WARD : SICU
DR : DR.PRASHANT ATHALE

Date 23/07/24

General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8 a-	NON INVASIVE VENTILATION <ul style="list-style-type: none"> <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <i>T piece</i> <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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation within acceptable range	<i>Kiran Nse</i>
- 10V <i>NP</i>	INVASIVE VENTILATION <p>Ventilator with mode of</p> <ul style="list-style-type: none"> <input type="checkbox"/> PS <input type="checkbox"/> PC <input checked="" type="checkbox"/> PRVC <input type="checkbox"/> Others <input type="checkbox"/> Tracheostomy 	<input checked="" type="checkbox"/> Patient will have saturation of <input type="checkbox"/> <u>100%</u> % <input type="checkbox"/> <u>1</u> <input type="checkbox"/> PEEP <u>5</u> <input type="checkbox"/> FiO2 <u>40%</u>	<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 checked="" type="checkbox"/> Oxygen saturation is _____	<i>Kiran - 10V NP 100% 1 5 40%</i>