



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 DOA : 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 |
|----------------------|--|--|--|-------------------------------------|--------------------------|--------------------------|--|--|
| 8a- 10v NP | NON INVASIVE VENTILATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <i>1 piece</i> <input type="checkbox"/> HFNC <input type="checkbox"/> NIV <input type="checkbox"/> Others | <input checked="" 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</i> <i>23/7/24</i> <i>[Signature]</i> |
| 8a- - 10v | INVASIVE VENTILATION Ventilator with mode of <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</i> <i>23/7/24</i> <i>[Signature]</i> |