



# MGM

## NEW BOMBAY HOSPITAL, VASHI

NABH ACCREDITED

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



JCI ACCREDITED

MR. KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGMP12406720

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

BED : SICU-010 WARD : SICU

DR : DR.PRAHANT ATHALE

Date 16/10/23

### General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8m	NON INVASIVE VENTILATION  □ Room Air □ Nasal Cannula □ Mask □ HFNC □ NIV □ Others T-Pieces	<input type="checkbox"/> Patient will have normal O2 saturation  <input checked="" 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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen saturation within acceptable range	<u>4/10/23</u> <u>Kashish NSG</u> <u>16/10/23</u>
2p								
10 p								
NA	INVASIVE VENTILATION  Ventilator with mode of □ PS □ PC □ PRVC □ Others □ Tracheostomy	<input type="checkbox"/> Patient will have saturation of _____ %  <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation is _____	<u>4/10/23</u> <u>Kashish NSG</u> <u>16/10/23</u>
10 p								