



# 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 : MGMIP2406720  
 Age/Sex : 56 Years /M/DOA 05/10/2024  
 BED : SICU-011 WARD : SICU  
 DR. DR.PRASHANT ATHALE

Date

19/10/24

### General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8A 3PM 9PM	<b>NON INVASIVE VENTILATION</b> <input checked="" type="checkbox"/> Room Air <i>T/air</i> <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"> <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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation within acceptable range	<i>8A 10/10/24</i> <i>3PM New 10pm</i> <i>9PM Dr. [Signature]</i>
8A NA 8PM 9PM	<b>INVASIVE VENTILATION</b> Ventilator with mode of <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"/> _____ % <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 _____	<i>8A 10/10/24</i> <i>NA New 10pm</i> <i>8PM Dr. [Signature]</i>