



NABH ACCREDITED



MGM NEW BOMBAY HOSPITAL, VASHI



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A standard linear barcode is positioned at the top of the card. Below it, the patient's name is printed in a bold, sans-serif font.

01/11/2024

General Nursing Care Plan (Ward)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8A 3pm	Nutrition <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input checked="" type="checkbox"/> RT Feed <input type="checkbox"/> Other Diets _____	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting. <input type="checkbox"/> _____	<ul style="list-style-type: none"> Provide prescribed diet on time. Encourage patient to consume the served meal. Record amount of food consumed. IV Fluid _____ ml/hr RT Feed <u>80</u> ml/h 	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Good appetite. <input type="checkbox"/> No nausea or vomiting. <input type="checkbox"/> Feeds tolerated well <input type="checkbox"/> _____ <input type="checkbox"/> _____	Kurt Amor MSW
8A 3pm	Oxygenation <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <input type="checkbox"/> Tracheostomy _____	<input checked="" type="checkbox"/> Patient will maintain adequate O ₂ saturation. <input type="checkbox"/> _____ <input type="checkbox"/> _____	<ul style="list-style-type: none"> Check respiration Administer O₂ _____ l/hr Check O₂ saturation. Refer any O₂ saturation abnormalities to attending Physician. Provide well ventilated environment. Encourage deep breathing exercises. 	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> O ₂ saturation within normal range. <input type="checkbox"/> Continue O ₂ as ordered _____ _____	Kurt Hector Amor MSW
8P 3pm	Fluid and electrolytes <input type="checkbox"/> IV <input checked="" type="checkbox"/> Oral _____	<input type="checkbox"/> Patient will maintain fluid and electrolytes balance.	<ul style="list-style-type: none"> Enhance fluid intake unless restricted. Check IV sites and assess if there is any complication. Monitor Intake Output Chart. Follow doctors advice for any electrolyte corrections _____ 	<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"/> Well hydrated. <input type="checkbox"/> IV cannula is patent and intact. <input type="checkbox"/> Electrolyte levels within normal limits. <input type="checkbox"/> _____	Kurt Hector Amor MSW