



NABH ACCREDITED



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-010 WARD : SICU

DR : DR. PRASHANT ATHALE

Date 12/10/24

General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8 AM 10 AM	NON INVASIVE VENTILATION <input type="checkbox"/> Room Air <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"> ● Check oxygen saturation ● Administer O2 _____ l/hr ● Encourage deep breathing exercises ● Provide well ventilated environment ● Refer any oxygen saturation abnormalities to attending physician 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation within acceptable range	<i>[Signature]</i> <i>[Signature]</i>
8 AM 10 AM	INVASIVE VENTILATION Ventilator with mode of <input type="checkbox"/> PS <input checked="" type="checkbox"/> PC <input type="checkbox"/> PRVC <input type="checkbox"/> Others <input type="checkbox"/> Tracheostomy	<input checked="" type="checkbox"/> Patient will have saturation of _____ % <input checked="" type="checkbox"/> _____ % <input checked="" type="checkbox"/> PEEP <u>5</u> <input checked="" type="checkbox"/> FIO2 <u>30</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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen saturation is _____	<i>[Signature]</i> <i>[Signature]</i>