



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 TICU-008 WARD TIC  
DR DR PRASHANT ATHALE

Date

05/10/24

## General Nursing Care Plan (ICU)

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
2p2	<b>NON INVASIVE VENTILATION</b> <input type="checkbox"/> Room Air <input checked="" 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 _____ 2 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation within acceptable range	
2p	<b>INVASIVE VENTILATION</b> 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"/> _____ 98% <input type="checkbox"/> _____ <input type="checkbox"/> PEEP 6 <input type="checkbox"/> FIO2 60%	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen saturation is _____	