

PARTICULARS	YES	NO
- IP Number allocated to each Patient	/	
- Name, Age & Sex of Patient	/	
- General Admission Consent	/	
- Initial Assessment of Patient / Diagnosis	/	
- Nutritional Assessment by Consultant	/	
- Plan of care counter signed by the Consultant	/	
- Treatment Orders - Date, Time, Name & Sign.	/	
- Medication Order / Drug Chart - Date, Time, Name & Sign.	/	
- Vital Signs Chart (TPR Chart)	/	
- Intake Output Chart	/	
- Drug Chart (Duly filled)	/	
- Anesthesia Consent - (8 thing) - Date, Time, Name & Sign. of both Patient & Anesthetist	/	
- Anesthesia Assessment Sheet	/	
- Surgery Consent - (8 things) - Date, Time, Name & Sign of both Patient & Surgeon	/	
- Surgery Notes - Post Operative Plan	/	
- Pain Scoring System	/	
- Blood Transfusion if done	/	
- High Risk Procedures		
- A copy of the Discharge Summary	/	



Medway Hospitals

The way to better health.
(A Unit of United Alliance Healthcare Pvt Ltd)



P: Mrs. PREMA T
N: 52/Female/MHI202381034
U: 09/12/2023/IPH202302466
D: Dr. ANBARASU MOHANRAJ
C:

MHI/IPD/2022/002



every heart beat counts

ADMISSION SLIP

Admitting Doctor: Dr. Anbarasu Speciality: CPUS

Advised Date & Time: 9/12/23 @ 11.29am

Provisional Diagnosis:

Type 1 Diabetes Mellitus, systemic hypertension, Effort Angina, CAD - Double vessel disease, Normal fu.

Reason for Admission: ☐ Medical Management ☒ Surgical Management
☐ Others (please specify details) _____

Admission Type: ☐ Day Care ☐ ER ☒ Ward
☐ ICU (Specify details) _____

Surgery / Procedure Name (if planned):

CABG

Blood Product Requirement: ☐ No ☒ Yes (Kindly specify details of components required in space below)

Expected Duration of Stay: 6-7 days

Expected Cost of Treatment (as per Financial Counseling Form):

Payer: ☐ Self ☐ Insurance ☒ Others: Cash

Instructions to Nurse (if any):

→ Admit in general ward category

Any other Instructions (if any):

Dr. Anbarasu Mohanraj
Doctor's Signature
Reg. No. 55476

Reg. No.

55476

Date

9/12/23

Time

11.29am

For admission desk staff only:

Room Category: ☒ General Ward

☐ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☐ Others _____

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

9/12/23

11:29 AM

09/12/23

11:49 AM

Source: ☒ OPD

☐ ER

☐ Direct

To be filled only if Blood requirement specified by the Doctor:

Is Blood Reservation and Blood Bank clearance completed as advised: ☐ Yes ☐ No

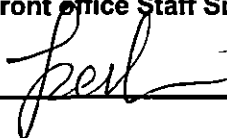
Front office Staff Signature

Name

Emp. No.

Date

Time



RESHMA A BANO

NH10264

09/12/23

11:49 AM

Reshma A Bano
NH10264

ADMISSION FORM

Marital Status M	Full Address ✓ 69, Padavattoman Kall Street Astinapuram. Involanchery - 603202	Telephone Number 995928265
Occupation Gy 11/12		
Referred from Dr. A. M	Date of Time of Admission 9/12/23 11:49 AM	Date & Time of Discharge 16/12/23 @ 18:30
Total No. of Days 8 Days		
UNIT	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :	

FINAL DIAGNOSIS	ICD Code
DOUBLE VESSEL CORONARY ARTERY DISEASE EFFORT	T25.1
ANGINA NORMAL LV SYSTOLIC FUNCTION - EF-60%.	I20.8
TYPE II DIABETES MELLITUS SYSTEMIC HYPERTENSION	I50.1
DYS LIPIDEMIA	E11.9
	I10
	E78.5

DATE	OPERATION / PROCEDURES	ICPM Code
11.12.23	OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPAB) X 2 GRAFTS: SVG TO LAD SVG TO PDA DONE ON 11.12.2023	36.12 99.00
DATE	TYPE OF ANESTHESIA	
11.12.23	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL	

DISCHARGE STATUS		
<input type="checkbox"/> Cured	<input type="checkbox"/> Discharge at Request	<input type="checkbox"/> Expired < 48 hours
<input checked="" type="checkbox"/> Improved	<input type="checkbox"/> Against Medical Advice	<input type="checkbox"/> Expired > 48 hours
<input type="checkbox"/> Unchanged	<input type="checkbox"/> Absconded	<input type="checkbox"/> Post-Operative Death
<p>Dr. Anbarasu Mohanraj Reg No: 55476</p> <p>Signature of the Consultant</p>		
<p>S. Alan Jay Signature of Medical Records Officer</p>		

AUTHORISATION FOR TREATMENT I PAYMENT

I hereby authorise the Administration, Medical and Nursing and Paramedical, Staff of the Hospital Investigate treat and administer such drugs as may be necessary and to perform such operation under anaesthesia or other wise as may be deemed necessary and / or advisable in the diagnosis and treatment of my illness / patient..... PREMA..... who is my WIFE..... (Relationship).

I hereby under take to settle all the bills for hospitalisation charges related to me/the patient named overleaf on a periodic basis. In any case, I shall pay all the dues before getting discharged from the hospital.

However, in case I fail to pay the charges due to the hospital as agreed above, I hereby authorise the hospital to transfer me/the patient to any other hospital/institution for further treatment as deemed fit and proper by the hospital authorities.

I also acknowledge having been informed if the General Rules and Regulations of the Hospital and that all cash, jewellery and valuables belonging to the patient or theis attendants have been removed to a place of safety / handed over to the next of kin and I absolve the hospital of any responsibility with regard to any loss.

I have read out and explained the contents of the above to the Signatory in his vernacular .

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

இதன் மூலமாக நான் நிரவாகம், மருத்துவம், தாதியர், ஏனைய மருத்துவ உறுதியர்கள் எனக்கு / நோயாளி Joel Husband க்கு தேவைப்பட்ட சோதனைகளை செய்து மருந்துகளை கொடுக்கவும். மயக்க மருந்துகள் கொடுத்து செய்முறைகள்/அறுவை சிகிச்சை செய்யவும் அதிகாரம் வழங்குகிறேன். நான் / இதில் குறித்துள்ள நோயாளின் செலவுக்கான தொகை முழுவதும் செலுத்த இதன் மூலம் உறுதி அளிக்கிறேன்.

மேல் கூறியது போல் வேளை நான் தங்கள் மருத்துவத்திற்கான செலவுகளை கட்டத் தவறினால் என்னை நோயாளியை வேறொரு மருத்துவமனைக்கு, பிற சிகிச்சை / அறுவை சிகிச்சை செய்ய இடமாற்ற ஒப்புதலை எனது உறவினர்கள் மூலமாக பெற நான் அதிகாரம் அளிக்கிறேன்.

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

நோயாளிக்கு உரிமையான எல்லா பணம், நகை மதிப்பிடக்கூடி பொருட்கள் யாவும் பாதுகாப்பான இடத்திற்கு மாறுபட்டுவிட்டன / அல்ல நெருங்கிய உறவினரிடம் கொடுக்கப்பட்டுள்ளது. இந்த மருத்துவமனை எனது/நோயாளியின் எந்தவித நஷ்டத்திற்கு பொறுப்பில்லை என உறுதி செய்கிறேன்.

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.

செவிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date 09.12.23

எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

உறவுமுறை

Nature of Relationship

Husband



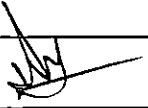
GENERAL CONSENT FOR ADMISSION

I, T. Prema the ☒ Patient or ☐ Representative of patient have
(please tick the correct option above and below)

- ☐ Read
☐ Been explained this consent form in English, which I fully understand.

- I give my full consent and authorization for admission and treatment at this hospital. The proposed treatment plan has been explained to me.
- I consent and authorize the hospital, treating doctors, nursing, technical and paramedical staff to provide relevant care and to conduct diagnostic as deemed necessary by the treating doctor / team.
- I also consent to be administered necessary drugs, medications, intravenous fluids, as advised by the treating doctor / team.
- I also consent to use of assistants such as resident doctors, other doctors, nurses, and other healthcare workers by the hospital and treating doctor / team.
- I consent for clinical consultation, admission, disclosure of information required for clinical management (under confidence), routine medical examination (physical examination, palpation, percussion, auscultation), routine lab and imaging investigations, general nursing care, diet and physiotherapy assessment and counselling.
- I have been explained about the proposed care plan, expected result(s), possible outcome(s) and expected cost of treatment/ hospital stay.
- I understand that the hospital will take due care of me / my patient but, that there is always a possibility of an unexpected complication(s) which may necessitate longer stay and / or use of intensive care services. In such cases, procedure different from those contemplated and other intervention(s) may sometimes be needed.
- I declare that, I have and will inform the doctor of my medical history including previous illnesses, allergies, drug reaction(s), surgical procedure, relevant medical family history and all other facts relevant to my treatment. I shall not hold the hospital/ doctor responsible for any consequences which may arise due to non-disclosure of relevant information on my part.
- I declare that I have been explained about my rights and responsibilities as a patient as outlined in the patient handbook.
- I have been made aware of the rules and regulations of the hospital including those related to security and I promise to abide by them.
- I also consent and agree to the use and/or publication of my treatment details / medical record for medical, scientific or educational purposes (Teaching, research and academics) provided the pictures or the descriptive texts accompanying them do not reveal my identity.

- I understand that in case of some unexpected event occurring during the course of my stay I may be suggested a transfer to another hospital / healthcare organization, as considered appropriate by my treating doctor.
- I understand that, drugs, consumables and devices will be charged on an 'as actual' basis as per the hospital tariff. I have been informed and I understand that there can be usage of certain reprocessed items during the course of the treatment. I also understand that only full strips of medicines shall be issued and returned. I declare that I take full responsibility of settling the bill before leaving the hospital premises at the time of discharge.
- I further declare that I have been given an opportunity to ask question(s) related to my admission, care plan and proposed hospital stay, and that such questions have been answered to my satisfaction.
- I also consent to receive communication on treatment related information via text messages and e-mail as per the details provided at the time of registration.
- I declare that I have received and fully understood the information provided in this consent form, that I have been given an opportunity to ask questions relating to my admission, care plan and proposed hospital stay, and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my signing this form.
- I, the above-named Patient / named patient's representative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

	Signature / Thumb Impression*	Name	Date	Time
Patient		T. Prema	9/12/23	11:49 AM
Surrogate/Guardian (if applicable #)		Joel (Write name and relationship with patient)	9/12/23	11:49 AM
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		Joel	9/12/23	11:49 AM
Interpreter (if applicable)				


* Right Hand for Males & Left Hand for Females | # Only if Patient is a minor or unable to give consent



ADMISSION CRITERIA FOR INTENSIVE CARE UNIT


S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE	
1	Hemodynamic instability defined as		
	Pulse less than 40 or more than 150 beats/minute		
	Systolic arterial pressure less than 80 mm Hg or 20 mm Hg below the patient's usual pressure		
	Mean arterial pressure less than 60 mm Hg		
	Diastolic arterial pressure more than 120 mm Hg		
	Respiratory rate more than 35 breaths/minute		
2	Cardio-vascular System		
	Acute myocardial infarction		
	Cardiogenic shock		
	Complex arrhythmias requiring close monitoring and intervention		
	Acute congestive heart failure with respiratory failure and / or requiring hemodynamic support		
	Hypertensive emergencies		
	Unstable angina, particularly with dysrhythmias, hemodynamic instability, or persistent chest pain		
	Post cardiac arrest		
	Cardiac tamponade or constriction with hemodynamic instability		
	Dissecting aortic aneurysms		
	Complete heart block		
3	Miscellaneous Conditions		
	Septic shock with hemodynamic instability		
	Hemodynamic monitoring		
	Clinical conditions requiring ICU level nursing care		
4	Post procedure elective admission		
	Post Coronary Angioplasty		
	Post Cardio-vascular Surgery	✓	
5	Following angiographic procedure		
	Complication resulting from the angiographic procedure including any significant change in pulse in the affected extremity, neurologic changes, persistent bleeding, or persistent nausea and vomiting post-procedure		
	Significant findings on diagnostic angiography warranting further therapy that would necessitate inpatient admission is also a reasonable indication for admission		
	Admission at the time of the study is encouraged if problems are suspected or arise		
6	Pulmonary System		
	Acute respiratory failure requiring ventilatory support (Invasive / Non-Invasive)		
	Pulmonary emboli with hemodynamic instability		
	Patients in an intermediate care unit (HDU / Recovery room) who are demonstrating respiratory deterioration		
	Need for nursing / respiratory care not available in such intermediate care units		
	Massive hemoptysis		
	Respiratory failure needing imminent intubation		
7	Renal failure		
	Oliguria or anuria for more than 12 hours		
	Metabolic acidosis (pH <7.1)		
	Patients requiring hemodialysis can be performed in ICU when the blood pressure is borderline		

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE
8	Endocrine System and Metabolism related	
	Diabetic ketoacidosis complicated by hemodynamic instability, altered mental status, respiratory insufficiency, or severe acidosis	
	Thyroid storm or myxedema coma with hemodynamic instability	
	Hyperosmolar state with coma and/or hemodynamic instability or Serum Glucose more than 800 mg/dl	
	Other endocrine problems such as adrenal crises with hemodynamic instability	
	Severe hypercalcemia (Serum Calcium more than 15 mg/dl) with altered mental status, requiring hemodynamic monitoring	
	Hypo or hypernatremia (Serum Sodium less than 110 mEq/L or more than 155 mEq/L) with seizures, altered mental status	
	Hypo or hypermagnesemia with hemodynamic compromise or dysrhythmias	
	Hypo or hyperkalemia (Serum Potassium less than 2.0 mEq/L or more than 6.0 mEq/L) with dysrhythmias or muscular weakness	
	Hypophosphatemia with muscular weakness	

Doctor	Signature	Name	Reg. No.	Date	Time
		Dr. Parveen	112236	11/12/23	12.20

DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE
1	Stable hemodynamic parameters	✓
2	Stable respiratory status (Pt. extubated with stable arterial blood gases) & airway patent	✓
3	Minimal oxygen requirement (not more than 3 L by nasal prongs)	✓
4	Intravenous / Inotropic / Vasopressor support and vasodilators are no longer necessary	✓
5	Cardiac dysrhythmias are controlled	✓
6	Presence of distal pulses	✓
7	No signs of bleeding and hematoma at puncture site	✓
8	End of life care pathway chosen	✓

Doctor	Signature	Name	Reg. No.	Date	Time
		Dr. Parveen	112236	13/12/23	



JCI ACCREDITED



NABH ACCREDITED



Every heart beat counts
(A Unit of United Alliance Healthcare Pvt Ltd)



DISCHARGE SUMMARY

IP No.	: IPH2022302466	D.O.A	: 09/12/2023
UHID	: MHI202381034	D.O.D	: 16/12/2023
Name	: MRS. PREMA.T	Room No	: 207
Age / Gender	: 52Years / FEMALE		
Consultant	: Dr. Anbarasu Mohan Raj, MS, DNB, M.Ch (CTVS), FRCS (Glasg) Director and Clinical lead – Cardio Vascular and Thoracic Surgery		

D.O.S: 11.12.2023

DIAGNOSIS:

DOUBLE VESSEL CORONARY ARTERY DISEASE
EFFORT ANGINA
NORMAL LV SYSTOLIC FUNCTION – EF: 60%
TYPE II DIABETES MELLITUS
SYSTEMIC HYPERTENSION
DYSLIPIDEMIA

SURGERY:

OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 2 GRAFTS:
SVG TO LAD, SVG TO PDA DONE ON 11.12.2023

BRIEF HISTORY:

Mrs. Prema.T 52 years old female, a known case of Type.II diabetes mellitus, Systemic hypertension, Dyslipidemia, Effort angina, CAG - Double vessel disease, has come for CABG. Patient was apparently normal till one month ago when she developed chest pain – retrosternal, on exertion associated with palpitation and sweating. Initially, she went to Dr. Moorthy's clinic where she was advised Coronary Angiogram. She went to Sugam Hospitals and underwent Coronary Angiogram on 23.11.2023 which showed Double vessel disease. She then came to Medway Heart Institute on 27.11.2023 where she was advised early CABG. Patient and attenders were explained about the nature of disease, risks and prognosis of CAD and the need for revascularization. Currently, she is getting admitted for the same.

No H/O Breathlessness, Syncope or Swelling of Legs.

No H/O CVA, CKD, BA, seizure disorder or Hypothyroidism

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

f @MedwayHospitals @medwayhospitals in @medway-hospitals @medwayhospitals



94457 94457
1800 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Kumbakonam 044-2473 4455	Chengalpattu 044-27426829	Villupuram 04146-242000
------------------------------	---------------------------	-----------------------------	------------------------------	----------------------------

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

MHI/HOSP/2022/118

NAME : MRS. PREMA.T

UHID : MHI202381034

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

TEMP - 97.4 ° F
HR - 70bpm
BP - 130/80 mmHg
SPO₂ - 96% in room air
CVS - S1S2 (+)
RS - BAE (+)
Abdomen - Soft, non – tender
CNS - NFND

BLOOD INVESTIGATIONS:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	14.0	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	42.5	39-52	%
TWBC	11590	4000 - 10000	Cells/Cumm
NEUTROPHILS	62.9	40-70	%
LYMPHOCYTES	27.2	20 - 40	%
EOSINOPHILS	7.1	0 - 6	%
MONOCYTES	2.5	0 - 6	%
BASOPHILS	0.3	0 - 2	%
PLATELET	430000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Cells/cumm
Urea	23	14 - 40	mgs/dl
Creatinine	0.64	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na+)	139	135 - 145	mmol/l
Potassium (K+)	3.53	3.4 - 5.5	mmol/l
T. Bilirubin	0.38	0.2-1.0	mg/dl
D. Bilirubin	0.13	0.00 – 0.4	mg/dl
I. Bilirubin	0.25	0.4-0.6	mg/dl
S.G.O.T	17	<38	U/L
S.G.P.T	18	<41	U/L
ALP	106	Adult: 42 - 141	U/L
GGT	22	Male : 10 - 45 Female : 5 - 32	U/L
Total Protein	7.7	6.0 - 8.0	gm/dl
S. Albumin	4.4	3.5 - 5.0	gm/dl

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

f @MedwayHospitals | @medwayhospitals | in @medway-hospitals | @medwayhospitals

PATIENT
HELPLINE
94457 94457
1800 572 3003

Medway Group of Hospitals

Kodambakkam | Mogappair | Kumbakonam | Chengalpattu | Villupuram
044-2473 4455 | 044-26530011 | 044-2473 4455 | 044-27426829 | 04146-242000

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

MHI/HOSP/2022/118

NAME : MRS. PREMA.T

UHID : MH1202381034

PROTHROMBIN TIME	10.8	Normal : 0.9 - 1.5 INR Therapeutic Level Myocardial Infarction : 2.0 - 3.0 Deep Vein Thrombosis : 2.0 - 3.0 Pulmonary Embolism : 2.0 - 3.0 Artificial Cardiac Value : 3.0 - 4.5 Recur. Systemic Embolism: 3.0 - 4.5 INR	
INR	0.4		
HBA1C	6.6	Normal: Below 6.0 Good control: 6.1-7.0 Fair Control : 7.1-8.0 Unsatisfactory: 8.1-10.0 Above 10 : poor control (GHB is an index of your blood sugar control for the past (3 months)	%
T.S.H	3.00	Adult: 0.25 - 5.0 New born-4days: 1.0-39.0 Child upto 14yrs: 1.0-9.0	uIU/ml
T3	78	"Adult : 60 - 152 New born - 4 days : 96 - 730 1 - 11 Months : 102 - 243 1 - 9 yrs: 89 - 237	ug/dl
T4	7.44	"Adult : 4.6 - 9.3 New born - 4 days : 11.0 - 21.3 1 - 11 months: 5.8 - 16.1 1 - 9 yrs : 6.3 - 13.16	ug/dl

ECG: HR – 60bpm, Sinus rhythm, left axis deviation, No significant ST – T changes

CXR: PA film, prominence BVM, lung fields clear.

ECHO: EF CALCULATED BY SIMPSON'S METHOD: LV EDV : 96ML, ESV : 31ML, EF : 66%, AORTIC GRADIENT – MAX GRADIENT – 13 MM HG, MEAN GRADIENT – 7 MM HG, ALL CHAMBERS NORMAL SIZED, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION – EF : 60%, GRADE I DIASTOLIC DYSFUNCTION, NORMAL RV SYSTOLIC FUNCTION, IAS / IVS INTACT, ALL VALVES ARE STRUCTURALLY NORMAL, TRIVIAL MR, TRIVIAL TR, NO PAH, IVC NORMAL IN SIZE AND COLLAPSING, NO CLOT / VEGETATION / EFFUSION.

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

f @MedwayHospitals @medwayhospitals in @medway-hospitals @medwayhospitals

PATIENT
HELPLINE
94457 94457
1800 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Kumbakonam 044-2473 4455	Chengalpattu 044-27426829	Villupuram 04146-242000
------------------------------	---------------------------	-----------------------------	------------------------------	----------------------------

Medway Centre of Excellence (Chennai)

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4454
------------------------------------	---

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

MHI/HOSP/2022/118

NAME : MRS. PREMA.T

UHID : MHI202381034

COURSE IN THE HOSPITAL:

Mrs. Prema.T 52 years old female, was admitted with above mentioned complaints. She underwent **OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 2 GRAFTS: SVG TO LAD, SVG TO PDA ON 11.12.2023**. She was shifted to SICU with stable hemodynamics and Inj. Nor Adrenaline 0.02µ/kg/min supports. She was extubated on the same day (11.12.2023) at 15.05 hours. Drains were removed on POD1 (12/12/2023). She was shifted to ward on POD 2 (13/12/2023). Suture removal was done on POD4 (15/12/2023). Patient course in the hospital was uneventful. Her medications are optimized and she is being discharged in a stable clinical status.

CONDITION ON DISCHARGE:

HR - 84/min BP - 120/70mmHg
SPO2 - 94% in room air

POST OP INVESTIGATIONS:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	10.9	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
Urea	35	14 - 40	mg/dl
Creatinine	0.50	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mg/dl
Sodium (Na ⁺)	137	135 - 145	mmol/l
Potassium (K ⁺)	3.39	3.4 - 5.5	mmol/l

ECG: HR – 72bpm, sinus rhythm, left axis deviation, T wave inversions in anterolateral leads.

CXR: PA film, Sternal wires seen, prominence BVM, minimal left, no right pleural effusion.

ECHO: S/P CABG, EF CALCULATED BY SIMPSON'S METHOD: LV EDV: 87ML, ESV: 30ML, EF: 64 %, ALL CHAMBERS ARE NORMAL IN SIZE, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION – EF: 60%, NORMAL RV SYSTOLIC FUNCTION, RV TDI : 16CM/S, TAPSE : 14MM, ALL VALVES STRUCTURALLY NORMAL, IAS / IVS INTACT, IVC NORMAL IN SIZE AND COLLAPSING, AORTIC GRADIENT – MAX GRADIENT – 9 MM HG, MEAN GRADIENT – 4 MM HG, GRADE I DIASTOLIC DYSFUNCTION, TRIVIAL MR, TRIVIAL TR, NO PAH, TRACE PERICARDIAL EFFUSION BEHIND RA, MINIMAL BILATERAL PLEURAL EFFUSION, NO CLOT / VEGETATION.



JCI ACCREDITED



NABH ACCREDITED

**Every heart beat counts**(A Unit of United Alliance Healthcare Pvt Ltd)
IPNO: IPH2022302466

NAME : MRS. PREMA.T

UHID : MHI202381034

ADVICE MEDICATIONS:

Sl. NO.	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. CLOPITAB A (CLOPIDOGREL + ASPIRIN)	1 TABLET	75MG / 75MG	0	1	0	ORAL	AFTER FOOD	TO CONTINUE
2	TAB. ATORVA (ATORVASTATIN)	1 TABLET	40MG	0	0	1	ORAL	AFTER FOOD	TO CONTINUE
3	TAB. BETALOC (METOPROLOL)	1 TABLET	25MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
4	TAB.LASILACTONE (FURSEMIDE + SPIRONOLACTONE)	1 TABLET	50MG/ 20MG	1/2	0	0	ORAL	AFTER FOOD	X 2WEEKS
5	TAB.PARACIP (PARACETAMOL)	1 TABLET	500MG	1	0	1	ORAL	AFTER FOOD	SOS (IF PAIN OR FEVER)
6	SYP. CREMAFFIN PLUS (SODIUM PICOSULFATE+ LIQUID PARAFFIN + MILK OF MAGNESIA)	15ML		0	0	1	ORAL	AFTER FOOD	BED TIME (IF CONSTIPATION)
7	TAB. BEPLEX FORTE (ANTIOXIDANTS +MULTIVITAMINS+ MULTIMINERALS)	1 TABLET		1	0	0	ORAL	AFTER FOOD	1 MONTH
8	SYP ALEX PLUS (DEXTROMETHORPHAN HYDROBROMIDE + GUAIFENESIN + PHENYLEPHRINE + CHLORPHENIRAMINE MALEATE)	10ML		0	0	1	ORAL	AFTER FOOD	BED TIME (1 WEEK)
9	TAB.ANXIT (ALPRAZOLAM)	1 TABLET	0.25MG	0	0	1	ORAL	AFTER FOOD	X 5 DAYS

9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

@MedwayHospitals @medwayhospitals in @medway-hospitals @medwayhospitals

**94457 94457**
1800 572 3003**Medway Group of Hospitals****Medway Centre of Excellence (Chennai)**

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Kumbakonam 044-2473 4455	Chengalpattu 044-27426829	Villupuram 04146-242000
------------------------------	---------------------------	-----------------------------	------------------------------	----------------------------

Heart Institute
044 - 4310 8959Institute of Pulmonology
044-2473 4454

Email : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

MHI/HOSP/2022/118

NAME : MRS. PREMA.T

UHID : MHI202381034

DIABETIC MEDICATIONS:

SL NO	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. GLADOR M2 (GLIMEPIRIDE + METFORMIN)	1 TABLET	2MG/ 500MG	½	0	½	ORAL	BEFORE FOOD	TO CONTINUE

DISCHARGE ADVICE	
DIET	HIGH PROTEIN, LOW SALT LOW FAT / DIABETIC DIET
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION	NIL
REVIEW	REVIEW WITH DR. ANBARASUMOHANRAJ AFTER 22/12/2023 WITH HB, FBS, PPBS UREA, CREATININE, SODIUM, POTASSIUM, CHEST X RAY

To report: If fever > 101 °F / Difficulty in breathing / Headache / Giddiness/chest pain/
Groin swelling/ bleeding / discharge at operated site/ Any other significant symptoms.

In case of emergency Contact: Medway Hospitals @ 044 -43108959.

Typed by: Kalai

[Signature]
I understood the content of
discharge summary.

CONSULTANT SIGNATURE

Dr. Anbarasu Mohan Raj, MS, DNB, M.Ch (CTVS), FRCS (Glasg)
Director and Clinical lead – Cardio Vascular and Thoracic Surgery

Dr. ANBARASU MOHANRAJ
Reg. No: 55476

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

f @MedwayHospitals @medwayhospitals in @medway-hospitals @medwayhospitals



94457 94457
1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Kodambakkam 044-2473 4455 Mogappair 044-26530011 Kumbakonam 044-2473 4455 Chengalpattu 044-27426829 Villupuram 04146-242000

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

MHI/HOSP/2022/118



INPATIENT INITIAL ASSESSMENT

Date: 9/12/23

Time of arrival in ward: 12.15

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 97.4 (°F) | Pulse / HR: 70 (beats/min) | BP: 130/60 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 97 (%) | Height: 141.5 (cms) | Weight: 66.2 (kgs) | BMI: 33.8 kg/m²

Pain: ☐ Yes ☒ No. If Yes, Score: _____

Pain Scale Used: ☐ Numerical Rating Scale (>12 years) ☐ CPOT (ventilator / comatose)

Duration: _____ Location: _____

Pain Character: ☐ Dull ☐ Aching ☐ Sharp ☐ Stabbing ☐ Shooting ☐ Burning ☐ Referred / Radiant Pain

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

The Pt was app @ before 20 days after which she developed chest pain and Pt undergone coronary Angiogram at Sugom Hospital on 23/11/23. Pt come here for further management & treatment. Presently Pt has no complaints

PAST MEDICAL HISTORY (with duration of illness):

Diabetes Mellitus: ☒ Yes ☐ No. If Yes, duration: 2 years Hypertension: ☐ Yes ☒ No. If Yes, duration: _____

Others: N/K I C I O TB, B A, Epilepsy

Past Surgical History:

Haemorrhoidectomy - 2 years back

Present Medication (for Medication Reconciliation):

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
	T. ANGIPLAT 2.5	2.5mg	P/O	1-0-1	9/12/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	T. METOPROLOL XL SUCCINATE (PROLOMET XL)	12.5mg	P/O	1-0-1	9/12/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Family History:

Similar illness in the family
1st degree relative - father

Personal / Social History (Tick whichever is applicable)

Lifestyle: ☐ Sedentary ☐ Active Occupation: Housewife
 Smoking: ☐ Yes ☐ No Alcohol: ☐ Yes ☐ No Recreational Drug Use: ☐ Yes ☐ No
 Others: _____

Menstrual and Obstetric History (to be filled up for female patients):

Menopause done 5 years back

General Physical Examination:

Pallor: ☐ Yes ☒ No Icterus: ☐ Yes ☒ No Clubbing: ☐ Yes ☒ No
 Edema: ☐ Yes ☒ No Lymphadenopathy: ☐ Yes ☒ No

SYSTEMIC EXAMINATION

CVS:

S₁S₂ ⊕

Respiratory System:

B/L A/E ⊕

Gastrointestinal System:

Soft, NT

Central Nervous System:

NFND

Urinary / Reproductive / Locomotor System:

Ⓜ

Skin / Ophthalmic / ENT

Ⓜ

Suspected of contagious disease: ☐ Yes ☒ No

Immuno compromised status: ☐ Yes ☒ No

Isolation required:

☐ Yes ☒ No, if yes, ☐ Contact ☐ Airborne ☐ Droplet

Psychological Evaluation:

☒ Normal ☐ Anxious ☐ Depressed ☐ Others: _____

Nutritional Screening (ESPEN Guidelines for Nutritional Screening - NRS 2002):

Weight loss within the last 3 months? ☐ Yes ☒ No

Is the patient severely ill? (e.g. in Intensive Therapy) ☐ Yes ☒ No

Reduced dietary intake in the last week? ☐ Yes ☒ No

Is the BMI < 20.5? ☐ Yes ☒ No

Interpretation: Yes: If the answer is "YES" to any 2 questions, the patient is at nutritional risk

No: If the answer is "NO" to all questions, the patient is at Normal and not at risk

Provisional Diagnosis:

CAD - DVD

Plan of Care:

↓ Admit under Dr. Anbarasu

Plan: CABG on 11/12/23

ADMIT
11/12/23

Investigations Advised:

↓ Attached

Diet Advice:

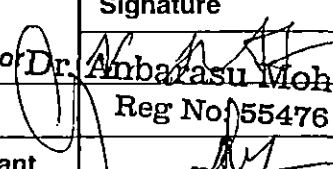
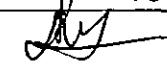
- ☐ Nil per Oral ☐ Clear liquid diet ☐ Normal liquid diet ☐ Diabetic liquid diet
☐ Semisolid diet ☐ Soft solid diet ☐ South Indian normal diet ☐ North Indian normal diet
☐ Neutropenic liquid diet ☐ Others: Low salt, low fat diet

Early Discharge Planning (fill in those which are appropriate at this stage):

PFE: Patient Family Education

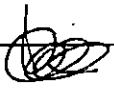
Special support needed at home	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, PFE done
Home equipment anticipated	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, PFE done and equipment advised
Physiotherapy at home anticipated	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, educated on physical limitations, if any
Wound care needs anticipated at home	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, educated on signs on infection
Pain Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, PFE done and medication advised
Special Dietary needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, educated on dietary restrictions, food drug interactions and allergies
Continuous / ongoing care anticipated	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, educated on various aspects of ongoing care required
Other special education need, i.e.:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, PFE done
Nature of post hospital needs like patient safety, infection control, fall risk, etc, addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specific education given

Others:

	Signature	Name	Reg. No.	Date	Time
Resident Doctor		Dr. Hari Vignesh	181100	9/12/23	12.30 PM
Consultant	Reg No. 55476	DR. ANBARASU	55476	09/12/23	14.15
Patient Attendant		Relationship HUSBAND	-	9/12/23	12.30



DOCTOR'S PROGRESS NOTES

DATE	NOTES
9/12/23	S/O Dr. Mohamed Hydhoos
Sp.m.	A: CAD-DVD Plan: CABG & GA on 11/12/23
	Patient conscious oriented afebrile
Vitals Stable	CVS → S/S ₂ ⊕ RS → B/A ⊕ P/A → S/E, NT
	ADW - Monitor vitals - B follow drug chart - B get Anaesthetic Admins
	 (Anbarasu)

DATE	NOTES
09/12/23	S/B DR. Anusuya
11:30 PM	Patient reviewed
	clo' chest pain On & Off
In line intact O/E:	Patient conscious, oriented,
no pain /	S/B: CUS - 5/52 ⊕
phlebitis -	RS - BAS ⊕
	CNS - N/A
	P/A - soft, non-tender.
Vitals:	HR - 82 bpm
	BP - 110/80 mmHg
	RR - 18/min
	SpO2 - 98% RA
	Advice
	- monitor vitals
	- continue the drugs as per chart.
K-80 (134559)	- plan CABG on 11/12/23
	- to get anaesthetic fitness

DATE	NOTES
<u>10.12.23</u>	<u>S/B Dr. Anusuya</u>
<u>10.55 PM</u>	<p>Patient reviewed.</p> <p><u>C/O:</u> chest pain on & off</p> <p><u>D/E:</u> patient conscious, oriented,</p> <p><u>S/E:</u> CKR - 5152 (P)</p> <p>RS - BAEC (P)</p> <p>CNS - MPND</p> <p>P/A - soft, non-tender</p> <p><u>Vitals:</u> HR - 82b/m</p> <p>BP - 110/80 mmHg</p> <p>RR - 18/men</p> <p>SpO2 - 98% RA</p> <p>Advice</p> <ul style="list-style-type: none"> - posted for CABG tomorrow - NPO from 12 mid night - Consent - Bowel preparation - Pre-medication - Check pre - OPCR - Shift to OT on call
<p>K.80</p> <p>(134777)</p>	

DATE	NOTES
<u>12/12/2023.</u>	S/P Dr Anbarasu / Dr. Rajesh / Dr. Praveen
	1700-1
	S/P CP LAB X 2 grafts
RBS-142mg/dL.	patient conscious, oriented, afebrile
	BP: 146/70 mmHg
Hb	SpO ₂ : 96% on room air
U+CO	HR: 84 bpm
Excreta.	T/o: 2494.5ml / 2223 ml. balance +261.5ml
	Adequate urine output on wcath.
<u>ABG.</u>	peripheries felt warm
pH - 7.4	Supports Nil
pCO ₂ - 37.9	Drainage: 430 ml.
pO ₂ - 68.9	
pCO ₂ - 27.0	
BE - 3.4	
pH - 14.1	
Na - 134	
K - 3.61	
	<u>Plan.</u>
	→ R.F 2.4 litres per day
	→ crucial chest physio
	→ Mobilize, spirometry
	→ nebulization
	→ T. Metoprolol 25mg
	1-0-1
	→ Remove drains + Act line
	→ Shift to ICU II
	<u>Praveen</u> 112236

DOCTOR'S PROGRESS NOTES

DATE	NOTES
13/12/2023 8:00	S/B Dr Anbarasu / DR Rajesh / Dr praveen POD-11 S/p OPCAB x 2 grafts. patient conscious, oriented, afebrile. BP : 105/68 mmHg HR : 106 bpm SpO ₂ : 96% on room air. I/O : 2502 ml / 2815 ml balance -313 ml. Adequate RBS -11 Fmg/dL. Tolerating oral feeding peripheries felt warm Supports nil
	plan → R.f 2.4 liters per day → remove Neckline → good chest physio → spirometry → nebulaticeon → shift to ward.
	Draveen 112236

DATE	NOTES
13/12/22	SIB - Dr. Hari Vignesh (DMO)
3.30 PM POD-11	PA reviewed
Vitals stable ✓	O/E - b/c joint PT conscious Oriented
	S/E - (US - S, S ₂ ⊕) R/S - B/L A ⊕ CNS - NFND P/A - soft NT
	<u>Adv</u>
V. H. [Signature] 18/11/00	<ul style="list-style-type: none"> - RF 2.4L/D - Vitals monitoring - Chest Physio / Spirometry - Nebulisation - Mobilise to pt - AS per drug chart



DOCTOR'S PROGRESS NOTES

DATE	NOTES
13/12/23 9:30pm	S/B. Dr. Sujith (DNO)
	ADD#2 - S/P - OPCAB X2 grafts.
	pt. reviewed.
<u>Vitals stable.</u>	No specific complaints.
	S/P - pt. conscious,
	oriented,
	Afebrile.
	S/P - Cvs-S ₂ (P)
	RR-BAR (P)
	PA - Joga
	Adv.
	- vital monitoring
	- Follow drug chart.
	- RF 2.4 L/day.
	- chest physio/spirometry
	- nebulisation.
	- Mobilise pt.
	R. B. Jay
	183573

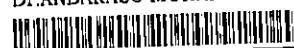
DATE	NOTES
14/12/22	<u>SB. Dr. Sujith (Cmo)</u>
8:20 AM	pt. reviewed.
BP - 90/60 mmHg	- no complaints of confusion
HR - 84 bpm	x 3 days
SpO ₂ 96.1% RA	pt. = pt. conscious, oriented, Afebrile.
	PE - cos - r.s. (+)
	RS - BAR (+)
	PA - soft w/min
	<u>Adv</u>
	- vitals monitoring
	- follow dry chart
	- w/o distress/desaturation
	- Tylenol 308
	<u>B@h@y</u>
	183573.



52 / Female / MH1202381034

09/12/2023/1PH202302466

Dr. ANBARASU MOHANRAJ



MHI/IP/2022/041



Every heart beat counts

DATE	NOTES
14.12.23	S/B Dr. Anusuya
11.30PM	S/p OPCAB X 3 grafts
POD 2	patient reviewed
	clo mild pain in the surgical site
	O/E: Patient conscious, oriented, A7euble
	S/E: CUS-SIS2(P) CUS-NOPAD
	R - BAE(P) P/A - soft, non-tender
	W/E: Dressing intact
	no leakage
	Advice
	- monitor vitals
	- continue the drugs as
	per chart
	plan: Suture removal on 15.12.23
	- mobilise the patient (tomorrow)
	- continue chest physio & spirometry
KAB	
134557	

DATE	NOTES
14/12/23	STB - Dr. Hari Vignesh
10PM	POD-III PT reviewed
Vitals Stable	<p> O IE - GL full PT is on ionom Oriented </p> <p> SIE - LUS - S, S2 ⊕ RI - BILAE ⊕ CMS - NFND RIA - Soft 7 N7 </p>
	<p> Rt - Vitals monitoring - SR tomorrow - Mobilizing the pt - Chest Physio / Spirometry - Inform SOS </p>
	<p> 181100 </p>



DOCTOR'S PROGRESS NOTES

DATE	NOTES
15/12/23	S/B Dr. Anusuya
10:00 AM	Post op case of OPCABX 3 grafts patient reviewed
POD - 4	elo Pain reduced now
	S/E: CMS - 5, 62 (P) RS - BAE (P)
Vitals stable	A/E: Suture removed wound healthy & healing
	Advice - monitor vitals - Continue the same
6:00 PM (13/12/23)	
15/12/23	C/C/R - Dr. Ar Flay O
10:30 PM	Post op case of OPCABX 3 grafts.
PR - 81/min	O/E: conscious, oriented, afebrile
RR - 20/min	S/E:
BP - 100/70 mmHg	CMS: 5, 62 (P)
SpO2 - 96%	RS: BAE (P)
	A/E: Suture removed wound healthy
	Advice - monitor vitals - follow up daily check wounds.



Medway Hospitals®
The way to better health

MH/ PRINT / 0099 / NRS

CHENNAI : # 2/26, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024.


Tel : 044 - 2473 4455 | Mobile No : 9962 985 985

KUMBAKONAM : No. 142-B, Sri Balasubramanian Nagar, Pilliyam Pettai, Ammachathiram (Post),
Thiruvidaimarudhur (Taluk), Kumbakonam - 61 2103. (Tanjore Dist). Ph: 0435 - 2412345 | Mob : 7397720491

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com

Mrs. PREMA T

PRE-OPERATIVE CHECKLIST

Name	52/Female/MH1202381034 09/12/2023/1PH202302466	Age : 52 y	Gender : F	UHID No. : 202381034
Ward :	Dr. ANBARASU MOHANRAJ 	202302466	Bed No. :	
	Clinical Diagnosis :		B.S.	A.S.
	CAD - DCD		✓	✓
	Proposed Procedure :		✓	✓
	CAD B C		✓	✓
	CHECKLIST			
1.	Identification Band on Hand Checked ? YES		✓	✓
2.	Surgical consent Signed? a. Special Consent signed if required.		✓	✓
3.	Anesthetist Consultation (If required?)		✓	✓
4.	History AND Physical Onchart? a. Height..... 141 cm..... b. Weight..... 66.2 kg		✓	✓
5.	Allergic to drugs ? not known?		✓	✓
6.	Surgical Preparation done ? YES.		✓	✓
7.	Nill by Mouth From 12:20:00		✓	✓
8.	Blood Grouping & Rh Typing B+ve		✓	✓
9.	Investigation <input checked="" type="checkbox"/> X-Ray <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> TAB		✓	✓
10.	Blood Sugar..... 125 mg/dl Time..... 6:30		✓	✓
11.	TPR Chart Pulse..... 80.5/min Temp..... 97°F BP..... 130/70 RR..... 22.5/min		✓	✓
12.	Time Voided a. Retention <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13.	Enema <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

MMC - POC - 2102

14.	a. Prosthesis Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable b. Plates present Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable c. Contact Lenses Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable d. Dentures Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable	/	/
15.	Valuables and Jewellery Removed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Secured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	/	/
16.	Pre-Operative Medication Administered a. Time b. Nurse	/	/
17.	Blood Transfusion requisition Onchart	/	/
18.	X-Ray No	/	/
	ECG / ECHO Can't	/	/
	Ultra Sound	/	/
	C.T. Scan.....	/	/
	MRI Scan	/	/
	TMT	/	/
	Medication	/	/
	10/12/23		
	21/20 T. PAIN 40mg		
	T. ALPRAN 0.25 } given		
	Others		


Nurse Signature

MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name: Mrs. Prema T

Age: 52/F

UHID

Diagnosis: Effort Angina
Double vessel disease
Normal LV function

Plan: CABG

Serology

Stopped Aspirin CV on 6/12/23

EURO Score / STS Score: 0.69%

PRE OP-DRUGS (ACE/ARB/ANTIPLATELETS):

Diabetes Mellitus (HB1AC)

DM, HTN
Associated Illness

Carotid Doppler

Thyroid Enzymes

73 - 28
74 - 7.4
TSH - 3

Sr. Creatinine

Any other illness of concern

Allen's Test

Myocardial viability if needed

Varicose Veins

Pulmonologist Clearance

Nephro Clearance:

Neurology Clearance:

Dental Clearance:

Mitral Regurgitation Assessment

Trivial

Nursing:

Billing Clearance:

Physiotherapy

Spirometry taught

Concerns from Surgical Team:

SIGNATURE: 

Mrs. Prema. T. , a known case of Type II DM,
systemic hypertension , Dyslipidemia , effort Angina
Double vessel disease has come for CABG.
Patient was apparently normal till one month
ago when she developed chest pain ~~on exertion~~
- retrosternal , radiating to the back , associated
with palpitation and sweating ... H/o Angina on
exertion x 15 days. Initially she went to Dr.
moorthy's clinic where he was advised coronary
Angiogram. He underwent CABG on 23/11/23
which showed double vessel disease. Hence
she was advised CABG.

no h/o Breathlessness / syncope / ~~palp~~ swelling of
legs.

ECG: 60 bpm Sinus rhythm.

Mrs. PREMA T

S2/Female/MHI202381034

09/12/2023/IPH202302466

Dr. ANBARASU MOHANRAJ



CONSENT FOR SURGERY

1. Mr./Ms./MrsPREMA..... ☒ the Patient or ☐ Representative of patient have (Please tick correct option and below):

☒ Read

☒ I/We have been explained the current clinical condition of me/my patient

☒ Been explained this consent form in English, which I fully understand and understood the information provided about the disease ..CORONARY...ARTERY...DISEASE/DIABETES...DISEASE... and about the procedure ...CORONARY...ARTERY...BYPASS...GRAFTING..... (full name of operation / procedure given below in this consent form)

I am now aware of the intended benefits, possible risks and complications and available alternatives to the said operation / procedure. I am also aware that results of any operation / procedure can vary from patient to patient and I declare that no guarantees have been made to me regarding success of this operation / procedure. I am aware that while majority of patients have an uneventful operation and recovery few cases may be associated with complications. I am aware of the common risks and complications associated with this operation / procedures and understand that it is not possible to list all possible risks and complications of any operation / procedure.

I have been told about additional procedure that may be come necessary during the surgery which includesRe-exploration.....

I also understand that sometimes a planned operation / procedure may need to be postponed or cancelled if patient's clinical condition worsens or due to any unforeseen technical reason. I am also aware that I can withdraw my consent at any point of time at my own risk and consequence by submitting the withdrawal in writing.

I am aware that I may require administration of blood and / or blood products during or after the operation / procedure as found necessary by the doctor (for which a separate consent shall be obtained).

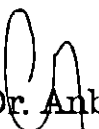
I am now also aware that during the course of this operation / procedure the doctor will be assisted by medical and paramedical team and that the doctor may seek consultation / assistance from relevant specialists if the need arises.

I am also aware of the expected course after the operation / procedure and the care to be provided and understand that sometimes admission to an Intensive Care Unit and or extension of duration of hospitalization may be required and or there may be requirement of extra medicines or treatments thereby leading to increase in the treatment expenses depending upon the body's response to the treatment / procedure.

- Possible risks & complications 1. Bleeding 2. Infection 3. Stroke
4. Arrhythmia 5. Prolonged ICU stay 6. Mild risk to life
- Benefits Symptom free survival
- Alternatives High risk PCI.
- The likelihood of success of the surgery (Percentage / Other comments) 96 %.
- Possible results of non-treatment 1. Myocardial infarction
2. Heart Failure
- I declare that I have received and fully understand the information provided in this consent form, that I have been given an opportunity to ask questions relating to my ailment, the operation / procedure being performed, its risks, consequences, alternatives, potential complications and intended benefits and recovery and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my sign this form.

DETAILS	PATIENT / RELATIVES	WITNESS
Name (in BLOCK LETTER)	MRS. PREMA	JOBEL
Relationship	SELF	Husband
Signature	P. Prema	[Signature]
Date & Time	10/12/23 @ 14.00	10/12/23 @ 14.00
Name & Signature of Doctor with Registration No.: <u>Dr. Praveen Teyakumar</u>		

112236


Dr. Anbarasu Mohan
Reg No: 55476

Doctor Seal

நோயாளி விவரங்கள்: (Affix Label here)

வயது :

UHID :

பிறந்த தேதி :

பாலினம் :

அறுவை சிகிச்சை ஒப்புதல் படிவம்

1. நான்நோயாளி அல்லது நோயாளியின் பிரதிநிதி தயவுசெய்து மேலேயும் கீழேயும் பொருத்தமானன

தேர்வு செய்யவும்

☐ படியுங்கள்

☐ எனது / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளேன்.

இந்த ஒப்புதல் படிவம் ஆங்கிலத்தில் விளக்கப்பட்டுள்ளது. இந்த ஒப்புதல் படிவத்தில் கொடுக்கப்பட்ட சிகிச்சையின் செயல்பாட்டின் முழுப்பெயல்முறை பற்றிய தகவல்களை நான் முழுமையாகப் புரிந்து கொண்டேன்.

• நோக்கம் கொண்ட நன்மைகள், சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்களைப் பற்றி நான் இப்போது அறிவேன். மேலும் அந்த செயல்பாடு / நடைமுறைக்கு மாற்றுகளை கிடைக்கச் செய்கிறேன். எந்தவொரு செயல்பாட்டின் / நடைமுறையின் முடிவுகளும் நோயாளியிலிருந்து நோயாளிக்கு மாறுபடும் என்பதையும் நான் அறிவேன். இந்த செயல்பாடு / நடைமுறையின் வெற்றி குறித்து எந்த உத்தரவாதமும் எனக்கு செய்யப்படவில்லை என்று நான் அறிவிக்கிறேன். பெரும்பாலான நோயாளிகளுக்கு சீரற்ற செயல்பாடு மற்றும் மீட்டி இருக்கும்போது சில வழக்குகள் சிக்கல்களுடன் தொடர்பு படுத்தப்படலாம் என்பதை நான் அறிவேன். இந்த செயல்பாடு / நடைமுறையுடன் தொடர்புடைய பொதுவான அபாயங்கள் மற்றும் சிக்கல்களை நான் அறிவேன். இந்த செயல்பாடு / நடைமுறையுடன் சாத்தியமான அனைத்து அபாயங்களையும் சிக்கல்களையும் பட்டியலிட முடியாது என்பதை புரிந்து கொள்கிறேன்.

• நோயாளியின் மருத்துவ நிலை மோசமாக இருந்தால் அல்லது எதிர்பாராத எந்தவொரு தொழில்நுட்ப காரணத்தினாலும் சில நேரங்களில் திட்டமிடப்பட்ட செயல்பாடு / நடைமுறைகளை ஒத்திவைக்க அல்லது ரத்து செய்ய வேண்டும் என்பதையும் நான் புரிந்து கொள்கிறேன். எனது சொந்த ஆபத்து மற்றும் விளைவுகளில் எந்த நேரத்திலும் எனது ஒப்புதலை நான் திரும்பப் பெறுதலை எழுத்துப்பூர்வமாக சமர்ப்பிக்குவதன் மூலம் திரும்பப் பெற முடியும்

மருத்துவரால் தேவையான செயல்பாடு / நடைமுறையின் போது அல்லது அதற்குப் பிறகு இரத்த மற்றும் / அல்லது இரத்த தயாரிப்புகளை எனக்கு நிர்வாகம் தேவைப்படலாம் என்பதை நான் அறிவேன் (ஒரு தனி ஒப்புதல் பெறப்பட வேண்டும்).

இந்த அறுவை சிகிச்சை / நடைமுறையின் போது மருத்துவர் மற்றும் துணை மருத்துவக் குழுவால் உதவப்படுவார் என்பதையும், தேவை ஏற்பட்டால் தொடர்புடைய நிபுணர்களிடமிருந்து மருத்துவர் ஆலோசனை / உதவியை நாடுலாம் என்பதையும் நான் இப்போது அறிவேன்.

- சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்கள் _____
- நன்மைகள் _____
- மாற்றுவழிகள் _____
- அறுவை சிகிச்சையின் வெற்றி வாய்ப்பு (சதவீதம் / பிற கட்டளைகள்) _____
- சிகிச்சையின்றி சாத்தியமான முடிவுகள் _____
- செயல்பாடு / நடைமுறை மற்றும் வழங்கப்பட வேண்டிய கவனிப்புக்குப் பிறகு எதிர்பார்க்கப்படும் போக்கையும் நான் அறிவேன். சி. நேரங்களில் தீவிரமான பராமரிப்பு அல்லது மற்றும் / அல்லது மருத்துவமனையில் அனுமதிக்கப்படும் கால அளவு தேவைப்படலாம் மற்றும் / அல்லது கூடுதல் மருந்துகள் அல்லது சிகிச்சைகளின் தேவை இருக்கலாம். இதன் மூலம் உடல் சிகிச்சையில் அதிகரிக்கும்.
- இந்த செயல்பாடு / நடைமுறையை நடத்தும் நோக்கத்திற்காக மற்றும் பொருத்தமான முறையில் எனது உடலில் இருந்து அகற்றக்கூடிய எந்தவொரு தீசு அல்லது உடல் பகுதியை அகற்ற மருத்துவமனையை நான் அங்கீகரிக்கிறேன். இந்த ஒப்புதல் வடிவத்தில் வழங்கப்பட்ட தகவல்களை நான் பெற்றேன் மற்றும் முழுமையாகப் புரிந்து கொண்டேன் என்று அறிவிக்கிறேன். எனது வியாதி, செயல்பாடு / நடைமுறை தொடர்பான கேள்விகளைக் கேட்க எனக்கு வாய்ப்பு வழங்கப்பட்டது. அதன் அபாயங்கள், விளைவுகள், சிக்கல்கள் மற்றும் நோக்கம் கொண்ட நன்மைகள் மற்றும் மீட்பு மற்றும் எனது கேள்விகள் அனைத்தும் பதிலளிக்கப்படவில்லை. இந்த வடிவத்தில் நான் கையொழுத்திடும் நேரத்தில் என் முன்னிலையில் செருகல் மற்றும் நிறைவு செய்ய வேண்டிய அனைத்து துறைகளும் (இந்த வடிவத்தில் நிரப்பப்பட்டன என்று நான் மேலும் அறிவிக்கிறேன்.

விபரங்கள்	நோயாளி / உறவினர்	சாட்சியம்
பெயர்		
உறவுமுறை		
கையொப்பம்		
நாள் & நேரம்		
மருத்துவரின் பெயர் மற்றும் பதிவு எண், கையொப்பம்:		

CONSENT FOR ANAESTHESIA SERVICES

I, MRS. PREMA ☒ the patient or ☐ the representative of patient have,
(please tick the correct option above and below)

☒ Read
☒ I/We have been explained the current clinical condition of me / my patient
☒ Been explained this consent form in English, which I fully understand and understood the information provided about
Operation / Procedure

CORONARY ARTERY BYPASS GRAFTING
(full name of operation / procedure given below in this consent form)

- My surgeon has explained the risks of the procedure and has advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anaesthesia services are needed for this operation, so that my doctor can perform the operation or procedure.
- It has been explained to me that all forms of anaesthesia involve some risks. Although rare, unexpected severe complications with anaesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death.
- I understand that these risks apply to all forms of anaesthesia and that additional or specific risks have been identified below, as they may apply to a specific type of anaesthesia. I understand that the type(s) of anaesthesia service checked below will be used for my procedure and that the anaesthetic technique to be used is determined by many factors including my / my relative's physical condition, the type of procedure, my doctor's preferences, as well as my own desire.
- It has been explained to me that sometimes an anaesthetic technique which involves the use of local anaesthesia, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anaesthesia.

It has been may be needed explained to me that the following may be needed as part of anaesthesia during or after surgery

☒ Central Venous catheter ☒ Arterial Line ☐ Lumbar Puncture ☒ Tracheostomy
☒ Transesophageal ☐ Blood & Blood product Transfusion ☐ ICU Admission / Recovery ☐ Others

<input checked="" type="checkbox"/> General Anaesthesia Alternatives <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Others	Expected Results	Total unconscious state that may involve placement of a tube into the windpipe to maintain airway
	Technique	Drug injected into the blood stream, breathed into the lungs, or given by other routes
	Risks	Sore throat, injury to vocal cords, teeth, lips, eyes; awareness during the procedure, memory dysfunction / memory loss, aspiration pneumonia, permanent organ damage, brain damage
	Benefits	- Early Recovery - Relief of Anxiety
<input type="checkbox"/> Spinal or Epidural Analgesia / Anaesthesia <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation Alternatives <input type="checkbox"/> GA <input type="checkbox"/> Others	Expected Results	Temporary decreased or loss of feeling and / or movement in the lower half of the body
	Technique	Drug injected through a needle / catheter placed either directly into the spinal canal or immediately outside the spinal canal
	Risks	Nerve damage, persistent back pain, headache, infection, convulsions, bleeding / hematoma, toxicity due to local anaesthetic, chronic pain, medical necessity to convert to general anaesthesia, brain damage
	Benefits	Post-operative pain relief with epidural catheter that can be left in-situ safer under certain conditions
<input checked="" type="checkbox"/> Major / Minor Nerve Block <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation Alternatives <input type="checkbox"/> GA <input type="checkbox"/> IV Regional Anaesthesia <input type="checkbox"/> Spinal/Epidural Anesthesia <input type="checkbox"/> Others	Expected Results	Temporary loss of feeling and / or movement of a specific limb or area
	Technique	Drug injected near nerves providing loss of sensation to the area of the operation
	Risks	Nerve damage, persistent pain, infection, bleeding / hematoma, toxicity due to local anaesthetic, medical necessity to convert to general anaesthesia, brain damage
	Benefits	- Pain Free - Safer under certain conditions

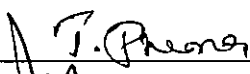
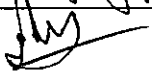

<input type="checkbox"/> Intravenous Regional Anaesthesia <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation Alternatives <input type="checkbox"/> Major/Minor Nerve Block <input type="checkbox"/> GA <input type="checkbox"/> Others	Expected Results	Temporary loss of feeling and / or movement of a limb
	Technique	Drug injected into veins of arm or leg while using a tourniquet
	Risks	Infection, convulsions, persistent numbness residual pain, injury to blood vessels
	Benefits	- Pain Free - Safer under certain conditions
<input type="checkbox"/> Monitored Anaesthesia Care (with sedation) Alternatives <input type="checkbox"/> General anaesthesia <input type="checkbox"/> Spinal / Epidural <input type="checkbox"/> Others	Expected Results	Decreased anxiety and light sedation similar to normal sleep
	Technique	Drug injected into vein of arm
	Risks	Prolonged sedation, need for airway control
	Benefits	Anxiety free; Early discharge
<input type="checkbox"/> Monitored Anaesthesia Care (without sedation) Alternatives <input type="checkbox"/> General anaesthesia <input type="checkbox"/> Mild Sedation <input type="checkbox"/> Others	Expected Results	No changes in the system
	Technique	None
	Risks	Patient may have pain and anxiety
	Benefits	Early discharge

PRENATAL / EARLY CHILDHOOD ANAESTHESIA

- Potential long term negative effects on memory, behaviour and learning with prolonged or repeated exposure to general anaesthesia / moderate sedation / deep sedation during pregnancy and in early childhood
- I, the above named Patient / named patient's representative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception

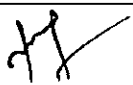
For the above mentioned operation(s) / procedure(s) that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said operation / procedure on ☐ myself or ☐ my above named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives.

I, the above named Patient / named patient's representative, do further hereby declare that I am about 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

	Signature / Thumb Impression*	Name	Date	Time
Patient		MRS. PREMA	10/12/23	18-00
Surrogate/Guardian (if applicable #)		Joe (Write name and relationship with patient)	10/12/23	18-00
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		B. Varish	10/12/23	18-00
Interpreter (if applicable)				

* Right Hand for Males & Left Hand for Females | # Only if Patient is a minor or unable to give consent

I, the undersigned doctor, have explained the nature, potential risks and complications, intended benefits, expected post-procedure course, and possible alternatives to the planned operation / procedure, to the patient / patient representative. I am confident that he / she has understood the information fully as described in this document.

	Signature	Name	Reg. No.	Date	Time
Consent obtained by		Dr. P. PRAVEEN Reg. No: 86510	86510	10/12/23	18-00

மயக்க மருந்து சேவைகளுக்கான ஒப்புதல்

1. ☐ நோயாளிஅல்லது ☐ நோயாளியின் பிரதிநிதி,

மேலேயும் கீழேயும் சரியான விருப்பத்தைத் தேர்ந்தெடுக்கப் படித்தல்

என்னை / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளோம். ஆங்கிலத்தில் இந்த ஒப்புதல் படிவம் விளக்கப்பட்டுள்ளது. இது வழங்கப்பட்ட தகவல்களை நான் முழுமையாக புரிந்துகொண்டேன்.

செயல்பாடு / செயல்முறை _____

இந்த ஒப்புதல் படிவத்தின் கீழே கொடுக்கப்பட்ட செயல்பாட்டு நடைமுறையின் முழு பெயர்

- * எனது அறுவை சிகிச்சை நிபுணர் நடைமுறையின் அபாயங்களை விளக்கியுள்ளார் மற்றும் மாற்று சிகிச்சைகளுக்கு எனக்கு அறிவுறுத்தியுள்ளார் மற்றும் எதிர்பார்க்கப்பட்ட முடிவைப் பற்றி என்னிடம் கூறினார். எனது நிலை சிகிச்சையளிக்கப்படாவிட்டால் என்ன நடக்கும், இந்த செயல்பாட்டிற்கு மயக்க மருந்து சேவைகள் தேவை என்பதையும் நான் புரிந்து கொள்கிறேன். இதனால் எனது மருத்துவர் அறுவை சிகிச்சை அல்லது செயல்முறையைச் செய்ய முடியும்.
- * அனைத்து வகையான மயக்க மருந்துகளும் சில அபாயங்களை உள்ளடக்கியதாக எனக்கு விளக்கப்பட்டுள்ளது. மயக்க மருந்துகளுடன் எதிர்பாராத கடுமையான சிக்கல்கள் ஏற்படலாம். தொற்று நோய், இரத்தப்போக்கு, போதைப்பொருள் எதிர்வினைகள், இரத்த உறைதல், உணர்வு இழப்பு, மூட்டு செயல்பாடு, பக்கவாதம், மூளை பாதிப்பு அல்லது மரணம் போன்ற தொலைதூர சாத்தியங்களை உள்ளடக்கியிருக்கலாம்.
- * இந்த அபாயங்களை அனைத்து வகையான மயக்க மருந்துகளுக்கும் பொருந்தும் என்பதையும் கூடுதல் அல்லது குறிப்பிட்ட அபாயங்கள் கீழே அடையாளம் காணப்பட்டுள்ளன என்பதையும் நான் புரிந்து கொள்கிறேன். ஏனெனில் அவை ஒரு குறிப்பிட்ட வகை மயக்க மருந்துக்கு விண்ணப்பிக்கலாம். கீழே சரிபார்க்கப்பட்ட மயக்க மருந்து சேவையின் வகை (கள்) எனது நடைமுறைக்கு பயன்படுத்தப்படும். மயக்க மருந்து நுட்பம் எனது உறவினர் உடல்நிலை, எனது மருத்துவரின் விருப்பங்கள் மற்றும் எனது சொந்த விருப்பம் உள்ளிட்ட பல காரணிகளால் தீர்மானிக்கப்படுகிறது என்பதை நான் புரிந்து கொள்கிறேன்.
- * சில நேரங்களில் உள்ளூர் மயக்க மருந்துகளைப் பயன்படுத்துவதை உள்ளடக்கிய ஒரு மயக்க மருந்து தொழில் நுட்பத்தை, மயக்க மருந்து இல்லாமல் முழுமையாகப் பெறாமல், மற்றொரு நுட்பத்தை மயக்க மருந்து உட்பட பயன்படுத்த வேண்டியிருக்கும் என்று எனக்கு விளக்கப்பட்டுள்ளது.

<input type="checkbox"/> பொது மயக்க மருந்து மாற்று மருந்து <input type="checkbox"/> முதுகெலும்பு <input type="checkbox"/> இவ்விடைவெளி <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	காற்றப்பாதையை பராமரிக்க ஒரு குழாயை காற்றாணையில் அமர்த்துவதை உள்ளடக்கிய மொத்த மயக்க நிலை
	நுட்பம்	இரத்த ஓட்டத்தில் செலுத்தப்படும் மருந்து, நுரையீரலில் சுவாசித்து அல்லது பிற வழிகள் வழங்கப்படுகின்றன
	அபாயங்கள்	தொண்டைப்புண், குரல் வயிர்கள், பற்கள், உதடுகள், கண்கள், செயல்முறை, நினைவக செயலிழப்பு, நினைவக இழப்பு, அபிலாஷைகள், நிரந்தர உறுப்பு சேதம், மூளை சேதம் ஆகியவற்றின் போது விழிப்புணர்வு
	நன்மைகள்	- ஆரம்ப மீட்பு - பதட்டத்தின் நிவாரணம்
<input type="checkbox"/> முதுகெலும்பு அல்லது இவ்விடைவெளி / மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து / பொது மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்று மருந்து <input type="checkbox"/> பொது மயக்க மருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	உடலின் கீழ்பாதியில் உணர்வு அல்லது இயக்கத்தின் தற்காலிக குறைவு அல்லது இழப்பு
	நுட்பம்	உணர்வு / வடிவம் வழியாக செலுத்தப்படும் மருந்து நேரடியாக முதுகெலும்பில் அல்லது உடனடியாக முதுகெலும்பு கால்வாய்க்கு வெளியே வைக்கப்படுகிறது.
	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான முதுகுவலி, தலைவலி, தொற்று, இரத்தப்போக்கு, இரத்தப்போதல், ஹெமோமோ, உள்ளூர் மயக்க மருந்து, நாள்பட்ட வலி, மயக்க மருந்து, மூளை சேதத்திற்கு மாற்று மருத்துவ சேவை காரணமாக நச்சுத்தன்மை
	நன்மைகள்	சில நிபந்தனைகளின் கீழ் சிப்புவில் பாதுகாப்பாக விடக்கூடிய எபிபிரி வடிவம் அல்லது செயல்பாட்டு வலி நிவாரணம்
பெரிய / சிறிய நரம்புத் தொகுதி <input type="checkbox"/> மயக்க மருந்துடன் / பொது மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்று மருந்து <input type="checkbox"/> பொது மயக்க மருந்து <input type="checkbox"/> IV பிராந்திய மயக்கமருந்து <input type="checkbox"/> முதுகெலும்பு / இவ்விடைவெளி மயக்கமருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு அல்லது பகுதியின் தற்காலிக இழப்பு
	நுட்பம்	செயல்பாட்டின் பகுதிக்கு உணர்வு இழப்பை வழங்கும் நரம்புகளுக்கு அருகில் மருந்து செலுத்தப்படுகிறது
	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான வலி, தொற்று, இரத்தப்போக்கு, ஹெமோமோ, உள்ளூர் மயக்க மருந்து, மருத்துவ சேவை காரணமாக நச்சுத்தன்மை, மயக்க மருந்து, மூளை சேதத்திற்கு மாறுதல்
	நன்மைகள்	- வலி இலவசம் - சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை

<input type="checkbox"/> நரம்பு மண்டலம் மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்றுகள் <input type="checkbox"/> பெரிய / சிறிய நரம்பு தொகுதி <input type="checkbox"/> பொதுவான மயக்க மருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு இயக்கத்தின் தற்காலிக இழப்பு
	நுட்பம்	ஒரு ரேனிக்கேயைப் பயன்படுத்தும் போது கை அல்லது கை நரம்புகளில் செலுத்தப்படுகிறது
	அபாயங்கள்	தொற்று, வலிப்பு, தொடர்ச்சியான உணர்வின்மை, மீதமுள்ள வலி, இரத்த காயங்களுக்கு காயம்
	நன்மைகள்	- வலி இலவசம் - சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை
<input type="checkbox"/> கண்காணித்த மயக்க மருந்து கவனிப்பு (மயக்கத்துடன்) மாற்றுகள் <input type="checkbox"/> பொதுவான மயக்க மருந்து <input type="checkbox"/> முதுகெலும்பு / இவ்விடைவெளி மயக்க மருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	சாதாரண தூக்கத்தைப்போன்ற கவலையும் ஒளியும் குறைந்து வருகிறது
	நுட்பம்	கையின் நரம்பில் மருந்து செலுத்தப்படுகிறது
	அபாயங்கள்	நீண்ட கால மயக்கம், காற்றுப்பாதை கட்டுப்பாடு தேவை
	நன்மைகள்	கவலை இலவசம், ஆரம்ப கால வெளியேற்றம்
<input type="checkbox"/> கண்காணித்த மயக்க மருந்து கவனிப்பு (மயக்கம் இல்லாமல்) மாற்றுகள் <input type="checkbox"/> பொதுவான மயக்க மருந்து <input type="checkbox"/> இலேசான மயக்கம் <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	கணினியில் மாற்றங்கள் இல்லை
	நுட்பம்	இல்லை
	அபாயங்கள்	நோயாளிக்கு வலி மற்றும் கவலை இருக்கலாம்
	நன்மைகள்	ஆரம்ப வெளியேற்றம்

சிறப்புக்கு முந்தைய / ஆரம்பகால குழந்தை பருவ மயக்க மருந்து

★ நினைவாற்றல், நடத்தை மற்றும் கற்றலில் நீண்டகால எதிர்மறை விளைவுகள் பொது மயக்க மருந்து / மிதமான மயக்கம் / கர்ப்ப காலத்தில் மற்றும் ஆரம்ப பருவத்தில் ஆழமான மயக்கத்துடன் நீண்ட அல்லது மீண்டும் மீண்டும் மீண்டும் வெளிப்படுதல்

★ நான் / மேற்கூறிய நோயாளி / பெயரிடப்பட்ட நோயாளியின் பிரதிநிதி, இந்த வடிவத்தில் கையொழுத்திப்பட்ட தேதி, மன ரீதியாக ஒலி மற்றும் எந்தவொரு பயமும் இல்லாமல் ஒப்புதல் அளிக்கிறேன் என்று நான் 18 வயதுக்கு மேற்பட்டவன் என்று இதன்மூலம் அறிவிக்கிறேன்.

மேற்கூறிய செயல்பாட்டிற்கு (எஸ்) / நடைமுறை (கன்) எனக்கு தெரிந்துவிட்டது. நான் தானாக முன்வந்து எனது ஒப்புதலை வழங்குகிறேன்

டாக்டர் (டாக்டர்) டி. அல்லது டி-யில் கூறப்பட்ட செயல்பாடு / நடைமுறையை செய்வதற்கு அறுவை சிகிச்சை செயல்முறையைச் செய்வதற்கான டாக்டர் பெயர், நோயாளியிடம் முழுமையாக அறிந்திருக்கிறார். சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்கள் மற்றும் சாத்தியமான மாற்றங்கள்

நான் / மேற்கூறிய நோயாளி / பெயரிடப்பட்ட நோயாளியின் பிரதிநிதி, இந்த வடிவத்தில் கையொழுத்திப்பட்ட தேதி, மன ரீதியாக 18 ஆண்டுகள் நிரம்பிய நான் எந்தவொரு பயமும், அச்சுறுத்தல் அல்லது தவறான அனுமதியின்றி ஒப்புதல் அளிக்கிறேன் என்று மேலும் இதன்மூலம் அறிவிக்கிறேன்.

	கையொப்பம் / கட்டை விரல் பதிவு *	பெயர்	தேதி	நேரம்
நோயாளி				
நோயாளிகளின் பிரதிநிதி / பாதுகாவலர் (பொருந்தும் என்றால்)		(நோயாளியுடன் பெயர் மற்றும் உறவை எழுதவும்)		
நோயாளிகளின் பிரதிநிதி சம்மதத்திற்கான காரணம்	நோயாளி ஒப்புதல் அளிக்க முடியவில்லை ஏனெனில்			
சாட்சி				
மொழிபெயர்ப்பாளர் (பொருந்தினால்)				

* நோயாளி ஒரு சிறியவராக இருந்தால் அல்லது சம்மதத்தை வழங்க முடியாவிட்டால் மட்டுமே ஆண்களுக்கான வலது கை மற்றும் பெண்களுக்கான இடது கை

நான் நியமிக்கப்பட்ட மருத்துவர், இயல்பு, சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்கள், நோக்கம் கொண்ட நன்மைகள், எதிர்பார்க்கப்பட்ட பின் நடைமுறைக்கு வரும் நடைமுறைகள் மற்றும் தீட்டப்பட்ட செயல்பாடு / நடைமுறைக்கு சாத்தியமான மாற்றங்கள், நோயாளி / நோயாளி பிரதிநிதிக்கு விளக்கியுள்ளார். இந்த ஆவணத்தில் விவரிக்கப்பட்டுள்ள தகவல்களை அவர் / அவள் முழுமையாகப் புரிந்து கொண்டார் என்று நான் நம்புகிறேன்.

	கையொப்பம்	பெயர்	பதிவு எண்	தேதி	நேரம்
பெறப்பட்ட ஒப்புதல்					

ANAESTHESIA RECORD

Mrs. PREMA T

52/Female/MHI202381034

09/12/2023/IPH202302466

Dr. ANBARASU MOHANRAJ



Type of Surgery : ☐ Day Care ☒ Elective ☐ Emergency

Blood Group : B+ Height : 141 cms Weight : 66 Kgs

Pre-Operative Diagnosis: DVD / EF-61% / T2DM / SHH

Proposed Surgery:

CABG

Anaesthetic Plan

ETGA

ASA Grade: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ E

History of Present Illness:

- ☒ ANGINA
- ☐ DYSPNOEA
- ☐ SYNCOPES
- ☐ MI
- ☐ CCF
- ☐ OTHERS

Previous Surgery :

COMORBIDITY

- ☒ HT ☐ SMOKING
- ☒ DM ☐ ALCOHOL
- ☐ ASTHMA / COPD ☐ GERD
- ☐ HYPO THYROID ☐ CKD / NEPHROPATHY
- ☐ STROKE / TIA ☐ DRUG ALLERGY
- ☐ EPILEPSY ☐

Present Medication :

met XL

Anti Platelet Stopped on :

6.12.23

Physical Examination :

- ☐ JAUNDICE ☐ PEDEL OEDEMA
- ☐ CYANOSIS ☐ CAROTID BRUIT
- ☐ CLUBBING

nil

SYSTEMC EXAMINATION

CVS : (A)
RS : (A)

CNS : (A)
Others : (A)

HR : 70 NIBP : 130/90 SPO2 : 97% TEMP : -

INVESTIGATION

HB : 14.0 T.BILIRUBIN : 0.3 T3 : 28 SEROLOGY ve
PLAT : 4.3 I.D. : 0.2 T4 : 7.4 Urine: (A)
TC : 11590 D. : 0.1 TSH : 3
UREA : 23 T-PROTEINS : 7.7 HBA1C : 6.6
CREAT: 0.6 S.ALBUMIN : 4.4 Others:
Na+ : 139 PTT / INR 10.8/0.9 RBS : -
K+ : 3.5 APTT : 24.6

ANGIO DVD - (LAD + RCA)

ECG

CXR (A)

ECHO

EF-61%

AIRWAY

Teeth Brux teeth (+)
Mallampatti class II
Mouth Opening (A)
Neck Movement (A)
TM Distance

CAROTID DOPPLER

Other Opinions:

Pre OP Instruction :

NPO From: 12 MN

Pre Medication :

T. par 40 mg
T. A. par 0.25 mg / HS

Night Before Surgery :

2i. morphine 5 mg

Day of Surgery

2i. phenegans 12.5 mg / i.m

Special Instruction :

Blood Reservation

PCV : 10

Platelet :

FFP :

CRYO :

Whole Blood:

Remarks:

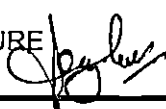
Anaesthetist Name with Reg.No. :

Dr. P. PRAVEEN
Reg. No: 86510

Signature :

(Signature)

Date: <u>Anaesthetist</u> <u>Dr. A.S. Shrivastava</u>		Surgeon <u>Dr. Anbarasan</u>		Anaesthesia Technique <input checked="" type="checkbox"/> GA <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Others					
PRE INDUCTION ANAESTHESIA RECORD		MONITORS AND EQUIPMENTS		GENERAL ANAESTHESIA					
Pulse: <u>76</u> <u>nt</u> BP: <u>150</u> <u>60</u> RR: <u>14</u> <u>nt</u> Sensorium: <u>NIL</u> Sign-in Completed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Equipment Checked: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sign: <u>[Signature]</u> Name: <u>A.S. Shrivastava</u> Time: <u>8:30 Am.</u> No: <u>43576</u>		<input type="checkbox"/> NIBP <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> End Tidal CO ₂ <input type="checkbox"/> Gas Analyzer <input checked="" type="checkbox"/> Oxygen Sensor <input type="checkbox"/> Disconnect <input type="checkbox"/> Temperature Probe <input type="checkbox"/> Foley Catheter <input type="checkbox"/> Nerve Stimulator <input type="checkbox"/> TEE <input type="checkbox"/> Others: <input type="checkbox"/> CVC Type: <u>Alumex</u> Site: <u>RTV</u> <input checked="" type="checkbox"/> Standard Asepsis <input type="checkbox"/> USG Guidance <input type="checkbox"/> Complications: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, details: <input type="checkbox"/> Arterial Line - Type: <u>20 gauge</u> Site: <u>Ext. Jugular</u> <input type="checkbox"/> PVC Type: <u>20 gauge</u> Site: <u>Ext. Jugular</u> <input type="checkbox"/> PVC Type: <u>20 gauge</u> Site: <u>Ext. Jugular</u> <input type="checkbox"/> Others:		INDUCTION: <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> Rapid Sequence <input checked="" type="checkbox"/> <input type="checkbox"/> Inhalation - Agent used: <u>Sevoflurane</u> Mode of Ventilation: <input type="checkbox"/> Spontaneous <input checked="" type="checkbox"/> Controlled AIRWAY MANAGEMENT: Intubation: <u>Oral</u> / Nasal ETT Size: <u>7.5</u> Type: <u>Bougie</u> CL Grade: <u>I/II</u> / III / IV Secured at: <u>cm</u> Any difficulties and accessories: <u>Bougie</u> Throat Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Removed NG / OG Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No OTHER AIRWAY DEVICES: <input type="checkbox"/> LMA Type & Size: <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Face Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Others: Antibiotic / Dose / Time <u>8mg Cefuroxime 1.5 gm 9-20 am</u> Reversal of Anaesthesia					
PATIENT SAFETY									
Position on Table: <u>Supine</u> Pressure points checked & Padded: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eye Care: <input type="checkbox"/> Yes <input type="checkbox"/> No Safety Belt: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Warming Blanket: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fluid Warmer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TED Stockings: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sequential Compression / Decompression: <input type="checkbox"/> Yes <input type="checkbox"/> No									
DRUGS	PROPOFOL								
	MIDAZOLAM	<u>3</u>							
	FENTANYL	<u>125</u>	<u>125</u>	<u>75</u>	<u>50</u>	<u>50</u>	<u>75</u>		
	MORPHINE								
	VECURONIUM	<u>8</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>		
	ETOMIDATE								
	KETAMINE								
	SUX/ROCURONIUM								
	CISATRACURIUM/MATRACURIUM								
	SEVOFLURANE	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Air/N ₂ O	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Time	<u>8:30</u>	<u>9:30</u>	<u>10:30</u>	<u>11:30</u>	<u>12:30</u>				
Systolic V	<u>200</u>								
Diastolic A	<u>180</u>								
Pulse	<u>160</u>								
Resp. ★	<u>140</u>								
Operation ○	<u>120</u>								
Temp X	<u>100</u>								
	<u>80</u>								
	<u>60</u>								
	<u>40</u>								
	<u>20</u>								
	<u>0</u>								
MONITOR	SPO ₂	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	
	CVP	<u>6</u>	<u>7</u>	<u>6</u>	<u>6</u>	<u>8</u>	<u>6</u>	<u>6</u>	
	PAP								
	ETCO ₂	<u>24</u>	<u>25</u>	<u>24</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	
	Urine Output					<u>200 ml</u>			
ABG	PH	<u>7.439</u>					<u>7.419</u>		
	PCO ₂	<u>42.1</u>					<u>34.9</u>		
	PO ₂	<u>79.1</u>					<u>115.3</u>		
	Na ⁺	<u>141</u>					<u>139</u>		
	K ⁺	<u>3.67</u>					<u>3.53</u>		
	HCT	<u>48</u>					<u>36</u>		
	RBS	<u>29.2%</u>					<u>17.4%</u>		
	LAC								
	BE	<u>3.7</u>					<u>-2.4</u>		
	HCO ₃	<u>27.9</u>					<u>23.1</u>		

		START	STOP	FLUID TRANFUSED		BLOOD PRODUCTS	
ANAESTHESIA		8.30	12.15	CRYSTALOID	COLLOID		
PROCEDURE		9.50	12.05	Kaleghe 10 17 20 30			
CPB — OFCAB—							
AXC							
CUF: MUF:							
HEPARIN				PRESSURE MONITOR			
DOSE	TIME	ACT		PRE OP			
125mg	10:27	303		PA	RV	PCWP	
				ABP			
PROTAMINE				POST OP			
DOSE	TIME	ACT		PA	RV	PCWP	
100mg	11:32	120					
INOTROPES & INFUSIONS				ABP			
DRUG DILUTION	DOSE (RANGE)	START TIME	END TIME	DRUG DILUTION	DOSE (RANGE)	START TIME	END TIME
Nesoprine 4mg/50ml	105µg/kg/min	105µg/kg/min	continued				
Adrenaline 6mg/50ml	1.01-0.02 100µg/min	1.01µg/kg/min	stopped				
REGIONAL ANAESTHESIA YES / NO DETAILS: BE SPB 1.25%, Bupivacaine 15 + 15 + 15 + 15 10ml of 1.25% bupivacaine @ femoral block				IABP: NIL ECMO: NIL TEE: NIL			
REMARKS / CRITICAL EVENTS							
ANAESTHESIOLOGIST NAME: REG.NO.				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Dr. A. SAMUEL SYLVESTER Reg. No: 43570 </div> SIGNATURE: 			

POST OPERATIVE PLAN

Transfer to: ☒ SICU ☐ Others, specify: _____

Arrival in Recovery / ICU Time: 12.20.

SpO₂: 100 % HR: 68 beats/min Rhythm: Regular RR: 14 breaths/min
ABP: 102/56 mmHg CVP: 10 mmHg PAP: _____ mmHg C.O.: _____ L/min

Conscious state: Sedated Pain score: _____

VENTILATOR SETTINGS: Volume control;
RR 14/min; TV 500ml; F_IO₂: 0.6
PEEP 5mm Hg.

IONOTROPES:
Ly - Noradrenalin 0.2 µg/min

POST OP ORDERS:

- 1) Do ABG / chest x ray / AET
- 2) Mean f entubate when fully awake

MODIFIED ALDRETE'S SCORE (Score against each criteria)

CRITERIA	PARAMETER	Scale
Activity, able to move, voluntarily or on command	4 extremities	2
	2 extremities	1
	No	0
Breathing	Able to breath deeply and cough freely	2
	Dyspnea, shallow or limited breathing	1
	Apnea	0
Consciousness	Fully awake	2
	Arousable on calling	1
	unresponsive	0
Circulation (Blood Pressure)	+20% of pre-anaesthesia level	2
	+20% to 49% of pre-anaesthesia level	1
	+50% of pre-anaesthesia level	0
SPO ₂	Maintains SPO ₂ >92% in ambient air	2
	Maintains SPO ₂ > 90% with O ₂	1
	Maintains SPO ₂ <90% with O ₂	0

Total Score: 10

Patient fit for discharge:

☒ YES ☐ NO

Dr. A. SAMUEL SYLVESTER

Reg. No: 43570

Anaesthetist Name & Reg.No. :

Signature: 



Medway Hospitals[®]

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Every heart beat counts

UNIT : INSTITUTE OF CARDIO VASCULAR DISEASES

Mrs. PREMA T

52/Female/MHI202381034

09/12/2023/IPH202302466

Dr. ANBARASU MOHANRAJ



Name of Patient

UHID No. :

OPERATION NOTES

Age :

Sex :

Pre-Operative Diagnosis : CAD / DVO / Good LV function

Post-Operative Diagnosis : CAD / DVO / Good LV function

Operation Procedure Off Pump CABG x 2 grafts

LIMA → LAD

SVA → PDA

D.O. Operation

1	1	1	2	2	0	2	3
---	---	---	---	---	---	---	---

Please tick the type of procedure :

Closed ☒

Open ☐

Operation

Commenced : 9.45

Operation

Completed : 12.05

Nature of

Anaesthetic : General

Surgeons Dr. Anbarasu / Dr. Preveen / Dr. Karthika

Perfusionist —

Anaesthetist Dr. Sylvester / Dr. Ajitha

Nurse Ms. Sujatha

Incision Midline Sternotomy

Cannulation

Arterial

Venous

Oxygenator

Median sternotomy - Thymus dissected - vertical

Total CPB Time

Total ACC Time

Total TCA Time

pericardotomy - Targets anast - LIMA and Lt SVA harvested -

systemic heparinisation - LIMA divided and prepared -

Myocardium stabilised with stabiliser - LIMA anastomosed

to LAD - SVA anastomosed to PDA - Pericardium fold

closed - Dera applied - Arteriotomy with 4.5 mm punch -

Proximal anastomosis - Protamine - Hemostasis - Drains

placed - Sternum closed with NO.6 Steel wire - Wound

closed in layers -

Findings and Relevant Details :

LIMA of good calibre and flow
~1.75mm

Lt SVA of good calibre ~4mm

Targets:-

LAD - 1.5 Healthy

PDA - 1.5 Healthy

POST-BY PASS HAEMODYNAMICS

RA

LA

Cardiac Output

RV

LA

CI

SYS

SYS

PA

MEAN

BP

MEAN

DIAS

DIAS

PACW

Support :

Isoprin

Adrenaline

NORAD 0.02 µg/kg/min

Dopamine

IABP

Dobutrex

Others

POST-OPERATIVE INSTRUCTIONS :

To do - ABC, ACT, Chest Xray

Watch for :-

1. Bleeding

2. Hypotension

Blood loss - 200 ml

Blood transfusion - Nil

Drains : Chest - ① Lt Pleural
Mediastinal - ①
Pericardial
Others

Sponge Count : Correct.

Dr. Anbarasu Mo

Reg No: 55470

Surgeon : Dr. ANBARASU MOHANARAT

Date : 12/12/2023



JCI ACCREDITED



NABH ACCREDITED



Every heart beat counts
(A Unit of United Alliance Healthcare Pvt Ltd)

OPERATION NOTES

NAME: MRS. PREMA. T	AGE/GENDER: 52Y/FEMALE
UHID NO: MHI202381034	IP NO: IPH2022302466
DOA: 09/12/2023	DOS: 11/12/2023
SURGEON: DR. ANBARASU MOHANRAJ	ANESTHETIST: DR. SYLVESTER
ASSISTED BY: DR. PRAVEEN JEYAKUMAR	PHYSICIAN ASSOCIATE: MS. KARTHIKA
SCRUB NURSE: MS. SUJATHA	

DIAGNOSIS:

DOUBLE VESSEL CORONARY ARTERY DISEASE

NORMAL LEFT VENTRICULAR FUNCTION (EF – 60%)

CLASS II – III ANGINA

TYPE II DIABETES MELLITUS

SYSTEMIC HYPERTENSION

DYSLIPIDEMIA

SURGERY DONE:

OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 2

LIMA TO LAD

SVG TO PDA

FINDINGS:

Good myocardial contractions

No significant scarring

LIMA – 1.75mm, Good quality, good flow

SVG – 4mm, from left leg, Good quality

LAD – 2.0mm, Healthy target, Mid LAD plaques cut across

PDA – 2.0mm, Healthy target

Good distal run off in all the grafts

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

f @MedwayHospitals

@medwayhospitals

in @medway-hospitals

@medwayhospitals



94457 94457
1800 572 3003

Medway Group of Hospitals

Kodambakkam
044-2473 4455

Mogappair
044-26530011

Kumbakonam
044-2473 4455

Chengalpattu
044-27426829

Villupuram
04146-242000

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

MHI/HOSP/2022/118



JCI ACCREDITED



NABH ACCREDITED



Every heart beat counts
(A Unit of United Alliance Healthcare Pvt Ltd)

PROCEDURE:

Median sternotomy. Pericardiotomy. LIMA and SVG harvested. Systemic heparinisation.

Heart positioned and stabilized with myocardial stabilizer for LAD grafting. Arteriotomy was made and 1.75mm intracoronary shunt was inserted. The end of the Insitu LIMA was anastomosed to the side of the LAD artery with 7-0 prolene suture. (LIMA TO LAD)

Heart positioned and stabilized with myocardial stabilizer for PDA grafting. Arteriotomy was made and 1.75mm intracoronary shunt was inserted. The end of the saphenous vein was anastomosed to the side of the PDA artery with 7-0 prolene suture. (SVG TO PDA)

Aorta occluded partially. One 4mm hole was made on the aorta with aortic punch. Proximal anastomosis of vein graft done onto aorta with 6-0 prolene suture. Protamine administered. Hemostasis secured. Pericardium reapproximated partially. Routine chest closure done with one mediastinal and one left pleural tubes insitu

SUPPORTS:

She was shifted to ICU with inj. Nor Adrenaline 0.02µg/kg/min support.

CONSULTANT SIGNATURE

Dr. Anbarasu Mohan Raj, MS, DNB, M.Ch (CTVS), FRCS (Glasg)
Director and Clinical lead – Cardio Vascular and Thoracic Surgery

Dr. ANBARASU MOHANRAJ
Reg. No: 55476

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

f @MedwayHospitals **@** @medwayhospitals **in** @medway-hospitals **@** @medwayhospitals



94457 94457
1800 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Kumbakonam 044-2473 4455	Chengalpattu 044-27426829	Villupuram 04146-242000
------------------------------	---------------------------	-----------------------------	------------------------------	----------------------------

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

MHI/HOSP/2022/118



Medway Hospitals[®]
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Medway

Institute

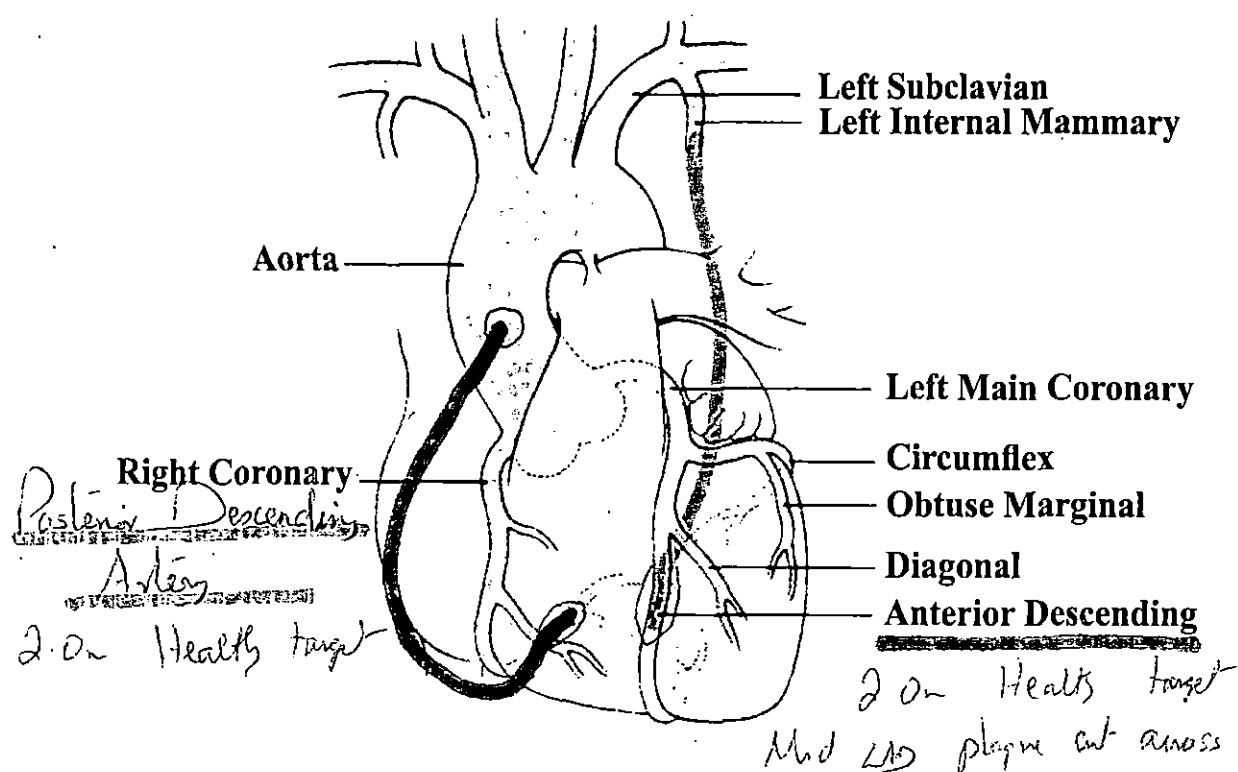
#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

Double Vessel Coronary Artery Disease

Normal L.V. Function.

Diabetic Mellitus

Class II - III Angina.




Good myocardial contractions.

No significant scarring.

Left Internal Mammary Artery (LIMA) } Healthy
Saphenous Vein Graft (SVG) } conduit

Name N. N. PREMA . T S2/F Date of Surgery 11/06/2023 UHID. No. MHL 2023 810
Operation Performed OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY
(OPUBS) x 2 LIMA TO LAD ; SVG TO PDA 1/1

PATIENT'S INFORMATION SHEET

NAME	Mrs. PREMA T 52/Female/MHI202381034 09/12/2023/IPH202302466 Dr. ANBARASU MOHANRAJ 	AGE / SEX	52Y / F	UHID NO	
		SURGEON		ANAESTHETIST	
		DR. ANBARASU		DR. PRAVEEN	

DIAGNOSIS (In Capital Letters)	1. CORONARY ARTERY DISEASE DOUBLE VESSEL DISEASE
	2. GOOD LV FUNCTION EF-61%.
	3. T2DM
	4. SHIM
	5.
	6.
	7.
	8.
PRESENT PROCEDURE/ SURGERY	CABG
PREVIOUS PROCEDURE/ SURGERY	H1b hemosthoidectomy done 20yrs back
CONTACT NO. & RELATIONSHIP	1. 995 292 8265 Husband (Yael)

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1		T. ANGIPLAT	2.5mg	P/O	1-0-1	
2		T. METOPROLOL XL	12.5mg	P/O	1-0-1	
3		T. GILADOR M2		P/O	1/2-0-1/2	
4						
5						
6						
7						
8						
9						
10						

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	09.12.23	T. ANGIPLAT	2.5mg	P/O	1-0-1	
2	"	T. PROLOMET XL	12.5mg	P/O	1-0-1	
3						
4						
5						
6						
7						
8						
9						
10						

ANY RELEVANT INFORMATION:

Admission / OT Receival Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer Out Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer In Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
1) Known Case of Diabetic Mellitus 2) Known Case of Hypertension 3) Known Case of Bronchial Asthma/COPD	Year	Months	Days
	<i>2 years.</i>		
4) Known Case Of Others			
Denture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent		
Allergic Reaction : Drugs/Food	<input type="checkbox"/> Yes <input type="checkbox"/> <i>Not Known</i> If you means mention about Drug / Food Name :		
Pressure Ulcer Present	<input type="checkbox"/> Yes <input type="checkbox"/> No If you means mention about Grade : 1 / 2 / 3 / 4 & Site:		

ANY RELEVANT INFORMATION:

				Sign With Date
Peripheral Cannulation	1. Site: 2. Site: 3. Site:	1. Inserted Date and Time 2. Inserted Date and Time 3. Inserted Date and Time	1. Removed on : 2. Removed on : 3. Removed on :	
Neck Line : IJL / EIJL	Site:	Inserted Date and Time	Removed on	
Arterial Line : Right/Left	Site:	Inserted Date and Time	Removed on	
Sheath Arterial / Venous:	Site:	Inserted Date and Time	Removed on	
Pressure Bandage	Site:	Inserted Date and Time	Removed on	
Drain Site	1. Mediastinal : Inserted Date and Time 2. Pleural Right / Left : Inserted Date and Time		Removed on Removed on	
Urinary Catheterization	Inserted Date and Time	Removed on		
Nasal / Oral Gastric Tube	Inserted Date and Time	Removed on		
Intubation Date and Time	Extubation Date And Time	Reintubation Date And Time		
Other Information	<u>10/12/23</u> 10 per Reservation done at Sri malalakshmi			Quf 5/10/25

PATIENT'S INFORMATION SHEET

NAME	AGE / SEX	UHID NO
CONSULTANT	SURGEON	ANAESTHETIST
DR. ANBARASU -	DR. ANBARASU	DR. SYLWESTER
DIAGNOSIS (In Capital Letters)	1. CAD - DND 2. NORMAL LV SYSTOLIC FUNCTION 3. GRADE I DIASTOLIC DYSFUNCTION 4. NORMAL RV SYSTOLIC FUNCTION 5. TRIVIAL MR, TRIVIAL TR, NO PAH 6. EF - 61% 7. 8.	
PRESENT PROCEDURE/ SURGERY	OPCABX 2 GRAFTS ON 11/12/2023 LIMA → LAD SVG → PDA	
PREVIOUS PROCEDURE/ SURGERY	HEMORRHOIDECTOMY (20 YEARS BACK)	
CONTACT NO. & RELATIONSHIP	1. 9952928265 MR. JOEL CAUSBAN 2. 9840164694 (Vc) MRS. JOSEPHINE (Sister In Law)	

N. No: 10/549

SELF - CHA SUEME

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	9/12/23	TAB. ANGIPLAT	2.5mg	P/b	1-0-1	
2	9/12/23	TAB. PROLOMER XL	12.5mg	P/b	1-0-1	
3						
4						
5						
6						
7						
8						
9						
10						

ANTIPLATELET STOPPED ON: 6.12.23

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	11/12/23	Syr. SULFALFATE SUSPENSION	10 ml	p/o	1-1-1	
2	11/12/23	NER-LEVOLIN	0.63 mg	INH	QbH	
3	12/12/23	T. FRUSEMID 8	40 mg	p/o	1-1-0	
4	12/12/23	T. SPIRANOLACTONE	25 mg	p/o	1-1-0	
5	12/12/23	T. BESIPLEX FORTE	1 TAB	p/o	1-0-0	
6	12/12/23	T. COPI DOGREL + ASPIRIN	75/75 mg	p/o	0-1-0	
7	12/12/23	T. ATORVASTATIN	40 mg	p/o	0-0-1	
8	12/12/23	Syr. CEFMAFFIN PLUS	15 ml	p/o	0-0-1	
9	12/12/23	T. Dolo	650 mg	p/o	1-1-1	
10	12/12/23	T. METAPROLOL	25 mg	p/o	1-0-1	

ANY RELEVANT INFORMATION:

Admission / OT Receival Date and Time : 11/12/23 AT 12.25 From : OT To : SJW	Condition of the Patient : ON VENT 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer Out Date and Time : 12/12/23 at 11:50 From : SDICU To : 207	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer In Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
1) Known Case of Diabetic Mellitus 2) Known Case of Hypertension 3) Known Case of Bronchial Asthma/COPD	Year 2 YEARS —	Months	Days
4) Known Case Of Others			
Denture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent		
Allergic Reaction : Drugs/Food	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Drug / Food Name :		
Pressure Ulcer Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Grade : 1 / 2 / 3 / 4 & Site:		

ANY RELEVANT INFORMATION:

			Sign With Date
Peripheral Cannulation	1. Site: RIGHT METACARPAL 2. Site: 3. Site:	1. Inserted Date and Time 11/12/23 AT 8:20 2. Inserted Date and Time 3. Inserted Date and Time	1. Removed on : 15/12/23 @ 16:00 2. Removed on: 3. Removed on :
Neck Line : IJL / EIJL	Site: RIGHT EIJL RIGHT IJL	11/12/2023 AT 08:35 Inserted Date and Time 11/12/23 AT 8:35	13/12/23 at 11:00 Removed on 13/12/23 at 11:10
Arterial Line : Right/Left	Site: RIGHT RADIAL	Inserted Date and Time 11/12/23 AT 8:40	Removed on 12/12/2023 @ 10:00
Sheath Arterial / Venous:	Site:	Inserted Date and Time	Removed on
Pressure Bandage	Site: RT RADIAL	Inserted Date and Time 12/12/2023 @ 10:20	Removed on 13.12.23 @ 05:05
Drain Site	1. Mediastinal : Inserted Date and Time + 2. Pleural Right / Left : Inserted Date and Time 11/12/23 AT 11:20	Removed on 12/12/2023 Removed on @ 12:00	
Urinary Catheterization	Inserted Date and Time 11/12/23 AT 8:45	Removed on 13.12.23 @ 04:30	
Nasal / Oral Gastric Tube	Inserted Date and Time 11/12/23 AT 12:25	Removed on 11/12/23 @ 15:05	
Intubation Date and Time 11/12/23 AT 12:25	Extubation Date And Time 11/12/2023 AT 15:05	8 HOURS 30 MIN. Reintubation Date And Time	
Other Information	NO CHEST PAIN CXR DONE ON:- 28/11/23 CAG DONE ON:- 23/11/23 SCREENING ECHO DONE ON:- 27/11/23 ECG DONE ON:- 17/11/23		

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

MHI/OT/2022/086



Every heart has a story
Mrs. PREMA T

52 / Female / MHI202381034

09/12/2023 / IPH202302466

Dr. ANBARASU MOHANRAJ



Name of the Procedure : OP CAB (CLOSED HEART) Location : CTOT

Date & Time : 11/12/23 @ 12.15

Does the Procedure involve Procedural Sedation : ☒ Yes ☐ No ✓ GA

SIGN IN <u>8:30</u> Before Induction of Procedural Sedation		TIME OUT <u>9:50</u> After procedural Sedation and before procedure		SIGN OUT <u>12.15</u> When Doctor indicates that the Procedure is completed	
(Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure)		(Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure)			
Patient Confirmation		All team members introduce themselves by Name and Role		To be done for each procedure in case of multiple procedures	
Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Name of the Procedure done written down <input checked="" type="checkbox"/> Yes <u>OP CAB (CLOSED HEART)</u>	
Procedure	<input type="checkbox"/> Yes	Procedures	<input checked="" type="checkbox"/> Yes	Name and site of all specimens / Investigations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	
Side	<input type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/> NA <u>leg & chest</u>	Side	<input type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/> NA <u>leg & chest</u>	confirms labeling and sent to lab	
Consent	<input checked="" type="checkbox"/> Yes	Position	<u>Supine</u>	Any recovery concerns : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
Known Allergy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not known If yes, please specify	Consent	<input checked="" type="checkbox"/> Yes	If Yes, Pls. specify :	
Difficult airway / aspiration risk / dentures	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, equipment and assistance available	Required equipment and implants available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Possibility of hypothermia	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, warmer in place	Essential Imaging displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
All concerned anesthesia equipment and medication check complete	<input checked="" type="checkbox"/> SpO2 <input type="checkbox"/> NIBP <input type="checkbox"/> Others pls. specify	Antibiotic prophylaxis within last 60 minutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Pre OP medication taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name of the Antibiotic given	<u>CEFAZOLINE 1.5gm @ 9:20</u>	Any Equipment / instrument problem that needs to be addressed : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
Required equipment for procedure available	<input type="checkbox"/> Yes <input type="checkbox"/> NA	Venous Thromboembolism Prophylaxis Provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	If Yes, Pls. specify :	
		Anticipated duration briefed	<input checked="" type="checkbox"/> Yes	Corrective action : <u>sponges / Gauze, Instruments, Needle counts are correct</u>	
		Anticipated blood loss briefed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Adequate fluids and blood available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Team briefed on any critical or unexpected steps	<input checked="" type="checkbox"/> Yes		
		For procedural sedation cases			
		Any patient specific concerns :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
		Intra procedure glycaemic control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Any concerns about sterility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		

Anaesthetist / Doctor giving Procedural Sedation <u>DR. S. R. VETER</u>	Doctor performing the Procedure : <u>DR. ANBARASU</u>	Nurse : <u>DR. CHRISTINA D</u>	Technician : <u>BALAKRISHNAN</u>	Others Please Specify : <u>STOF NURSE DR. CHRISTINA D</u>
Date : <u>11/12/23 @ 12.15</u>	Date : <u>11/12/23 @ 12.15</u>	Date : <u>11/12/23 @ 12.15</u>	Date : <u>11/12/23 @ 12.15</u>	Date : <u>11/12/23 @ 12.15</u>
Time : <u>11/12/23 @ 12.15</u>	Time : <u>11/12/23 @ 12.15</u>	Time : <u>11/12/23 @ 12.15</u>	Time : <u>11/12/23 @ 12.15</u>	Time : <u>11/12/23 @ 12.15</u>



CONSENT FOR BLOOD / BLOOD COMPONENTS

A Blood transfusion is life saving medical procedure, prescribed by a physician. Blood can be given 'whole' but more often a component or combination of component is transfused. Among the most common components are:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Red Cells | for bleeding or low hemoglobin |
| <input type="checkbox"/> Platelets | for bleeding or low counts |
| <input type="checkbox"/> Plasma | for restoring blood volume or providing clotting factors |
| <input type="checkbox"/> Cryoprecipitate | for special clotting factors |

The Doctor has explained the benefits that are expected from my/the patients being transfused as well as the risk are:

1. I have been informed the transfusion option available, which may include banked blood (allogenic) provided by voluntary donors or self-donation (autologous). If an emergency condition exists, banked blood will be invariably be used. Self-donation is possible if time permits.
2. I have been informed that despite careful screening in accordance with national regulations, there are rare instances of life threatening infections such as AIDS, Hepatitis and other viruses or diseases as yet unknown. I understand that there is no practical way to eliminate all risks. I also understand that unpredictable reactions may occur which include but are not limited to, fever, rash, and shortness of breath, shock and in rare occasions, death.
3. Expected benefits of the transfusion may include minimizing shock, brain and other organ damage, hastening recovery and limiting blood loss, however, I understand that there are no guarantees offered as to the expected benefits.
4. I have had the opportunity to ask questions about transfusions, alternate forms of treatment, risks of non-treatment, the procedures to be used, and the relative risks and hazards involved and I believe that I have sufficient knowledge to make an informed decision.
5. I agree/Not agree the administration of blood and/or components in the interest of proper medical care, with my signature I give consent to administering blood products for myself or for the patients. I agree this informed consent may serve for consent to give additional necessary blood products for a time certain to end with this hospitalization or for the complete course of this illness. If I have been advised that the future need for transfusion blood products is quiet likely and possibly on a recurrent basis but still related to the same illness.

Witness
Doctor
Time
Date

Patients name.....
Patient signature
or Guardians name
Guardians signature
Relationship to patient

Informed consent not obtained because of a life threatening/emergency medical condition. I have provided the patient information sufficient to be considered informed consent and I have proceeded with ordering blood products to be administered in sufficient quantity to alter, improved or reverse a life-threatening/emergent medical condition.

Time: 18.00

Date: 10/12/23

Doctors Signature:

Dr. P. PRAVEEN
Reg. No: 86510

ஒப்புதல் : இரத்தம் / இரத்தத்தின் பாகங்களை செலுத்துதல்

இரத்தம் செலுத்துதல் என்பது, மருத்துவரால் பரிந்துரைக்கப்படுகின்ற ஓர் உயிர் காக்கும் மருத்துவ செயல்முறையாகும். முழுமையான இரத்தம் அளிக்கப்படலாம் என்றாலும், பெரும்பாலும் ஒரு பாகம் அல்லது பாகங்களின் கலவை செலுத்தப்படுகிறது. மிகப் பொதுவான பாகங்களில் கீழ்க்கண்டவை அடங்கும்.

சிவப்பு அணுக்கள்	இரத்தப்போக்கு அல்லது குறைந்த ஹீமோகுளோபினுக்கு
தட்டணுக்கள்	இரத்தப்போக்கு அல்லது குறைந்த எண்ணிக்கைக்கு
குருதிநீர்	இரத்த கன அளவை மீட்டமைப்பதற்கு அல்லது உறைவு அம்சங்களை வழங்குவதற்கு
கிரையோபிரைஸிடேட்	சிறப்பு உறைவு அம்சங்களுக்காக

எனக்கு / நோயாளிகளுக்கு இரத்தம் செலுத்தப்படுவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள் மட்டுமின்றி இடர்களையும் மருத்துவர் விளக்கியுள்ளார்

1. இரத்தம் செலுத்துவதில் கிடைக்கின்ற விருப்பத்தேர்வு பற்றி எனக்கு தகவலளிக்கப்பட்டுள்ளது. இதில் தன்னார்வ தானமளிப்பவர்கள் வழங்கியுள்ள வங்கியிலுள்ள இரத்தம் (அலோஜெனிக்) அல்லது சுயமாக தானமளித்தல் (ஆட்டோலோகன்) ஆகியவை அடங்கும். ஓர் அவசரநிலையில், வங்கி இரத்தம்தான் பயன்படுத்தப்பட வேண்டியிருக்கும். நேரம் கிடைக்கும் பட்சத்தில் சுய தானமளிப்பதற்கு வாய்ப்புள்ளது.
2. தேசிய விதிமுறைகளுக்கேற்ப கவனத்துடன் முன்சோதனை செய்யப்பட்டிருந்தாலும், உயிருக்கு ஆபத்தை விளைவிக்கக்கூடிய தொற்றுக்கான எய்ட்ஸ், ஹெபடைடீஸ் மற்றும் இதர வைரஸ்கள் அல்லது இதுவரை அறியப்படாத நோய்கள் ஏற்பட்டுள்ள அரிதான நிகழ்வுகளும் உள்ளன. எல்லாவிதமான இடர்களையும் நீக்குவது என்பது நடைமுறைக்கு இயலாத ஒன்றாகும் என்பதையும் நான் புரிந்து கொள்கிறேன். கணிக்க முடியாத எதிர்விளைவுகளும் தோன்றலாம். இவை காய்ச்சல், பொரிப்பு, மூச்சுத்திணறல், அதிர்ச்சி மற்றும் அரிதான நிகழ்வுகளில் இரப்பு ஆகியவற்றை உள்ளடக்கி, அந்த வரம்புக்குட்படாதவையாகவும் கூட இருக்கலாம் என்பதையும் நான் புரிந்து கொண்டேன்.
3. இரத்தம் செலுத்துவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள், அதிர்ச்சி, மூளை மற்றும் இதர உறுப்புகளுக்கு ஏற்படும் சேதம் குறைக்கப்படுதல், குணமடைதலை துரிதப்படுத்துதல் மற்றும் இரத்தம் இழக்கப்படுவதைக் குறைத்தல் ஆகியவற்றை உள்ளடக்கியிருக்கலாம் என்றாலும், எதிர்பார்க்கப்படும் நன்மைகளுக்கு உத்தரவாதம் ஏதும் அளிக்கப்படவில்லை என்பதையும் நான் புரிந்து கொள்கிறேன்.
4. இரத்தம் செலுத்துதல், மாற்று சிகிச்சை முறைகள், சிகிச்சை எடுக்காமல் இருப்பதினாலான அபாயங்கள், பயன்படுத்தவிருக்கும் செயல்முறைகள், மற்றும் இதிலுள்ள இடர்கள் மற்றும் அபாயங்கள் ஆகியவை பற்றிய கேள்விகள் கேட்பதற்கு எனக்கு வாய்ப்பிருந்தது. மேலும் தகவலறிந்த நிலையில் முடிவெடுப்பதற்கு ஏற்ப எனக்கு போதிய விவரங்கள் தெரிந்திருந்தன என்று நான் நம்புகிறேன்.
5. முறையான மருத்துவ பராமரிப்பின் பொருட்டு, இரத்தம் மற்றும் / அல்லது அதன் பாகங்கள் செலுத்தப்படுவதற்கு நான் ஒப்புக்கொள்வதுடன், எனது கையொப்பத்தின் மூலம் எனக்கு அல்லது நோயாளிகளுக்கு இரத்தப் பொருட்கள் செலுத்தப்படுத்துவதற்கு என் ஒப்புதலை அளிக்கிறேன். இதே நோய் தொடர்பாக, இரத்தப் பொருட்கள் செலுத்தப்படுவதற்கான எதிர்காலத் தேவைக்கு வாய்ப்புள்ளது மற்றும் அது தொடர் அடிப்படையில் இருக்கலாம் என்று எனக்குத் தெரிவிக்கப்பட்டிருக்குமானால், இந்த மருத்துவமனை சேர்ப்பின் குறிப்பிட்ட காலத்தில் முடிவடையும் வகையில் அல்லது இந்நோயின் முழுமையான காலகட்டத்திற்கும் தேவையான கூடுதல் இரத்தப் பொருட்கள் செலுத்தப்படுவதற்குரிய ஒப்புதலையும் இத்தகவலறிந்த ஒப்புதல் மூலம் வழங்குவதற்கு நான் ஒப்புக் கொள்கிறேன்.

நோயாளியின் பெயர்.....
 சாட்சி நோயாளியின் கையொப்பம்
 மருத்துவர் அல்லது பாதுகாவலரின் கையொப்பம்
 நேரம் பாதுகாவலரின் கையொப்பம்
 தேதி நோயாளியுடனான உறவு

உயிருக்கு ஆபத்தான / அவசரக்கால மருத்துவ நிலை காரணமாகத் தகவலறிந்த ஒப்புதல் பெறப்படவில்லை. தகவலறிந்த ஒப்புதலாகக் கருதப்படக்கூடிய அளவிற்கு நான் போதிய அளவு தகவலை நோயாளிக்கு வழங்கிவிட்டேன். மேலும் ஓர் உயிருக்கு ஆபத்தான / அவசரக்கால மருத்துவ நிலையை மாற்றுவதற்கு, மேம்படுத்துவதற்கு, நேர்மாறாக ஆக்குவதற்கான போதிய அளவில் இரத்தப் பொருட்களை வழங்குவதற்கான உத்தரவை வழங்கும் நடவடிக்கையை நான் மேற்கொண்டுள்ளேன்.

நேரம் :

நோயாளியின் பெயர் : மருத்துவரின் கையொப்பம்.....

தேதி :



CONSENT FORM - PHYSIOTHERAPY

I, MRS. Prema. the ☐ Patient or ☒ representative of patient have (please tick the correct option above and below):

☒ Read

☒ I/We have been explained the current clinical condition of me / my patient

☒ Been explained this consent form in Tamil (Name of language) which I fully understand and understood the information provided about ~~Operation~~ / procedure

Post operative Cardio Pulmonary Rehabilitation

(full name of ~~operation~~ / procedure given below in this consent form)

Brief description of the ~~Operation~~ / Procedure: DBE's, chest Percussion, Spirometry etc,
Active ex's to BL UL SL, Mobilisation.

I understand the intended benefits of undergoing the procedure. The intended benefits from this procedure are:

To Improve lung expansion and Lung Clearance, To Improve.
Joint ROM, To Improve ADL.

I understand that all procedures carry certain risks. The potential risks and complications from this procedure:

Pain

I have been explained the implications of not undergoing this procedure and the alternative methods of treatment like:

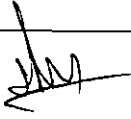

I declare that I have received and fully understood the information provided in this consent form, that I have been given an opportunity to ask questions relating to my ailment, the operation / procedure being performed, its risks, consequences, alternatives, potential complications and intended benefits and recovery, and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my signing this form.

Signature of Patient / Patient's Relative (only if Patient is unable to sign):

For the above mentioned operation(s) / procedure(s) that I have been made aware of, I give my consent voluntarily to

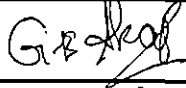
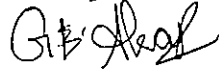
Dr. AKASH G.E (name of doctor performing the operation / procedure) for carrying out the said operation / procedure on ☒ myself or ☐ my above named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives

I, the above named Patient / named patient's representative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

	Signature / Thumb Impression*	Name	Date	Time
Patient				
Surrogate/Guardian (if applicable #)		<u>Soel</u> (Write name and relationship with patient)	11/12/23	18:00
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		B. Varishi	11/12/23	18:00
Interpreter (if applicable)				

* Right Hand for Males & Left Hand for Females | # Only if Patient is a minor or unable to give consent

I, the undersigned doctor, have explained the nature, potential risks and complications, intended benefits, expected post-procedure course, and possible alternatives to the planned operation / procedure, to the patient / patient representative. I am confident that he / she has understood the information fully as described in this document.

	Signature	Name	Reg. No.	Date	Time
Consent obtained by		AKASH G.B	0256	11/12/23	18:00
Procedure performed by		AKASH G.B	0256	11/12/23	18:00



IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

Chief Complaints:

clt chest pain x 20 days

Occupation: ☐ Heavy Activity ☒ Moderate Activity ☐ Light Activity

Past Medical / Surgical History:

SLP - Hemorrhoidectomy (20 yrs back)
Klelo - DM x 2 yrs.

On Observation:

Built: ☐ Thin ☒ Fair ☐ Well Built ☐ Obese | Postural Deviation: ☐ Yes ☒ No | Muscles Wasting: ☐ Yes ☒ No
Deformity: ☐ Yes ☒ No | Swelling: ☐ Yes ☒ No | Gait Deviation: ☐ Yes ☒ No | External Appliances: ☐ Yes ☒ No

On Palpation:

☐ INSIGNIFICANT

Tenderness: ☐ Yes ☒ No | Warmth: ☐ Yes ☒ No | Muscle spasm: ☐ Yes ☒ No
Oedema: ☐ Yes ☒ No | Crepitus: ☐ Yes ☒ No | Tone: ☒ Normal ☐ Abnormal

FALL RISK SCREENING N/A

Fall Risk Screening for Adults: ☐ Age more than 65 years ☐ History of fall in last 3 months
☐ Walks with assistance ☐ Any neurological problem

In case of 2 or more criteria is met, initiate detailed fall assessment and fall prevention protocol.

Fall Risk Screening for Pediatrics: N/A

☐ H/O fall in last 3 months ☐ Neurological problem (vertigo, seizure, etc) ☐ Deranged mobility

In case of 2 or more criteria is met, initiate detailed fall assessment and fall prevention protocol.

Respiratory Status:

☒ Room Air ☐ O₂ Support ☐ Ventilatory Support ☐ BIPAP
☐ Tracheal Mask ☐ Nasal Prongs ☐ Face Mask
Intubated: ☐ Yes ☒ No
Tracheostomy: ☐ Yes ☒ No

Brain Injury (if applicable): N/A

☐ Traumatic ☐ Non Traumatic
☐ Mild ☐ Moderate ☐ Severe
☐ Conscious ☐ Unconscious

GCS: E +V +M = | RLA: levels

Spine Injury: ☐ Present ☒ Absent

AIS:ISNCSCI SCALE:

☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx

Associated Injuries: Speech impaired: ☐ Yes ☒ No

Voluntary Movements: ☐ Present ☒ Absent | Tone Modified: ☐ Hypotonic ☒ Normal ☐ Hypertonic

ASHWORTH SCALE:

☐ Tightness ☐ Contracture ☐ Deformity ☐ Sensory Deficit

Balance: ☒ Good ☐ Fair ☐ Poor | Co-ordination: ☒ Good ☐ Fair ☐ Poor

Functional Activities

Self Care: ☒ Independent ☐ Dependent | Bed Mobility: ☒ Independent ☐ Dependent

Transfers: ☒ Independent ☐ Dependent | Ambulation: ☒ Independent ☐ Dependent

FIM Score:

Breathlessness (If applicable):

Dyspnoea Grading Scale:

Abnormal Breathing Sounds: ☐ Wheezing ☐ Stridor ☐ Crackles ☐ Pleural Rub ☐ Pneumothorax Click ☐ Stertor

Abnormal Breathing Pattern:

Pain Assessment: Pain: ☒ Yes ☐ No

Pain Score: 7/10

Tick whichever is applied: ☐ Numerical Rating Pain Scale ☐ Visual Analog Scale ☐ Wong-Baker Faces
☒ Pain Scale ☐ Critical Care Pain Observation Tool ☐ FLACC

Location: Chest pain Duration: 20 days Frequency: on salt Character: Intermittent

☐ Acute ☐ Chronic ☐ Burning ☒ Aching ☐ Radiating ☐ Numbness

☒ Sharp ☐ Cramping ☐ Stabbing ☐ Crushing

Aggravating Factors:

On exertion

Relieving Factors:

At Rest

Examination (Please tick and mention abnormal findings only):

☐ Range of Motion:

Normal

☐ Muscle Strength:

Normal

☐ Reflexes:

Normal

Plantar Response: ☐ Diminished ☒ Brisk ☐ Clonus

Biceps: ☐ Diminished ☒ Brisk ☐ Clonus

Triceps: ☐ Diminished ☒ Brisk ☐ Clonus

Supinators: ☐ Diminished ☒ Brisk ☐ Clonus

Knee: ☐ Diminished ☒ Brisk ☐ Clonus

Ankle: ☐ Diminished ☒ Brisk ☐ Clonus

Sensation: Good

Investigation & Findings:

CAD-DVD, Normal Lu Sys. Function, Grade I Diastolic Dysfunction,
Normal Ru Sys Function, Trivial MR, Trivial TR, No PAH, EF-61%

Physiotherapy Management Plan:

- DBEs Enlarged
- Chest Expansion done to BL Chest wall
- Spirometry eg's enlarged.
- Active eg's to BL UL & LL
- Mobilisation
- To Improve ADL

	Signature	Name	Emp. No.	Date	Time
Physiotherapist	J. V. V.	J. V. VAYARAGUVAN	2102	11/12/23	

RE-ASSESSMENT FORM

Date &
Time

Fall Risk Score:

Pain Score: 3/10

13/12/23
&
10:00

- DBE's encouraged
- Chest percussion to Blk chest wall
- Akrom A's to BLK UL & U
- Spirometry A's encouraged
- In: 6000 Exp: 6000
- Mobilization.
- TO Improve From
- TO Improve Chest Expansion
- TO Improve ADL
- TO Clear all Lung Secretion

Post Intervention Pain Score: 3/10

Treatment Care & Plan: POST OPERATIVE CARDIO
PULMONARY REHABILITATION

Physiotherapist

Signature

[Signature]

Name

Pamanathan - P

Emp. No.

0260



South Asia
ISO 9001:2008



Medway Hospitals[®]
The way to better health

MH/ PRINT / 0096 / PHY

Mrs. PREMA T

52 / Female / MH1202381034

09/12/2023 / IPH202302466

Dr. ANBARASU MOHANRAJ



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
11/12/23	15:05	<p>S/B vijayaraghavan</p> <ul style="list-style-type: none"> - PT intubated - BT/oral nasal suctioning done yielded thick white secretions - PT voice clear & audible - PT Nebulized - PT connected to Nasal prongs (O₂: 2 litres) - Spirometry encouraged In: 600cc Exp: 600cc 	<p>G. E. Arav</p> <p>MH10256</p>
11/12/23	22:00	<p>S/B Ramanathan - P</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to B/L Chest wall - AROM Ex's to B/L UL & LL - Spirometry Ex's encouraged In: 600cc Exp: 600cc 	<p>D. H. Arav</p> <p>MH10260</p>
12/12/23	6:00	<p>S/B Ramanathan - P</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to B/L Chest wall - AROM Ex's to B/L UL & LL - Spirometry Ex's encouraged In: 600cc Exp: 600cc 	<p>D. H. Arav</p> <p>MH10260</p>



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
12/12/23	9:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> - DBE's encouraged - Spirometry ex encouraged Insp: 600cc Exp: 600cc - Chest percussion to BL chest wall - AROM to BL UL & LL 	<p><i>G. B. Mohanraj</i> MH256</p>
12/12/23	17:00	<p><u>S/B J. VIJAYARAGHAVAN</u></p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion done to BL chest wall - Spirometry ex encouraged Insp: 600cc Exp: 600cc - Active ex's to BL UL & LL - Patient mobilised to chair. 	<p><i>J. Vijay</i> MMC-2102</p>
12/12/23	22:00	<p><u>S/B Ramanathan P</u></p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to BL chest wall - AROM ex's to BL UL & LL - Spirometry Ex's encouraged Insp: 600cc Exp: 600cc 	<p><i>P. Ramanathan</i> MH10260</p>



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
13/12/23	6:00	<p>S/B Ramanathan P</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to B/L chest wall - ROM Ar's to B/L UL & LL - Spirometry Ar's encouraged Ins: 600cc Exp: 600cc - Pt chair mobilized 	<p>PH</p> <p>MH10260</p>
13/12/23	9:00	<p>S/B AKASH</p> <ul style="list-style-type: none"> - DBE's encouraged - Spirometry Ar's encouraged Ins: 600cc Exp: 600cc - Chest percussion to B/L chest wall - ROM to B/L UL & LL 	<p>G.B. S</p> <p>MH10256</p>
13/12/23	16:30	<p>S/B J. VIJAYARAGHAVAN</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion done to B/L chest wall - Spirometry Ar's encouraged Ins: 600cc Exp: 600cc - Active ex to B/L UL & LL - Patient mobilized 	<p>J. V</p> <p>MH10262</p>



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
14/12/23	10:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> - Dber encouraged - Symmetry encouraged - Ins: Boce Exp: Boce - Chest percussion to Blc - Chest wall - Aron to Blc velle - PT stair climb encouraged 	<p><i>G. E. Mohan</i></p> <p>MH10256</p>
14/12/23	16:30	<p><u>S/B J. VIJAYARATHAN</u></p> <ul style="list-style-type: none"> - Dber encouraged - Active ex to Blc velle - Chest percussion done to Blc - Chest wall - Symmetry etc encouraged - Ins: Boce Exp: Boce 	<p><i>J. V. Mohan</i></p> <p>MHC-2102</p>
15/12/23	10:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> - Dber encouraged - Symmetry etc encouraged - Ins: Boce Exp: Boce - Chest percussion to Blc - Chest wall - Aron to Blc velle - PT stair climb encouraged 	<p><i>G. E. Mohan</i></p> <p>MH10256</p>

Mrs. PREMA T

52/Female/MHI202381034

09/12/2023/IPH202302466

Dr. ANBARASU MOHANRAJ



URINE ROUTINE ANALYSIS

MICROBIOLOGY SHEET

DATE	28/11/23		
COLOUR	PALE YELLOW		
REACTION			
SPECIFIC GRAVITY	1.010		
APPEARANCE	CLEAR		
ALBUMIN			
SUGAR	NIL		
ACETONE			
BILE SALT			
BILE PIGMENT			
UROBILINOGEN	NORMAL		
PUS CELLS	2-4		
EPITHELIAL CELLS	1-2		
RBC	NIL		
CASTS	NIL		
CRYSTALS	NIL		
OTHERS	NIL		

MICROBIOLOGY-CULTURE REPORTS

DATE	SPECIMEN/SITE	GROWTH- 24h, 48h, ORGANISM	SENSITIVITY

Every heart beat counts

Mrs. PREMA T

52/Female/MHI202381034

09/12/2023/IPH202302466

Dr. ANBARASU MOHANRAJ



DIABETIC CHART

 ACTUAL WEIGHT 66 kg HbA_{1c} 6.6%

PREVIOUS DIABETIC MEDICATIONS T. GLADOL M2 1-0-1/2 (b.i.s.)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
7/12/23	12.15	74 mg/dl	-	Patn	DR. HARI
	18.30	138 mg/dl	T. Gladol M2 (1/2)	Patn 19.40	For 16.53
02/12/23	6.30	120 mg/dl	T. Gladol M2	Patn	K' (13.05.23)
	12.30	77 mg/dl	-	Patn	
	18.30	87 mg/dl	T. Gladol M2 (1/2) tab.	Patn 19.30	For 16.53
11/12/23	6.30	125 mg/dl	Npo	Patn	

INSTRUCTIONS FOR INSULIN INFUSIONS

	BLOOD SUGAR mg / dl	INSULIN INFUSION
	< 100	Stop Infusion for 30 mins, recheck Glucose level, if B.S. is still <100 give Glucose and recheck B.S. every 30 mins, until the level is above 150. Then restart infusion with rate 1 u / hour.
* Monitor Blood Glucose hourly (every 2nd hourly when stable) and adjust Insulin rate according to the following Algorithm.	150-200	Adjust Infusion rate to 2u / hr.
	201-250	Adjust Infusion rate to 4u / hr.
	251-300	Adjust Infusion rate to 6u / hr.
	301-350	Adjust Infusion rate to 8u / hr.
* Target Blood Sugar 150-200 mgs.	351-400	Adjust Infusion rate to 10u / hr.
* To monitor K ⁺ separately.	>400	Adjust Infusion rate to 20u / hr.
Urine Acetone		

DIABETIC CHART

Mrs. PREMA T
52/Female/MHI202381034
09/12/2023/IPH202302466

Dr. ANBARASU MOHANRAJ

DOB:

Sex:

ACTUAL WEIGHT 66 kgs HbA_{1c} b.i.b.i.

PREVIOUS DIABETIC MEDICATIONS T. GLADOR M₂ 1/2 - 0-1/2 (BF)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
12/12/23	12:30	175 mg/dl	1/2 HI ATRAPID STU INFUSION IN	Dr. 01/12/2023	DR. SYNESTER
12/12/23	15:15	157 mg/dl	Stopped	maana	Dr. praveen
11/12/23	19:30	156 mg/dl	—	maana	Dr. praveen
12/12/23	04:40	142 mg/dl	T. GLADOR M ₂ P10 UNBN 08:30	Dr. 12/12/23	Dr. praveen jeyaraj
12/12/23	18:00	118 mg/dl	—	Dr. 12/12/23	Dr. praveen jeyaraj
12-12-23	20:00	114 mg/dl	T. GLADOR M ₂ 1/2 Q 12-00	Dr. 12/12/23	DR. PRAVEEN
13-12-23	06:00	117 mg/dl	T. GLADOR M ₂ Q 4am/12	Dr. 12/12/23	DR. PRAVEEN
	12:30	114 mg/dl	—	Dr. 12/12/23	Dr. 165302
	18:30	128 mg/dl	T. GLADOR M ₂ 1/2	Dr. 19:30	DR. PRAVEEN
14/12/23	6:30	128 mg/dl	T. GLADOR M ₂ 1/2	Dr. 19:30	DR. PRAVEEN
	12:30	75 mg/dl	—	Dr. 19:30	DR. PRAVEEN
	18:30	106 mg/dl	T. GLADOR M ₂	Dr. 19:00	Dr. 19:00

INSTRUCTIONS FOR INSULIN INFUSIONS

	BLOOD SUGAR mg / dl	INSULIN INFUSION
* Mix 40u short acting Insulin in 40 ml. of normal Saline (IU - 1 ml.)		
* Start Insulin Infusion 1-2 u / hr (1-2 ml / hr.).	< 100	Stop Infusion for 30 mins, recheck Glucose level, if B.S. is still <100 give Glucose and recheck B.S. every 30 mins, until the level is above 150. Then restart infusion with rate 1 u / hour.
* Monitor Blood Glucose hourly (every 2nd hourly when stable) and adjust Insulin rate according to the following Algorithm.	150-200	Adjust Infusion rate to 2u / hr.
* Target Blood Sugar 150-200 mgs.	201-250	Adjust Infusion rate to 4u / hr.
* To monitor K ⁺ separately.	251-300	Adjust Infusion rate to 6u / hr.
Urine Acetone	301-350	Adjust Infusion rate to 8u / hr.
	351-400	Adjust Infusion rate to 10u / hr.
	>400	Adjust Infusion rate to 20u / hr.

DIABETIC CHART

Pa	Mrs. PREMA T
Na	52/Female/MHI202381034
UH	09/12/2023/IPH202302466
DO	Dr. ANBARASU MOHANRAJ

ACTUAL WEIGHT 66 kg HbA_{1c} 6.6 %

PREVIOUS DIABETIC MEDICATIONS T. GLADOR M₂ 1/2 - 0 - 1/2 (BF)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
15/12/23	6.30	120 mg/dl	T. GLADOR M ₂	[Signature]	Dr. Praveen
	12.30	98 mg/dl	-	[Signature]	K. [Signature] 134/559
	18.30	126 mg/dl	T. Glador M ₂ 1/2	[Signature]	K. [Signature] 134/559
16/12/23	6.30	128 mg/dl	T. GLADOR M ₂ 1/2	[Signature]	Eloy. [Signature]
	12.30	90 mg/dl	-	[Signature]	Dr. [Signature] 165802

INSTRUCTIONS FOR INSULIN INFUSIONS

<ul style="list-style-type: none"> * Mix 40u short acting Insulin in 40 ml. of normal Saline (IU - 1 ml.) * Start Insulin Infusion 1-2 u / hr (1-2 ml / hr.). * Monitor Blood Glucose hourly (every 2nd hourly when stable) and adjust Insulin rate according to the following Algorithm. * Target Blood Sugar 150-200 mgs. * To monitor K⁺ separately. 	BLOOD SUGAR mg / dl	INSULIN INFUSION
	< 100	Stop Infusion for 30 mins, recheck Glucose level, if B.S. is still <100 give Glucose and recheck B.S. every 30 mins, until the level is above 150. Then restart infusion with rate 1 u / hour.
	150-200	Adjust Infusion rate to 2u / hr.
	201-250	Adjust Infusion rate to 4u / hr.
	251-300	Adjust Infusion rate to 6u / hr.
	301-350	Adjust Infusion rate to 8u / hr.
	351-400	Adjust Infusion rate to 10u / hr.
	>400	Adjust Infusion rate to 20u / hr.

Urine Acetone

Mrs. PREMA T

52/Female/MHI202381034

09/12/2023/IPH202302466

Dr. ANBARASU MOHANRAJ



BLOOD GROUP

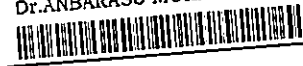
B' POSITIVE

INVESTIGATION SHEET

Date	28/11/23						
HAEMATOLOGY							
Hb	14.0						
P.C.V	40.5						
Platelets	430000						
TLC	11590						
Polymorphs	62.9						
Lymphocytes	27.2						
Eosinophils	7.1						
Mono / Basophils	2.5 / 0.3						
E.S.R							
BIO-CHEMISTRY							
Urea	23						
Creatinine	0.64						
Sodium	139						
Potassium	3.53						
Bicarbonate	29						
Chloride	98.4						
Magnesium							
Calcium							
Phosphorus							
LFT							
T.Bilirubin	0.38						
D.Bilirubin	0.13						
I.Bilirubin	0.25						
S.G.O.T	17						
S.G.P.T	18						
ALP	106						
GGT	22						
Total Protien	7.7						
S.Albumin	4.4						
CARDIAC ENZYMES							
Troponin I							
CKNAC - CPK							
CK - M.B. MASS							
LDH							
Ntpro bnp							

[illegible]

Mrs. PREMA T
52/Female/MHI202381034
09/12/2023/IPH202302466
Dr. ANBARASU MOHANRAJ



BLOOD GROUP

B Positive

INVESTIGATION SHEET

Date	28/11/23	12/12/2022	13/12/23	15/12/22		
HAEMATOLOGY						
Hb	14.0	11.9	10.9	10.9		
P.C.V	42.5					
Platelets	43,000					
TLC	11590					
Polymorphs	62.9					
Lymphocytes	27.2					
Eosinophils	7.1					
Mono / Basophils	2.5/0.3					
E.S.R						
BIO-CHEMISTRY						
Urea	23	22	23	35		
Creatinine	0.64	0.60	0.50	0.50		
Sodium	139		137	137		
Potassium	3.53		3.41	3.39		
Bicarbonate	29					
Chloride	98.4					
Magnesium						
Calcium						
Phosphorus						
LFT						
T.Bilirubin	0.38					
D.Bilirubin	0.13					
I.Bilirubin	0.25					
S.G.O.T	17					
S.G.P.T	18					
ALP	106					
GGT	22					
Total Protein	7.7					
S.Albumin	4.4					
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp						

[illegible]



Medway Hospitals®

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

Mrs. PREMA T

Pal 52/Female/MH1202381034

Na 09/12/2023/IPH202302466

UH Dr.ANBARASU MOHANRAJ

DO



MHI/IP/2022/074



**Medway
Heart
Institute**
Every heart beat counts

VITAL INFORMATION SHEET

BLOOD GROUP 'B' POSITIVE

ON ADMISSION

Height in CM

Weight in Kg.

141.5 cm

66.2 k

Diagnosis:

Procedure :

[illegible]

Antiplatelet

~~7/12~~ Stopped on 6/12/23



DIABETIC / HYPOTENSIVE



MHI/IP/2022/074



Every heart beat counts®

$$BSA: 1.61 m^2$$

2 BLOOD GROUP B POSITIVE

VITAL INFORMATION SHEET

OPCAB x 24 RAFTS

Procedure : $LIMA \rightarrow LAD$
 $SVT \rightarrow PDA$

ON ADMISSION

Height in CM

Weight in Kg.

14/10/20

b6
b7C

Diagnosis: CAD - DWD 1 EF - bl. j.

NO. OF DAYS	Dos	POD-I	POD-II	POD-III	POD-IV	POD-V
DATE	11/12/23	12/12/23	13-12-23	14/12/23	15/12/23	16/12/23
HOUR	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10
PULSE	74/min	95 bpm	85/min	99	96 bpm	84/m
RESP	14/min	18/min	24/min	20/min	20/min	20/min
B.P.	110/55	153/74/119	101/62	84/65	89/65	90/66
SPO2	100%	96%	99%	94%	95%	96%
DAILY WEIGHT	66kg	BED REST	BED REST			
24 HRS INTAKE	2319 ml	2502 ml	1950 ml	1500 ml	2000 ml	
24 HRS OUTPUT	2233 ml	2815 ml	2850 ml	1600 ml	2050 ml	
BALANCE	+261 ml	-313 ml	900 ml	-102 ML	50ml	
MOTION	x	x	x	x	x	

EARLY WARNING SCORE MONITORING CHART

Name: _____ Age/Sex: _____ Patient Id No: _____

	NEWS key	DATE	TIME		DATE	TIME
A+B Respirations Breath/ min	0 1 2 3		>25 21-24 18-20 15-17 12-14 9-11 <8			>25 21-24 18-20 15-17 12-14 9-11 <8
A+B SpO2 Scale 1 Oxygen Saturation (%)			>96 94-95 92-93 <91			>96 94-95 92-93 <91
Spo2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % eg: in hypercapnic respiratory failure only use scale 2 under the direction of qualified clinician			>96 on oxygen 95-96 on o2 93-94 on O2 >93 on air 88-92 86-87 84-85 <83%			>96 on oxygen 95-96 on o2 93-94 on O2 >93 on air 88-92 86-87 84-85 <83%
Air or Oxygen ?		A= Air O2litre/ min Device				A= Air O2litre/ min Device
C Blood Pressure			>220 201-219 181-200 161-180 141-160 121-140 111-120 91-100 81-90 71-80 61-70 51-60 <50			>220 201-219 181-200 161-180 141-160 121-140 111-120 91-100 81-90 71-80 61-70 51-60 <50
D Diastolic BP mmHg its / min			>131 121-130 111-120 101-110 91-100 81-90 71-80 61-70 51-60 41-50 31-40 <30			>131 121-130 111-120 101-110 91-100 81-90 71-80 61-70 51-60 41-50 31-40 <30
E Consciousness Score for New onset of confusion (no score if chronic)			Alert Confusion V P U			Alert Confusion V P U
F Temperature Degree Celsius			>39.1 degree Celsius 38.1-39.0 37.1-38.0 36.1-37.0 35.1-36.0 <35.0			>39.1 degree Celsius 38.1-39.0 37.1-38.0 36.1-37.0 35.1-36.0 <35.0
NEWS Total						
Monitoring Frequency						
Escalation of Care Y/N						
Initials by RN						
Initials by Sr. RN						

Note: Nurses are trained to Call Code 99 (100) when they get score of 3 in any single parameter or aggregate score of > 5

Score and monitoring frequency	4	Every Hourly
	3	Every 2 nd Hourly
	2	Every 4 th Hourly



EARLY WARNING SCORE MONITORING CHART

Name: _____

Age/Sex: _____

Patient Id No: _____

NEWS key		DATE	TIME	13/12/23	14/12/23	15/12/23	16/12/23	17/12/23	18/12/23	19/12/23	20/12/23	21/12/23	22/12/23	23/12/23	24/12/23	DATE	TIME
A+B Respirations Breath/ min	>25																
	21-24																
	18-20																
	15-17																
	12-14																
A+B SpO2 Scale 1 Oxygen Saturation (%)	9-11																
	<8																
	>96																
	94-95																
	92-93																
SpO2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % eg: in hypercapnic respiratory failure only use scale 2 under the direction of qualified nurse	<91																
	>96 on oxygen																
	95-96 on O2																
	93-94 on O2																
	>93 on air																
	88-92																
	86-87																
	84-85																
	<83%																
	Air or Oxygen ?	A= Air															
O2litre/ min																	
Device																	
C Blood Pressure	>220																
	201-219																
	181-200																
	161-180																
	141-160																
	121-140																
	111-120																
	91-100																
	81-90																
	71-80																
	61-70																
	51-60																
	<50																
Diastolic BP	mmHg																
	>131																
	121-130																
	111-120																
	101-110																
	91-100																
	81-90																
	71-80																
	61-70																
	51-60																
D Consciousness Score for New onset of confusion (no score if chronic)	mmHg																
	>131																
	121-130																
	111-120																
	101-110																
E Temperature Degree Celsius	91-100																
	81-90																
	71-80																
	61-70																
	51-60																
NEWS Total	41-50																
	31-40																
	<30																
	>39.1 degree Celsius																
	38.1-39.0																
Monitoring Frequency	37.1-38.0																
	36.1-37.0																
	35.1-36.0																
	<35.0																
	Escalation of Care Y/N																
Initials by RN																	

Note: Nurses are trained to Call Code 99 (100) when they get score of 3 in any single parameter or aggregate score of > 5

Score and monitoring frequency	4	Every Hourly
	3	Every 2 nd Hourly
	2	Every 4 th Hourly

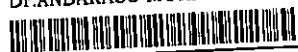
EARLY WARNING SCORE MONITORING CHART

Name: _____ Age/Sex: _____ Patient Id No: _____

[illegible]

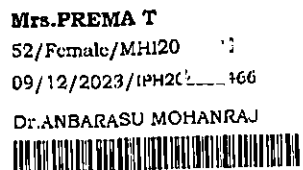
Note: Nurses are trained to Call Code 99 (100) when they get score of 3 in any single parameter or aggregate score of > 5

Score and monitoring frequency	4	Every Hourly
	3	Every 2 nd Hourly
	2	Every 4 th Hourly



Date	From: 9/12/23	To: 10/12/23	Bed No: 9014	INTAKE & OUTPUT CHART											
24 Hrs : Started Time : 10.5		Ended Time : 7.00													
NPO Started at :		NPO Over at :													
SHIFT	Morning		Afternoon		Night		Restricted Fluid (RF)								
INTAKE			500		600ml										
OUTPUT			400		550ml										
Total Intake: 1100ml			Total Output: 950ml			Difference: 150ml									
INTAKE (ml)							OUTPUT (ml)								
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomitus	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
14.00	200					200	15.55	200					200		
16.00	200					400	16.00	100					200	1	
17.30	100					500	17.30	100					400		
20.00	150					650	20.00	200					600		
20.10	100					750	21.30	150					750		
21.30	100					850	6.40	200					950		
6.30	250					1100									
							Total Intake - 1100ml								
							Total Output - 950ml								
							Balance - 150ml								
														Hary	
														0105	

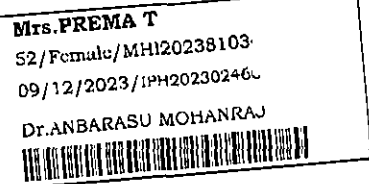
[illegible]



MHI/IP/2022/066
 **Medway
Heart
Institute**
 Every heart beat counts

[illegible]

Date	From: 13/12/23	To: 14/12/23	Bed No: 207	INTAKE & OUTPUT CHART											
24 Hrs : Started Time : 7.00		Ended Time : 7.00													
NPO Started at :		NPO Over at :													
SHIFT	Morning		Afternoon		Night		Restricted Fluid (RF)								
INTAKE			1100ml		350ml		2.4 lit								
OUTPUT			1050ml		1200ml										
Total Intake: 1950ml			Total Output: 2850ml			Difference: 900ml									
INTAKE (ml)							OUTPUT (ml)								
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
			Total intake			500ml			Total output			600ml			
			Total Balance			100ml	13.30	200					800		
12.00	125					625	14.00	200					1000		
13.45	125					750	17.00	550					1550		
14.30	125					875	18.45	100					1650		
15.30	225					1100	19.00	200					1850		
18.00	500					1600	19.30	300					2150		
19.00	100					1700	21.00	200					2350		
21.00	125					1825	00.00	200					2550		
5.30	125					1950	4.00	200					2750		
							5.30	100					2850		
							total intake → 1950ml								
							total output → 2850ml								
							Balance → 900ml								



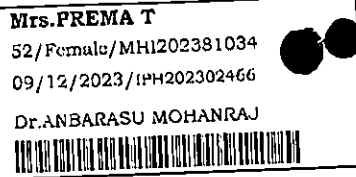
Medway
Heart
Institute

Every heart beat counts

[illegible]



Date	From: 15/12/23	To: 16/12/23	Bed No: 207	INTAKE & OUTPUT CHART											
24 Hrs : Started Time : 7.00		Ended Time : 7.00													
NPO Started at :		NPO Over at :													
SHIFT	Morning		Afternoon		Night		Restricted Fluid (RF)								
INTAKE	900		1175 ml.		625 ml		2.4 ltrs/day								
OUTPUT	700		600 ml.		700 ml.										
Total Intake: 2000 ml			Total Output: 1850 ml			Difference: -50 ml									
INTAKE (ml)							OUTPUT (ml)								
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomitus	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
6-45	150					150	7-00	100					100		
7-00	100					250	10-30	200					300		
8-30	175					425	11-30	200					500		
9-30	175					600	12-45	200					800		
12-00	300					900	13-45	200					1100		
13-45	100					1000	15-00	200					1300		
14-30	100					1100	16-30	200					1300		
15-30	100					1200	18-45	250					1550	2089	
17-00	100					1300	22-45	200					1500		
18-00	75					1375	5-30	250					2650		
22-45	125					1500	TOTAL INTAKE		-	2000 ml					
2-00	200					1700	TOTAL OUTPUT		-	1850 ml					
4-00	100					1800									
6-30	200					2000									



Medway
Heart
Institute

Every heart beat counts

[illegible]



Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Diagnosis: DM / HTN / CAD - DUD / CAD / EF - 61%

Height: 149 cms Weight: 66 Kgs Food allergies: Yes/ No: if yes, specify.....

Religious Beliefs: ☐ Vegetarian ☒ Non Vegetarian ☐ Eggetarian ☐ Jain

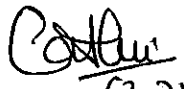


Diet Prescription: low calorie, low fat, low salt, high protein, diabetic diet

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

(A) Patient's related Medical History					
1) Weight Change (overall change in past 6 months)					
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
No weight change/gain	<5%	5 - 10%	10 - 15%	>15%	
2) Dietary Intake					
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Oral	No change	Sub-optimal solid diet	Full liquid diet/moderate overall decrease	Hypo-caloric liquid diet	Starvation
Enteral / Parenteral Nutrition	Adequate / Excessive	Sub-optimal	Inadequate	Typo-caloric feeds	Starvation
3) Gastrointestinal Symptoms/Duration:					
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
No symptoms	Nausea	Vomiting/moderate GI symptoms	Diarrhoea	Severe anorexia	
4) Functional Capacity (Nutrition related functional impairment) Durations:					
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
None/Improved	Difficulty with ambulation	Difficulty with normal activity	Light activity	Bed / chair-ridden with no or little activity	
5) Co-morbidity (Disease and its relationship to nutrition requirements)					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	
Healthy	Mild co-morbidity	Moderate co-morbidity/ age >75 years	Severe co-morbidity	Very severe multiple co-morbidity	
6) Physical examination					
1) Decreased fat stores or loss of subcutaneous fat					
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Normal	Mild	Moderate		Severe	
2) Sign of muscle wasting					
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Normal	Mild	Moderate		Severe	
Total Score = Sum of above 7 components					
Nutritional Status: Based on this patient is					
Well Nourished		<input checked="" type="checkbox"/> (17 to 24)			
Moderately Malnourished		<input type="checkbox"/> (15 to 18)			
Severely Malnourished		<input type="checkbox"/> (19 to 35)			
Nutrition Intervention:					
<input checked="" type="checkbox"/> Oral		<input type="checkbox"/> Enteral		<input type="checkbox"/> Parenteral	
Diet counseling provided:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
Frequency of re-assessment:		<input checked="" type="checkbox"/> Weekly		<input type="checkbox"/> Fort - night	
Enteral / Parenteral		<input type="checkbox"/> Daily		Calorie count: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



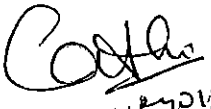
Dietitian Signature / Name / Date / Time:

Maria Catherine John 9/12/23 12:00
(24/11)
Senior Dietitian

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>9/12/21, 13:00</p>	<p>A 52 year old female came to do chest pain was assessed to be well nourished as evident by LHA- Kleb- Dref/mcro/ DND</p> <p>Elevated the patient and family on low calories, low fat, low salt, high protein, diabetes' diet. Emphasized small frequent meals & low glycemic control.</p>	<p> (2401) Maria Catherine John Senior Dietitian</p>
<p>11/12/21, 13:10</p>	<p>Patient shifted to OT for surgery (CASA) and kept on NPO. Patient <u>united</u> to sup. Will initiate on diabetes; liquid diet as per doctor's advice.</p>	<p> (2401) Maria Catherine John Senior Dietitian</p>
<p>12/12/21, 14:00</p>	<p>Patient <u>united</u> to stepdown w.o. NPO over. Patient tolerated diabetes; liquids well. Can initiate on high protein, soft solid, diabetes' diet. Motivated to eat well.</p>	<p> (2401) Maria Catherine John Senior Dietitian</p>

Department of Dietetics

CARE PLAN FORM - A

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
13/12/23, 12:00	Patient said to want - Recepted on the diet restriction. Motivated to eat well.	 Maria Catherine John Senior Dietitian
15/12/23, 10:00	Diet intake is good. Diet modification and clarification done. Motivated to eat well.	 Maria Catherine John Senior Dietitian
16/12/23, 10:00	Diet intake is good. Educated the patient and family on how calories, fat, sugar, high protein, diabetic diet or <u>dis lap</u> . Enforced on small frequent meals & low glycemic index. Diet modification and clarification done. Diet chart given on <u>dis lap</u> .	 Maria Catherine John Senior Dietitian

INTRAOPERATIVE NURSING RECORD

Mrs. PREMA T

52 / Female / MHI202381034

09 / 12 / 2023 / IPH202302466

Dr. ANBARASU MOHANRAJ



Consultant : DR. ANBARASU

Name of Surgery OP (ABC (CLOSED HEART))

Date of Surgery : 11/12/23

Mode of Transfer to OR ☐ Bed ☒ Stretcher ☐ Other ☐Anaesthesia Type : ☐ Epidural ☐ Spiral ☐ LOC ☐ MAC
☒ GEN ☐ Regional _____Position : ☐ Lithotomy ☐ Prone ☒ Supine ☐ Right Down ☐ Left down
☐ Lateral ☐ Other ☐Pressure Protection Pad : ☒ Headrest ☐ Sand Bag ☐ Pillow ☐ Axillary roll
☐ Shoulder roll ☒ Eye protection ☐ Chest roll ☐ Cysto/Gyn
☐ Sling ☐ Boot ☐ Stirrups/Leg Holder
☒ L arm rest padded / Secured ☒ R Arms tucked / padded
☐ Nil ☐ R ☐ L ☐ Other (Specify) _____Skin preparation in OT ☒ Chlorhexidine Prep ☒ Providone Iodine ☐ Iodophor scrub
☐ Alcohol Prep ☐ Others (specify) _____Electrocautery : ☒ Monopolar ☒ Pad Location R thigh ☐ BipolarTourniquet ☐ Location _____
☐ Applied Time _____ ☐ Released Time _____
☐ Applied Time _____ ☐ Released Time _____
☐ Applied Time _____ ☐ Released Time _____

Other equipment used : _____

Personal : ☒ Surgeon DR. ANBARASU ☐ Asst. DR. PRAVEEN JALICUMAR
☒ Anaesthetist DR. SYLVESTER ☐ Asst. _____

Type of Specimen :

Lab : ☐ Pathology ☐ Permanent ☐ Frozen ☐ Time sent _____
☐ Cytology ☐ Time of report _____
☐ Microbiology } _____ ☐ Time sent _____
☐ Biochemistry }

Packings / Drains / Catheters

Type	Size	Site	Type	Size	Amount	Sign
Drainage	28 Fr	Hip	-	-	-	Dr 28
Drainage	28 Fr	Mediastern	-	-	-	Dr 28

Sponge Count Record Urinary catheterization done by Christy 14 Fr Foley's catheter used

Count	Raytex Sponges	Gauze Lined	Gauze Unlined	Neuro Patties	Tonsil cotton balls	Vein Canula	Bulldog clamp	Needle	Circ. Nurse sign	Scrub Nurse Sign
Pre-op	Correct	Correct				Correct	Correct	Correct	Dr 28	Sujatha 01/25
Change over count	Correct	Correct				Correct	Correct	Correct	Dr 28	Sujatha 01/25
First closure count	Correct	Correct				Correct	Correct	Correct	Dr 28	Sujatha 01/25
Final closure count	Correct	Correct				Correct	Correct	Correct	Dr 28	Sujatha 01/25

☒ Count Correct

Corrective action taken

Dr 28

Surgeon informed

Dressing / Cast Immobilizer Chest Dressing done with Primafix & leg Dressing done with 4-Pad

Condition of patient at end of surgery : ☒ Stable ☐ Fair ☐ Critical

Transferred to : ICU ☐ Patient Room ☐ CCU ☐ Recovery Room

Scrub Nurse Signature SUJATHA 01/25

Name : SUJATHA 01/25

Date & Time : 11/12/23 @ 12.15

Circulating Nurse Signature RADHIKA 01/28

Name : RADHIKA

Date & Time : 11/12/23 @ 12.15



Mrs. PREMA T

52/Female/MHI202381034

(re)

09/12/2023/IPH202302466

Dr. ANBARASU MOHANRAJ



PSYCHOLOGICAL WELLBEING REPORT

Date: 15/12/23

Time: 11.00am.

Unit: 207A

Clinical diagnosis:

Surgery/ Procedure: OPCABX 2 grafts

Impression: Depressed affect

- depressed, oriented
- due to children's ~~financial~~ concern.
- financial constraints ⊕
- frequent crying spells.
- supportive counseling provided encouraging to think of alternatives for baby & self care.

Employee ID: MH0275PSY

L. L. L.
Signature of the Psychologist:



NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 9/12/23 Time of Arrival: 12.15 Mode of Admission: ☒ Walking ☐ Wheelchair ☐ Stretcher

Accompanied by Relative: ☒ Yes ☐ No If Yes, Name of the Relative: Mr. Joel

Relationship with Patient: Husband Contact Person's Name: Mr. Joel Relationship: Husband

Contact No.: 9953928265 Primary language spoken: ☒ Tamil ☐ English ☒ Indian ☐ International

Interpreter needed: ☐ Yes ☒ No

Patient status: ☒ Conscious ☐ Unconscious ☐ Disoriented | Patient Vulnerable: ☐ Yes ☒ No

Menstrual History: LMP: - Menopause: 5 years back 15 years back piles

Medical History: DM / HTN / Co - Morbidity: 2 years Yes If yes specify

Drugs History: Antiplatelet (Specify) AP stopped on 6/12/23

Psychological Status: ☒ Calm ☐ Anxious ☐ Withdrawn ☐ Agitated ☐ Depressed ☐ Sleeping Difficulty

Do you have any special religious, spiritual or cultural needs to be considered? ☐ Yes ☒ No

If Yes, specify details: _____

Socio Economic Status: ☐ Employed ☐ Retired ☐ Own Business ☐ Home-Maker ☐ Others: _____

Vital Signs: Temp: 97.4°F | Pulse / HR: 70 (beats/min) | BP: 130/90 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 97 (%) | CBG: 74 (mg/dl) | Height: 141.5 (cms) | Weight: 66.2 (kgs)

Allergies / Adverse Reaction: ☒ Yes ☐ No ☒ Medication ☐ Blood Transfusion ☐ Food ☐ Not known

If Yes, specify: Unknown

Pain: ☐ Yes ☒ No. If Yes, Score: 0/10 Pain Scale Used: ☐ Wong-Baker FACES Pain Rating Scale (7-12 years)

☐ Numerical Rating Scale (>12 years) ☐ CPOT (ventilator / comatose)

Duration: _____ Location: _____

Pain Character: ☐ Dull ☐ Aching ☐ Sharp ☐ Stabbing ☐ Shooting ☐ Burning ☐ Referred / Radiant Pain

Nutritional Screening:

Last 3 months Appetite: ☐ Increased ☐ Decreased ☒ No Change

Last 3 months Weight: ☐ Increased ☐ Decreased ☒ No Change

Type of Patient: ☒ Diabetic ☐ Non Diabetic Type of Diet: Diabetic diet

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: Mrs. Catherine Time: 12.30

Orient Patient if: ☒ Conscious

Orient Patient Attendant if: ☐ Unconscious ☐ Disoriented

☒ Room ☒ Side Rails ☒ Toilet Bell ☒ Patient Information Board ☐ Bathroom ☐ Bed Controls

☒ Use of Footstool ☒ Grab Bars ☒ Nurses Call Bell ☒ Television ☒ Light Controls ☐ Telephone

Functional Assessment:

Particular	Assessment	Remarks	Outcome
Visual Impairment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hearing Impairment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Chewing Difficulty	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Walking Difficulty	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Daily Activity Of Living:			
Activity	Independent	Assisted	Dependent
Bathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pressure Injury Risk Assessment: Braden Scale					
Sensory Perception	Score	Moisture	Score	Degree of Activity	Score
No Impairment	4	Rarely Moist	4	Walks Frequently	4
Slightly Limited	3	Occasionally Moist	3	Walks Occasionally	3
Very Limited	2	Very Moist	2	Chair Fast	2
Completely Limited	1	Constantly Moist	1	Bed Fast	1
Mobility	Score	Nutrition	Score	Friction & Shear	Score
No Limitation	4	Excellent	4	No apparent problem	3
Slightly Limited	3	Adequate	3	Potential Problem	2
Very Limited	2	Probably In-Adequate	2	Problem Present	1
Completely immobile	1	Very Poor	1		

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

Total Score: 23 Action needed: ☐ Yes ☒ No Pressure injury present at the time of admission: ☐ Yes ☐ No

If yes, Location: _____ Grade: _____ Size: _____

Witnessed by: _____ Signature: _____ Relationship: _____

MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)

Fall Risk Assessment (Modified Morse Scale):		Numeric Value
History of falling (immediate or within 6 months)	No	0
	Yes	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0
	Yes	15
Ambulatory Aid		
None / Bed Rest / Nurse Assist		0
Crutches / Cane / Walker		15
Furniture		30
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0
	Yes	20
Gait		
Normal / Bed Rest / Wheel Chair		0
Weak		10
Impaired		20
Mental Status		
Oriented to own stability		0
Overestimated or forgets limitations		15
Medications		
Includes PCA / opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, hypoglycemics, sedatives, immunosuppressant and psychotropics	No	0
	Yes	15
Score Interpretation: 0-24: Low-risk; 25-44: Medium Risk; Above 45: High Risk		
Total Score		<u>30</u>

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

- ☒ Familiarize the patient with the immediate surroundings
- ☒ Remind the patient to use call bell before getting out of bed
- ☒ Keep the two side rails in the raised position at all times for all patients regardless of age
- ☒ Keep the call bell, bedside table, water, glasses within the patient's easy reach
- ☒ Remove excess equipment or furniture to make a clear path
- ☒ Keep the patient's bed in the low position at all times except during procedure
- ☒ Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed
- ☒ Bed wheels should be locked
- ☒ Encourage family participation in the patient's care
- ☒ Ensure that floor of the bathroom is dry and not slippery
- ☒ Review medications for potential side effects that can promote falls
- ☒ Use safety belts during movement in wheelchair
- ☒ The patients are not ambulated by themselves. They are to be ambulated only with assistance

Medium risk interventions (25 - 44)

- ☒ Apply all the low risk interventions
- ☒ Tie yellow fall risk tag in the bed and Wheel chair / Stretcher
- ☒ Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat
- ☒ Use restraints and bed monitors as ordered by the doctor
- ☒ Allow the patient to ambulate only with assistance
- ☒ Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care
- ☒ Do not leave patients unattended in diagnostic or treatment areas
- ☒ Accompany the patient while going to bathroom
- ☒ Advise the patient to use grab bars near the toilet, bathtub, and shower
- ☒ Make sure the family and other visitors understand the restrictions mentioned above

High-risk interventions (above 45)

- ☐ Apply all the low and medium risk interventions
- ☐ Tie red fall risk tag in the bed, wheel chair and stretcher
- ☐ Locate the high-risk patients in a room close to the nurses' station
- ☐ Answer these patients call bells as quickly as possible
- ☐ Provide a commode at bedside (if appropriate)
- ☐ Urinal / bedpan should be within easy reach (if appropriate)
- ☐ Encourage family members or other visitors to stay with them
- ☐ If appropriate, consider using protection devices: safety belts

Initial Assessment to Special Needs and Vulnerability of Patient:

	Yes	No	Remarks (please specify)
Terminally ill patients		<input checked="" type="checkbox"/>	
Patients with intense chronic pain		<input checked="" type="checkbox"/>	
Woman in labor or experiencing termination of pregnancy		<input checked="" type="checkbox"/>	
Patients with emotional or psychological distress		<input checked="" type="checkbox"/>	
Patient suspected of drug or alcohol dependency		<input checked="" type="checkbox"/>	
Victims of abuse and neglect		<input checked="" type="checkbox"/>	
Patients whose immune system is compromised		<input checked="" type="checkbox"/>	
Patient with infections and communicable diseases		<input checked="" type="checkbox"/>	
Does the patient have implants		<input checked="" type="checkbox"/>	
Has tracheotomy been done		<input checked="" type="checkbox"/>	
Has colostomy been done		<input checked="" type="checkbox"/>	
Any other potential needs of the patient		<input checked="" type="checkbox"/>	

DVT RISK ASSESSMENT

Assign a score of 1 if (YES) in parameter nos. 1 to 9, and assign a score of -2 if (YES) in parameter no. 10

S. No.	Parameters	Yes / No	Score
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	Bedridden recently >3 days or major surgery within four weeks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5	Entire leg swollen (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6	Localized tenderness along the deep venous system (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9	Previously documented DVT (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESKD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Risk Score Interpretation (Probability of DVT):

Tick the score obtained (✓)

Final Score

		Action Taken	Date	Time
Low Risk	-2 to 0	✓		
Moderate Risk	1 to 2			
High Risk	3 to 8			

Personal Belongings / Valuables:

Valuables	Description	With Patient	With Patient's Attendant	Name & Signature of the Patient / Patient's Attendant	Remarks
Dentures	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both <input checked="" type="checkbox"/> Nil				
Hearing Aid	<input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Nil				
Eye glasses / Contact lens	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Jewellery	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other valuables (specify)					

Report (List of X-ray, ECG, lab reports retained with the nurse): _____

Patient / Patient's Attendant	Sign.	Name	Emp. No.	Date	Time
		Joel	Relationship Husband	9/12/23	12:30
Nurse		Davidson	0072	9/12/23	12:30
Unit In-Charge		Nice-0024	Nice-0024	9/12/23	12:32

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: -

Day: -

Day: -

MDR: ☐ Yes ☒ No. If Yes, specify organism: -

GCS: 15/15

POD: -

Central line days: -

VIP Score: -

B

BACKGROUND

Type of surgery: -

Allergies if any: -

On room air / Oxygen: on Room Air

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 37.6 (°F) | Pulse / HR: 58 (beats/min) | Respiration: 20 (breaths/min)

BP: 122/66 (mmHg) | SpO₂: 96 (%) | Height: 1.5 (cms) | Weight: 66.2 (kgs) | BMI: 23.1 kg/m²

Others: -

Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 30 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High

Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: -

Drains: -

Diabetic diet

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: Monday plan CABG

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Marchini	0170	9/12/23	19:30
Handover taken by		Hannah Grose	0105	9/12/23	19:30
Document endorsed		Dr. Anbarasu Mohanraj	0005	10/12/23	08:00

NURSES PROGRESS NOTES					
Date & Time	Observations / Action			Signature with Emp. No.	
9/12/23 @	Admission Notes				
12.15	→ patient today Admission on 11ND- Floor. GW-4 Bed.			[Signature]	
	→ patient Conscious & oriented				
	→ patient vital Signs checked & Recorded.				
16.00	→ Medication given as per drug Chart			[Signature]	
	→ patient CAG CD Copied				
	→ Monday plan for CABG				
18.30	→ patient I/O Chart Monitored				
	→ patient vital Signs checked & Recorded				
19.30	→ patient handing over to Night duty Staff Nurse			[Signature]	
Document endorsed by	Signature [Signature]	Name Dhanraj	Emp. No. 0005	Date 10/12/23	Time 08:00

Time

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Left: ☒

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day:

Day:

Day:

MDR: ☐ Yes ☒ No. If Yes, specify organism:

GCS: 15/15

POD: —

Central line days: —

VIP Score: —

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: ~~None~~ Drug allergy (not known)

On room air / oxygen: On room air

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 97.8°F | Pulse / HR: 60 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/70 (mmHg) | SpO₂: 97% | Height: 141 (cms) | Weight: 66.4 (kgs) | BMI: 33.1 kg/m²

Others: —

Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker-FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 30 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High

Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: DM diet

Drains: —

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: —

Pending follow-up orders:

Special instructions if any: Plan Monday on CABG

	Signature	Name	Emp. No.	Date	Time
Handover given by	Hay	Hannah Grace	0105	10/12/23	7:30
Handover taken by	S. Di	S. Dharadhani	0212	10/12/23	7:30
Document endorsed	(Signature)	Dharanaraj	0005	10/12/23	08:30

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 10/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: —

Day: —

MDR: ☐ Yes ☒ No. If Yes, specify organism: —

GCS: 15/15

POD: —

Central line days: —

VIP Score: —

B

BACKGROUND

Type of surgery: —

Allergies if any: Drug Allergies (Not known)

On room air / oxygen: RA

Complaints / New Symptoms in last shift: —

Date of surgery: —

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 98 (%) | Height: 41 (cms) | Weight: 66.2 (kgs) | BMI: 33.1 kg/m²

Others: —

Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 30 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High

Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☒ No ☐ NA Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: DM Diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: —

Pending follow-up orders: —

Special instructions if any: T/M CABG Plan

	Signature	Name	Emp. No.	Date	Time
Handover given by		S. Dharwadharini	0212	10/12/23	12:30
Handover taken by		A. Narasimhan	0170	10/12/23	12:30
Document endorsed		Dr. Anbarasu Mohanraj	0005	10/12/23	14:30

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 10/12/23 Shift: ☐ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - IVD

NEWS / PEWS Score: -

Ventilator day:

Peripheral line day: Right:-

Left:-

Ryle's Tube: ☐ Yes ☒ No

Day:

Urinary Catheter: ☐ Yes ☒ No

Day:

Barrier nursing: ☐ Yes ☒ No

MDR: ☐ Yes ☒ No. If Yes, specify organism:

GCS: 15/15

POD:

Central line days:

VIP Score:

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: NIKH

On room air / oxygen: on Room Air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 84 (beats/min) | Respiration: 20 (breaths/min)

BP: 109/77 (mmHg) | SpO₂: 99% | Height: 171 (cms) | Weight: 66.2 (kgs) | BMI: 23.1 kg/m²

Others: -

Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High

Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet:

Drains: -

Diabetic diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: Tomorrow plan CABG

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Nandhini	0170	10/12/23	19:30
Handover taken by		A. ALBINUS	0088	10/12/23	19:30
Document endorsed		Dr. Anbarasu	0005	11/12/23	08:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 10/12/23 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD - DVD

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left:

Day:

Day:

MDR: ☐ Yes ☐ No. If Yes, specify organism:

GCS: 15/15

POD:

Central line days:

VIR Score: 0/5

B

BACKGROUND

Type of surgery:

Date of surgery:

Allergies if any: NKOP

On room air / oxygen: ON Room Air

IV fluids on flow:

Complaints / New Symptoms in last shift:

A

ASSESSMENT

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 60 (beats/min) | Respiration: 24 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: (%) | Height: (cms) | Weight: (kgs) | BMI:

Others:

Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 20 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High

Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☐ NA Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: DM

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date:

Pending follow-up orders:

Special instructions if any: TMRW PLAN CAB G

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. ALBINUS	0088	11/12/23	7:00
Handover taken by		SHIFTED TO OT		11/12/23	07:15
Document endorsed		Dr. Anbarasu Mohanraj	0005	11/12/23	08:00

[illegible]



NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp No.			
11/12/23	CTOT RECEIVAL REPORT				
8:30	Patient Received From <u>Ind</u> To CTOT With Blue Op File And Case Sheet				
	ECG: ECHO: X-RAY: ANGIO CD:				
	CT FILE: -				
	Patient Posted For Procedure: CABG	<u>Christy</u> 0036			
	Under Anesthesia: GA				
	Allergy Status: Not known of any drug w food allergy				
	Known Case Of: CAD - Effort angina, Type II DM, SATN				
	Past Surgical History: Hemorrhoidectomy - 20 yrs back				
	VITAL SIGN: TEMP: 37°C HR: 54bpm SPO2: 90% BP: 109/77 mmHg				
	CTOT SHIFTING REPORT				
11/12/23	Patient Shifted From CTOT To SICU With Blue Op File And Case Sheet Along With				
12:15	*Surgery Safety Check List				
	*Intra Operative Record				
	*Nurses' Record				
	* ECG: ECHO: X-RAY: ANGIO CD: C Attendant				
	CT FILE: -				
	Patient Posted And Underwent For Procedure: OPCAB (Closed Heart)				
	Under Anesthesia: LGA				
	Procedure: OPCAB				
	Drain tube size and placement: 20Fr Medial sternum				
	Pacing wire placement: Present/Absent Site: ALPleura				
	Implants: -				
	Cautery burn/skin peeling/towel clip mark: Present/Absent Site:				
	VITAL SIGN: TEMP: 37°C HR: 54 SPO2: 100% BP: 110/70 mmHg				
	Notes:				
Document endorsed by	Signature	Name	Emp. No.	Date	Time
	<u>Raj</u>	<u>Christina</u>	0036	11/12/23	12:15



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/12/2023 Shift: ☐ Morning ☒ Evening ☐ Night

S	<p>SITUATION CAD.</p> <p>Diagnosis: DVD IT2 DM / SHT.</p> <p>NEWS / PEWS Score: -</p> <p>Ventilator day: D1</p> <p>Peripheral line day: Right: <u>metacarpal D1</u> Left: -</p> <p>Ryle's Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Day: -</p> <p>Urinary Catheter: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Day: -</p> <p>Barrier nursing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MDR: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, specify organism: -</p> <p>GCS: ET</p> <p>POD: D05</p> <p>Central line days: D1</p> <p>VIP Score: 0/5</p>				
B	<p>BACKGROUND</p> <p>Type of surgery: OPCABX 2 STRAFT.</p> <p>Allergies if any: NKDA.</p> <p>On room air / oxygen: on VT</p> <p>Complaints / New Symptoms in last shift: -</p> <p>Date of surgery: 11/12/2023.</p> <p>IV fluids on flow: kabilyte 100ml/w.</p>				
A	<p>ASSESSMENT</p> <p>Vital Signs: Temp: <u>94.5</u> (°F) Pulse / HR: <u>65</u> (beats/min) Respiration: <u>20</u> (breaths/min)</p> <p>BP: <u>117/60</u> (mmHg) SpO₂: <u>100</u> (%) Height: <u>141</u> (cms) Weight: <u>66</u> (kgs) BMI: <u>33.21</u> kg/m²</p> <p>Others: <u>CVP: 12</u></p> <p>Pain Score: <u>65</u> Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT</p> <p>Fall Risk Score: <u>65</u> Fall Risk Protocol: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High</p> <p>Braden Score: <input type="checkbox"/> Minimal Risk: 23-19 <input type="checkbox"/> At Risk-Mild Risk: 18-15 <input type="checkbox"/> Moderate Risk: 14-13 <input type="checkbox"/> High Risk: 12-10 <input checked="" type="checkbox"/> Severe Risk: 9-6</p> <p>Pressure Ulcer Scale for Healing (PUSH): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Wound Dressing done: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Current diet: <u>LPO</u> Drains: <u>left: mediastinal drain.</u></p>				
R	<p>RECOMMENDATION</p> <p>Referral doctors: <u>DR. Praveen</u></p> <p>Pending medications: -</p> <p>Pending medication indent: -</p> <p>Pending lab reports / Investigations: -</p> <p>Critical value alert and its corrections: -</p> <p>Changes in nursing care plan: <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, modified care plan date: <u>11/12/23</u></p> <p>Pending follow-up orders: -</p> <p>Special instructions if any: -</p>				
Handover given by	Signature <u>Meera</u>	Name <u>Meera Sethan</u>	Emp. No. <u>0276</u>	Date <u>11/12/2023</u>	Time <u>1930</u>
Handover taken by	Signature <u>JA</u>	Name <u>JHA.C</u>	Emp. No. <u>0019</u>	Date <u>11/12/23</u>	Time <u>1930</u>
Document endorsed	Signature <u>[Signature]</u>	Name <u>[Signature]</u>	Emp. No. <u>0005</u>	Date <u>12/12/23</u>	Time <u>9.00</u>

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD - D/D, DM, HTN

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: NEEPCARPA Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

Barrier nursing: ☒ Yes ☐ No

MDR: ☐ Yes ☒ No. If Yes, specify organism:

GCS: 15/15

POD: 0/200

Central line days: D - ①

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB X 2 CIRCUMFLEX

Allergies if any: NEDA

On room air / oxygen: ON O2 2 L/min

Complaints / New Symptoms in last shift: -

Date of surgery: 11/12/2023

IV fluids on flow: KABI 47E

A

ASSESSMENT

Vital Signs: Temp: 98°F (°F) | Pulse / HR: 89 (beats/min) | Respiration: 23 (breaths/min)

BP: 121/65 (85) (mmHg) | SpO₂: 100 (%) | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: Cup - 9 mmHg

Pain Score: 2/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 65 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☒ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: LIQUID DIET

Drains: LEFT PLEURAL + MEDIASTINAL

R

RECOMMENDATION

Referral doctors: DR. PRAVEEN

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

Changes in nursing care plan: ☐ Yes ☐ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		Anu A. C.	0019	12/12/23	07.15
Handover taken by		Sangeetha Srinivasan	0022	12/12/23	7.15
Document endorsed		Anu A. C.	0003	12/12/23	9.00

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 12/12/2023 Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CABG / DVD
NEWS / PEWS Score: NIL

Ventilator day: NIL

Peripheral line day: Right: Medway Left: D2

Ryle's Tube: ☐ Yes ☒ No Day: D2

Urinary Catheter: ☐ Yes ☒ No Day: D2

Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism:

GCS: 15/15

POD: DSR POD

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPEN AX SURG

Date of surgery: 11/12/2023

Allergies if any: NKDA

On room air / oxygen:

IV fluids on flow: NIL

Complaints / New Symptoms in last shift: NIL

A

ASSESSMENT

Vital Signs: Temp: 98.7 (°F) | Pulse / HR: 91 (beats/min) | Respiration: 27 (breaths/min)

BP: 141/67/95 (mmHg) | SpO₂: 97% (%) | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.24 /m²

Others: CVP - 8mmHg

Pain Score: 2/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 65 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☒ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☒ No ☐ NA

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: liquid diet

Drains: Medway + @ pleural

R

RECOMMENDATION

Referral doctors: Dr. Praveen Jayaraman

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: _____

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		<u>Sundararaman</u>	<u>0022</u>	<u>12/12/23</u>	<u>12:30</u>
Handover taken by		<u>SUGANYA C</u>	<u>0023</u>	<u>12/12/23</u>	<u>13:00</u>
Document endorsed		<u>Anu A</u>	<u>0005</u>	<u>13/12/23</u>	<u>9:00</u>

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 12/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - DVP SF → b1-1.

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: METACARPAL Left: D2

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: D2

Barrier nursing: ☒ Yes ☐ No MDR: ☐ Yes ☒ No. If Yes, specify organism: NL

GCS: 15/15

POD: POD -5

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB X 2 GRAFTS

Date of surgery: 11/12/23

Allergies if any: NICDA

On room air / oxygen: On RA

IV fluids on flow: Nil

Complaints / New Symptoms in last shift: Nil

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 86 (beats/min) | Respiration: 22 (breaths/min)

BP: 130/70 (mmHg) | SpO₂: 98 (%) | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: BSA → 1.61 m²

Pain Score: 1/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / ☒ NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☒ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA

Wound Dressing done: ☒ Yes ☐ No ☐ NA OT

Current diet: Semi solid diet

Drains: Removed

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

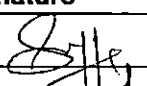
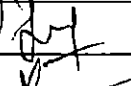
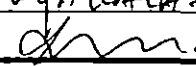
Pending lab reports / Investigations: -

Critical value alert and its corrections: -

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		SUGANYA.C	0223	12/12/23	19:30
Handover taken by		SUGANYA C.A.A - S.Y	0232	12/12/23	19:30
Document endorsed		Dr. Anbarasu Mohanraj	2005	13/12/23	9:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 12-12-23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD

NEWS / PEWS Score: DND / T2 DM / 8HT

Ventilator day: —

Peripheral line day: Right: MGTAL Left: CORPAC (22)

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☒ Yes ☐ No Day:

Barrier nursing: ☒ Yes ☐ No MDR: ☐ Yes ☒ No. If Yes, specify organism:

GCS: 15

POD: 1

Central line days: D2

VIP Score: 0/5-

B

BACKGROUND

Type of surgery: OPUB x 2 GRAFTS

Date of surgery: 11/12/23

Allergies if any: NK

On room air / oxygen: ON RA

IV fluids on flow: —

Complaints / New Symptoms, in last shift:

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 93 (beats/min) | Respiration: 20 (breaths/min)

BP: 116/70 (mmHg) | SpO₂: 98 (%) | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: —

Pain Score: 1/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: — Fall Risk Protocol: ☐ Low ☐ Medium ☐ High

Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☐ NA

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: SOFT DIET

Drains: —

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

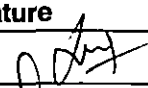


Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: —

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		Purayakaran S. D.	0232	12/12/23	07.30
Handover taken by		Sathya Vani M.	0265	12/12/23	7.30
Document endorsed		Anbarasu Mohanraj	0223	12/12/23	9.00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 13/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: Metcort D3 Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism: -

GCS: 15/15

POD: 11

Central line days: D3

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABx 2 GRAFTS

Allergies if any: NK

On room air / oxygen: On room air

Complaints / New Symptoms in last shift: -

Date of surgery: 11/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 96 (beats/min) | Respiration: 30 (breaths/min)

BP: 105/69 (81) (mmHg) | SpO₂: 95 (%) | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: BSA 1.61 m²

Pain Score: 1/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT ✓

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☒ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☒ No ☐ NA Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Semisolid diet

Drains: NIL

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders:

Special instructions if any:

NIL

NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		Sathya Vani	0065	13/12/23	11:50
Handover taken by		Prabha	0072	13/12/23	11:55
Document endorsed		Annu Anu	0003	13/12/23	12:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 13/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right:

Left: 23

Ryle's Tube: ☐ Yes ☒ No

Day:

Urinary Catheter: ☐ Yes ☒ No

Day:

Barrier nursing: ☐ Yes ☒ No

MDR: ☐ Yes ☒ No. If Yes, specify organism:

GCS: 15/15

POD: 11

Central line days:-

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPEN BX 2 GRAFTS

Date of surgery: 11/12/23

Allergies if any: NKA

On room air / oxygen: on Room Air

IV fluids on flow: -

Complaints / New Symptoms in last shift:

A

ASSESSMENT

Vital Signs: Temp: 97.8°F | Pulse / HR: 68 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/50 (mmHg) | SpO₂: 97% | Height: 144 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: -

Pain Score: 1/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet:

Drains: -

Diabetic diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:


Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Narthini	0170	13/12/23	19:30
Handover taken by	Ai	A. Anitha	0222	13/12/23	19:30
Document endorsed	Narararar	Narararar	0021	13/12/23	19:30

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 13/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: metacarpal Left: D3

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

MDR: ☐ Yes ☒ No. If Yes, specify organism: -

GCS: 15/15

POD: 11

Central line days: 0

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABX 2 Graft

Allergies if any: NKDA

On room air / oxygen: Room Air

Complaints / New Symptoms in last shift: -

Date of surgery: 14/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp 97 (°F) | Pulse / HR: 68 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/80 (mmHg) | SpO₂: 96 (%) | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: -

Pain Score: 1/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☒ No ☒ NA

Wound Dressing done: ☐ Yes ☒ No ☒ NA

Current diet:

bm diet

Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders:

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by	Ai	A. Anitha	0222	14/12/23	7.30
Handover taken by	[Signature]	M. Devika	0122	14/12/23	7.30
Document endorsed	Nase	Nalini	0024	14/12/23	7.30

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 14/12/23 Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score: 0

Ventilator day: —

Peripheral line day: Right: metoclopramide Left: —

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☐ Yes ☒ No Day: —

Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism: —

GCS: 15/15

POD: 1

Central line days: 0

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OP CAB X 2 graft

Allergies if any: NKA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: Nil

Date of surgery: 14/12/23

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 97.8 (°F) | Pulse / HR: 70 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/70 (mmHg) | SpO₂: 97 (%) | Height: 171 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: —

Pain Score: 1/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: DM diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —


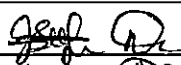

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: —

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by		U. Dair	018	14/12/23	12-2
Handover taken by		Nandini	0172	14/12/23	12-30
Document endorsed		M. Anbarasu	0005	14/12/23	14:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 14/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: - Left: 04

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

Barrier nursing: ☐ Yes ☒ No

MDR: ☐ Yes ☒ No. If Yes, specify organism: -

GCS: 15/15

POD: III

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABX 2GRAFT

Allergies if any: N/A

On room air/oxygen: on room air

Complaints / New Symptoms in last shift: -

Date of surgery: 11/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 37.6°C | Pulse / HR: 92 (beats/min) | Respiration: 20 (breaths/min)

BP: 90/66 (mmHg) | SpO₂: 93 (%) | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: -

Pain Score: 1/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ N/A Wound Dressing done: ☐ Yes ☐ No ☒ N/A

Current diet: -

Drains: -

Nil by mouth diet

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: To do Hb, Urea, Creatinine, Na⁺, K⁺, Tomorrow.

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Nardhini	0172	14/12/23	19:30
Handover taken by		A. ALBINUR	0088	14/12/23	19:20
Document endorsed		Nalini	0024	14/12/23	19:40

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 14/12/23 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: METACARDOL Left: DA

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

MDR: ☐ Yes ☒ No. If Yes, specify organism: -

GCS: 15/15

POD: 11

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OP CAB X 34 RAZTS

Allergies if any: NRDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97°F | Pulse / HR: 80 (beats/min) | Respiration: 22 (breaths/min)

BP: 130/40 (mmHg) | SpO₂: 97 (%) | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.2 Kg/m²

Others: Nil

Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☐ Minimal Risk: 23-19 ☒ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☒ No ☐ NA

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: NORMAL Diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

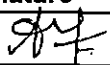


Pending lab reports / Investigations: -

Critical value alert and its corrections: -

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: Hb, urea, creat, Na⁺, K⁺

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. ALBINUS	0088	15/12/23	7.00
Handover taken by		Pavithra	0082	15/12/23	7.20
Document endorsed		valeri	0024	15/12/23	7.30

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 15/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - DVD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Left:

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism:

GCS: 15/15

POD: 10th POD

Central line days:

VIP Score: 0

B

BACKGROUND

Type of surgery: ORAB x 2 grafts

Allergies if any: N/A

On room air / oxygen: RA

Complaints / New Symptoms in last shift: Nil

Date of surgery: 11/12/23

IV fluids on flow:

A

ASSESSMENT

Vital Signs: Temp: 97.2°F | Pulse / HR: 82 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 98% | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: nil

Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☐ Minimal Risk: 23-19 ☒ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☒ No ☐ NA

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet:

Drains:

normal Diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

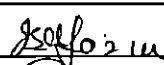

Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: _____

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		U. Lideja	0249	15/12	12.30
Handover taken by		A. Nandhini	0172	15/12/23	12.30
Document endorsed	N02624	Nandhini	0024	15/12/23	12.30

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 15/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-10V2

NEWS / PEWS Score: —

Ventilator day:

Peripheral line day: Right: ☒ Left:

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☐ No. If Yes, specify organism:

GCS: 15/15

POD: POD-IV

Central line days: —

VIP Score: OK

B

BACKGROUND

Type of surgery: OPUBX 2G RAPT

Date of surgery: 11/12/23

Allergies if any: NIKDA

On room air/Oxygen: on room Air.

IV fluids on flow: —

Complaints / New Symptoms in last shift:

A

ASSESSMENT

Vital Signs: Temp: 97.1°F | Pulse / HR: 87 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/77 (mmHg) | SpO₂: 98 (%) | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: —

Pain Score: 10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet:

Drains:

Diabetic diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:




Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: —

Pending follow-up orders: —

Special instructions if any: Tomorrow plan discharge

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Narasimhan	0170	15/12/23	19.32
Handover taken by		A. Anitha	0222	15/12/23	19.36
Document endorsed		J. Sreeja	0024	15/12/23	19.38

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 15/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: ☒ Left: —

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☐ Yes ☒ No Day: —

Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism: —

GCS: 15/15

POD: POD-IV

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OP CABG 2018

Date of surgery: 11/12/23

Allergies if any: NKDA

On room air / oxygen: Room Air

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 97 (°F) | Pulse / HR: 87 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/76 (mmHg) | SpO₂: 98 (%) | Height: 141 (cms) | Weight: 66 (kgs) | BMI: 33.2 kg/m²

Others: —

Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☒ No ☐ NA

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: DM diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —




Pending lab reports / Investigations: —

Critical value alert and its corrections: —

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: —

Pending follow-up orders: —

Special instructions if any: Tomorrow plan d/c

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Anitha	0222	16/12/23	7.30
Handover taken by		M. Deiviar	019	16/12/23	7.25
Document endorsed		Nalini	0024	16/12/23	7.30

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 16/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-DVD

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☐ Yes ☒ No Day: —

Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism: —

GCS: 15/15

POD: IV

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPLABX 2 graft

Date of surgery: 11/12/23

Allergies if any: NBOA

On room air / oxygen: On room

IV fluids on flow: —

Complaints / New Symptoms in last shift: NIL

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 82 (beats/min) | Respiration: 22 (breaths/min)

BP: 110/80 (mmHg) | SpO₂: 97 (%) | Height: 171 (cms) | Weight: 66 (kgs) | BMI: 23.2 kg/m²

Others: —

Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☐ High

Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☒ Severe Risk: 9-6

Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: DM diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —



Pending lab reports / Investigations: —

Critical value alert and its corrections: —

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: —

Pending follow-up orders: —

Special instructions if any: to sleep discharge pla

	Signature	Name	Emp. No.	Date	Time
Handover given by		M. Daila	062	16/12/23	12:28
Handover taken by	Mal	R. L. L. L.	02149	16/12/23	12:30
Document endorsed		Dr. Anbarasu	0005	16/12/23	14:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
16/12/23	Morning duty notes	
(a)		
7.00	-> patient hand over taken from night duty staff	
	-> patient normal diet	
7.30	-> patient is stable & vital signs checked	
8.00	-> patient medication given as per drug chart to day changing plan	
9.00	-> patient I/O band checked	
	-> patient is well sleep & comfortable	
10.00	-> patient @ vital signs checked	
	-> patient monitor given	
11.00	-> patient I/O chart read	
12.00	-> patient hand over given as evening duty staff	
	<u>Discharge notes</u>	
16/12/23		
12.30	=> pt is taken over from mng duty staff.	
	=> pt is conscious & oriented.	
	=> pt had a food.	
14.00	=> Due medication given as per doctor order.	
15.00	=> Today plan dis. , Billing closed.	
16.00	=> Discharge summary explained to the pt attender.	
	=> IV line & IO Band Removed	
Document endorsed by	Signature	Name
	Natasha	16- Lidiya Nalini
		Emp. No.
		00224
		Date
		16/12/23
		Time
		3.00

ADULT NURSING CARE PLAN

Mrs. PREMA T
52/Female/MHI202381034
09/12/2023/IPH202302466
Dr. ANBARASU MOHANRAJ



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 9/12/23 Time: 12.30		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - DVD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M E pt had a @ diet N pt had normal diet	 [Signature] [Signature]
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M E pt on Room air N Patient was Stable on room air	 [Signature] [Signature]
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M E I/O chart maintained N I/O chart maintained	 [Signature] [Signature]

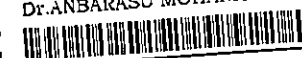
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M	
			E Pt well mobilized	Qaf 01/05
			N Pt mobilized well	Hay 01/05
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenc / volume / Hemetemeses as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M	
			E Pt self voided	Qaf 01/05
			N Pt had normal elimination pattern	Hay 01/05
SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input checked="" type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M	
			E Pt maintained skin integrity	Qaf 01/05
			N Patient had normal skin integrity	Hay 01/05

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M	
			E Pt well groomed	Jul 21/15
			N Pt groomed well	Hay 01/15
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M	
			E Pt ID band checked	Jul 21/15
			N ID band present	Hay 01/15
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input checked="" type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input checked="" type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M	
			E provided comfortable position	Jul 21/15
			N	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M	
			E Pt vitals are checked	Jul 21/15
			N Pt vital signs are stable	Hay 01/15
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M	
			E	
			N	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M E well communicated N Patient communicated well	 Hay 0105
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M E N Due drugs all given	 Hay 0105
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nalini	Nalini	0024	9/12/23	7:30

ADULT NURSING CARE PLAN

Mrs. PREMA T
52/Female/MHI202381034
09/12/2023/1PH202302466
Dr. ANBARASU MOHANRAJ



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 10/12/23

Time: 8:00

Modified Date:

Time:

Reason for Modification:

Diagnosis: CAD - DVD

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep-NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt had DM Diet E Patient had DM diet N Pt had Indice	S. J. 01/12/23 S. J. 01/12/23 S. J. 01/12/23
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAR / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Pt on Room air E Patient is on Room Air N Pt On Room Air	S. J. 01/12/23 S. J. 01/12/23 S. J. 01/12/23
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Pt I/O chart maintained E I/O Chart Monitored N Monitor I/O Chart	S. J. 01/12/23 S. J. 01/12/23 S. J. 01/12/23

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt mobilized well E Patient Mobilized well N Patient mobilized well	S.D. D Jy 00/80
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continece or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M pt self voided E Normal Elimination pattern N Normal Elimination pattern.	S.D. D Jy 00/80
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M pt skin is Normal Integrity E Maintain Normal Skin integrity N Maintain Normal Skin.	S.D. D Jy 00/80

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt good, hygiene maintained E Patient well groomed N Pt well groomed.	S.D. 02/12 J. 00/8
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M pt ID Band checked E ID band present N ID band present.	S.D. 02/12 J. 00/8
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E — N —	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M pt V/S checked & Recorded E V/S Signs checked & Recorded N Monitor V/S.	S.D. 02/12 J. 00/8
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input checked="" type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M Psychological Support to the pt E — N —	S.D. 02/12 J. 00/8

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials	
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M Pt communication well E Good communication N Pt good communication	S.D. D. J. 0087	
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M Pt Due medication given E Medication given as per drug chart N Medication as per drug chart	S.D. D. J. 0087	
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>[Signature]</i>	<i>[Signature]</i>	0024	10/12/25	4:30

50

Mrs. PREMA T

52 / Female / MHI202381034

09 / 12 / 2023 / IPH202302466

Dr. ANBARASU MOHANRAJ



Consultant:



MHI/NUR/2022/112

Every heart beat counts

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 11/12/2022 Time: 9.00		Modified Date: — Time: —		
Reason for Modification:		Diagnosis: CAD-DVD.		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN <input checked="" type="checkbox"/> Comfortable Position <input checked="" type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have less pain	<input checked="" type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input checked="" type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M E Patient is on Semi conscious. N Patient pain score is 0.	R. Meenakshi 02/26 HA 00/19
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input checked="" type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input checked="" type="checkbox"/> Perform suctioning if needed <input checked="" type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M E Patient is on Ventilator. Vitals monitored. N On O2 2Ltr She is comfortable.	S. J. Meenakshi 02/26 HA 00/19
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M E N/A N	
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input checked="" type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M E Advised for Immobility. N Dr. Anbarasu, patient is on bed rest.	R. Meenakshi 02/26 HA 00/19

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M E Patient is on IV Kabi(lyte). N Intake and output maintained	 S. meen 0286 JH 0011
RISK OF INFECTION <input checked="" type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input checked="" type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M E Aseptic technique followed. N Aseptic precautions followed	 S. meen 0286 JH 0011
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input checked="" type="checkbox"/> Dependent State	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M E Bed is lowered and locked position. N used safety precaution	 S. meen 0286 JH 0011
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input checked="" type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input checked="" type="checkbox"/> Minimize pressure <input checked="" type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M E Surgical site is clear. N no oozing from surgical site	 S. meen 0286 JH 0011
DIET & NUTRITION <input checked="" type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M E Patient is on NPO N patient consumed liquid diet.	 S. meen 0286 JH 0011

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation		Sign & Initials		
CARE OF CATHETERS, DRAINS, ETC.		<input checked="" type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M				
				E	Assept technique followed	msay 02/26		
				N	Hand and adequate cleaning and dressing	fls 02/26		
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M				
				E	-			
				N	-			
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input checked="" type="checkbox"/> Monitor GCS of patient	M				
				E	Whole I/O chart monitored	S. msay 02/26		
				N	Hemodynamically stable	fls 02/26		
HEALTH EDUCATION <input type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M				
				E	-			
				N	Explained about treatment regimen & pain management	fls 02/26		
ANY OTHER NEEDS				M				
				E				
				N				
Endorsed by	Signature		Name		Emp. ID		Date	Time
					0003		13/12/25	9.10

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 12/12/2023 Time: 8:00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN <input checked="" type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have less pain	<input checked="" type="checkbox"/> Evaluate location, character, quality and severity of pain <input checked="" type="checkbox"/> Administer pain medication as prescribed and as needed <input checked="" type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Administered medicines as per order E Provided Comfortable position N Administered drugs as per order	12/12/23 Syll 09/12/23 12/12/23
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input checked="" type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input checked="" type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M Provided Sprometry E On RA SPO ₂ → 98% N On RA SpO ₂ → 96%	12/12/23 Syll 09/12/23 12/12/23
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M E N	
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Apply Anti-Embollic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Patient is being mobilized E Safety measures followed N provided safety measures	12/12/23 Syll 09/12/23 12/12/23


Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input checked="" type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Monitor Intake and output chart E Monitored I/O chart N Monitored I/O chart	done Syll 02/02/20 Syll 02/02/20
RISK OF INFECTION <input checked="" type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M Use aseptic technique and aspects of patient care E Aseptic technique followed N used aseptic precautions	done Syll 02/02/20 Syll 02/02/20
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input checked="" type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 48 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M — E Side rails raised N used side rails maintained bed in low position	done Syll 02/02/20 Syll 02/02/20
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M — E — N —	done done done
DIET & NUTRITION <input type="checkbox"/> NPO <input checked="" type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M Patient had food orally tolerated well E — N patient on soft diet tolerated	done done Syll 02/02/20

Patient Specific Problems / Needs		Measurable Goals		Nursing Interventions		Evaluation		Sign & Initials	
CARE OF CATHETERS, DRAINS, ETC.		<input checked="" type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc		<input type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input checked="" type="checkbox"/> Maintain adequate cleaning and dressing		M	Monitored catheters	JL	
						E	Monitored I/O chart		
						N	Maintained I/O chart		
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image		<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility		M	—		
						E			
						N			
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will have normal range of vital parameters		<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient		M	Monitored hemodynamic status	JL	
						E	Monitored Vital Signs		
						N	Monitored vital signs		
HEALTH EDUCATION <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications		<input checked="" type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment		M	Provided proper health education regard diet and	JL	
						E	Educated about medication		
						N	educated regarding pain		
ANY OTHER NEEDS						M			
						E			
						N			
Endorsed by	Signature	Name	Emp. ID	Date	Time				
	JL	JL	0003	13/12/23	9.0				

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 13/12/23 Time: 9.00		Modified Date: — Time: —		
Reason for Modification:		Diagnosis: CAD - DND		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN <input checked="" type="checkbox"/> Comfortable Position <input checked="" type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Provided comfortable position for patient. E Comfortable position to the pt. N comfortable position to the pt.	[Signature] [Signature] [Signature]
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input checked="" type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M Patient is on room air. E Patient is on Room Air. N pt is on ROOM AIR.	[Signature] [Signature] [Signature]
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M N/A E — N —	[Signature] [Signature] [Signature]
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Embolic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Provided safe environment. E Patient Mobilized well. N pt well mobilized	[Signature] [Signature] [Signature]










Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input checked="" type="checkbox"/> <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Monitored I/O every hour. E Monitored I/O Chart N monitored I/O chart	J. 0265 DP 0140 Ai 0222
RISK OF INFECTION <input checked="" type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M Followed aseptic techniques. E use aseptic techniques to the pt N use aseptic techniques to the pt	J. 0265 DP 0140 Ai 0222
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M followed risk fall prevention. E followed risk fall prevention N followed risk fall prevention	J. 0265 DP 0140 Ai 0222
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input checked="" type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M Skin is intact. E N	J. 0265 DP Ai
DIET & NUTRITION <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input checked="" type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M Encouraged the patient to adequate diet. E Patient had JOM diet N pt had DM diet	J. 0265 DP 0140 Ai 0222

Patient Specific Problems / Needs		Measurable Goals		Nursing Interventions		Evaluation		Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.		<input type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc		<input type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing		M	Observed I/O on Self voiding	J. obs
						E	I/O Chart Monitored	Di
						N	I/O chart monitored	Di
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image		<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility		M	NA	J. obs
						E	NA	
						N	NA	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will have normal range of vital parameters		<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input checked="" type="checkbox"/> Monitor GCS of patient		M	Monitored vital & GCS.	J. obs
						E	Monitored vital & checked	Di
						N	monitored vitals checked	Di
HEALTH EDUCATION <input type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications		<input type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment		M	Educated regarding diet & treatment plan	J. obs
						E	Health education given	Di
						N	Health education given	Di
ANY OTHER NEEDS						M		
						E		
						N		
Endorsed by	Signature		Name		Emp. ID		Date	Time
			Adnan		0003		13/12/23	9.00

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 14/12/23		Time: 8:00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CAD - DVD			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
PAIN <input type="checkbox"/> Comfortable Position <input checked="" type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M pt on diet E comfortable position N pt had diet	[Signature] [Signature] [Signature]			
OXYGENATION <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M pt room air E Patient is on Room Air N SpO ₂ - 95%	[Signature] [Signature] [Signature]			
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input checked="" type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M pt Anxious Look E - N -	[Signature] [Signature] [Signature]			
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Embolic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt Mobile freely E Patient Mobilized well N pt Mobilized well	[Signature] [Signature] [Signature]			

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt electrolyte fluid	Sun
			E Monitor intake & output	DP
			N #10 chart monitored	dy 08/11
RISK OF INFECTION <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand-washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M pt infection	Sun
			E Use aseptic technique to the pt	DP
			N No risk of infection	dy 08/11
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input type="checkbox"/> The patient will have safe, free from fall hospitalization	<input type="checkbox"/> Keep bed on low position <input type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M pt position	Sun
			E -	
			N -	
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M pt intact skin	Sun
			E -	
			N -	
DIET & NUTRITION <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M pt on diet	Sun
			E patient had PM diet	DP
			N pt had PM diet	dy 08/11

Patient Specific Problems / Needs		Measurable Goals		Nursing Interventions		Evaluation		Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.		<input type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc		<input type="checkbox"/> Check the catheters, drains etc frequently <input type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing		M	pt has catheter	  
						E	Observe I/O Chart	
						N	I/O chart monitored	
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image		<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility		M	—	
						E	—	
						N	—	
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will have normal range of vital parameters		<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient		M	pt vital signs	  
						E	Vital Signs checked & recorded	
						N	Vital signs are checked	
HEALTH EDUCATION <input type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications		<input type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment		M	pt educating themselves	  
						E	Health education given	
						N	Health education given	
ANY OTHER NEEDS						M	—	
						E	—	
						N	—	
Endorsed by	Signature		Name		Emp. ID		Date	Time
		NOC 0024		S. Nalini	0024		14/11/23	12:30

ADULT NURSING CARE PLAN

Mrs. PREMA T
52/Female/MHI202381034
09/12/2023/IPH202302466
Dr. ANBARASU MOHANRAJ



MHI/NUR/2022/044




Every heart beat counts

Initial Date: 15/12/23 Time: 7.00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - DVP		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt takes diet E patient had DM diet N pt had DM diet	Self SH SH
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input checked="" type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M on room air E patient is on room Air N pt is on room Air	Self SH SH
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input checked="" type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M @ 20 accl fluid E Monitored I/O Chart N monitored I/O Chart	Self SH SH

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embolic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt mobilized well	J. S.
			E patient mobilized well	D. H.
			N pt well mobilized	A. S.
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hematemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M @ voiding pattern	J. S.
			E Normal Elimination pattern	D. H.
			N pt self voided	A. S.
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M maintained skin integrity	J. S.
			E Maintain Normal skin integrity	D. H.
			N maintain normal skin integrity	A. S.

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed Bath <input checked="" type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M Self Bath E patient well groomed N pt well groomed	Jse Dr A on
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M ID Band E ID band present N ID band present	Jse Dr A on
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input checked="" type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M pt Slept well E — N —	Jse
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M vitals checked E vital signs checked & recorded N vital signs checked & recorded	Jse Dr A on
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E psychological support to the pt N psychological support to the pt	 Dr A on

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt verbal communicating E Good communication N pt good communicated	Jey BHT A. OLL
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M Dns medication good E medication given as per drug chart N medication given as per drug chart	Jey BHT A. OLL
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Thammani	0005	16/12/23	10:00




ADULT NURSING CARE PLAN


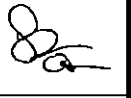

Pati **Mrs. PREMA T**
 Nam 52 / Female / MHI202381034
 UHI 09 / 12 / 2023 / IPH202302466
 DOB Dr. ANBARASU MOHANRAJ
 DOA
 Con

MHI/NUR/2022/044





Every heart beat counts

Initial Date: 16/12/23 Time: 8:00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - DVD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt + 10 vital signs E N	
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input checked="" type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M pt room air E N	
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt electrolyte plan E N	

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt will mobilize freely E N	
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hematemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M pt is @ clarity pattern E N	
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M pt least 1 @ starts E N	

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt Self Care E N	Dren
SAFETY <input type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M pt ID Band E N	Dren
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M pt Comforts E N	Dren
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M pt vital signs E N	Dren
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M E N	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt will communicate effectively E N	
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M pt Medication given E N	
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nadon 24	S. Nalder	00249	16/12/23	4-30



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4			
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	3			
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	3			
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4			
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	3			
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3			
					TOTAL SCORE		23	20	
					Initial & Emp. No. of Staff Nurse:		20/11/23	20/11/23	

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IVs for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3
				TOTAL SCORE	23	23	23
				Initial & Emp. No. of Staff Nurse:	555	1001	1001

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6



Date: 11/12/23 11/12/23 11/12/23
Time: 12:30 19:30 21:00

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort				
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals				
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours				
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance				
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation				
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair					
					TOTAL SCORE	7	8	11
					Initial & Emp. No. of Staff Nurse:	new 2208	11/12/23 20:15	11/12/23 20:15
					Initial & Emp. No. of Sr. Staff Nurse:	22 02/02/2023	11/12/23 20:15	11/12/23 20:15

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	2	2	4
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	3	3	3
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	2	2	3
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2	2	3
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	2	2	2
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		2	2	3
TOTAL SCORE					13	13	13
Initial & Emp. No. of Staff Nurse:					5247	5247	5247
Initial & Emp. No. of Sr. Staff Nurse:					5247	5247	5247

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4		
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	3	3		
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	3	3		
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	3	3		
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	3	3		
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3		
					TOTAL SCORE	19	19	
					Initial & Emp. No. of Staff Nurse:	AI	021	
					Initial & Emp. No. of Sr. Staff Nurse:	002	002	002

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3	
					TOTAL SCORE	23	23	23
					Initial & Emp. No. of Staff Nurse:	[Signature]		
					Initial & Emp. No. of Sr. Staff Nurse:	[Signature]		
					[Signature]			

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

Date: 09/12/23
Time: 12:06 PM

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IVs for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4
FRICION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3
TOTAL SCORE					23	23	23
Initial & Emp. No. of Staff Nurse:					020	020	020
Initial & Emp. No. of Sr. Staff Nurse:					020	020	020

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK














Date: 16 12 23
Time: M E N

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4		
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4		
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4		
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4		
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	9		
FRICITION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3		
					TOTAL SCORE	23	
					Initial & Emp. No. of Staff Nurse:	82	
					Initial & Emp. No. of Sr. Staff Nurse:	124	

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

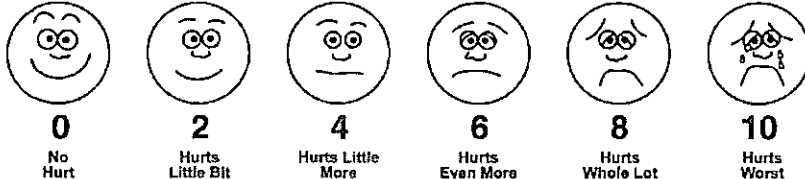
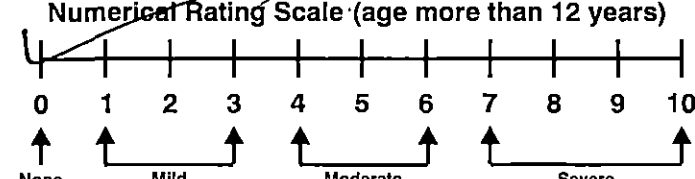


PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
9/12/23							
12:30	0/10	No pain	—	—	—	 0105	 0005
16:30	0/10	No pain	—	—	—	 0105	 0005
21:00	0/10	No pain	—	—	—	Hay 0105	 0005
				Patient is sleeping		Hay 0105	 0005
10/12/23							
6:00	0/10	No pain	—	—	—	Hay 0105	 0005
10:00	0/10	No pain	—	—	—	Sgt 0105	 0005
11:00	0/10	No pain	—	—	—	 0105	 0005
12:00	0/10	No pain	—	—	—	 0105	 0005
22:00	0/10	No pain	—	—	—	Sgt 0105	 0005

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
2.00	0/10	No pain	—	—	—	<i>[Signature]</i> 0000	<i>[Signature]</i> 0005
6.00	0/10	No pain	—	—	—	<i>[Signature]</i> 0000	<i>[Signature]</i> 0005

PAIN SCALES

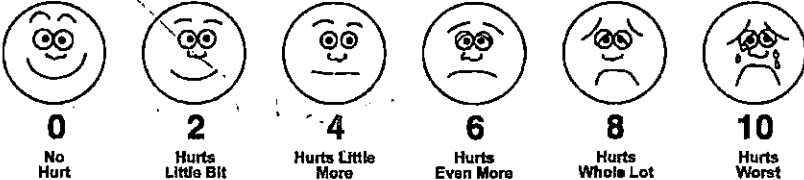
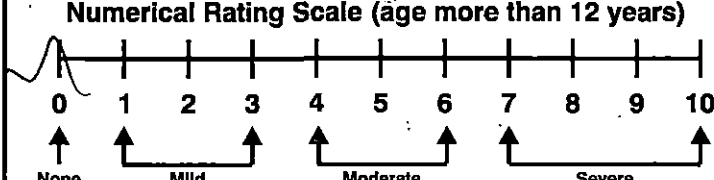
PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.	
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both	
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)		
Critical care Pain Observation Tool (CPOT) (ventilator / comatose)	FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (Intubated patients): 0 - Tolerating Ventilator or Movement , 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-Intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain	
Non-pharmacological Interventions	Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counseling	
Pharmacological Interventions as per doctor's prescription		

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
11/12/23 12:20		CPOD				meas 0276	Raghu
13:30		CPOD				meas 0276	V. Suresh
15:30	1/10	Achy pain	15 sec	Sternum	Pharmacological management given	meas 0276	V. Suresh
17:30	1/10	Achy pain	15 sec	Back	Pharmacological management given	meas 0276	V. Suresh
19:30	4/10	Dull pain	5-10 min	Sternum	Nonpharmacological management	HR 0019	V. Suresh
21:30	4/10	Dull pain	10 min	Sternum	provided Comfortable position	HR 0019	V. Suresh
23:30	-	-	-	-	patient is sleeping Comfortably	HR 0019	V. Suresh
12/12/23 01:30	-	-	-	-	patient is sleeping Comfortably	HR 0019	V. Suresh
03:30	-	-	-	-	patient is sleeping Comfortably	HR 0019	V. Suresh

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
12/12/23 5:30	4/10	Dull pain	<15 sec	Stemum lower pain	provided low posture position	Ahi 1011	Edoos
7:30	2/10	Achy pain	<10 sec	Scapula region	→ Non-Pharmacological Intervention done	don	Edoos
9:30	1/10	Dull pain	<15 sec	Scapula region	→ Pharmacological Management done	don	Edoos
11:30	1/10	Dull pain	<10 sec	Surgical Site	→ Non-pharmigial Management done	don	Edoos

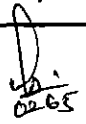
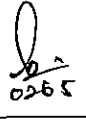


PAIN SCALES

PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention
CRIES (38 weeks - 2 months)	The CRIES scale is used for Infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)	 <p>0 No Hurt 2 Hurts Little Bit 4 Hurts Little More 6 Hurts Even More 8 Hurts Whole Lot 10 Hurts Worst</p> <p>Numerical Rating Scale (age more than 12 years)</p>  <p>0 1 2 3 4 5 6 7 8 9 10 None Mild Moderate Severe</p>
Critical care Pain Observation Tool (CPOT) (ventilator / comatose)	FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (Intubated patients): 0 - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-Intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain
Non-pharmacological Interventions	Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counseling: K - Individual Counseling; L - Family counseling
Pharmacological Interventions as per doctor's prescription	

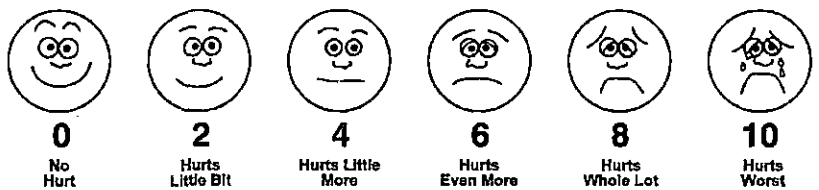
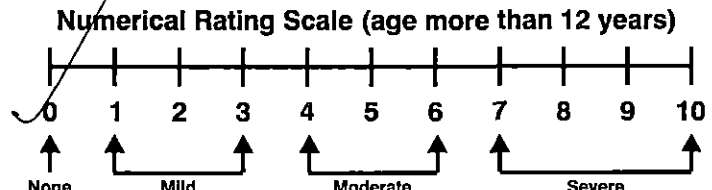


PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
13:30	1/10	Dull pain	10 sec	Sternum	Non-pharmacological intervention given	Syl 020/3	[Signature]
15:30	1/10	Dull pain	2 sec	Back.	Non-pharmacological intervention given	Syl 020/3	[Signature]
18:30	1/10	Dull pain	10 sec	Sternum	Non-pharmacological intervention given	Syl 020/3	[Signature]
20:30	1/10	Dull pain	10 sec	Sternum	pharmacological intervention done.	Syl 020/3	[Signature]
22:30	2/10	Achy pain	15-10 sec	back	non pharmacological intervention done	Syl 020/3	[Signature]
00:30	0/10	-	-	-	patient sleeping comfortable	Syl 020/3	[Signature]
02:30	0/10	-	-	-	patient sleeping comfortable	Syl 020/3	[Signature]
04:30	0/10	-	-	-	patient sleeping comfortable	Syl 020/3	[Signature]
06:30	1/10	Dull pain	5 sec	Sternum	non pharmacological intervention done	Syl 020/3	[Signature]

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
12/12/23 8.30	1/10	Dull ache	15 Sec.	Surgical site	Pharmacological intervention done.	 0265	N200024
10.30	1/10	Dull ache	15 Sec.	Surgical site	Non-pharmacological intervention done.	 0265	Naloon
11.00	4/10	Dull pain	10-5 Sec.	Surgical Site	Pharmacological Management given		Naloon
12.00	4/10	Dull pain	10-5 Sec.	Surgical Site	Comfortable position to the patient		Naloon

PAIN SCALES

PIPPS (28 weeks to \leq 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)	 
Critical care Pain Observation Tool (CPOT) (ventilator / comatose)	FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (intubated patients): 0 - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain
Non-pharmacological Interventions	Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counseling
Pharmacological Interventions as per doctor's prescription	



Patient Details (Affix Label here)
 Name: Mrs. PREMA T
 Na: 52/Female/MHI202381034
 UH: 09/12/2023/IPH202302466
 DO: Dr. ANBARASU MOHANRAJ
 Co:



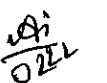

MHI/NUR/2022/052



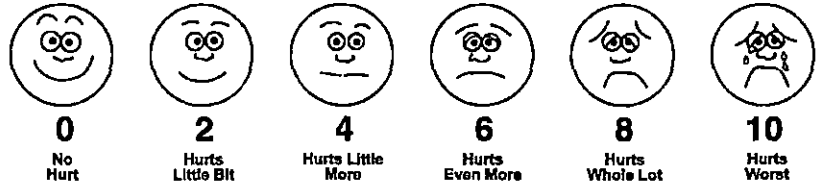
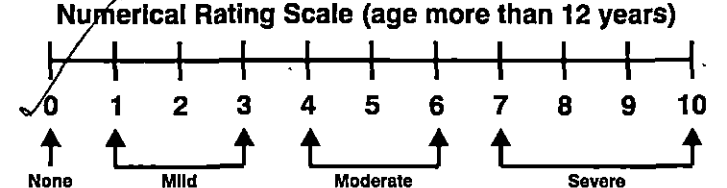
Every heart beat counts

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
14/12/23 6:00	0/10	No pain	-	-	-		Nale 0024
10:00	0/10	No pain	-	-	-		Nale 0024
14:00	1/10	Dull pain	on/off	Surgical Site	Pharmacological management given		Nale 0024
18:00	1/10	Dull pain	on/off	Surgical Site	Comfortable position to the pt		Nale 0024
22:00	0/10	No pain	-	-	-		Nale 0024
15/12/23 2:00	0/10	No pain	-	-	-		Nale 0024
6:00	0/10	No pain	-	-	-		Nale 0024
10:00	0/10	No pain	-	-	-		Nale 0024
14:00	0/10	No pain	-	-	-		Nale 0024







Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
18:00	0/10	No pain	—	—	—		Nalcora
22:00	0/10	No pain	—	—	—		Nalcora
16/12/22 6:00	0/10	No pain	—	—	—		Nalcora
10:00	0/10	No pain	—	—	—		Nalcora

PAIN SCALES

PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention
CRIS (38 weeks - 2 months)	The CRIS scale is used for Infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIS score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)	 
Critical care Pain Observation Tool (CPOT) (ventilator / comatose)	FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (intubated patients): 0 - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain
Non-pharmacological Interventions	Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counselling
Pharmacological interventions as per doctor's prescription	

DVT RISK ASSESSMENT

Assign a score of 1 if (YES) in parameter nos. 1 to 9, and assign a score of -2 if (YES) in parameter no. 10

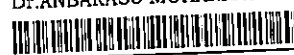
		Date	9/12	10/12/23	11/12/23				
		Time	18:30	6:00	6:00				
S. No.	PARAMETERS								
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0	0					
2	Bedridden recently >3 days or major surgery within four weeks	0	0	0					
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0	0					
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0	0					
5	Entire leg swollen (Assess for both legs)	0	0	0					
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0	0					
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0	0					
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0	0					
9	Previously documented DVT (Assess for both legs)	0	0	0					
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0	0					
FINAL SCORE		0	0	0					
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		Low	Low	Low					
DVT prophylaxis started		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature & Emp. No. of RN									
Signature & Emp. No. of Sr. RN									

DVT RISK ASSESSMENT











Assign a score of 1 if (YES) in parameter nos. 1 to 9, and assign a score of -2 if (YES) in parameter no. 10

		Date	11/12/23	12/12/23	13/12/23	14/12/23	15/12/23	16/12/23
		Time	12:30	06:00	06:00	6:00	4:00	6:00
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0	0	0	0	0	0
2	Bedridden recently >3 days or major surgery within four weeks	+1	+1	+1	+1	+1	+1	+1
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0	0	0	0	0	0
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0	0	0	0	0	0
5	Entire leg swollen (Assess for both legs)	0	0	0	0	0	0	0
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0	0	0	0	0	0
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0	0	0	0	0	0
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0	0	0	0	0	0
9	Previously documented DVT (Assess for both legs)	0	0	0	0	0	0	0
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0	0	0	0	0	0
FINAL SCORE		+1	+1	+1	+1	+1	+1	+1
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		Low Risk	Moderate Risk	Moderate Risk	Moderate Risk	Moderate Risk	Moderate Risk	Moderate Risk
DVT prophylaxis started		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature & Emp. No. of RN		M. Anbarasu 0286	M. Anbarasu 0286	M. Anbarasu 0286	M. Anbarasu 0286	M. Anbarasu 0286	M. Anbarasu 0286	M. Anbarasu 0286
Signature & Emp. No. of Sr. RN								

0205
0205
0205



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	9/12	9/12/23	10/12/23	10/12/23	10/12/23				
	Time	12:30	20:00	8:00	11:00	20:00				
History of falling (immediate or within 6 months)	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	15	15	15	15
Total Score		30	30	30	30	30				
Low Risk (0 - 24)										
Medium Risk (25 - 44)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
High Risk (45 or above)										
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

0 - 24: Low Risk; 25 - 44: Medium Risk; 45 or above: High Risk

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date	9/12	9/12/23	10/1/23	10/12/23	10/25/23				
	Time	12:30	20:00	8:00	11:00	20:00				
Low Risk Interventions (0 - 24)										
Familiarize the patient with the immediate surroundings		✓	✓	✓	✓	✓				
Remind the patient to use call bell before getting out of bed		✓	✓	✓	✓	✓				
Keep the two side rails in the raised position at all times for all patients regardless of age		✓	✓	✓	✓	✓				
Keep the call bell, bedside table, water, glasses within the patient's easy reach		✓	✓	✓	✓	✓				
Remove excess equipment or furniture to make a clear path		✓	✓	✓	✓	✓				
Keep the patient's bed in the low position at all times except during procedure		✓	✓	✓	✓	✓				
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed		✓	✓	✓	✓	✓				
Bed wheels should be locked		✓	✓	✓	✓	✓				
Encourage family participation in the patient's care		✓	✓	✓	✓	✓				
Ensure that floor of the bathroom is dry and not slippery		✓	✓	✓	✓	✓				
Review medications for potential side effects that can promote falls		✓	✓	✓	✓	✓				
Use safety belts during movement in wheelchair		✓	✓	✓	✓	✓				
The patients are not ambulated by themselves. They are to be ambulated only with assistance		✓	✓	✓	✓	✓				
Medium risk interventions (25 - 44)										
Apply all the low risk interventions		✓	✓	✓	✓	✓				
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher		✓	✓	✓	✓	✓				
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat		✓	✓	✓	✓	✓				
Use restraints and bed monitors as ordered by the doctor		✓	✓	✓	✓	✓				
Allow the patient to ambulate only with assistance		✓	✓	✓	✓	✓				
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care		✓	✓	✓	✓	✓				
Do not leave patients unattended in diagnostic or treatment areas		✓	✓	✓	✓	✓				
Accompany the patient while going to bathroom		✓	✓	✓	✓	✓				
Advice the patient to use grab bars near the toilet, bathtub, and shower		✓	✓	✓	✓	✓				
Make sure the family and other visitors understand the restrictions mentioned above		✓	✓	✓	✓	✓				
High-risk interventions (45 or above)										
Apply all the low and medium risk interventions										
Tie red fall risk tag in the bed, wheel chair and stretcher										
Locate the high-risk patients in a room close to the nurses' station										
Answer these patients call bells as quickly as possible										
Provide a commode at bedside (if appropriate)										
Urinal/bedpan should be within easy reach (if appropriate)										
Encourage family members or other visitors to stay with them										
If appropriate, consider using protection devices: safety belts										
Signature & Emp. No. of RN		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				
Signature & Emp. No. of Sr. RN		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	11/12/23	11/12/23	12/12/23	12/12/23	12/12/23	12/12/23	13/12/23	13/12/23	14/12/23
	Time	2:20	19:30	8:00	13:00	10:00	8:00	14:00	20:00	8:00
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		65	65	65	50	50	50	50	50	50
Low Risk (0 - 24)		—	—	—	—	—	—	—	—	—
Medium Risk (25 - 44)		—	—	—	—	—	—	—	—	—
High Risk (45 or above)		✓	✓	✓	✓	✓	✓	✓	✓	✓
Signature & Emp. No. of RN		Mrs. P. T. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275
Signature & Emp. No. of Sr. RN		Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275	Dr. A. M. 2275

0 - 24: Low Risk; 25 - 44: Medium Risk; 45 or above: High Risk

[illegible]

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	12/12/23	14/12	15/12	15/12	15/12/23	16/12/23			
	Time	11:00	22:00	8:00	14:00	20:00	8:00			
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		50	50	50	50	50	50			
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)		✓	✓	✓	✓	✓	✓			
Signature & Emp. No. of RN		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]			
Signature & Emp. No. of Sr. RN		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]			

0 - 24: Low Risk; 25 - 44: Medium Risk; 45 or above: High Risk

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date	11/12/23	14/12	15/12	15/12	15/12	16/12			
	Time	11:00	22:00	8:00	11:00	20:00	8:00			
Low Risk Interventions (0 - 24)										
Familiarize the patient with the immediate surroundings		✓	✓	✓	✓	✓	✓			
Remind the patient to use call bell before getting out of bed		✓	✓	✓	✓	✓	✓			
Keep the two side rails in the raised position at all times for all patients regardless of age		✓	✓	✓	✓	✓	✓			
Keep the call bell, bedside table, water, glasses within the patient's easy reach		✓	✓	✓	✓	✓	✓			
Remove excess equipment or furniture to make a clear path		✓	✓	✓	✓	✓	✓			
Keep the patient's bed in the low position at all times except during procedure		✓	✓	✓	✓	✓	✓			
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed		✓	✓	✓	✓	✓	✓			
Bed wheels should be locked		✓	✓	✓	✓	✓	✓			
Encourage family participation in the patient's care		✓	✓	✓	✓	✓	✓			
Ensure that floor of the bathroom is dry and not slippery		✓	✓	✓	✓	✓	✓			
Review medications for potential side effects that can promote falls		✓	✓	✓	✓	✓	✓			
Use safety belts during movement in wheelchair		✓	✓	✓	✓	✓	✓			
The patients are not ambulated by themselves. They are to be ambulated only with assistance		✓	✓	✓	✓	✓	✓			
Medium risk interventions (25 - 44)										
Apply all the low risk interventions		✓	✓	✓	✓	✓	✓			
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher		✓	✓	✓	✓	✓	✓			
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat		✓	✓	✓	✓	✓	✓			
Use restraints and bed monitors as ordered by the doctor		✓	✓	✓	✓	✓	✓			
Allow the patient to ambulate only with assistance		✓	✓	✓	✓	✓	✓			
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care		✓	✓	✓	✓	✓	✓			
Do not leave patients unattended in diagnostic or treatment areas		✓	✓	✓	✓	✓	✓			
Accompany the patient while going to bathroom		✓	✓	✓	✓	✓	✓			
Advise the patient to use grab bars near the toilet, bathtub, and shower		✓	✓	✓	✓	✓	✓			
Make sure the family and other visitors understand the restrictions mentioned above		✓	✓	✓	✓	✓	✓			
High-risk interventions (45 or above)										
Apply all the low and medium risk interventions		✓	✓	✓	✓	✓	✓			
Tie red fall risk tag in the bed, wheel chair and stretcher		✓	✓	✓	✓	✓	✓			
Locate the high-risk patients in a room close to the nurses' station		✓	✓	✓	✓	✓	✓			
Answer these patients call bells as quickly as possible		✓	✓	✓	✓	✓	✓			
Provide a commode at bedside (if appropriate)		✓	✓	✓	✓	✓	✓			
Urinal/bedpan should be within easy reach (if appropriate)		✓	✓	✓	✓	✓	✓			
Encourage family members or other visitors to stay with them		✓	✓	✓	✓	✓	✓			
If appropriate, consider using protection devices: safety belts		✓	✓	✓	✓	✓	✓			
Signature & Emp. No. of RN		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			
Signature & Emp. No. of Sr. RN		<i>Nale 0025</i>	<i>Nale 0024</i>	<i>Nale 0025</i>	<i>Nale 0025</i>	<i>Nale 0025</i>	<i>Nale 0025</i>			



Mrs. PREMA T.

52/Female/MH1202381034

09/12/2023/IPH202302466

Dr.ANBARASU MOHANRAJ



MHI/IP/2022/055



Every heart beat counts

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>9/10/23</u> Time <u>12:30</u>		Nurse Signature : <u>[Signature]</u>

Learning Record

[illegible]



Mrs. PREMA T
52/Female/MH1202381034
09/12/2023/IPH202302466

Dr.ANBARASU MOHANRAJ



MHI/IP/2022/055



Every heart beat counts

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input checked="" type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input checked="" type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>11/12/2025</u> Time <u>12:20</u> , Nurse Signature : <u>Meena Darg</u>		

Learning Record

[illegible]

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance													Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk			S	NO			S	NO			P	NO	Senior Dietitian
<input type="checkbox"/> Diet advice for home			-	-			-	-			-	-	Nurse
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

LEARNER (L) - P-Patient, M - Mother, F-Father, S-Spouse Other _____ (State Relationship)

PROCESS (P)- OD - Oral Discussion, D- Demonstration, W- Written Material

OUTCOME (O) - RD - Return Demonstration, V - Verbalized Understanding

Written Material given and explained (if any)

Reports Given :

	Given	Pending	NA		Given	Pending	NA
Discharge Summary				Diet Advice			
ECG Report				CT Scan Report			
Doppler Report				CT Scan Film			
X-Ray Report				ECHO Report			
X-Ray Film				Ultrasound Report			
Compact Disk				Any Other Report			

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse _____ Signature : _____

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance													Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk			nao			nao				nao			Maria Catanzaro
<input checked="" type="checkbox"/> Diet advice for home			nao			nao				nao			Nurse
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

LEARNER (L) - P-Patient, M - Mother, F-Father, S-Spouse Other _____ (State Relationship)

PROCESS (P)- OD - Oral Discussion, D- Demonstration, W- Written Material

OUTCOME (O) - RD - Return Demonstration, V - Verbalized Understanding

Written Material given and explained (if any)

Reports Given :

	Given	Pending	NA		Given	Pending	NA
Discharge Summary	✓			Diet Advice	✓		
ECG Report	✓			CT Scan Report			
Doppler Report				CT Scan Film			
X-Ray Report				ECHO Report	✓		
X-Ray Film	✓			Ultrasound Report			
Compact Disk				Any Other Report	✓		

Name of Attendant / Patient : Soel Signature : [Signature]

Name of Discharge Nurse A. Nardhini Signature : [Signature]

[illegible]

Additional Details (if any):

Patient Condition: ☒ Stable ☐ Sick-need urgent care ☐ Others: _____

	Sign.	Name	Reg. No.	Date	Time
Transferring Doctor	8	DR. PRAVEEN	0265	13/12/23	11:54
Receiving Doctor	2	Dr. Mary	168268	13/12/23	12:11

Part C (to be filled by Nurses)

Check for	Transferring Nurse	Receiving Nurse
Drains	<input type="checkbox"/> Chest <input type="checkbox"/> Abdominal <input type="checkbox"/> Others: <u>NIC</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory	Air Way Type: <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: _____ Oxygen Therapy: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes via: _____ Rate: _____ li/min	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NG Tube / Oral	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> For Feeding <input type="checkbox"/> Gastric Suction <input type="checkbox"/> Fluid Restriction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Foley's Catheter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intravenous Access	<input checked="" type="checkbox"/> Peripheral Line <input type="checkbox"/> Central Venous Line <input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pressure Injury	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Score	Fall Risk: <input checked="" type="checkbox"/> WELLS: <input type="checkbox"/> NEWS / PEWS: <input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Belongings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Handover Details	Medication Administration Record explained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Lab & Diagnostic Reports handed over: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Attendant Informed	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details (if any):

	Sign.	Name	Emp. No.	Date	Time
Transferring Nurse	1	Sathya Varma	0265	13/12/23	11:55
Receiving Nurse	A	Amalendu	0088	13/12/23	12:00



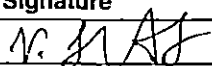

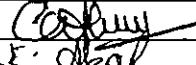
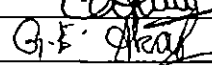
Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 9/12/23

Time: 12.30

Checklist	Yes	No	NA	Action / Remarks
MEDICAL				
Daily Consultant Visit	/			
Plan of care discussed	/			
Discharge Planning	X			
Others if any	X			
NURSING				
Safety Precautions Ensured	/			
Care of Lines and Tubes	/			
Infection Control Measures	/			
Skin Care	/			
Response to assistance	/			
Others if any	X			
DIETICIAN				
Diet Adequate	/			
Special Request	/			
PHYSIOTHERAPIST				
Available for Assistance for Activities of Daily Living	/			
Others if any	/			
PATIENT CARE SERVICES				
Room Cleaning satisfactory				
Room Amenities Adequate				
Billing Update available				
Non-Availability of any service				
Spiritual Needs (if yes specify)				
Others if any				

Inter Disciplinary Team Members

	Signature	Name	Reg. / Emp. No.	Date	Time
Doctor		Dr. Hari Vignesh	181100	9/12/23	12.30
Nursing Staff		B. Vani Sri	0195	9/12/23	12.30
Dietician		Maria Catherine John	2101	9/12/23	12.30
Physiotherapist		AKASH G.E	0256	11/12/23	16.30
Patient Care Service Staff					

Mrs. PREMA T

52/Female/MHI202381034

09/12/2023/IPH202302466

Dr. ANBARASU MOHANRAJ



HOME MEDICATION USAGE FORM


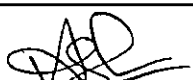
Allergies:

Nil


Diagnosis:

CAD

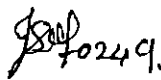
Prescribed drug name	Medication name brought by Patient/ Attender	Dose	Freq.	Qty.	Batch No. & Expiry date
Angispan	Angiplat	2-5mg	BD	1 cont	A252330 6/25
Glador M2	Glador M2	500/2mg	1/2 BD	9	U301747 6/25
Prolomet XL	Prolomet XL	12.5mg	BD	10	GTE1094A 4/25

	Signature	Name	Emp. No.	Date & Time
		Dr. Anbarasu Mohanraj	103265	09/12/23 17:11
Doctor				
Clinical Pharmacist		J. Anisha	MHI0151	9/12/23 17:11

This is to certify that, I take full responsibility of the quality and potency of the medications that I have brought to the hospital. Medications that I have got are stored with proper medication storage recommendation given by the manufacturer (Room temperature (below 25°C) or Fridge temperature (2°- 8°C)). Any Adverse effects that is caused or effects that affects my recovery due to improper storage condition of medications that I have got from home, will be under my responsibility. I am aware that several medications that are available in Indian and International market are spurious and bogus which can cause harm to my health. I assure that Medway Hospitals or its employees will not be held responsible for any outcome/ results in the future.

	Signature/ Thumb impression	Name	Date	Time
Patient		T. Prema	9/12/23	17:15
Guardian		(Name and Relationship with the Patient)		

Reason for Guardian consent:



	Signature/ Thumb impression	Name	Date	Time
Assigned Staff		U. Lideya	9/12/23	17:17



Medway
Heart
Institute

[illegible]

WOUND ASSESSMENT CHART

EXUDATE AMOUNT								
none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
evidence of some moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
evidence of significant flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXUDATE								
serous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sero - sanguinous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purulent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ODOUR								
none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
some evidence of odour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
significantly malodorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAIN AT WOUND SITE (nil) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (max)	1-2	1-2						
INFECTION SUSPECTED*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWAB SENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANTIBIOTIC THERAPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOOD GLUCOSE / URINE ANALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATIENT / CARER TO DO DRESSING	<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"/>
SIGNATURE								





*SIGNS & SYMPTOMS OF WOUND INFECTION :

- Pyrexia
- localised pain
- erythema
- local oedema
- excess exudate
- pus
- offensive odour

*SUSPECT WOUND INFECTION IF :

- granulation tissue bleeds easily
- fragile bridge of epithelium occurs
- odour increases
- healing is slower than anticipated
- wound breakdown

FAMILY COUNSELLING FORM

CONSULTANT- DR. ANBARASU .			DIAGNOSIS- ATD - DVD			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
11/12/23	R/N Meena	(Husband) Joel	Patient present condition explained to the family members, treatment process, need of ICU stay and visiting hour.	✓		 11/22/36
12/12/23	R/N Subanyak	MR. JOEL (HUSBAND)	→ Explained about patient Condition & ward shifting then visitor policy explained.	✓		 11/22/36

[illegible]

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS To be filled in by Doctors only				Date →	To be filled by Nursing Staff only. Sign and time given				
				Time ↓					
DRUG NAME T. ANOPIPLA7									
Dose 2.5g	Route PIO	Frequency 1-0-1		8.00	8.30	NPQ			
Dr. Sign & Reg. No. / Seal V. J. [Signature] 181100		Start Date & Time 9/12/23, 1 PM							
		Stop Date & Time							
Additional Info:				16.00	16.11	16.10			
DRUG NAME T. PROLOMET XL									
Dose 12.5g	Route PIO	Frequency 1-0-1		8.00	8.30	NPQ			
Dr. Sign & Reg. No. / Seal V. J. [Signature] 181100		Start Date & Time 9/12/23, 1 PM							
		Stop Date & Time							
Additional Info:				20.00	20.00	20.00			
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
Area In-charge Nurse Signature:									

[Signature] [Signature]

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
9/12/23	1pm	Low salt, low fat	<i>V. J. A.</i>	181100					
10/12/23	8am	DLPD	<i>K180</i>	134555					
11/12/23	8am	NPD	<i>K180</i>	134559					

NURSE IDENTIFICATION RECORD

(to be entered by all the nurses involved in administering medications prescribed in the chart)

Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
	Morning					Morning			
9/12/23	Evening	<i>A. Nandhini</i>	0170	<i>A</i>		Evening			
9/12/23	Night	<i>M. Devika</i>	018	<i>De</i>		Night			
10/12/23	Morning	<i>Devadharshini</i>	0212	<i>S</i>		Morning			
10/12/23	Evening	<i>A. Nandhini</i>	0170	<i>A</i>		Evening			
10/12/23	Night	<i>A. ALBINUS</i>	0088	<i>A</i>		Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			

[illegible]

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given							
			Time ↓	12/12/23	13/12/23	14/12/23	15/12/23	16/12/23			
DRUG NAME TAB. BEPILEX FORTE			8:00	8:00	8:30	9:00	8:30	8:00			
Dose 1 TAB	Route PO	Frequency 1-0-0									
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236		Start Date & Time 12/12/23 @ 8:00									
		Stop Date & Time									
Additional Info:											
DRUG NAME TAB. CLOPIDOGREL + ASPIRIN											
Dose 75mg	Route PO	Frequency 0-1-0	14:00	14:00	14:00	14:05	14:00				
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236		Start Date & Time 12/12/23 @ 14:00									
		Stop Date & Time									
Additional Info:											
DRUG NAME TAB. ATORVASTATIN											
Dose 20mg	Route PO	Frequency 0-0-1									
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236		Start Date & Time 12/12/23 @ 21:00									
		Stop Date & Time									
Additional Info:			21:00	21:00	21:00	21:00	21:00				
DRUG NAME SYP. CREMAFFIN Plus											
Dose 15ml	Route PO	Frequency 0-0-1									
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236		Start Date & Time 12/12/23 @ 21:00									
		Stop Date & Time									
Additional Info:			21:00	21:00	21:00	21:00	21:00				
DRUG NAME T. PARACETAMOL			8:00	8:30	9:00	8:30	8:00				
Dose 650MG	Route PO	Frequency 1-1-1									
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236		Start Date & Time 12/12/23 @ 14:00	14:00	14:00	14:00	14:00	14:05	14:00			
		Stop Date & Time									
Additional Info:			20:00	20:00	20:00	20:00	20:00				
Area In-charge Nurse Signature:											

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

To be filled by Nursing Staff only. Sign and time given

Time ↓

12/12/22 13/12/22 14/12 15/12 16/12

DRUG NAME

T. METOPROLOL (BETALOC)

9:00

Dose

25mg

Route

PO

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

Dr. P. Reg. No. 112236

Start Date & Time

12/12/22 9:00

Stop Date & Time

21:00

Additional Info:

DRUG NAME

T. FRUSEMIDE

8:00

Dose

40mg

Route

PO

Frequency

1-0-0

Dr. Sign & Reg. No. / Seal

Dr. P. Reg. No. 112236

Start Date & Time

14/12/22 9:00

Stop Date & Time

Additional Info:

DRUG NAME

T. SPIRONOLACTONE

10:00

Dose

25mg

Route

PO

Frequency

1-0-0

Dr. Sign & Reg. No. / Seal

Dr. P. Reg. No. 112236

Start Date & Time

14/12/22 9:00

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

12/12/22 13/12/22

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

ANTIMICROBIALS <i>To be filled in by Doctors only</i>			Date → To be filled by Nursing Staff only. Sign and time given								
			Time ↓	11/12/23	12/12/23						
DRUG NAME			5.20	11/12/23	12/12/23						
INT CEFUROXIME											
Dose 1.5gm	Route IV	Frequency 1-0-1									
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236			12.20	11/12/23 AT 9.20	12/12/23						
Start Date & Time 11/12/23 AT 9.20											
Stop Date & Time 12/12/23 at 18.20.											
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal											
Start Date & Time											
Stop Date & Time											
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal											
Start Date & Time											
Stop Date & Time											
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal											
Start Date & Time											
Stop Date & Time											
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal											
Start Date & Time											
Stop Date & Time											
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal											
Start Date & Time											
Stop Date & Time											
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal											
Start Date & Time											
Stop Date & Time											
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal											
Start Date & Time											
Stop Date & Time											
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal											
Start Date & Time											
Stop Date & Time											
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									

[illegible]

25

54

6 Paint
0171

5 Paint
0171

4 Paint
0171

3 Paint
0171

2 Paint
0171

1 Paint
0171

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
11/12/23	13:00	lpo.	A	112236					
12/12/23	8:00	liquid diet	S	112236					
12/12/23	8:00	Semisolid diet							
14/12	8:00	Semisolid diet	B. Vaniga	183573					

NURSE IDENTIFICATION RECORD

(to be entered by all the nurses involved in administering medications prescribed in the chart)

Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
	Morning				15/12/23	Morning	Panthea	0072	PS
11/12/23	Evening	MEENA	0296	meena	15/12/23	Evening	B. Vaniga	0195	CV
11/12/23	Night	ASHAC	0019	AS	15/12/23	Night	A. Anitha	0222	S
12/12/23	Morning	Sundarajoumde	0022	S	16/12/23	Morning	G. Pradipa	0249	GP
12/12/23	Evening	Suganya G	0023	S		Evening			
12-12-23	Night	SURYAKALA S.P	0232	S		Night			
13/12/23	Morning	Sathya Vani. M	0265	S		Morning			
13/12/23	Evening	M. Devila	0182	D		Evening			
13/12/23	Night	A. ALBINUS	0088	A		Night			
13/12/23	Morning	M. Devila	0182	D		Morning			
14/12/23	Evening	B. Vaniga	0195	CV		Evening			
14/12/23	Night	A. ALBINUS	0088	A		Night			

OPCLAB X 2 GRAFTS

LIMA → IAD

SUG → PDA



Mrs. PREMA T

52/Female/MHI202381034

09/12/2023/IPH202302466

MHI/ICU/2022/076

Name

Dr. ANBARASU MOHANRAJ

UHID N



Sheet No.

①

Age

Sex

Blood Group

B POSITIVE

Height

141cm

Weight

66kg

BSA

1.61m²

A

SURGICAL PROCEDURE:

DATE OF SURGERY: 11/12/2023

POST-OP DAY: D08

DATE	TIME	VENTILATORS PARAMETERS											BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂		pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
11/12/23	12:20	VOLV	14		24.0	5.0		7.1	500	496	50%	12:20	7.401	36.4	86.2	22.6	96.6	-2.2
	12:35	SIMV P3	12.0	20.0		5.0			500		50%							
	13:00	SIMV	10.0	16.0		5.0			500		50%							
	13:30	SIMV	8.0	12.0		5.0			500		50%							
	14:00	P3 CPAP		10		5.0			500		50%	14:38	7.376	40.4	186.6	23.1	99.3	-2.1
	15:05		PATIENT HAD		EXTUBATED													
	15:30		Nasal prongs: 2 Ltr								2L							
												16:30	7.37	40.6	119.2	22.7	98.2	-2.1
	17:30		Nasal prongs:								2 Ltr							

CRITICAL CARE FLOWCHART

NEURO

EYES

Spon-4
Opens to speech-3
Opens to pain-2
Remains closed-1

VERBAL

Oriented-5
Confused/Disoriented-4
Inappropriate words-3
Sounds-2
No response-1

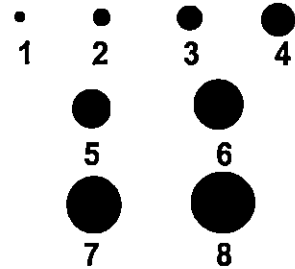
MOTOR

Obey commands-6
Localise pain-5
Non-localising-4
Abn.Flexion-3
Abn.Extension-2
No response/flacid-1

MOTOR ARMS/LEGS

S-Strong
Wk-Weak
O-Absent
A-Anaesthesia
CP-Chemical paralysis

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

S1 S2
M-Murmur
Rb-Rub
G-Gallop
SM-Sound muffled

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

CL-Clear
Ro-Ronchi
Wh-Wheezes
CR-Crackles
BECL-Bilat
equal & clear

SECRETIONS

COLOUR
CL-Clear
Y-Yellow
W-White
Pk-Pink

CHARACTER

M-Moderate
Sc-Scanty
Th-Thin
Tk-Thick
Cs-Copious
R-Red

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

Air injected
+Heard in Abd
O-Absent
GA-Gastric contents aspirated
Dr-Dependent Drainage

ABDOMINAL TONE

So-Soft
F-Firm
Tn-Tender
Ob-Obese
D-Distended

GASTRIC RESIDUAL

G-Green B-Bleeding
Y-Yellow C-Coffee ground

LIVERSIZE

N-Normal
E-Enlarged

OP CAB X 2614FTS

LIMA -> IAD

SUM -> PDA



Mrs. RHEMA T
S2/Female/MHI202381034
09/12/2023/IPH202302466
Name
Dr. ANBARASU MOHANRAJ
UHID No.

MHI/ICU/2022/076
Sheet No. **2**
Sex
Blood Group **B POSITIVE**
Height **141cm**
Weight **66kgs**
BSA **1.61m²**
A

SURGICAL PROCEDURE:

DATE OF SURGERY: 11/12/2023

POST-OP DAY:

DATE	TIME	VENTILATORS PARAMETERS											BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FI _{O2}		pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
11/12/23	22.30	ON	Room	ON	O2	nasal prongs					2 LT							
	05.00	ON	Room	AIR							6.24		7.470	37.9	68.9	27.0	94.9	3.4

CRITICAL CARE FLOWCHART

NEURO

EYES

Spon-4
Opens to speech-3
Opens to pain-2
Remains closed-1

VERBAL

Oriented-5
Confused/Disoriented-4
Inappropriate words-3
Sounds-2
No response-1

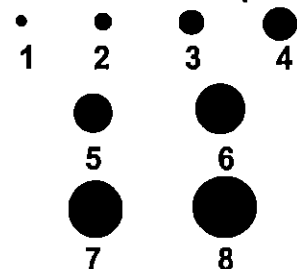
MOTOR

ObeY commands-6
Localise pain-5
Non-localising-4
Abn.Flexion-3
Abn.Extension-2
No response/flacid-1

MOTOR ARMS/LEGS

S-Strong
Wk-Weak
O-Absent
A-Anaesthesia
CP-Chemical paralysis

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

CL-Clear
Ro-Ronchi
Wh-Wheezes
CR-Crackles
BECL-Bilat
equal & clear

SECRETIONS

COLOUR
CL-Clear
Y-Yellow
W-White
Pk-Pink

CHARACTER

M-Moderate
Sc-Scanty
Th-Thin
Tk-Thick
Cs-Copious
R-Red

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

Air injected
+Heard in Abd
O-Absent
GA-Gastric contents aspirated
Dr-Dependent Drainage

ABDOMINAL TONE

So-Soft
F-Firm
Tn-Tender
Ob-Obese
D-Distended

GASTRIC RESIDUAL

G-Green B-Bleeding
Y-Yellow C-Coffee ground

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

S1 S2
M-Murmur
Rb-Rub
G-Gallop
SM-Sound muffled

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

LIVERSIZE

N-Normal
E-Enlarged

Sub \Rightarrow P.D.



A

POST-OP DAY: 28/10/00

[illegible]

CRITICAL CARE FLOWCHART

NEURO

EYES

Spon-4
Opens to speech-3
Opens to pain-2
Remains closed-1

VERBAL

Oriented-5
Confused/Disoriented-4
Inappropriate words-3
Sounds-2
No response-1

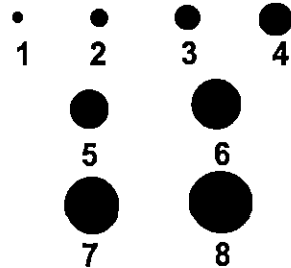
MOTOR

Obey commands-6
Localise pain-5
Non-localising-4
Abn.Flexion-3
Abn.Extension-2
No response/flacid-1

MOTOR ARMS/LEGS

S-Strong
Wk-Weak
O-Absent
A-Anaesthesia
CP-Chemical paralysis

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

S1 S2
M-Murmur
Rb-Rub
G-Gallop
SM-Sound muffled

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

CL-Clear
Ro-Ronchi
Wh-Wheezes
CR-Crackles
BECL-Bilat
equal & clear

SECRETIONS

COLOUR
CL-Clear
Y-Yellow
W-White
Pk-Pink

CHARACTER

M-Moderate
Sc-Scanty
Th-Thin
Tk-Thick
Cs-Copious
R-Red

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

Air injected
+Heard in Abd
O-Absent
GA-Gastric contents aspirated
Dr-Dependent Drainage

ABDOMINAL TONE

So-Soft
F-Firm
Tn-Tender
Ob-Obese
D-Distended

GASTRIC RESIDUAL

G-Green B-Bleeding
Y-Yellow C-Coffee ground

LIVERSIZE

N-Normal
E-Enlarged

Mrs. PREMA T

52/Female/MHI202381034

09/12/2023/IPH202302466

Sheet No.	Name	Dr. ANBARASU MOHANRAJ	
①	UHID No	[Barcode]	
B	Blood Group	Height	Weight
	B POSITIVE	141cm	66kg
		BSA	1.61m ²



MHI/ICU/2022/076



DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N, BP	TEMP°F	Abd ^{mm} G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
11/12/23	12:20	13.6	137	3.43	0.90 175		12:20		CL	100%	20/14		94.5°F						
							12:30		CL	100%	10								
							14:30		CL	100%	18								
							15:30		CL	99%	18		97.5°F						
	14:38	13.5	138	3.73	0.85 157		16:30		CL	100%	20								
							17:30		CL	100%	24								
							18:30		CL	100%	26								
	16:30	14.0	139	3.77	0.99		19:30		CL	100%	25								
							20:30		CL	100%	24/mt		98°F						
							21:30		CL	100%	23/mt								

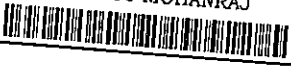
CRITICAL CARE FLOWCHART

Patient is full awake at 12:35 PM.

	SHIFT	DAY	EVENING		NIGHT	
NEURO	TIME		12.20	16.30	18.30	
	EYES		CP	4	4	
	VERBAL		CP	5	5	
	MOTOR		CP	5	6	
	ARMS R/L		CP	5+	5+	
	LEGS R/L		CP	5+	5+	
PUPILS	R.SIZE/REACTION		CP	BR	3mm	
	L.SIZE/REACTION		CP	BR	3mm	
CARDIO-VASCULAR	HEART SOUNDS		S1S2	S1S2	S1S2	
	VALVE CLICK		-	-	-	
	CAPILLARY REFILL		BR	BR	BR	
	EDEMA		0	0	0	
	NECK VEINS		N	N	N	
PULMONARY	WORK OF BREATHING		TA	TA	TA	
	SUCTION		-	-	-	
	SECREATIONS		-	-	-	
GASTRO INTESTINAL	BOWEL SOUNDS		+	+	+	
	ABDOMINAL TONE		Soft	Soft	Soft	
	N/G POSITION		Normal	Normal	-	
	GASTRIC RESIDUAL		-	-	-	
	LIVER		N	N	(N)	

	SHIFT	DAY	EVENING		NIGHT	
G.U.	DESCRIP.OF URINE		CL	CL	CL	
	PD - FUNCTION		-	-	-	
	DRAINAGE		-	-	-	
	PD - SITE		-	-	-	
SKN	COLOUR		-	-	-	
	Sx WOUND-CHEST		CL	CL	CL	
	LEG		CL	CL	CL	
	DRESSING		OT	OT	OT	
	PRESSURE SORE-SITE		-	-	-	
	AREA		-	-	-	
	DRESSING CONDITION		CL	CL	CL	
MISCELL	POSITION CHANGE		Q2H	Q2H	Q2H	
	CHEST-PHYSIO		ET/10/N	NET/10 per	NET/10 per	
	ACTIVITY		PE	PE	PE	
			ABP CVP	ABP CVP	ABP CVP	
	S/N NAME		Davey	mean	mean	
	TIME		12.20	16.30	18.30	
	SIGNATURE		Davey	mean 02/06/02	mean 02/06/02	

Mrs. PREMA T
52/Female/MHI202381034
09/12/2023/1PH202302466

Sheet No. 2 Name Dr. ANBARASU MOHANRAJ
UHID No. 

Age Sex
Height Weight BSA
1.11m 66kg 1.61m²

Blood Group B POSITIVE



MHI/ICU/2022/076



Every heart beat counts

DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd ^{mm} G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
							22.30		cl	100%	15/mnt								
							23.30		cl	100%	16/mnt		98.1°F						
							00.30		cl	100%	21/mnt								
							01.30		cl	100%	17/mnt								
							02.30		cl	100%	18/mnt								
							03.30		cl	100%	19/mnt								
12/12/23	4.40				142		04.30		cl	100%	20/mnt		98.7°F						
12/12/23	6.24	14.1	134	3.61	1.01		05.50		cl	97%	18/mnt								
							06.30		cl	96%	20/mnt								

CRITICAL CARE FLOWCHART

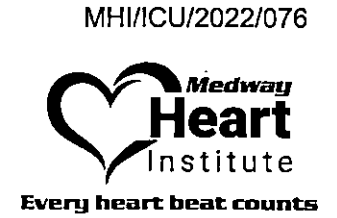
12/12/23 00:19

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME					00.00	04.00
	EYES					H	H
	VERBAL					S	S
	MOTOR					b	b
	ARMS R/L					S/S	S/S
	LEGS R/L					S/S	S/S
PUPILS	R.SIZE/REACTION					3Br	3Br
	L.SIZE/REACTION					3Br	3Br
CARDIO-VASCULAR	HEART SOUNDS					S1S2	S1S2
	VALVE CLICK					-	-
	CAPILLARY REFILL					Br	Br
	EDEMA					0	0
	NECK VEINS					N	N
PULMONARY	WORK OF BREATHING					TA	TA
	SUCTION					-	-
	SECREATIONS					-	-
GASTRO INTESTINAL	BOWEL SOUNDS					T	T
	ABDOMINAL TONE					S	S
	N/G POSITION					-	-
	GASTRIC RESIDUAL					-	-
	LIVER					N	N

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE					00.00	04.00
	PD - FUNCTION					Nil	-
	DRAINAGE					Nil	-
	PD - SITE					Nil	-
SKN	COLOUR					-	-
	Sx WOUND-CHEST					Cl	Cl
	LEG					Cl	Cl
	DRESSING					OT	OT
	PRESSURE SORE-SITE					Nil	Nil
	AREA					-	-
	DRESSING CONDITION					-	-
MISCELL	POSITION CHANGE					Q2u	Q2u
	CHEST-PHYSIO					Rel 9pm	Rel 9pm
	ACTIVITY					P2	P2
						ABP cup	ABP cup
	S/N NAME					ASHAL	ASHAL
	TIME					00.00	400
	SIGNATURE					H 0011	H 0011

Mrs. PREMA T
 52/Female/MHI202381034
 09/12/2023/IPH202302466
 Dr. ANBARASU MOHANRAJ

Sheet No.	Name	Age	Sex
8	Dr. ANBARASU MOHANRAJ		
UHID No.			
B	Blood Group	Height	Weight
	B POSITIVE	141cm	66kg
		BSA	
		1.61m ²	



DATE	TIME	BIOCHEMISTRY						VITAL PARAMETERS							CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
12/12/23							7:30		U	97%	21mt		98.7°						
							8:30		U	97%	21mt								
							9:30		U	96%	32mt								
							10:30		U	99%	33mt								
							11:30		U	96%	44mt	128/78 (144)							
							12:30		cl	92%	26mt								
							13:30		cl	100%	22mt	112/74 (87)	98°F						
							14:30		cl	96%	22mt	131/78 (90)							
							15:30		cl	93%	25mt	126/70 (83)							
							16:30		cl	93%	29mt								

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME	8:00	12:00	16:00			
	EYES	4	4	4			
	VERBAL	5	5	5			
	MOTOR	6	6	6			
	ARMS R/L	5+	2+	2+			
	LEGS R/L	5+	5+	5+			
PUPILS	R.SIZE/REACTION	2/2	2+	3/2			
	L.SIZE/REACTION	3/2	3+	3/2			
CARDIO-VASCULAR	HEART SOUNDS	2.52	2.52	3.52			
	VALVE CLICK	-	-	-			
	CAPILLARY REFILL	2	2	3			
	EDEMA	0	0	0			
	NECK VEINS	N	N	N			
PULMONARY	WORK OF BREATHING	1A	1A	1A			
	SUCTION	1	1	1			
	SECREATIONS			1			
GASTRO INTESTINAL	BOWEL SOUNDS	+	+	+			
	ABDOMINAL TONE	Soft	Soft	Soft			
	N/G POSITION	-	-	-			
	GASTRIC RESIDUAL	-	-	-			
	LIVER	2	2	N			

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE	9	4	cl		-	
	PD - FUNCTION	1	1	1			
	DRAINAGE	1	1	1			
	PD - SITE	1	1	1			
SKN	COLOUR	1	1	1			
	Sx WOUND-CHEST	4	4	cl			
	LEG	4	4	cl			
	DRESSING	OT	OT	OT			
	PRESSURE SORE-SITE	NIL	NIL	NIL			
	AREA	1	1	1			
	DRESSING CONDITION	1	1	1			
MISCELL	POSITION CHANGE	Q2U	Q2H	Q2H			
	CHEST-PHYSIO	NEB CPM	NEB SPM	NEB SPIRO			
	ACTIVITY	PE	PR	PE			
		ABP CP	ABP CP	NIBP			
	S/N NAME	dragon 0022	don	Sigaff			
	TIME	8:00	12:00	16:00			
	SIGNATURE	dragon	don	Sigaff			

RECEIVED THE PATIENT FROM 07.01.2025
07 URBAN:- 300ml



Mrs. PREMA T		MHI/ICU/2022/076	
52/Female/MHI202381034			
09/12/2023/UPH202302466			
Name	Dr. ANBARASU MOHANRAJ	Age	Sex
UHID No.			
Blood Group	B POSITIVE	Height	Weight
		121cm	66kg
		BSA	1.61m ²
		Sheet No. ①	
		C	

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	VOLUME			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AM	TOTAL	0-02mls	
11/12/23	12:20														KABUTTE	4150	2.0	2.0
	13:30	150	150			70		70	70			2.0	2.0	222	200	200	1.0	25.0
	14:30	150	300			50		50	120				2.0	422	200	400	1.0	25.0
	15:30	80	380						120				2.0	502	100	500	1.0	-
	16:30	60	440			20		20	140				2.0	582	100	600	1.0	-
	17:30	70	510			20		20	160				2.0	672	200	800	1.0	-
	18:30	100	610			20		20	180				2.0	792	200	1000	1.0	-
	19:30	90	700			30		30	210				2.0	912	100	1100	1.0	-
	20:30	100	800			20		20	230				2.0	1032	100	1200	1.0	-
	21:30	80	880			20		20	250				2.0	1132	100	1300	1.0	-

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

ACT: MASE

DATE	TIME

GENITOURINARY (GU)**PD****URINE**

CL-Clear
T-Turbid
Stained
HC-High Coloured

FUNCTION

Dr-Draining
B-Blocked

DRAINAGE

CL-Clear
BS-Blood

SITE

BS-Blood Stained
HA-Haematuria

C-Clean
R-Redness
BD-Block discoloration

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

CHEST PHYSIO

V-Vibrator
CP-Chest percussion
DC-Deep breath & cough
N-Nebulizer

ACTIVITY

PE-Passive exercise
Am-Ambulated

TRANSDUCER ZERO

PARAMETER
ABP-Arterial BP
RAP-Right Arterial Pressure
PAP-Pulmonary Arterial Pressure
LAP-Left Arterial Pressure

SKIN**COLOUR**

Pk-Pink
F-Flushed
P-Pale
Cy-Cyanotic
M-Mottled
D-Dusky
J-Jaundice

SURGICAL (SX) WOUND

C-Clean
Oz-Oozing
G-Gaping
Op-Open
I-Infected

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

PRESSURE SORE**AREA**

R-Redness
BD-Black discoloration
BL-Blister
SP-Skin Peeling
D-Deep

DRESSING / Rx

IR-Infra Red
DU-Dueodem
E-Eptoin dressing
B-Betadine dressing
EU-Eusol sitz bath
ST-Sofra Tulle

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

O-No redness, swelling, no leak, no air
R-Redness at site
Sw-Swelling at site
Dr-Draining
D/c-Discontinued
P-Positional
HL-Heparin Lock
B-Blocked

Mrs. A
52/Female/MHI202381034
09/12/2023/IPH202302466

MHI/ICU/2022/076

Name	Dr. ANBARASU MOHANRAJ			Sex	Sheet No. 2
UHID No.	[Barcode]				
Blood Group	Height	Weight	BSA	C	
B POSITIVE	141cm	66kg	1.61m ²		

0.02µ 25min

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	VOLUME INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	WTAR	NORD	PENTAN
11/12/23	22.30	75	955			30		30	280				20	1237		1300	1.0	1.0
	23.30	80	1035						280				20	1317		1300	1.0	1.0
12/12/23	00.30	120	1155			10		10	290				20	1447	100	1400	1.0	1.0
	01.30	100	1255			20		20	310				20	1567	100	1500	1.0	1.0
	02.30	150	1405						310				20	1717	100	1600	1.0	1.0
	03.30	100	1505			30		30	330				20	1847	100	1700	1.0	1.0
	04.30	80	1585			20		20	350			50	70	1952	100	1800	1.0	1.0
	05.30	100	1685			40		40	390				70	2092	100	1900	1.0	-
	06.30	100	1785			40		40	430			10	80	2233		1900	0.5	
																	-	

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

GENITOURINARY (GU)**PD****URINE**

CL-Clear
T-Turbid
Stained
HC-High Coloured

FUNCTION

Dr-Draining
B-Blocked

DRAINAGE

CL-Clear
BS-Blood

SITE

BS-Blood Stained
HA-Haematuria

C-Clean
R-Redness
BD-Block discoloration

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

CHEST PHYSIO

V-Vibrator
CP-Chest percussion
DC-Deep breath & cough
N-Nebulizer

ACTIVITY

PE-Passive exercise
Am-Ambulated

TRANSDUCER ZERO

PARAMETER
ABP-Arterial BP
RAP-Right Arterial Pressure
PAP-Pulmonary Arterial Pressure
LAP-Left Arterial Pressure

SKIN**COLOUR**

Pk-Pink
F-Flushed
P-Pale
Cy-Cyanotic
M-Mottled
D-Dusky
J-Jaundice

SURGICAL (SX) WOUND

C-Clean
Oz-Oozing
G-Gaping
Op-Open
I-Infected

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE**SITE**

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

R-Redness
BD-Black discoloration
BL-Blister
SP-Skin Peeling
D-Deep

DRESSING / Rx

IR-Infra Red
DU-Dueodem
E-Eptoin dressing
B-Betadine dressing
EU-Eusol sitz bath
ST-Sofra Tulle

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

O-No redness, swelling, no leak, no air
R-Redness at site
Sw-Swelling at site
Dr-Draining
D/c-Discontinued
P-Positional
HL-Heparin Lock
B-Blocked

Mrs. P. K. M. S.
S2/Female/MHI202381034
09/12/2023/1PH202302466
Dr. ANBARASU MOHANRAJ

MHI/ICU/2022/076

Name	Dr. ANBARASU MOHANRAJ			Sheet No.	3
UHID No.	[Barcode]			Age	Sex
Blood Group	B POSITIVE	Height	141cm	Weight	66kg
		BSA	1.61m ²		C

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	VOLUME INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	TOTAL	KCL	
12/12/23	7:30	130	130			20		20	20					160			26.0	
	8:30	100	230			10		10	30					260			26.0	
	9:30	120	400			20		20	60					460			-	
	10:30	250	650						60					700				
	11:30	160	800						60					860				
	12:30	210	1010						50					1060				
	13:30	110	1120						50					1170				
	14:30	100	1220						50					1270				
	15:30	200	1420						50					1470				
	16:30	150	1570						50					1620				

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME
12/12/23	10:00

② RADIAL ARTERIAL LINE REMOVED (BLO DR. ANBARASU)

CRITICAL CARE FLOWCHART

GENITOURINARY (GU)**PD****URINE**

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

V-Vibrator
CP-Chest percussion
DC-Deep breath & cough
N-Nebulizer

TRANSDUCER ZERO

PARAMETER
ABP-Arterial BP
RAP-Right Arterial Pressure
PAP-Pulmonary Arterial Pressure
LAP-Left Arterial Pressure

SKIN**COLOUR**

Pk-Pink
F-Flushed
P-Pale
Cy-Cyanotic
M-Mottled
D-Dusky
J-Jaundice

SURGICAL (SX) WOUND

C-Clean
Oz-Oozing
G-Gaping
Op-Open
I-Infected

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE**SITE**

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

R-Redness
BD-Black discoloration
BL-Blister
SP-Skin Peeling
D-Deep

DRESSING / Rx

IR-Infra Red
DU-Dueodem
E-Eptoin dressing
B-Betadine dressing
EU-Eusol sitz bath
ST-Sofra Tulle

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

O-No redness, swelling, no leak, no air
R-Redness at site
Sw-Swelling at site
Dr-Draining
D/c-Discontinued
P-Positional
HL-Heparin Lock
B-Blocked

Mrs. PREMA T
 52/Female/MHI202381034
 09/12/2023/IPH202302466

Name: Dr. ANBARASU MOHANRAJ

UHID No. [Barcode]

Blood Group: B POSITIVE

Height: 141 cm

Weight: 60 kg

BSA: 1.61 m²

Sex: []

Sheet No. ①

D



MHI/ICU/2022/076



FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
						Mic		AMT.	TOTAL														
11/12/23	12:20					0						73	Sinus	0.08	105/54	70	11		cool	7/7			
	13:00					2.0	30.0			230	+8	85	Sinus	-0.06	122/63	82	14		cool	f/f			
	14:30					2.0	30.0			460	+38	74	Sinus	0.01	103/63	80	12		warm	++			
	15:30					2.0	3.0			563	+183	78	Sinus	0.01	125/54	76	10		warm	++			
	16:30					2.0	3.0			666	+84	71	Sinus	0.06	122/58	79	6		warm	++			
	17:30					2.0	3.0	50	50	919	+247	84	Sinus	0.06	134/60	84	5		warm	++			
	18:30					2.0	4.0	50	100	1173	+381	89	Sinus	0.01	114/56	75	5		warm	++			
	19:30					2.0	3.0	25	125	1301	+389	89	Sinus	-0.00	127/64	84	6		warm	++			
	20:30					2.0	4.0	100	225	1505	+473	95	Sinus	0.00	133/74	90	8		warm	++			
	21:30					2.0	4.0	75	300	1684	+552	94	Sinus	0.00	134/65	90	8		warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY HRS

14:20

INT. MYOPYROLATE 2.5 ml IV-STAT GIVEN
(B/O DR. SYLVESTER)

DRAINAGE:

TOTAL INTAKE:

15:00

INT. CALCIUM GLUCONATE - 10ml given
(B/O DR. SYLVESTER)

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

	DAY	EVENING	NIGHT
PATIENT CARE			
BATH			
ORAL CARE			
EYE CARE			
BACK CARE			
DRESSING/EQUIPMENT			
CHANGED			
WOUND			
CEN.LINE			
I.V.SET			
TUBINGS			
HUMIDIFIER H2O			
ELECTRODES			
ALARMS VERIFIED			
VENT - HUMIDIFIER			
-SETTINGS			
HRT.RATE		89	
B.P.		125/62 .	

DATE	TIME	REMARKS / PLAN

[illegible]

Mrs. PREMA T
52/Female/MHI202381034
09/12/2023/IPH202302466

Name	Dr. ANBARASU MOHANRAJ				Sheet No.
UHID No.			Age	Sex	②
Blood Group	B Positive	Height	Weight	BSA	D
	141cm	66kg	1.61m ²		



MHI/ICU/2022/076



FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
						Nurs		AMT.	TOTAL														
11/12/23	22.30					2.0	4.0		300	1688	+451	81	Sinus	0.02	129/63	85	7		Warm	++			
	23.30					2.0	4.0	50	350	1742	+425	84	Sinus	0.02	129/63	89	7		Warm	++			
	00.30					2.0	4.0		300	1846	+399	79	Sinus	0.01	137/64	90	9		Warm	++			
	01.30					2.0	4.0		300	1950	+383	85	Sinus	0.00	156/66	98	7		Warm	++			
	02.30					2.0	4.0	75	375	2129	+412	86	Sinus	0.02	141/65	83	7		Warm	++			
	03.30					2.0	4.0		375	2233	+386	85	Sinus	0.01	133/63	82	6		Warm	++			
	04.30					2.0	4.0		375	2337	+385	88	Sinus	0.02	135/67	89	6		Warm	++			
	05.30					2.0	3.0		375	2442	+350	97	Sinus	0.04	151/67	95	5		Warm	++			
	06.30					2.0	2.5	50	425	2494.5	+261.5	96	Sinus	0.02	149/70	97	5		Warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

At 22.00 T. Ecosprin 75mg p/o STAT
B/o

PREVIOUS DAY HRS

DRAINAGE: ☒ TOTAL INTAKE:
URINE : ☒ TOTAL OUTPUT:
TOTAL BALANCE:

P.T.O.

	DAY	EVENING	NIGHT
PATIENT CARE			
BATH			/
ORAL CARE			/
EYE CARE			/
BACK CARE			/
DRESSING/EQUIPMENT			
CHANGED			
WOUND			✓
CEN.LINE			/
I.V.SET			/
TUBINGS			/
HUMIDIFIER H2O			/
ELECTRODES			✓
ALARMS VERIFIED			
VENT - HUMIDIFIER			
-SETTINGS			
HRT.RATE			89 bpm
B.P.			123/72 mm

DATE	TIME	REMARKS / PLAN

[illegible]

Name		Mrs. PREMA T		Sheet No.	
UHID No.		52/Female/MH1202381034		Sex	
Blood Group		09/12/2023/IPH202302466		D	
		Dr. ANBARASU MOHANRAJ		BSA	
		Height		Weight	
		141cm		66kg	
		BSA		1.61m ²	



MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
						0 Pulse	AMT.	TOTAL														
12/12/23	7:30					2.0	24.0	100	100	102	82	Sinus	0.03	141/62	93	8		Warm	++			
	8:30					2.0	27.0		100	152	84	Sinus	0.03	142/60	96	8		Warm	++			
	9:30					2.0	2.0	150	250	304	100	Sinus	0.04	149/66	93	9		Warm	++			
	10:30					2.0	2.0	150	400	452	86	Sinus	0.07					Warm	++			
	11:30							200	600	662	87	Sinus	0.07					Warm	++			
	12:30							50	650	702	90	Sinus	0.06					Warm	++			
	13:30							100	750	802	85	Sinus	0.07					Warm	++			
	14:30							100	850	902	91	Sinus	0.10					Warm	++			
	15:30							150	1000	1052	88	Sinus	0.10					Warm	++			
	16:30							200	1200	1252	93	Sinus	0.08					Warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY 18 Hrs 10 Mins HRS

DRAINAGE: 430 ml TOTAL INTAKE: 2494.5 ml

URINE: 1785 ml TOTAL OUTPUT: 2233 ml

TOTAL BALANCE: + 261.5 ml

P.T.O.

Mrs. PREMA T

52/Female/MHI202381034

09/12/2023/1PH202302466

Dr. ANBARASU MOHANRAJ



INTERMEDIATE CARE FLOWCHART

A

UHID NO :

AGE :

SEX :

①

SURGICAL PROCEDURE :

OPCAB x 2 GRAFTS
LIMA → LAD
SVG → PDA

DOS | 11:12:2023

POSTOP DAY : POD - I

FLUID REQUIREMENT : 2.4 lit/day

DATE & TIME	URINE		CHEST DRAINAGE				TOTAL OUTPUT	I.V. FLUIDS				ORAL/ R.T.			TOTAL INTEKE	TOTAL BALANCE
	H.T.	G.T.		AIR LEAK	H.T.	G.T.					H.T.	H.T.	G.T.			
12/12/23																
17:30	150	1720				50	1770					200	1400	1452	318	
18:30	100	1820				50	1870					150	1550	1602	218	
19:30	75	1895				50	1945						1550	1602	343	
20:30	70	1945				50	2095						1550	1602	413	
21:30	100	2065				50	2115					150	1700	1752	363	
22:30	100	2165				50	2215						1700	1752	463	
23:30	120	2215				50	2335	100			100	50	1850	1902	431	
00:30	100	2335				50	2435	100			200		1710	2002	483	
01:30	100	2435				50	2535	100			300		1850	2102	483	
02:30	80	2515				50	2615	100			400		1750	2202	413	
03:30	100	2665				50	2715	100			500		1710	2302	413	
04:30	100	2765				50	2815					100	1850	2402	413	
05:30		2765				50	2815					100	1950	2502	313	
06:30		2765				50	2815						1950	2502	513	

SPECIFIC OBSERVATIONS/REMARKS

MEDICATION / DRUGS



BALANCE — 313 m)

Mrs. PREMA T

52/Female/MHI202381034

09/12/2023/IPH202302466

Dr. ANBARASU MOHANRAJ



INTERMEDIATE CARE FLOWCHART

UHID NO :

AGE :

SEX :

B

G

BLOOD GROUP: 'B' positive

HEIGHT: 141 cms

WEIGHT: 66 kgs

B.S.A: 1.61 m²

HAEMODYNAMICS								RESP. PARAMETERS			INVESTIGATIONS / OTHER DATA
TEMP	H.R.	RHY.	ST.	B.P.	R.A.P.	PERI.	P.P.	RR	BREATH	SPO2	
97.9	90	sinu	0.10	113/72	82	warm	++	20/min	cl	96%	On Room Air
97	sinu	0.10	103/67	74	warm	++	31/min	cl	95%		
92	sinu	0.09	116/74	80	warm	++	20/min	cl	98%		
94	sinu	0.07	117/71	82	warm	++	20/min	cl	94%		
95	sinu	0.04	121/80	94	warm	++	20/min	cl	93%		
98	88	sinu	0.02	122/84	96	warm	++	20/min	cl	93%	
90	81	sinu	0.04	118/70	90	warm	++	20/min	cl	93%	
86	sinu	0.06				warm	++	20/min	cl	94%	
92	sinu	0.07	112/68	82	warm	++	20/min	cl	93%		
97	sinu	0.08	108/57	81	warm	++	20/min	cl	94%		
100	sinu	0.08	109/63	76	warm	++	20/min	cl	95%		
97.2	sinu	0.09	106/62	70	warm	++	19/min	cl	95%		
99	sinu	0.09				warm	++	20/min	cl	94%	
98	sinu	0.00	105/63	81	warm	++	20/min	cl	94%		

PREVIOUS DAY - HOURS

DRAINAGE

TOTAL INTAKE

URINE

TOTAL OUTPUT

BALANCE