



| 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)



Mr. MOHAMED FERAZ

50/Male/MHI202481643

05/01/2024/IPH2024000044

Dr. G. GNANAVELU



MHI/IPD/2022/002



Every heart beat counts

## ADMISSION SLIP

Admitting Doctor: DR GNANAVELU

Speciality: Cardiology

Advised Date & Time: 5/1/24 10:41 PM

Provisional Diagnosis:

AWMI

Reason for Admission:

☒ Medical Management

☐ Surgical Management

☐ Others (please specify details)

CAC

Admission Type:

☐ Day Care

☐ ER

☐ Ward

☒ ICU

CCU

(Specify details)

Surgery / Procedure Name (if planned):

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

Expected Duration of Stay: 5 days.

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

Payer: ☒ Self ☐ Insurance ☐ Others:

Instructions to Nurse (if any):

> Monitor vital signs.  
> cath pacemaker.  
> Ins Pnk. Hony.

Any other Instructions (if any):

Doctor's Signature

Dr. G. GNANAVELU

Reg. No. 29469

Name

Dr. G. Gnana Velu

Reg. No.

91810

Date

5/1/24

Time

10:41

For admission desk staff only:

Room Category: ☐ General Ward  
☐ Single Room  
☐ Twin Sharing  
☐ Deluxe Room  
☐ Suite Room  
☒ Others CCU

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

5/1/24

10:41 PM

5/1/24

10:41 PM

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

*[Signature]*

Ireena B Kumary

MH10273

5/1/24

08:44 PM

## ADMISSION FORM

|   |  |   |
|---|--|---|
| Marital Status<br><b>Married</b>  | Full Address<br><b>AL-RAHMATH APARTMENT<br/>2. CHELAPA ST, OTTERI, CH - 12</b>   | Telephone Number<br><b>9840232693</b>                   |
| Occupation  |  |   |
| Referred from<br><b>Dr. Gnanavelu</b>                                   | Date of Time of Admission<br><b>5/1/24 10:41 AM</b>  | Date & Time of Discharge<br><b>8/1/24 10:00 AM</b>      |
| UNIT<br><b>card.</b>  | Total No. of Days<br><b>4 days</b>   |   |
| MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If Yes AR No. :  |   |
| FINAL DIAGNOSIS   |  | ICD Code  |
| CAD - ACS AWM/MI THROMBOLYSED WITH INJ TPA                              |  | I25.1   |
| 5/1/24 MODERATE LV DYSFUNCTION/EF                                       |  | I24.9   |
| 110% SYSTEMIC HYPERTENSION TYPE II                                      |  | I10.1   |
| DIABETES MELLITUS.  |  | I10   |
|   |  | E11.9   |
|   |  |   |
|   |  |   |
| DATE  | OPERATION / PROCEDURES   | ICPM Code   |
| 6/1/24  | CORONARY ANGIOGRAM DONE ON 6/1/24 SIGNIFICANT PROXIMAL LAD DISEASE   | 88.50   |
| 2.  | SUCCESSFUL ADOHOCPTCA + STENT TO LAD USING 4.0 X 15 MM RESOLUTE ONLY X TRUCOR LDES DONE ON 6/1/24.   | 00.66   |
| DATE  | TYPE OF ANESTHESIA   |   |
| 6/1/24  | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input checked="" 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           |
| <input type="checkbox"/> Transferred to .....                           |  |   |
| Dr. G. GNANAVELU<br>Signature of the Consultant                         |  | S. Alenbas 2538<br>Signature of Medical Records Officer |

## 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..... Mohamed Peraz who is my ..... Husband..... (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 their 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 நிர்வாகம், மருத்துவம், தாதியர், ஏனைய மருத்துவ ஊழியர்கள் எனக்கு / நோயாளி .....  
.....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.

Signature  
செவினியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date 5-1-2024

Signature  
எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

Wife

உறவுமுறை

Nature of Relationship

## GENERAL CONSENT FOR ADMISSION

I, MOHAMED FEROZ 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                                 |  | MOHAMED FERAZ  | 5/1/24 | 10:41 PM |
| Surrogate/Guardian<br>(if applicable #) | Nisha                                      | NOORUNISHA<br>(Write name and relationship with patient) | 5/1/24 | 10:41 PM |
| Reason for<br>surrogate consent         | Patient is unable to give consent because: |  |        |          |
| Witness                                 | Nisha                                      | NOORUNISHA   | 5/1/24 | 10:41 PM |
| Interpreter<br>(if applicable)          |  |  |        |          |

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



MH/PRINT /0036/ ICU / 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 Balasubramaniyan Nagar, Pilliyam Pettai,  
Ammachathiram (Post), Thiruvudaimarudhur (Toluk), Kumbakonam - 612103.

(Tanjore Dist).Ph: 0435 - 2412345 | Mob : 7397720491

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

Mr. MOHAMED FEROUZ

50/Male/MH1202481643

05/01/2024/IPH2024000044

Dr.G. GNANAVELU



**tals**<sup>®</sup>  
**eaith**

## DIL / HIGH RISK FORM

I ..... was informed that Mr./Mrs. MR. MOHAMED FEROUZ  
under the care of Dr. G. Gnanavelu ..... is seriously ill.

I am aware of the seriousness of his/her illness and explained in detail by the above doctor's team member.

I am giving my consent to the above Doctor and his/her team of this Hospital to proceed with the necessary treatment like continuous monitoring, oxygen therapy, ventilator management and life saving procedures (or) surgery.

I am aware that the patient is very critical, even death may occur. I will not hold the Hospital or the doctors or any employee of this hospital responsible for any consequences happening forthwith.

I also accept the prognosis of the patient.

Witness

1.

2. Noorunnisha

Signature:

Relationship:

DAUGHTER

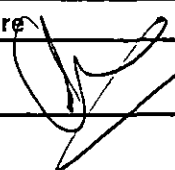




## ADMISSION CRITERIA FOR INTENSIVE CARE UNIT

| S. No. | PARAMETERS  | MARK ✓ AS APPROPRIATE |
|--------|---|-----------------------|
| 1      | <b>Hemodynamic instability defined as</b>   |                       |
|        | 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      | <b>Cardio-vascular System</b>   |                       |
|        | 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  |                       |
| 3      | <b>Miscellaneous Conditions</b>   |                       |
|        | Septic shock with hemodynamic instability   |                       |
|        | Hemodynamic monitoring  |                       |
|        | Clinical conditions requiring ICU level nursing care  |                       |
| 4      | <b>Post procedure elective admission</b>  |                       |
|        | Post Coronary Angioplasty   |                       |
|        | Post Cardiac vascular Surgery   |                       |
| 5      | <b>Following angiographic procedure</b>   |                       |
|        | 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      | <b>Pulmonary System</b>   |                       |
|        | 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      | <b>Renal failure</b>  |                       |
|        | 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      | <b>Endocrine System and Metabolism related</b>   |                       |
|        | 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. H. Akshay | 91810    | 3/12/24 | 12:54 |

### 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 |
|--------|-----------|------|----------|------|------|
|        |           |      |          |      |      |



JCI ACCREDITED



NABH ACCREDITED



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

## DISCHARGE SUMMARY

|              |   |          |              |
|--------------|---|----------|--------------|
| IP No.       | IPH2024000044   | D.O.A    | : 05/01/2024 |
| UHID         | MHI202481643  | D.O.P    | : 06/01/2024 |
| Name         | Mr. MOHAMED FEROZ   | Room No. | : GN         |
| Age / Gender | 50Years / MALE  |          |              |
| Consultant   | : Dr. G. Gnanavelu. MD., DM., (cardio) FACC<br>Chief Cardiologist | D.O.D    | : 08/01/2024 |

### DIAGNOSIS:

CAD – ACS – AWM  
THROMBOLYSED WITH INJ. TNK – 05.01.2024  
MODERATE LV DYSFUNCTION, EF – 40%  
SYSTEMIC HYPERTENSION  
TYPE II DIABETES MELLITUS

### PROCEDURE:

1. CORONARY ANGIOGRAM DONE ON 06.01.2024 – SIGNIFICANT PROXIMAL LAD DISEASE.
2. SUCCESSFUL ADHOC PTCA + STENT TO LAD USING 4.0 X 15 MM RESOLUTE ONYX TRUCOR DES DONE ON 06.01.2024.

### BRIEF HISTORY:

Mr. Mohamed Feroz, 50 years old male, presented with complaints of chest pain, retrosternal compressive since today(05.01.2024) morning. He came to Medway Heart Institute on 05.01.2024 for evaluation and further management.

### ON EXAMINATION:

HR : 108bpm BP : 130/90mmHg SPO<sub>2</sub> : 99% in room air  
CVS : S1S2+ RS : BAE (+), ABD : Soft, CNS : NFND

### INVESTIGATIONS:

**BLOOD(05.01.2024)** : Hb – 14.4gm/dl, TWBC – 14560cells / cumm, Platelet – 297000cells/cumm, Urea – 18mg/dl, Creatinine – 0.75mg/dl, Na<sup>+</sup> -133 mmol/L, K<sup>+</sup> - 4.09 mmol/l, Trop I – 606.2ng/l, INR – 0.8 secs, CK – MB – 30.3 U/L, CPK – total – 229 u/l.

**ECG** : Sinus rhythm, HR – 100bpm, atrial ectopics (+), ST elevation in V1 – V6, ST depression in II, III & aVF.

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

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

**PATIENT HELPLINE**  
**94557 94557**  
**1800 572 3003**

#### Medway Group of Hospitals

|                              |                           |                              |                            |                             |                          |
|------------------------------|---------------------------|------------------------------|----------------------------|-----------------------------|--------------------------|
| Kodambakkam<br>044-2473 4455 | Mogappair<br>044-26530011 | Chengalpattu<br>044-27426829 | Villupuram<br>04146-242000 | Kumbakonam<br>044-2473 4455 | Kakinada<br>0884-2333367 |
|------------------------------|---------------------------|------------------------------|----------------------------|-----------------------------|--------------------------|

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

#### Medway Centre of Excellence (Chennai)

|                                    |   |
|------------------------------------|---|
| Heart Institute<br>044 - 4310 8959 | Institute of Pulmonology<br>044-2473 4451 |
|------------------------------------|---|

MHI/HOSP/2022/118



JCI ACCREDITED



NABH ACCREDITED

NAME: MR. MOHAMED FERAZ

UHID: MHI202381643

IP.NCL.IPH2024000044

**Every heart beat counts**

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**SREENING ECHO(05.01.2024):** Akinetic basal, mid & inferior, anterior wall, anterior septum, antero lateral of LV. Moderate LV dysfunction, EF – 40%. No MR. no PE / VSR.

#### **POST PROCEDURE INVESTIGATIONS:**

**BLOOD** : Urea- 27mg/dl, Creatinine- 1.20mg/dl, Na<sup>+</sup> - 133 mmol/L, K<sup>+</sup> - 3.83 mmol/l.

**ECG** : Sinus rhythm, HR: 93bpm , evolved AWTI changes.

**ECHO(06.01.2024)** : S/P PTCA. All chambers normal sized. RWMA (+) – septum, apex, anterior hyperkinetic. Moderate LV systolic dysfunction. EF – 40%. Normal RV systolic function. All valves structurally normal. Trivial MR. Trivial TR. No PAH. IVC normal in size and collapsing. IAS / IVS intact. No clot / vegetation/ effusion.

**SREENING ECHO(08.01.2024):** S/P PTCA. Dilated LA. RWMA – all apical segments, apex hypokineisa. Mild LV systolic dysfunction. EF – 47%. Grade II diastolic dysfunction. Normal RV systolic function. All valves are normal. IAS / IVS intact. Trivial MR. Mild TR. Moderate PAH. Minimal pericardial effusion anterior to RV. No clot / vegetation.

#### **COURSE IN THE HOSPITAL:**

Mr. Mohamed Feroz, 50 years old male, admitted with above mentioned complaints. Basic investigations were done. ECG showed acute AWTI changes. ECHO showed Akinetic basal, mid & inferior, anterior wall, anterior septum, antero lateral of LV. Moderate LV dysfunction, EF – 40%. Cardiac enzymes were elevated (Trop I – 606.2ng/l). He was diagnosed as ACS – AWTI, moderate LV dysfunction and thrombolysed with Inj. Tenecteplase 40mg IV stat on 05.01.2024. After obtaining consent, he underwent Coronary angiogram which revealed **SIGNIFICANT PROXIMAL LAD DISEASE** followed by **SUCCESSFUL ADHOC PTCA + STENT TO LAD USING 4.0 X 15MM ONYX TRUCOR DES DONE ON 06.01.2024** by right radial access approach. Post procedure period was uneventful and shifted to CCU. Post procedure ECG shown no fresh ST- T changes. He was treated with dual anti-platelets, statin and other supportive measures. Patient got shifted to ward, His RFT were within normal limits and maintained with adequate fluid balance. His medications were optimized and he is being discharged in a stable clinical condition.

#### **CONDITION ON DISCHARGE:**

Patient Conscious / Oriented / Afebrile

General condition Stable

GCS - 15/15

Temp - 98.6°F

PR - 86/min

BP - 120/70mmHg

SPO2 - 96% in room air

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

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**94557 94557**  
**1800 572 3003**

#### **Medway Group of Hospitals**

|                              |                           |                              |                            |                             |                          |
|------------------------------|---------------------------|------------------------------|----------------------------|-----------------------------|--------------------------|
| Kodambakkam<br>044-2473 4455 | Mogappair<br>044-26530011 | Chengalpattu<br>044-27426829 | Villupuram<br>04146-242000 | Kumbakonam<br>044-2473 4455 | Kakinada<br>0884-2333367 |
|------------------------------|---------------------------|------------------------------|----------------------------|-----------------------------|--------------------------|

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

#### **Medway Centre of Excellence (Chennai)**

|                                    |   |
|------------------------------------|---|
| Heart Institute<br>044 - 4310 8959 | Institute of Pulmonology<br>044-2473 4451 |
|------------------------------------|---|

MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED

NAME: M. MOHAMMED FERROZ

UHID: MHI202381643

IP.NO: 1PH2024000544



Every heart beat counts

(A Unit of United Alliance Healthcare Pvt Ltd)

**ADVICE MEDICATIONS:**

| SL. NO | NAME OF THE DRUGS WITH GENERIC NAME | DOSAGE | FREQUENCY |   |       | ROUTE | RELATIONSHIP WITH FOOD | DURATION    |
|--------|-------------------------------------|--------|-----------|---|-------|-------|------------------------|-------------|
|        |                                     |        | M         | A | N     |       |                        |             |
| 1      | TAB. ECOSPRIN (ASPIRIN)             | 75 MG  | 0         | 1 | 0     | ORAL  | AFTER FOOD             | TO CONTINUE |
| 2      | TAB. AX CER (TICAGRELOR)            | 90 MG  | 1         | 0 | 1     | ORAL  | AFTER FOOD             | TO CONTINUE |
| 3      | TAB. ATORVAS (ATORVASTATIN)         | 80 MG  | 0         | 0 | 1     | ORAL  | AFTER FOOD             | TO CONTINUE |
| 4      | TAB. FLAVEDON MR (TRIMETAZIDINE)    | 35 MG  | 1         | 0 | 1     | ORAL  | AFTER FOOD             | TO CONTINUE |
| 5      | TAB. ALDACTONE (SPIRONOLACTONE)     | 25 MG  | 1         | 0 | 0     | ORAL  | AFTER FOOD             | TO CONTINUE |
| 6      | TAB. LASIX (FUROSEMIDE)             | 40 MG  | 1         | 0 | 0     | ORAL  | AFTER FOOD             | TO CONTINUE |
| 7      | TAB. PAN (PANTAPRAZOLE)             | 40 MG  | 1         | 0 | 0     | ORAL  | BEFORE FOOD            | TO CONTINUE |
| 8      | TAB. INAPURE                        | 5 MG   | 1         | 0 | 1     | ORAL  | AFTER FOOD             | TO CONTINUE |
| 9      | TAB. NIKORAN                        | 5 MG   | 1         | 0 | 1     | ORAL  | AFTER FOOD             | TO CONTINUE |
| 10     | SYP. CREMAFFIN                      | 15 ML  | 0         | 0 | 1     | ORAL  | AFTER FOOD             | TO CONTINUE |
| 11     | TAB. ALPRAX (ALPRAZOLAM)            | 0.5 MG | 0         | 0 | 1     | ORAL  | AFTER FOOD             | TO CONTINUE |
| 12     | SYP. AB PHYLLINE                    | 10ML   | 0         | 0 | 10 ML | ORAL  | AFTER FOOD             | X 5 DAYS    |

**TO CONTINUE REGULAR DIABETIC MEDICATIONS:**

| DISCHARGE ADVICE    |   |
|---------------------|---|
| DIET                | LOW FAT, SALT & DIABETIC DIET.                                  |
| PHYSICAL ACTIVITIES | AVOID STRENUOUS ACTIVITIES.                                     |
| REVIEW              | REVIEW WITH DR. GNANAVELU.G AFTER 1 WEEK WITH RFT & ECG REPORT. |

To report: If temp &gt; 101 °F / Difficulty in breathing / chest pain / Giddiness/ palpitations.

In case of emergency Contact: Medway Hospitals @ 43108959

*"I understood the Content of the discharge summary."*

Typed by: Ezhilarasi.

Dr. G. Gnanavelu. MD., DM., (cardio) FACC  
Chief Cardiologist

Dr. G. Gnanavelu MD, DM (cardio), FACC  
Chief Cardiologist  
Reg. No: 39469

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

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PATIENT RELIEF LINE  
94557 94557  
1800 572 3003

**Medway Group of Hospitals****Medway Centre of Excellence (Chennai)**

Kodambakkam 044-2473 4455 | Mogappair 044-26530011 | Chengalpattu 044-27426829 | Villupuram 04146-242000 | Kumbakonam 044-2473 4455 | Kakinada 0884-2333367

Heart Institute 044 - 4310 8959 | Institute of Pulmonology 044-2473 4451

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

MHI/HOSP/2022/118



## INPATIENT INITIAL ASSESSMENT

Date: 8/1/24

Time of arrival in ward: 200 @ 22.41

Allergies (if Yes, specify details):

Drugs ☐ Yes ☐ No

Blood Transfusion ☐ Yes ☐ No

Food ☐ Yes ☐ No

Others

Vital Signs: Temp: 37.2 (°F) | Pulse / HR: 102 (beats/min) | BP: 130/90 (mmHg)

Respiration: 20 (breaths/min) | SpO<sub>2</sub>: 99 (%) | Height: 172 (cms) | Weight: 80 kgs | BMI: 27.1 kg/m<sup>2</sup>

Pain: ☒ Yes ☐ No. If Yes, Score: 2/10

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

40 Retrospect pain since 11:30 AM body, sudden to back, 10/10, sweating (+), No H/O SOB / palpitations. leading done given outside

### PAST MEDICAL HISTORY (with duration of illness):

Diabetes Mellitus: ☐ Yes ☐ No. If Yes, duration: 14 years Hypertension: ☒ Yes ☐ No. If Yes, duration: 1 1/2 years

Others:

### Past Surgical History:

- Nil -

**Present Medication (for Medication Reconciliation):**

| S. No. | Current Medication | Dose | Route | Frequency | Date & Time of last dose | To be continued during hospital stay                     |
|--------|--------------------|------|-------|-----------|--------------------------|--|
|        |                    |      |       |           |                          | <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 |
|        |                    |      |       |           |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|        |                    |      |       |           |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Family History:**

*father H/O CAD*

**Personal / Social History (Tick whichever is applicable)**

Lifestyle: ☐ Sedentary ☒ Active

Occupation:

*cell-recursion shop*

Smoking: ☐ Yes ☒ No

Alcohol: ☐ Yes ☒ No

Recreational Drug Use: ☐ Yes ☒ No

Others: \_\_\_\_\_

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

*na*

**General Physical Examination:**

Pallor: ☐ Yes ☒ No

Icterus: ☐ Yes ☒ No

Clubbing: ☐ Yes ☒ No

Edema: ☐ Yes ☒ No

Lymphadenopathy: ☐ Yes ☒ No

## SYSTEMIC EXAMINATION

CVS:

S1S2 (4)

Respiratory System:

BEAT (4)  
B/L clear

Gastrointestinal System:

SNA, (4)

Central Nervous System:

MMN  
hes = 15/15

Urinary / Reproductive / Locomotor System:

(2)

Skin / Ophthalmic / ENT

(2)

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:

- ACS - Air - STEMI  
- T2DM / HHT

Plan of Care:

- Adv Adm / DIL / High risk consult for thrombolysis  
- thrombolysis (10:45pm)  
- CCR + PCI  
- drugs as per chart  
- Ho chart  
- vitals stability  
- fully updated.



**Investigations Advised:**

Cath pack  
 - Candide easy

**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: \_\_\_\_\_

**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. G. GNANAVELU       | 39469         | 5/1/24 | 00:54 |
| Consultant        | Dr. G. GNANAVELU | DR. GNANAVELU          | 39469         | 5/1/24 | 00:54 |
| Patient Attendant |                  | Relationship: Daughter | Rochan Faween | 5/1/24 | 00:54 |

## CONSENT FORM FOR CRITICAL CARE (ICU)

I, MR. MOHAMED FEROZ, the ☒ Patient or ☐ Representative of patient have (please tick the correct option above and below):

☐ Read

☐ I have been explained in detail by the treating doctor and I understand about the condition of me / and my patient or my patient's illness and I am aware of the all the possible outcomes.

☐ Been explained this consent form in English / TAMIL, which I fully understand and understood the information provided about ICU Treatment

I acknowledge that, I had the opportunity to discuss with the doctor about the condition of myself or my patient, treatment options, procedures needed to improve the patient's condition. I hereby give consent to treat the illness of myself or my patient and to do emergency procedures like Endotracheal Intubation including other methods of securing airway, mechanical ventilation, central venous access, arterial lines and further methods of monitoring which are needed to improve or treat my condition.

### CENTRAL VENOUS CATHETER INSERTION

#### Brief description of the Procedure:

A Central venous catheter or central line is a long, soft, thin, hollow tube placed into a large vein (blood vessel). Compared to a peripheral line, central line is larger, longer and is placed into a large vein in the neck, upper chest or groin.

#### Intended benefits:

Common reasons for having a central line include:

- To give IV medications over a long period of time because a large vein can tolerate an IV catheter for a longer time than a small vein. Examples of such medications are antibiotics and chemotherapy.
- To rapidly deliver large amounts of fluid or blood, for example when a person is in shock.
- To give multiple drug infusions in critically ill patients
- To directly measure blood pressure in a large or central vein. This can help determine how much fluid a person needs.
- For patients who require frequent blood draws to be sent to the laboratory, the central line allows for blood to be drawn without repeatedly pricking the patient.
- To deliver nutrition directly into the blood when food or liquids cannot be given through the mouth, stomach, or intestine.
- To give vasopressors (Blood pressure increasing drugs) for a patient in shock, as giving vasopressors through peripheral line can cause injury to the small blood vessels.
- In some cases, two of the lumens on the central line can be used to perform dialysis, with one lumen used to take blood out of the vascular system and another lumen used to return the dialyzed blood to the body.

#### Possible risks and complications:

- Discomfort during placement: Discomfort can result from the needle stick and placement of the catheter at the time it is inserted.
- Bleeding: Bleeding can occur at the time the catheter is inserted. The bleeding is usually mild and stops by itself
- Infection: Any tube (catheter) entering the body can make it easier for bacteria from the skin to get into the bloodstream. Special care in cleaning and bandaging the skin at the catheter site can decrease the risk of infection.
- Thrombosis
- Arrhythmia
- Pneumothorax (Collapsed lung): When a central venous catheter is placed in the chest area, if the needle passes through or misses the vein, the needle could pierce the lung causing the lung to collapse. If this happens, lung will be re inflated by placing a tube between the ribs to remove the air that has leaked from the lung.

#### I have been explained the implications of not undergoing this procedure like:

- Worsening of clinical condition of the patient.
- Repeated pricking for blood samples.
- Difficulty in getting peripheral venous access.
- When high dose vasopressors are needed, ischemia to the distal part of the limb.

**Alternative Forms of Treatment: Peripheral Venous Access**

## ENDOTRACHEAL INTUBATION

### Brief description of the Procedure:

Endotracheal Intubation is often an emergency procedure that's performed on people who are unconscious or who can't breathe on their own. Endotracheal Intubation maintains an open airway and helps prevent suffocation. A flexible plastic tube is placed into your / your patient's trachea through the mouth to help you breathe. The trachea, also known as the windpipe, is a tube that carries oxygen to the lungs.

The size of the breathing tube is matched to the age and throat size. The tube is kept in place by a small cuff of air that inflates around the tube after it is inserted. The trachea begins just below the larynx, or voice box, and extends down behind the breastbone, or sternum. Trachea then divides and becomes two smaller tubes: the right and left main bronchi. Each tube connects to one of the lungs. The bronchi then continue to divide into smaller and smaller air passages within the lung. The trachea is made up of tough cartilage, muscle, and connective tissue. Its lining is composed of smooth tissue. Each time you / your patient breathes in, the windpipe gets slightly longer and wider. It returns to its relaxed size as you breathe out. You can have difficulty breathing or may not be able to breathe at all if any path along the airway is blocked or damaged. This is when Endotracheal Intubation can be necessary. Endotracheal Intubation keeps your airway open. This allows oxygen to pass freely to and from your lungs as you breathe.

### Intended benefits:

The procedure might be needed for you / your patient for any of the following reasons:

- to open airways so that patient can receive anaesthesia, medication, or oxygen
- to protect your / your patient's lungs
- when patient has stopped breathing or is having difficulty breathing
- when patient needs help to breathe
- when patient has a head injury and cannot breathe on his / her own
- when patient needs to be sedated for a period of time in order to recover from a serious injury or illness

### Possible risks and complications:

- Injury to teeth or dental work
- Injury to the throat or trachea
- Bleeding
- Lung complications or injury
- Aspiration (stomach contents and acids that end up in the lungs)
- Other Risks (if any): \_\_\_\_\_

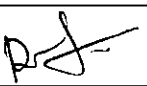
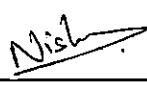
### Possible alternatives:

Non invasive ventilation can be helpful in a few situations. But when Endotracheal Intubation is required, there can be no alternative treatment offered.

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


For the above-mentioned procedures that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said 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<br>(if applicable #) |  | M. ROSHAN FAREEN<br><small>(Write name and relationship with patient)</small> | 5/1/24 | 22-54 |
| Reason for surrogate consent            | Patient is unable to give consent because:  |   |        |       |
| Witness                                 |  | Noorunisha<br>(WIFE)  | 5/1/24 | 22-54 |
| Interpreter<br>(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 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  |
|--------|---|------------------|----------|--------|-------|
| Doctor |  | Dr. Roshan Fares | 9150     | 5/1/24 | 22-54 |

## உயிர்காப்பு சிகிச்சைக்கான (அவசர சிகிச்சைப் பிரிவு / ஐசியு) ஒப்புதல் படிவம்

என்ற பெயர் கொண்ட ☐ நோயாளியான அல்லது ☐ நோயாளியின் பிரதிநிதியான நான், இந்த ஒத்திசைவு படிவத்தை (மேலே மற்றும் கீழே உள்ளவற்றில் சரியான விருப்பத்தேர்வை தயவுசெய்து டிக் செய்க)

☐ வாசித்திருக்கிறேன்

☐ சிகிச்சையளிக்கும் மருத்துவரால் எனக்கு விளக்கி கூறப்பட்டிருக்கிறது மற்றும் எனது / எனது நோயாளியின் தற்போதைய நிலைமை அல்லது எனது நோயாளியின் நோய் பரிணாமம் மற்றும் ஏற்பட சாத்தியமுள்ள அனைத்து விளைவுகளையும் நான் அறிந்திருக்கிறேன் மற்றும் புரிந்து கொண்டிருக்கிறேன்.

☐ நான் முழுமையாகப் புரிந்து கொள்கின்ற தமிழ் மொழியில் இந்த ஒப்புதல் படிவம் விளக்கப்பட்டிருக்கிறது மற்றும் ஐசியு சிகிச்சை பற்றி தரப்பட்ட தகவலை நான் புரிந்து கொண்டிருக்கிறேன்.

எனது அல்லது எனது நோயாளியின் உடல்நிலை, சிகிச்சை விருப்பத்தேர்வுகள், நோயாளியின் நிலையை மேம்படுத்துவதற்கு தேவைப்படும் மருத்துவ சேவைகள் பற்றி மருத்துவரிடம் விவாதிக்க எனக்கு வாய்ப்பிருந்தது என்று நான் உறுதியளிக்கிறேன். எனது / எனது நோயாளியின் நோய்க்கு சிகிச்சையளிக்கவும் சுவாசப்பாதையை பாதுகாக்க / உருவாக்குவதற்கான பிற வழிமுறையை செயற்கை சுவாச வழிமுறை, மத்திய சிறை அணுகுவசதி இதய தமனி தமனிக்குழல்கள் உட்பட முக்கிய பெருங்குழல்களுக்கு குழாய் செருகுதல் போன்ற அவசரநிலை மருத்துவ செயல்முறைகளை செய்யவும் இதன்வழியாக நான் ஒப்புதல் அளிக்கிறேன். மேலும் எனது நிலைமைக்கு சிகிச்சையளிக்க அல்லது அதனை மேம்படுத்த தேவைப்படும் கண்காணிப்பு வழிமுறைகளை மேற்கொள்ளவும் ஒப்புதல் அளிக்கிறேன்.

### மைய சிறையில் கதிட்டர் உட்செருகல்

மருத்துவ செயல்முறையின் சுருக்க விவரணை:

ஒரு மைய சிறை கதிட்டர் அல்லது மைய லைன் என்பது, ஒரு நீளமான, மென்மையான, மெல்லிய, துவாரமுள்ள குழாய் ஒரு பெரிய நாளத்திற்குள் (இரத்த நாளத்திற்குள்) செலுத்தப்படக்கூடியதாகும். மையத்திற்கு அப்பாலுள்ள புற லைனோடு ஒப்பீடுகையில், மைய லைன் என்பது பெரியது மற்றும் நீளமானது; கழுத்து, மேற்புற மார்பு அல்லது இடுப்பு கவட்டையில் உள்ள பெரிய நாளத்திற்குள் வைக்கப்படுவதற்குரியது.

அடைய திட்டமிடப்படும் பலன்கள்:

மைய லைனை பொருத்துவதற்கான பொது காரணங்களுள் கீழ்க்கண்டவை உள்ளடங்கும்:

- ஒரு சிறிய நாளத்தைவிட, ஒரு பெரிய நாளமானது நீண்ட காலஅளவிற்கு ஒரு IV கதிட்டரை தாங்கும் என்பதால், நீண்ட காலஅளவிற்கு IV மருந்துகளை வழங்குவதற்காக. ஆண்டிபயாட்டிக் மருந்துகள் மற்றும் கீமோதெரபி போன்றவை இதற்கான மருந்துகளின் எடுத்துக்காட்டுகளாகும்.
- அதிக அளவிற்கு திரவம் அல்லது இரத்தத்தை அதிவேகமாக வழங்குவதற்கு; எடுத்துக்காட்டாக ஒரு நபர் அதிர்ச்சியில் ஆழ்ந்திருக்கும்போது.
- உயிருக்கு ஆபத்தான நிலையிலுள்ள நோயாளிகளுக்கு ஒன்றுக்கு மேற்பட்ட பல மருந்து உட்செலுத்தல்களை வழங்குவதற்கு.
- ஒரு பெரிய அல்லது மைய சிறை / நாளத்தில் நேரடியாக இரத்தஅழுத்தத்தை அளவிடுவதற்கு. ஒரு நபருக்கு எந்தஅளவு திரவம் தேவைப்படுகிறது என்பதை தீர்மானிக்க இது உதவக்கூடும்.
- பரிசோதனையகத்திற்கு அடிக்கடி இரத்த மாதிரிகளை அனுப்ப வேண்டிய தேவையுள்ள நோயாளிகளுக்கு திரும்பத்திரும்ப நோயாளிக்கு ஊசிகுத்தி இரத்தம் எடுப்பதற்கு பதிலாக, எளிதாக இரத்தம் எடுக்க மைய லைன் வகை செய்கிறது.
- வாய், வயிறு அல்லது குடல் வழியாக தர இயலாதபோது ஊட்டச்சத்துகளை நேரடியாக இரத்தத்திற்குள் கலக்குமாறு வழங்குவதற்கு.
- புறவெளி லைன் வழியாக வாசோபிரெசர்ஸ் - ஐ வழங்குவது சிறிய இரத்த நாளங்களுக்கு சேதத்தை விளைவிக்கும் என்பதால், அதிர்ச்சியில் ஆழ்ந்துள்ள ஒரு நோயாளிக்கு வாசோபிரெசர்ஸ்களை (இரத்த அழுத்தத்தை அதிகரிப்பதற்கான மருந்துகள்) வழங்குவதற்கு.
- சில நேர்வுகளில், டயலாலிசிஸ் செய்வதற்கு மைய லைன் மீது இரண்டு குழல்களைப் பயன்படுத்தலாம். இரத்தநாள அமைப்பிலிருந்து இரத்தத்தை எடுப்பதற்கு ஒரு குழலையும், டயலாலிசிஸ் செய்யப்பட்ட இரத்தத்தை உடலுக்கு திரும்ப அனுப்புவதற்கு மற்றொரு குழலையும் பயன்படுத்தலாம்.

சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள்:

- பொருத்தப்படும்போது அசௌகரியம்: ஊசியால் குத்தும்போது மற்றும் கதிட்டரைப் பொருத்தும் நேரத்தில் அதனை உட்செலுத்துகின்ற நேரத்தில் அசௌகரியம் ஏற்படக்கூடும்.
- இரத்தக்கசிவு: கதிட்டர் உட்செலுத்தப்படும் நேரத்தில் இரத்தக்கசிவு நிகழக்கூடும். இந்த இரத்தக்கசிவு வழக்கமாக மிகச்சிறிய அளவில் லேசாக இருக்கும் மற்றும் அது தானாகவே நின்றுவிடும்.
- தொற்று: உடலுக்குள் நுழைக்கப்படும் எந்தவொரு குழாயும் (கதிட்டர்), சருமத்திலிருந்து பாக்டீரியா இரத்த ஓட்டத்திற்குள் கலப்பதற்கு இதனை எளிதானதாக ஆக்கிவிடும். கதிட்டர் பொருத்தப்படும் இடத்தை தாய்மைப்படுத்துவது மற்றும் பேண்டேஜ் செய்வதில் சிறப்பு கவனம் செலுத்தப்படுவது தொற்றுக்கான இடர்வாய்ப்பைக் குறைக்கக்கூடும்.
- இரத்தஉறைவு
- ஒழுங்கற்ற இயங்குதிறப்பு
- நுரையீரல் உறைக்காற்று நோய் (நுரையீரல் துவண்டு மடிதல்): மார்பு பகுதியில் ஒரு மைய சிறைகதிட்டர் பொருத்தப்படும்போது ஊசி சிறை / நாளத்தின் வழியாக கடந்து செல்லுமானால் அல்லது அதை தவறவிடுமானால் அந்த ஊசி நுரையீரலுக்குள் ஊடுருவி, நுரையீரல் துவண்டு மடிவதை விளைவிக்கும். இது நிகழமானால், நுரையீரலிலிருந்து வெளியே கசிந்திருக்கின்ற காற்றை அகற்றுவதற்கு விஸக்களுக்கு இடையே ஒரு குழாயை வைப்பதன் மூலம் நுரையீரல் மீண்டும் மீட்டி வீக்கம் பெறுமாறு செய்யப்படும்.

இந்த மருத்துவ செயல்முறையை மேற்கொள்ளவில்லை எனில், கீழ்க்கண்டவை போன்ற விளைவுகள் நிகழலாம் என்று எனக்கு விளக்கிக் கூறப்பட்டிருக்கின்றன:

- நோயாளியின் மருத்துவ / உடல்நிலை மோசமடைதல்.
- இரத்த மாதிரிகளுக்காக திரும்பத்திரும்ப ஊசி குத்துவது.
- புறவெளி இரத்தநாள அணுகுவசதியை பெறுவதில் சிரமம்.
- அதிக அளவிலான வாசோபிரெசர்ஸ் தேவைப்படும்போது உறுப்பின் தொலைதூரப் பகுதிக்கு இரத்தஓட்டத்தை

சிகிச்சையின் மாற்று வழிமுறை வடிவங்கள்: புறவெளி சிறை / நாளத்திற்கு அணுகுவசதி

## முச்சப் பெருங்குழலுள் குழாய் செருகுதல்

மருத்துவ செயல்முறையின் சுருக்கமான விவரணை:

முச்சப் பெருங்குழலுள் குழாய் செருகுதல் (Endotracheal Intubation) என்பது, தாங்களே சுயமாக சுவாசிக்க இயலாத அல்லது நினைவீழ்ந்துவிட்ட நபர்களுக்கு செய்யப்படும் ஒரு அவசரநிலை சிகிச்சை செயல்முறையாகும். இது, ஒரு திறந்தநிலை முச்சப்பாதையை பராமரிக்க வகை செய்கிறது மற்றும் முச்சத்தினால் நிகழாமல் தடுக்கிறது. நீங்கள் சுவாசிப்பதற்கு உதவு, உங்களது / உங்களது நோயாளியின் முச்சக்குழலுக்கு ஒரு நெகிழ்வுத்திறன் கொண்ட பீளாஸ்டிக் குழாய் வாய் வழியாகப் பொருத்தப்படுகிறது. முச்சக்குழாய் என்றும் அழைக்கப்படுகின்ற இந்த முச்சக்குழல், ஆக்சிஜனை நுரையிரல்களுக்கு எடுத்துச்செல்லும் ஒரு குழாயாகும். சுவாசிப்பதற்கான இந்த குழாயின் அளவு நோயாளியின் வயது மற்றும் தொண்டை அளவிற்குப் பொருத்தமானதாக தேர்வு செய்யப்படும். உட்செலுத்தப்பட்டதற்குப் பிறகு குழாயை சுற்றி விரிவடைகின்ற காற்றின் ஒரு சிறிய சுற்றுப்பட்டையின் மூலம் உட்செலுத்தப்பட்ட குழாய் அதே இடத்தில் இருக்குமாறு வைக்கப்படும். முச்சக்குழாய், குரல்வகைக்கு சற்றுமீது தொடங்குகிறது மற்றும் மார்பு எலும்பிற்கு பின்னே வரை அது நன்கிறது. அதன்பிறகு முச்சக்குழாய் இரு சிறு குழல்களாக பிரிகிறது: வலது மற்றும் இடது பிரதான முச்ச சிறுகுழாய்கள் ஒவ்வொரு சிறுகுழாயும், ஒவ்வொரு நுரையீரலோடு இணைக்கப்பட்டிருக்கிறது. இந்த முச்ச சிறுகுழாய், அதன்பிறகு நுரையீரலுக்குள் சிறு சிறு காற்றுப் பாதைகளாக தொடர்ந்து பிரிகின்றன. முச்சக்குழாய் என்பது, கடினமான குருத்தெலும்பு, தசை மற்றும் இணைப்புத்திக் ஆகியவற்றால் உருவானது. இதன் அகவுறை மிருதுவான திசுக்களால் ஆனது. ஒவ்வொரு முறையும் நீங்கள் / உங்களது நோயாளி காற்றை உள்ளே சுவாசிக்கும்போது முச்சக்குழாய் சற்றே நளமானதாக மற்றும் விரிவானதாக ஆகிறது. முச்சை வெளியே விடும்போது அதன் முந்தைய தளர்வான நிலைக்கு அது திரும்புகிறது. முச்சப்பாதையில் எந்தவொரு இடமும் சேதமடைந்திருக்குமானால் அல்லது தடை பட்டிருக்குமானால் உங்களால் சுவாசிக்க இயலாமல் போகலாம் அல்லது சுவாசிப்பதில் சிரமம் இருக்கலாம். இத்தகைய தருணத்தில் தான் முச்சப் பெருங்குழலுள் குழாய் செருகுதல் அவசியமாக இருக்கக்கூடும். இந்த செயல்முறை உங்களது முச்ச / காற்றுப்பாதையை அடைப்பின்று திறந்த நிலையில் வைக்கிறது. நீங்கள் சுவாசிக்கும்போது உங்களது நுரையீரலிலிருந்து மற்றும் நுரையீரலுக்கு ஆக்சிஜன் தடையின்றி, தாராளமாக சென்று வருவதை இது அனுமதிக்கிறது.

அடையத் திட்டமிடப்பட்டுள்ள பலன்கள்:

கீழ்க்கண்ட ஏதாவதொரு காரணத்திற்காக இந்த மருத்துவ செயல்முறை உங்களுக்கு / உங்களது நோயாளிக்குத் தேவைப்படக்கூடும்:

- உணர்விழப்பு மருந்து, பிற மருந்துகள் அல்லது ஆக்சிஜன் போன்றவற்றைப் பெறுவதற்காக முச்சப்பாதையை திறந்த நிலையில் வைப்பது.
- உங்களது / உங்களது நோயாளியின் நுரையீரலைப் பாதுகாப்பது
- சுவாசிக்க உதவு:
- சுவாசிப்பதை நோயாளி நிறுத்திவிட்டபோது அல்லது சுவாசிப்பதில் சிரமம் இருக்கும்போது
- சுவாசிப்பதற்கு நோயாளிக்கு உதவி தேவைப்படும்போது
- நோயாளிக்கு தலைக்காயம் ஏற்பட்டிருக்கும்போது மற்றும் தானாகவே அவரால் சுவாசிக்க இயலாதபோது
- ஒரு கடுமையான காயம் அல்லது நோயிலிருந்து மீண்டு வருவதற்காக நீண்ட காலஅளவிற்கு ஒரு நோயாளி உணர்விழப்பு மருந்தின் கீழ் அல்லது மயக்க நிலையின் கீழ் வைக்கப்படுவது அவசியமாக இருக்கும்போது.

சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள்:

- பற்கள் அல்லது பற்கட்டமைப்பிற்கு காயம்
- தொண்டை அல்லது முச்சக்குழாயில் காயம்
- இறத்தக்கசிவு
- நுரையீரல் சிக்கல்கள் அல்லது காயம்
- உறிஞ்சி வெளியிழுத்தல் (வயிற்றிலுள்ள உணவுப்பொருட்களும், அமிலங்களும் நுரையீரல்களில் சேர்ந்திருக்கும்போது)
- பிற இடர்கள் (ஏதும் இருக்குமானால்):

சாத்தியமுள்ள மாற்று வழிமுறைகள்:

உடலுக்குள் ஊடுருவாத சுவாச ஏதுவாக்கல் முறையானது, சில சூழ்நிலைகளில் உதவிகரமாக இருக்கக்கூடும். ஆனால், முச்சப் பெருங்குழலுள் குழாய் செருகுதல் அவசியப்படும்போது, வேறு மாற்று சிகிச்சை முறைகள் வழங்கப்படுவதற்கு வழியில்லை.

மேற்கூறப்பட்ட மருத்துவ செயல்முறையின் மூலம் அடையத் திட்டமிடப்பட்டுள்ள பலன்கள், சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள், இந்த செயல்முறைக்கு கிடைக்கக்கூடிய பிற மாற்று வழிமுறைகள் பற்றி இப்போது நான் அறிந்திருக்கிறேன். எந்தவொரு மருத்துவ செயல்முறையிலும் அதன் முடிவுகள் நோயாளிக்கு நோயாளி வேறுபடக்கூடும் என்பதையும் நான் அறிந்திருக்கிறேன்; மற்றும் இந்த மருத்துவ செயல்முறையின் வெற்றி குறித்து எனக்கு எந்தவித உத்தரவாதங்களும் அளிக்கப்படவில்லை என்பதையும் நான் உறுதிப்படுத்திவிடுகிறேன். பெரும்பான்மையான நோயாளிகளுக்கு அசம்பாவிதம் இல்லாமல் அறுவைசிகிச்சை மற்றும் மீண்டு குணமடைதல் நிகழுகின்ற நேரவில், சில நேரங்களில் சிக்கல்கள் ஏற்படக்கூடும் என்பதையும் நான் அறிந்திருக்கிறேன். மேலே குறிப்பிடப்பட்டுள்ள இந்த மருத்துவ செயல்முறையோடு தொடர்புடைய பொதுவான இடர்கள் மற்றும் சிக்கல்களை நான் அறிந்திருக்கிறேன். எந்தவொரு மருத்துவ செயல்முறையிலும் ஏற்பட சாத்தியமுள்ள ஆபத்துகள் மற்றும் சிக்கல்கள் அனைத்தையும் பட்டியலிட சாத்தியமில்லை என்பதையும் நான் புரிந்துகொள்கிறேன். இந்த மருத்துவ செயல்முறையின் தன்மை மற்றும் சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள் மற்றும் உத்தேசிக்கப்படும் நன்மைகள் மற்றும் சாத்தியமுள்ள மாற்றுமுறைகள் பற்றி நான் அல்லது மேலே பெயர் குறிப்பிடப்பட்டுள்ள என்னுடைய நோயாளி முழுமையாக அறிந்திருக்கும் நிலையில் எனக்கு விளக்கப்பட்ட மேற்கண்ட மருத்துவ செயல்முறைக்கு சுயவிருப்பத்துடன் எனது ஒப்புதலை நான் அளிக்கிறேன்.

மேலே பெயர் குறிப்பிடப்பட்டுள்ள நோயாளியான / நோயாளியின் பிரதிநிதியான நான், இப்படிவத்தில் கையொப்பமிடும் தேதியில் 18 ஆண்டுகள் வயதுக்கு மேற்பட்ட, சீரான நல்ல மனநிலை கொண்ட நபராக இருக்கிறேன் மற்றும் எந்தவித அச்சம், அச்சுறுத்தல் அல்லது தவறான கண்ணோட்டம் இல்லாமல் இச்செயல்முறைக்கு ஒப்புதல் அளிக்கிறேன் என்று இதன் மூலம் நான் மேலும் உறுதிமொழியளிக்கிறேன்.

| நோயாளி                                     | கையொப்பம் / கட்டைவிரல் ரேகை*                  | பெயர்  | தேதி | நேரம் |
|--|---|--|------|-------|
| பதிலாளர் / பாதுகாப்பவர் (பொருத்துமானால் *) |   | (பெயர் & நோயாளிக்கு என்ன உறவுமுறை என்பதை எழுதவும்) |      |       |
| பதிலாளர் ஒப்புதல் வழங்குவதற்கு காரணம்      | நோயாளியால் ஒப்புதல் வழங்க இயலவில்லை; ஏனெனில்: |  |      |       |
| சாட்சி                                     |   |  |      |       |
| மொழிபெயர்ப்பாளர் (பொருத்துமானால்)          |   |  |      |       |

\* ஆண்களுக்கு வலது பெருவிரல் மற்றும் பெண்களுக்கு இடது பெருவிரல் ரேகை பதிவு | # உரிய வயது வராதவராக அல்லது ஒப்புதல் கொடுக்க இயலாதவராக நோயாளி இருந்தால் மட்டுமே.

கீழே, கையொப்பமிட்டுள்ள மருத்துவராகிய நான், திட்டமிடப்பட்ட ஆபரேஷன் / நடைமுறை குறித்த தன்மை, ஏற்பட சாத்தியமுள்ள ஆபத்துகள் மற்றும் சிக்கல்கள், கிடைக்கும்என்று கருதப்படும் நன்மைகள், எதிர்பார்க்கப்படும் நடைமுறைக்குப் பின் சிகிச்சை, மற்றும் சாத்தியமுள்ள மாற்று வழிமுறைகள் பற்றி நோயாளியிடம் / நோயாளியின் பிரதிநிதியிடம் எடுத்துக்கூறி விளக்கியுள்ளேன். மேலும் அவர், இந்த ஆவணத்தில் விவரிக்கப்பட்டபடி, தகவலை முழுமையாக புரிந்துகொண்டுள்ளார் என்பதை நான் உறுதியாக நம்புகிறேன்.

| மருத்துவர் | கையொப்பம் | பெயர் | பதிவு எண். | தேதி | நேரம் |
|------------|-----------|-------|------------|------|-------|
|            |           |       |            |      |       |



## DOCTOR'S PROGRESS NOTES

DATE

NOTES

8/1/24  
4:40 PM

High risk consent for thrombolysis.

After 45 minutes of observation (Acute MI) patient is stable. No chest pain. No shortness of breath. No sweating. No nausea. No vomiting. No dizziness. No lightheadedness. No fatigue. No weakness. No numbness or tingling. No swelling. No redness. No warmth. No pain. No tenderness. No bruising. No bleeding. No hematuria. No hemoptysis. No melena. No hematochezia. No epistaxis. No gingival bleeding. No petechiae. No purpura. No ecchymosis. No thrombocytopenia. No coagulopathy. No liver dysfunction. No renal dysfunction. No electrolyte abnormalities. No acid-base abnormalities. No drug toxicity. No allergic reaction. No infection. No sepsis. No shock. No multi-organ dysfunction syndrome. No death.

*[Signature]*  
9/1/24

Noorunisha  
(WIFE)



**UNITED STATES DEPARTMENT OF AGRICULTURE**

# Way art tute counts

| DATE   | NOTES   |
|--|---|
| 08/01/23   | S/E: Dr. C. Schopack.   |
| 10:40 pm   | <p>Cl/ chest pain retrosternal compression, from today morning<br/>more from 6pm today evening.</p> <p>No SOB</p> <p>No palpitate / No Dizziness on Syncope</p> <p>No H/O LMA, Head injury</p> <p>No H/O recent surgery</p> <p>No H/O Anesthetics or Medication</p> <p>1 Cl/ SOB / T2 DM. on Rx.</p> <p>No H/O renal episode = past</p>   |
| <p>Seen: SR. Dr. [unclear] /<br/>Atrial ectopy G.<br/>ST/T/RA V4-V6.<br/>H. [unclear]<br/>ST/T/RA [unclear] out.</p> <p>Seen: [unclear] /<br/>Atrial [unclear] [unclear]<br/>BS/HR/AL/ [unclear]<br/>BP: 40/10<br/>No HR/no PR/NOV [unclear]</p> <p>Do do<br/>Cap [unclear]<br/>Carbon [unclear]</p> | <p>O/E: [unclear]</p> <p>W/S: 88, 100</p> <p>M of [unclear]</p> <p>D: CAD/ACS</p> <p>RAW STEROID</p> <p>Med. LV Dyst [unclear]</p> <p>T2 DM / [unclear]</p> <p>D. Alexam 0.3 [unclear] [unclear]</p> <p>flb 0.6 [unclear]</p> <p>D. TNR 4mg [unclear] [unclear]</p> <p>give @ 10:45 pm.</p> <p>T. Nitrocont 2.6 [unclear]</p> <p>T. Aldactone 25 [unclear]</p> <p>T. Alprax 0.5 [unclear]</p> <p>Syp. Gammaphi [unclear] [unclear]</p> <p>lucy: dose given elsewhere</p> <p>D. Morphine 3mg [unclear]</p> |

9358



## DOCTOR'S PROGRESS NOTES

| DATE           | NOTES                            |
|----------------|----------------------------------|
| 6/1/24<br>P.O. | SPRINGER 2 Team                  |
|                | No do of chest physio at present |
|                | o2 coming                        |
|                | R-103/1mm                        |
|                | Spo2 98%                         |
|                | RR 120/80                        |
|                | Cuticle                          |
|                | RR 100                           |
|                | 130<br>150<br>170                |
|                | 1st Manual crys (Bural)          |
|                | Ben                              |
|                | Evoked ARM                       |
|                | plan                             |
|                | Shift on call to<br>Cath Lab     |
|                | FB from 8:20pm                   |
|                | Collect Sunday                   |
|                | Plan CTR I PPA                   |
|                | Enj Lant 20mg Bd ?               |
|                | Ev                               |
|                | Enj Enapure 5mg qd               |
|                | 1024                             |
|                | 8/24                             |





Date: 6/1/24

Time: 9.00.

Doctor's Name: Dr. Baraji

## ICU PROGRESS NOTES

**ICU SCORES**  
(as Appropriate)

**CLIF ACLF / AD score:**  
**SOFA score:**

**MELD score:**  
**SAPS II score:**

**AARC score:**  
**APACHE II score:**

**ICU Day**  
**Background**

came to chest pain.  
Lymph

**Issues last 24 hours**

chest pain + Lymph.

### Central nervous system

Conscious / oriented / sedated with

Sedation score

GCS - E V M

Pupils

Pain score

Drains

### Cardiovascular system

HR - 90

Rhythm -

Cardiac Output -

BP -

CVP -

Cardiac Medications:

### Respiratory system

Oxygen supplementation -

Saturation / PaO<sub>2</sub> -

Ventilator : Spontaneous / Controlled

4 L O<sub>2</sub>.



Last C x R -  
Drains -

### GIT

P/A soft.

Bowels - Y / N Loose stools / Meleena

Drains

NG tube : Y / N

Day NGA-

USG

CT

### Nutrition & Fluids

Oral feeds / NG feeds

TPN - formula used

Supplements

Calories / Proteins achieved :

IV fluids -

24 hour Urine output

Fluid balance

Creatinine clearance

Acidosis

Lactate

RRT - SLED / IHD / CRRT

NPO.

U/o - 400 - 300

### Microbiology

Invasive lines

1.

Peripheral 2.

Foley's Yes / No

ET Tube / Tracheostomy tube - Y / N Day

Culture reports

Antimicrobials with days

1.

2.

3.

### Labs

Hb 14.4

TC 14560

Platelets 29.7 L

Urea 18

Creatinine 0.73

Na

K

Bilirubin

AST

ALT

INR

Others

DVT prophylaxis - Y/N

Drugs :

Mechanical - TEDS / SCD

Stress Ulcer Prophylaxis - Y/N


Drugs

Pressure sore Y / N

Alpha bed Y / N

Plan for the day

h  
- plan (A6)  
- 4/25/05.

| Doctor | Signature   | Name       | Reg. No. | Date   | Time |
|--------|---|------------|----------|--------|------|
|        |  | DR. BACARI | 123628   | 6/1/05 | 9:00 |



## DOCTOR'S PROGRESS NOTES

| DATE    | NOTES  |
|---------|--|
| 6/11/24 | <p>9/11/24 - 5:00 PM</p> <p>per Adhoc percutaneous coronary intervention</p> <p>Approach - (R) Radial artery</p> <p>GP Mank</p> <p>Sup Heparin 8500 IU IV</p> <p>Sup Pentamyl 2mg IV</p> <p>Sup Tirofiban 1mg IV bolus</p> <p>Sup Enox 4mg IV</p> <p>Sup Mikorandil 2mg I.C.</p> <p>By using GP Mank, (R) Radial artery was</p> <p>By using GP 3.0 850 guiding catheter at 12 o'clock,</p> <p>Lesion crossed with BMS Tip guide wire, parked</p> <p>distally. Lesion stented with Onyx TruCor 4x15mm</p> <p>deployed at 12 o'clock. Post dilation done with</p> <p>Pantera low MC 4x15mm balloon at 12 o'clock.</p> <p>Check can reveal TIMI-3 flow</p> <p>R</p> <p>Flow - 3+ cfm</p> <p>Drugs as per chart</p> <p>by<br/>Ganesh</p> |


| DATE                                    | NOTES  |
|---|--|
| <del>7/1/24</del>                       | S.B. Dr. Singh B. (Dmo)  |
| 6:10PM                                  | Sp. PTCA to CAD, SVD   |
| <del>4/10/24</del><br><del>5/2/24</del> | <p>PT reviewed.</p> <p>- no complications</p> <p>Sp. pt. conc. in,</p> <p>overweight</p> <p>Alcohol</p>  |
|   | <p>Sp. ev. P.S. @</p> <p>K-BAR @</p>   |
|   | <p><u>Adh</u></p> <ul style="list-style-type: none"> <li>- whole morning</li> <li>- follow up chrt</li> <li>- W/P discontinue</li> <li>- Pfen see</li> </ul> |
|   | <p><del>B. Singh</del></p> <p><del>1838, 23</del></p>  |
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Date : 6/1/24  
Time : 14.00

## ICU PROGRESS NOTES

Doctor's Name : Dr. Karthik

| ICU SCORES<br>(as Appropriate)  | CLIF ACLF / AD score:<br>SOFA score:  | MELD score:<br>SAPS II score: | AARC score:<br>APACHE II score: |
|---|---|-------------------------------|---------------------------------|
| ICU Day<br>Background<br>ACS.<br>AAMI/STEMI / Lyted = 7ml<br>T2DM<br>HTN.   | Issues last 24 hours<br>↓ BP.   |                               |                                 |
| <b>Central nervous system</b><br>Conscious / oriented / sedated with<br>Sedation score<br>GCS - E V M 15/15 Pupils<br>Pain score<br>Drains  | <b>Cardiovascular system</b><br>HR - 86. Rhythm - Sin. Cardiac Output -<br>BP - 100/20. CVP -<br>Cardiac Medications: Normal.   |                               |                                 |
| <b>Respiratory system</b><br>Oxygen supplementation - BARE.<br>Saturation / PaO2- 92%<br>Ventilator : Spontaneous / Controlled<br> Last C x R -<br>Drains -                          | <b>GIT</b> 80gr.<br>P/A<br>Bowels - Y / N Loose stools / Melena<br>Drains<br>NG tube : Y / N Day NGA-<br>USG<br>CT  |                               |                                 |
| <b>Nutrition &amp; Fluids</b><br>Oral feeds / NG feeds Only feeds<br>TPN - formula used<br>Supplements<br>Calories / Proteins achieved :<br>IV fluids -<br>24 hour Urine output<br>Fluid balance<br>Creatinine clearance<br>Acidosis Lactate<br>RRT - SLED / IHD / CRRT | <b>Microbiology</b> per. phant. type<br>Invasive lines<br>1. 2.<br>Foley's Yes / No<br>ET Tube / Tracheostomy tube - Y / N Day<br>Culture reports<br>Antimicrobials with days<br>1.<br>2.<br>3. |                               |                                 |
| <b>Labs</b><br>Hb TC Platelets<br>Urea Creatinine<br>Na K<br>Bilirubin AST ALT<br>INR<br>Others   | DVT prophylaxis Y/N<br>Drugs : Mechanical - TEDS / SCD<br>Stress Ulcer Prophylaxis Y/N<br>Drugs<br>Pressure sore Y/N<br>Alpha bed Y/N   |                               |                                 |

## Plan for the day

- Cont Norad. / Pot-Mate
- Drugs as charted.
- Ho chart.
- monitor vitals.
- oral feed.
- Dr's lic - dtd

km

| Doctor | Signature | Name       | Reg. No. | Date   | Time  |
|--------|-----------|------------|----------|--------|-------|
|        | km        | Dr. Kenton | 85851    | 6/1/24 | 18:50 |

Date : 6/1/2024

Time : 8:20pm

Doctor's Name : Dr. G. Ananthan

## ICU PROGRESS NOTES

ICU SCORES  
(as Appropriate)

CLIF ACLF / AD score:  
SOFA score:

MELD score:

SAPS II score:

AARC score:

APACHE II score:

ICU Day D-2  
Background

Des - AM - STEM 2  
lynd 5 2- 97me  
gesthndy  
AT7 / T2 DM

Issues last 24 hours

S/P per to LAD done  
today  
at stable

**Central nervous system**

Conscious / oriented / sedated with

Sedation score

GCS - E, V, M

Pain score

Pupils

Drains

B/C per  
nms

**Cardiovascular system**

HR - 98

BP - 116/66

Cardiac Medications:

Cardiac Output -

Rhythm - N/A

Cardiac Output -

Cardiac Output -

Cardiac Output -

Cardiac Output -

Cardiac Output -

Cardiac Output -

Cardiac Output -

Cardiac Output -

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Cardiac Output -

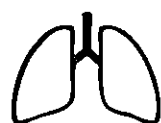
Cardiac Output -

**Respiratory system**

Oxygen supplementation -

Saturation / PaO2 - 98% / 100

Ventilator : Spontaneous / Controlled



Last C x R -

Drains -

B/C per

**GIT**

P/A

Bowels - Y/N Loose stools / Melena

Drains

NG tube : Y / N

USG

CT

**Nutrition & Fluids**

Oral feeds / NG feeds

TPN - formula used

Supplements

Calories / Proteins achieved :

IV fluids -

24 hour Urine output

Fluid balance

Creatinine clearance

Acidosis

Lactate

RRT - SLED / IHD / CRRT

RRT - SLED / IHD / CRRT

**Microbiology**

Invasive lines

1. per phel

2. per phel

Foley's Yes / No

ET Tube / Tracheostomy tube - Y / N Day

Culture reports

Antimicrobials with days

1. —

2. —

3. —

**Labs**

Hb

Urea

Na

Bilirubin

INR

Others

TC

Creatinine

K

AST

ALT

Platelets

Platelets

Platelets

Platelets

Platelets

Platelets

Platelets

Platelets

Platelets

Platelets

Platelets

DVT prophylaxis - Y/N

Drugs :

Drugs :

Drugs :

Drugs :

Drugs :

Drugs :

Drugs :

Drugs :

Drugs :

Drugs :

Drugs :

Mechanical - TEDS / SCD

Mechanical - TEDS / SCD

Mechanical - TEDS / SCD

Mechanical - TEDS / SCD

Mechanical - TEDS / SCD

Mechanical - TEDS / SCD

Mechanical - TEDS / SCD

Mechanical - TEDS / SCD

Mechanical - TEDS / SCD

Mechanical - TEDS / SCD

Mechanical - TEDS / SCD

Stress Ulcer Prophylaxis - Y/N

Drugs

Drugs

Drugs

Drugs

Drugs

Drugs

Drugs

Drugs

Pressure sore 8/1

Alpha bed Y / N

Plan for the day

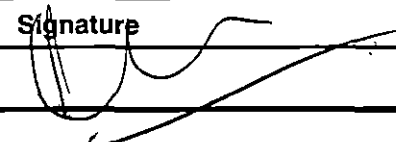
- drug on per chest -

- I/O Chest -

- vital monitoring -

- w/f bleeding / hematoma

- To do Gx / B. neg / s-creat / wa / let / cc

|        |  |                          |                  |                |                 |
|--------|--|--------------------------|------------------|----------------|-----------------|
| Doctor | Signature<br> | Name<br>Dr. H. Al-Eisawi | Reg. No.<br>9000 | Date<br>6/1/24 | Time<br>8:30 pm |
|--------|--|--------------------------|------------------|----------------|-----------------|





Date : 7/1/24

Time : 8.00.

Doctor's Name : Dr. Kunkun

## ICU PROGRESS NOTES

**ICU SCORES**  
(as Appropriate)

**CLIF ACLF / AD score:**  
**SOFA score:**

**MELD score:**  
**SAPS II score:**

**AARC score:**  
**APACHE II score:**

**ICU Day**  
**Background**

AKS  
STEMI - AMI  
post PCI - LAD

**Issues last 24 hours**

Normal excretion

### Central nervous system

Conscious / oriented / sedated with

Sedation score

GCS - E V M

Pain score

15/15 Pupils

Drains

### Cardiovascular system

HR - 109 Rhythm - Sin. Cardiac Output -

BP - 100/60 CVP -

Cardiac Medications: Normal

### Respiratory system

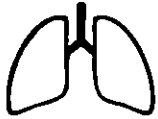
Oxygen supplementation -

Saturation / PaO2-

Ventilator : Spontaneous / Controlled

BAB @

Spont: 95%



Last C x R -  
Drains -

### GIT

P/A

Bowels - Y / N Loose stools / Melena

Drains

NG tube : Y / N

Day NGA-

USG

CT

### Nutrition & Fluids

Oral feeds / NG feeds

TPN - formula used

Supplements

Calories / Proteins achieved :

IV fluids -

24 hour Urine output

Fluid balance

Creatinine clearance

Acidosis

Lactate

RRT - SLED / IHD / CRRT

Oral feeds.  
1300  
1700

### Microbiology

Invasive lines

1.

2.

Foley's Yes / No

ET Tube / Tracheostomy tube - Y / N Day

Culture reports

Antimicrobials with days

1.

2.

3.

pushtal ds.

### Labs

Hb

TC

Platelets

Urea

Creatinine

Na

K

Bilirubin

AST

ALT

INR

Others

DVT prophylaxis - Y/N

Drugs :

Mechanical - TEDS / SCD

Stress Ulcer Prophylaxis - Y/N

Drugs

Pressure sore Y/N

Alpha bed Y/N

Plan for the day

~~file~~

Dogs as checked

HD chart


monbovrbly

no bbs e

out feed - Dick Diet

P.R. - 1.5 lbs.

pm

| Doctor | Signature   | Name        | Reg. No. | Date   | Time |
|--------|---|-------------|----------|--------|------|
|        |  | Dr. Luthori | 35811    | 7/1/24 | 8:20 |

Mr. MOHAMED FEROZ  
50/Male/MHI202481643  
05/01/2024/1PH2024000044

Dr. G. GNANAVELU



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



MHI/IP/2022/041

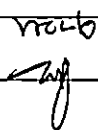


Every heart beat counts

## DOCTOR'S PROGRESS NOTES

| DATE                   | NOTES   |
|------------------------|---|
| 7/1/24<br>9.00         | S/S: Dr. G. Gnanaavelu.<br><br>No chest pain<br>No SOB<br>No peripheral edema (PE) found  |
| BP: 100/65<br>PR: 92/c | AUS: S3 @<br>N/A @<br><br>R<br>Shift to ward  |
| 7/1/24<br>1700         | S/S Dr. Mohamed Hyderos<br>93785  |
| 7/27<br>11.2           | S/P PICA to LAD.<br>Patient comfortable<br>Coughless<br>oriented<br>Afebrile<br><br>vitals<br>Stable<br>CXR S/S @<br>No BAC @<br>P/A Soft NT<br>Adm<br>- monitor vitals<br>- no follow up chest |

(Thromb)

| DATE       | NOTES   |
|------------|---|
| 2/1/24     | 9/8 Dr. Gnanaseelan Perumal   |
| 9:30 AM    | Pt reviewed   |
|            | 0/c = coronary, oriented  |
|            | PR-86/mv, RP-120/r  |
|            | SpO <sub>2</sub> 96% RA   |
|            | Qw = S1A ⊕  |
|            | Qr = BAE ⊕  |
|            | Adv   |
|            | - Cont the same   |
|            | - Plan d/c today  |
|            |                                     |
|            | Screwing echo.  |
| 08.01.2024 | S/P PTA.  |
| 3:45pm     | Dilated LA: LA volume: 65ml<br>PW: 11 mm<br>IVS: 11 mm  |
|            | RVW4 - All apical segments, apex hypokinetic.<br>Mild LV systolic dysfunction<br>LVW1: 47mm<br>LVW2: 36 mm            |
|            | Normal RV systolic function<br>EF: 47%<br>All values are normal   |
|            | IAS/ IVE intact<br>ESV: 52<br>EF: 48%<br>Trivial MR<br>E/A: 2.6<br>Med - 14.86<br>Lat - 12.32                         |
|            | mild TPI moderate PAF.<br>minimal pericardial effusion anterior to RV<br>NO clot/vegetation/pleural effusion. TE-48mm |
|            | RVSP: 58mmHg<br>Done by: Abhinav (PA, RV)   |

NOTES

DATE

Mr. MOHAMED FERAZ  
50/Male/MHI202481643  
05/01/2024/IPH2024000044  
Dr. G. GNANAVELU



## PRE/POST OPERATIVE ECHO

| Date & Time      |   |
|------------------|---|
| 06/1/23<br>11:20 | Screening Echo Report   |
|                  | <ul style="list-style-type: none"> <li>- All chambers normal sized.</li> <li>- RWMA present: Septum, Apex, Anterior hypokinesia</li> <li>- moderate LV Systolic dysfunction.</li> <li>- <del>moderate</del> Normal RV Systolic function</li> <li>- All Valves Structurally normal</li> <li>- Trivial MR</li> <li>- Trivial TR/no PAR</li> <li>- IVc normal in size and collapsibility.</li> <li>- IAS / Ius Intact</li> <li>- No clot / vegetation / effusion.</li> </ul> |
|                  | <div> <div> HR: 93bpm<br/>IVS: 11mm<br/>PW: 11mm<br/>LVIDD: 45mm<br/>LVIDS: 36mm<br/>EF: 40% </div> <div> RVTDI: 16cm/s<br/>TAPSE: 23mm<br/>E/A ratio: 1.16<br/>Medial E/E': 12.05<br/>Lateral E/E': 7.77<br/>TR Grd 22 mmHg<br/>RVSP: 38 mmHg </div> </div>  |
|                  | EF by Simpson's method  |
|                  | EDV: 95 ml<br>ESV: 38 ml<br>EF: 40%   |
|                  | <p>Done By</p> <p>Ms. Lakshmanan K<br/>(Cardiac Technologist)</p> <p>MHI/180 / 6/1/24<br/>10:59AM</p>   |

UNRAVELU

2. **UUD.**

# MICROBIOLOGY SHEET

|                  |                 |  |  |
|------------------|-----------------|--|--|
| DATE             | 5/1/24          |  |  |
| COLOUR           | YELLOW          |  |  |
| REACTION         |                 |  |  |
| SPECIFIC GRAVITY | 1.020.          |  |  |
| APPEARANCE       | SLIGHTLY TURBID |  |  |
| ALBUMIN          |                 |  |  |
| SUGAR            | +               |  |  |
| ACETONE          |                 |  |  |
| BILE SALT        |                 |  |  |
| BILE PIGMENT     |                 |  |  |
| UROBILINOGEN     | NORMAL          |  |  |
| PUS CELLS        | 2-4             |  |  |
| EPITHELIAL CELLS | 1-2             |  |  |
| RBC              | NIL             |  |  |
| CASTS            | NIL             |  |  |
| CRYSTALS         | NIL             |  |  |
| OTHERS           | NIL             |  |  |

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

Mr. MOHAMED FERAZ

50/Male/MHI202481643

05/01/2024/IPH2024000044

Dr. G. GNANAVELU



## DIABETIC CHART

ACTUAL WEIGHT ..... 80 kg ..... HbA<sub>1c</sub>.....

PREVIOUS DIABETIC MEDICATIONS .....

| DATE    | TIME  | BLOOD SUGAR | DIABETIC DRUG      | Sign.      | ENDORSED BY |
|---------|-------|-------------|--------------------|------------|-------------|
| 5/1/24  | 10.42 | 252 mg/dl   | —                  | Dr. Arilan | Dr. Arilan  |
| 5/1/24  | 2.00  | 211 mg/dl   | —                  | Dr. Arilan | Dr. Arilan  |
| 5/1/24  | 6.30  | 236 mg/dl   | Int. H.A. 10 units | Dr. Arilan | Dr. Arilan  |
| 11      | 15.00 | 198 mg/dl   | Int. H.A. 15 units | Dr. Arilan | Dr. Karthik |
| 11      | 19.00 | 245 mg/dl   | Int. H.A. 15 units | Dr. Arilan | Dr. Karthik |
| 11/1/24 | 6.00  | 189 mg/dl   | Int. H.A. 6 units  | Dr. Arilan | Dr. Arilan  |
|         | 12.30 | 232 mg/dl   | Int. H.A. 14 units | Dr. Arilan | Dr. Karthik |
|         | 18.30 | 160 mg/dl   | 15 units mixtard   | Dr. Arilan | Dr. Karthik |
| 8/1/24  | 6.30  | 157 mg/dl   | —                  | Dr. Arilan | Dr. Salai   |
|         | 12.30 | 235 mg/dl   | Int. H.A. 4U       | Dr. Arilan | Dr. Salai   |
|         |       |             |                    |            |             |
|         |       |             |                    |            |             |

### INSTRUCTIONS FOR INSULIN INFUSIONS

| <ul style="list-style-type: none"> <li>* Mix 40u short acting Insulin in 40 ml. of normal Saline (IU - 1 ml. )</li> <li>* Start Insulin Infusion 1-2 u / hr (1-2 ml / hr.).</li> <li>* Monitor Blood Glucose hourly (every 2nd hourly when stable) and adjust Insulin rate according to the following Algorithm.</li> <li>* Target Blood Sugar 150-200 mgs.</li> <li>* To monitor K<sup>+</sup> separately.</li> </ul> | BLOOD SUGAR<br>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

Mr. MOHAMED FEROZ

50/Male/MHI202481643

05/01/2024/IPH2024000044

Dr. G. GNANAVELU



## BLOOD GROUP

AB +ve

## INVESTIGATION SHEET

|                        |           |         |  |  |  |  |
|------------------------|-----------|---------|--|--|--|--|
| Date                   | 05/1/24   | 26/1/24 |  |  |  |  |
| <b>HAEMATOLOGY</b>     |           |         |  |  |  |  |
| Hb                     | 14.4      |         |  |  |  |  |
| P.C.V                  | 43.4      |         |  |  |  |  |
| Platelets              | 297000    |         |  |  |  |  |
| TLC                    | 14560     |         |  |  |  |  |
| Polymorphs             | 83.8      |         |  |  |  |  |
| Lymphocytes            | 12.5      |         |  |  |  |  |
| Eosinophils            | 0.2       |         |  |  |  |  |
| Mono / Basophils       | 3.4 / 0.1 |         |  |  |  |  |
| E.S.R                  |           |         |  |  |  |  |
| <b>BIO-CHEMISTRY</b>   |           |         |  |  |  |  |
| Urea                   | 24.18     | 27      |  |  |  |  |
| Creatinine             | 0.75      | 1.20    |  |  |  |  |
| Sodium                 | 133       | 133     |  |  |  |  |
| Potassium              | 4.09      | 3.88    |  |  |  |  |
| Bicarbonate            | 18        |         |  |  |  |  |
| Chloride               | 92.1      |         |  |  |  |  |
| Magnesium              |           |         |  |  |  |  |
| Calcium                |           |         |  |  |  |  |
| Phosphorus             |           |         |  |  |  |  |
| <b>LFT</b>             |           |         |  |  |  |  |
| T.Bilirubin            |           |         |  |  |  |  |
| D.Bilirubin            |           |         |  |  |  |  |
| I.Bilirubin            |           |         |  |  |  |  |
| S.G.O.T                |           |         |  |  |  |  |
| S.G.P.T                |           |         |  |  |  |  |
| ALP                    |           |         |  |  |  |  |
| GGT                    |           |         |  |  |  |  |
| Total Protein          |           |         |  |  |  |  |
| S.Albumin              |           |         |  |  |  |  |
| <b>CARDIAC ENZYMES</b> |           |         |  |  |  |  |
| Troponin I             | 606.2     |         |  |  |  |  |
| CKNAC - CPK            | 229       |         |  |  |  |  |
| CK - M.B. MASS         | 30.3      |         |  |  |  |  |
| LDH                    |           |         |  |  |  |  |
| Ntpro bnp              |           |         |  |  |  |  |



[illegible]



**The way to better health**

**THE UNIVERSITY OF CHICAGO**



| BLOOD GROUP  |               |
|--------------|---------------|
| ON ADMISSION |               |
| Height in CM | Weight in Kg. |
| $\pm 172$    | $\pm 80$      |

**Procedure :** PCI to LAD

| NO. OF DAYS   | DO A-I        | DO A-II       | 3             | DO A-4        |
|---------------|---------------|---------------|---------------|---------------|
| DATE          | 5/1/24        | 6/1/24        | 7/1/24        | 8/1/24        |
| 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 |
| 40.5°         |               |               |               |               |
| 40°           |               |               |               |               |
| 39.5°         |               |               |               |               |
| 39°           |               |               |               |               |
| 38.5°         |               |               |               |               |
| 38°           |               |               |               |               |
| 37.5°         |               |               |               |               |
| 37°           |               |               |               |               |
| 36.5°         |               |               |               |               |
| 36°           |               |               |               |               |
| PULSE         | 106           | 86            | 95            | 94            |
| RESP          | 29            | 24            | 32            | 20            |
| B.P.          | 140/90        | 120/80        | 111/70        | 110/70        |
| SPO2          | 99%           | 100%          | 96%           | 95%           |
| DAILY WEIGHT  | 80kg          | 80kg          | 20kg          |               |
| 24 HRS INTAKE | 130           | 130gm         | 150ml         |               |
| 24HRS OUTPUT  | 500           | 170ml         | 1550ml        |               |
| BALANCE       | -370ml        | -991ml        | -600ml        |               |
| MOTION        | x             | x             |               |               |



## 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**

|                                       |          |                                    |
|---------------------------------------|----------|------------------------------------|
| <b>Score and monitoring frequency</b> | <b>4</b> | <b>Every Hourly</b>                |
|                                       | <b>3</b> | <b>Every 2<sup>nd</sup> Hourly</b> |
|                                       | <b>2</b> | <b>Every 4<sup>th</sup> Hourly</b> |





MHI/IP/2022/066



**Every heart beat counts**

[illegible]



## PATIENT TRANSFER FORM DIAGNOSTICS / PROCEDURES

Diagnosis: ACS - ANMI / STEMI / T2DM Allergies if any: NICDA

| From (Area) | To (Area) | Date   | Time  | Reason for Transfer / Name of Procedure |
|-------------|-----------|--------|-------|---|
| CCU         | CATH LAB  | 6/1/24 | 12:50 | CAT                                     |

Method of Transfer: ☐ On Bed ☐ On Wheelchair ☐ On Stretcher

### ASSESSMENT OF PATIENT:

General condition of Patient: ☒ Conscious ☐ Semi-conscious ☐ Un-conscious

Language Barrier: ☐ Yes ☒ No ☐ If Yes, specify: \_\_\_\_\_

Fall Risk Category: ☐ Low Risk ☐ Medium Risk ☒ High Risk

### Vital Signs (to be documented at the time of shifting):

| Temp (°F) | RR (breaths/min) | Pulse (beats/min) | SpO <sub>2</sub> (%) | BP (mmHg) | Pain Score |
|-----------|------------------|-------------------|----------------------|-----------|------------|
| 97.8      | 28               | 91                | 98%                  | 100/60    | 0/10       |

Pain Scale used: ☐ PIPPS (28 weeks to ≤ 38 weeks) ☐ CRIES (38 weeks - 2 months)

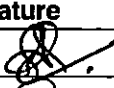

☐ FLACC Scale (2 months - 7 years) ☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years)

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

Any pre-medication given: \_\_\_\_\_

Any critical information: \_\_\_\_\_

Any specific recommendation: \_\_\_\_\_

| Handover by    | Signature   | Name                 | Emp. No. | Date   | Time  |
|----------------|---|----------------------|----------|--------|-------|
| Handed over to |  | S. Allwin Jnan Grace | 0162     | 6/1/24 | 12:50 |
|                |  | P. Pragas            | 0233     | 6/1/24 | 12:55 |

### After Procedure:

Procedure completed: ☒ Yes ☐ No | Any critical information: Nil


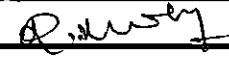
### Vital Signs (to be documented at the time of shifting):

| Temp (°F) | RR (breaths/min) | Pulse (beats/min) | SpO <sub>2</sub> (%) | BP (mmHg)   | Pain Score |
|-----------|------------------|-------------------|----------------------|-------------|------------|
| 98°F      | 22 br/min        | 95 br/min         | 100%                 | 121/77 mmHg | 1/10       |

Pain Scale used: ☐ PIPPS (28 weeks to ≤ 38 weeks) ☐ CRIES (38 weeks - 2 months)

☐ FLACC Scale (2 months - 7 years) ☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years)

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

| Handover by    | Signature   | Name        | Emp. No. | Date   | Time  |
|----------------|---|-------------|----------|--------|-------|
| Handed over to |  | P. Pragas   | 0233     | 6/1/24 | 14:45 |
|                |  | R. Mohanraj | 2852     | 6/1/24 | 14:50 |

**Mr. MOHAMED FERAZ**

50/Male/MHI202481643

05/01/2024/IPH2024000044

Dr. G. GNANAVELU

**FOR CORONARY ANGIOGRAM / CORONARY ANGIOPLASTY****Age:****Sex: M/F****Ward & Bed No:****UHID****CONDITION AND PROCEDURE**

Dr. G. GNANAVELU has explained that I have the following condition:

Fat (cholesterol) and calcium can build up in the arteries like rust in old pipes. It can stop the flow of blood to the heart. This can cause angina or a heart attack. The Coronary Angiography procedure is performed to show up the amount of disease in the coronary arteries, the blood vessels that supply the heart with blood. After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin/hand. The tube is carefully passed into each coronary artery in turn. A series of video pictures are taken using x-rays and an iodine containing contrast medium (x-ray dye). The contrast medium may be injected into the main pumping chamber of the heart (left ventricle). This helps us to find out whether you have any narrowing or blockage of your coronary arteries. The doctor can then tell you which treatment is best for you after carefully studying and discussing your pictures. This may be an operation such as a coronary by-pass or a procedure called an angioplasty (the arteries are widened using a small sausage shaped balloon). Sometimes, drugs alone may be a suitable option.

**RISKS OF THIS PROCEDURE**

The risk of coronary angiography depends on:

- (i) The nature of coronary artery disease (ii) The pumping status of the heart (iii) Your age and general health

These are some of the more serious risks that can happen, but are not the only risks:

|  |   |
|--|---|
| <b>Less than 1 in 10,000 (0.0001%)</b> | (a) skin injury from radiation, causing, reddening of the skin  |
| <b>1 in 1000 people (0.001%)</b>       | (b) A stroke. This can cause paralysis and long term disability<br>(c) Heart attack.<br>(d) A dangerous reaction to the x-ray contrast medium (dye). If this happens, you may have severe reactions such as asthma, shock and convulsions. Death in extremely rare cases about 1 in 2,50,000 to 4,00,000 injections.<br>(e) Need for major surgery to the leg at the puncture site.<br>(f) Need for emergency heart surgery or angioplasty.<br>(g) A higher lifetime risk from x-ray exposure.<br>(h) Death |
| <b>1 in 100 people (0.01%)</b>         | (i) the heart may not beat in a proper rhythm which will need urgent treatment<br>(j) Surgical repair of the groin puncture site. This may need a longer stay in hospital.<br>(k) Minor reaction to contrast medium such as hives.<br>(l) Loss/impairment of kidney function due to the contrast medium   |
| <b>1 in 20 people (0.05%)</b>          | (m) Major bruising or swelling at the groin puncture site   |
| <b>Most People</b>                     | (n) Minor bruising  |

**PATIENT CONSENT:**

I acknowledge that Dr. G. GNANAVELU has explained my medical condition and the proposed procedure. I understand the risks of the procedure, the anaesthetic including the risks that are specific to me and the likely outcomes if complications occur. The Doctor has explained other relevant treatment options their risks and my right to refuse the treatment. He has explained my prognosis and the risks of not having the procedure. I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction. I understand that in the unlikely event of complications, I may require a blood transfusion, an additional procedure or surgery. The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly. I understand that no guarantee has been made that the procedure will improve the condition

On the basis of the above statements,

**I REQUEST TO HAVE THE PROCEDURE**

|                                    | <b>Signature</b> | <b>Name</b>       | <b>Date</b> | <b>Time</b> |
|------------------------------------|------------------|-------------------|-------------|-------------|
| Patient/Guardian with relationship |                  | MR. MOHAMED FERAZ | 6/1/24      | 11.55       |
| witness                            |                  | M. Roshan Fatah   | 6/1/24      | 11.55       |
| Doctor                             |                  | Dr. G. Gnanavelu  | 6/1/24      | 11.55       |
| Interpreter                        |                  |                   |             |             |

நோயாளியின் பெயர்: வயது: பாலினம்: ஆண் / பெண்  
மருத்துவ ஆலோசகர்: வார்டு படுக்கை எண்: யுஐஹெச்ஐடி (UHID) :

**நிலை மற்றும் செயல்முறை**

பின்வரும் சூழ்நிலையை நான் கொண்டிருப்பதாக மருத்துவர் ..... அவர்கள் விளக்கினார்.

பழைய இரும்புக் குழாய்களில் துருபிடிப்பதைப் போல், தமனிகளில் கொழுப்பு மற்றும் கால்சியம் சேரும். இது ஆன்ஜினா அல்லது மாறடைப்பினை ஏற்படுத்துகிறது. இதயத்திற்கு ரத்தத்தினை வழங்கும் ரத்தக்குழாயான இதயச்சுவர் சிறை தமனிகளில் நோயின் அளவினை கண்டறிய கரோனரி ஆஞ்சியோகிராஃபி செயல்முறை மேற்கொள்ளப்படும். ஒரு கோக்கல் அனஸ்தீடிக் (மயக்க மருந்து) வழங்கப்பட்ட பின், ஒரு சிறிய குழாயானது (கத்தீட்டர்) கவட்டை/கையிலுள்ள தமனியில் செலுத்தப்படும். இந்த குழாய் ஒவ்வொரு இதயச்சுவர் சிறை தமனிகளிலும் மாற்றி மாற்றி கவனமாக வரிசையாக செலுத்தப்படும். எக்ஸ்ரே மற்றும் பிற அயோடின்கொண்டுள்ள கான்ட்ராஸ்ட் மீடியத்தினை (எண்ஸ்ரே டைட்) பயன்படுத்தி, பல வீடியோ படங்கள் வரிசையாக எடுக்கப்படும். இதயத்தின் முக்கிய ஏற்றியிறைத்தல் அறையில் (இடதுபக்க இருதய கீழறை) இந்த கான்ட்ராஸ்ட் மீடியம் உட்செலுத்தப்படலாம். இது இதயத்தின் அளவினை மதிப்பிடவும் மற்றும் அது எவ்வாறு பம்பு செய்கிறது என்பதை மதிப்பிடவும் மேற்கொள்ளப்படும். இப்படங்கள் நமக்கு இதயச்சுவர்சிறை தமனிகள் குறித்த ஒரு படத்தினை வழங்கும். இது உங்களுக்கு ஏதேனும் அடைப்பு இருக்கிறதா என்பதை கண்டறிய உதவும். பின்னர் உங்கள் படங்களை கவனமாக பார்த்த பின் மருத்துவரால் உங்களுக்கு ஏற்ற சிகிச்சையை மேற்கொள்ள முடியும். இவை பை-பாஸ் அறுவை சிகிச்சையாகவும் இருக்கலாம் அல்லது ஆன்ஜியோபிளாஸ்டிக் (புனான் வடிவம் கொண்டதொரு சிறிய சாசேஜ் கொண்டு தமனியை அகலப்படுத்துதல்) என்னும் ஒரு செயல்முறையாகவும் இருக்கலாம். சில நேரங்களில் மருந்துகள் மட்டுமே போதுமானதாக இருக்கலாம்.

**கிச்செயல்முறையிலுள்ள இடர்பாடுகள்**

இதயச்சுவர் சிறை ஆன்ஜியோகிராஃபியிலுள்ள இடர்பாடுகள் பின்வருபவைகளையே சார்ந்திருக்கும்

(i) இதயச்சுவர் சிறை தமனி நோயின் தன்மை (ii) இதயத்தின் ஏற்றியிறைத்தல் நிலை (iii) இதயத்தின் வயது மற்றும் பொது ஆரோக்கியம் ஏற்பட வாய்ப்புள்ள சில தீவிர இடர்பாடுகள் பின்வருமாறு. ஆனால் இவைகள் மட்டுமே முழுமையான இடர்பாடுகள் அல்ல

|   |  |
|---|--|
| 10.00-ல் ஒருவருக்கும் கீழ் (0.0001 சதவிகிதம்) | (a) கதிர்வீச்சின் காரணமாக ஏற்படும் தோல் பாதிப்பு, சருமம் சிவந்து போதல்   |
| 1000-ல் ஒருவருக்கு (0.001 சதவிகிதம்)          | (b) வலிப்பு. இது பக்கவாதம் மற்றும் நீண்டநாள் ஊனத்தை ஏற்படுத்தலாம்<br>(c) மாறடைப்பு<br>(d) எக்ஸ்-ரே கான்ட்ராஸ்ட் மீடியத்தின் (டைட்) ஆபத்தான விளைவுகள் . இவை ஏற்பட்டால் உங்களுக்கு ஆஸ்துமா, அதிர்ச்சி மற்றும் வலிப்பு போன்றவைகள் ஏற்படலாம். 2,50,000 முதல் 4,00,000 ஊசிகளில் ஒன்று மரணத்தையும் விளைவிக்கலாம்.<br>(e) குத்தப்பட்ட இடத்தில் பெரிய அறுவை சிகிச்சை மேற்கொள்ள வேண்டியது வரலாம்.<br>(f) அவசரகால இதய அறுவை சிகிச்சை அல்லது ஆன்ஜியோபிளாஸ்டிக் தேவைப்படலாம்.<br>(g) எக்ஸ்ரே கதிர் பாதிப்பு காரணமாக அதிக வாழ்நாள் அச்சுறுத்தல் இடர்பாடு.<br>(h) இறப்பு |
| 100-ல் ஒருவருக்கு (0.01 சதவிகிதம்)            | (i) இதயம் சரியான முறையில் துடிக்காமல் இருக்கலாம். அதற்கு அவசரமாக சிகிச்சை தேவைப்படும்<br>(j) குத்தப்பட்ட கவட்டை பகுதியில் அறுவை சிகிச்சை சரிபாடு. இதனால் மருத்துவமனையில் நீண்ட நாட்கள் தங்கியிருக்க வேண்டியது வரலாம்<br>(k) தோல் அரிப்பு போன்ற சிறு விளைவுகள்<br>(l) கான்ட்ராஸ்ட் மீடியம் காரணமாக சிறுநீரகம் செயல்படாமை அல்லது அதன் வலு குறைதல்  |
| 20-ல் ஒருவருக்கு (0.01 சதவிகிதம்)             | (m) குத்தப்பட்ட இடத்தில் பெரிய அளவிடான சிராய்ப்பு அல்லது வீக்கம்   |
| பெரும்பாலான மக்களுக்கு                        | (n) சிறிய அளவிடான சிராய்ப்பு   |

**நோயாளி ஒப்புதல்**

மருத்துவர் ..... அவர்கள் என்னுடைய மருத்துவ 'நிலையையும் மற்றும் முன்மொழியப்பட்டுள்ள செயல்முறையையும் எனக்கு விளக்கினார். செயல்முறையிலுள்ள இடர்பாடுகள், மயக்க மருந்துகள் உட்பட எனக்கு குறிப்பாக ஏற்படும் இடர்பாடுகள் மற்றும் சிக்கல்கள் ஏற்பட்டால் என்னவாகும் என்பவைகளை நான் புரிந்து கொண்டள்ளேன். மருத்துவர் பிற தொடர்புள்ள சிகிச்சை விருப்பத் தேர்வுகள், அதன் இடர்பாடுகள் மற்றும் சிகிச்சை மறுப்பதற்கான என்னுடைய உரிமை ஆகியவைகளையும் எனக்கு விளக்கினார். அவர் என்னுடைய முன் கணிப்புகள் மற்றும் செயல்முறையை மேற்கொள்ளாமல் இருப்பதால் ஏற்பட வாய்ப்புள்ள இடர்பாடுகள் ஆகியவைகளையும் எனக்கு விளக்கினார். என்னுடைய நிலை குறித்து என்னால் கேள்வி எழுப்ப முடிந்தது மற்றும் என்னுடைய கவலைகளை தெரிவிக்கவும், செயல்முறை மற்றும் அதன் பலன்களை தெரிவிக்கவும் மற்றும் எனது சிகிச்சை விருப்பத்தேர்வுகள் குறித்த கவலைகளையும் என்னால் தெரிவிக்க முடிந்தது. என்னுடைய கேள்விகளும் மற்றும் கவலைகளும் கலந்தாலோசிக்கப்பட்டது மற்றும் எனக்கு திருப்திகரமான முறையில் அவற்றிற்கு பதிலளிக்கப்பட்டது. அசாதாரணமான சூழலில், எனக்கு இரத்தமேற்றுதல், ஒரு கூடுதல் செயல்முறை அல்லது அறுவைசிகிச்சை தேவைப்படலாம் என்பதை நான் புரிந்து கொண்டுள்ளேன். உயிருக்கு ஆபத்தினை விளைக்கும் நிகழ்வுகள் ஏற்பட்டால் அதற்கு உடனடியாக சிகிச்சையளிக்கப்படும் என்பதை எனக்கு விளக்கினார். கிச்செயல்முறையினால் என்னுடைய நிலை மேம்படும் என்பதற்கு எத்தகைய உத்தரவாதமும் இல்லை என்பதை நான் புரிந்துகொண்டுள்ளேன்.

செயல்முறையை எனக்கு மேற்கொள்ளுமாறு கேட்டுக்கொள்கிறேன்

| கையெழுத்து                    | பெயர் | தேதி | நேரம் |
|-------------------------------|-------|------|-------|
| நோயாளி (பாதுகாவலர்) உறுவுமுறை |       |      |       |
| சாட்சி                        |       |      |       |
| மருத்துவர்                    |       |      |       |
| மொழிபெயர்ப்பாளர்              |       |      |       |



|                                       |  |  |  |
|---------------------------------------|--|--|--|
| <b>Mr. MOHAMED FEROZ</b>              |  | <b>IGIOGRAM / CORONARY ANGIOPLASTY</b> |  |
| 50/Male/MHI202481643                  |  | Sex: <u>M/F</u>                        |  |
| Patient Name 05/01/2024/1PH2024000044 |  | UHID <u>MHI202481643</u>               |  |
| Consultant: Dr. G. GNANAVELU          |  |  |  |

### CONDITION AND PROCEDURE

Dr. Gnanavelu has explained that I have the following condition:

Fat (cholesterol) and calcium can build up in the arteries like rust in old pipes. It can stop the flow of blood to the heart. This can cause angina or a heart attack. The Coronary Angiography procedure is performed to show up the amount of disease in the coronary arteries, the blood vessels that supply the heart with blood. After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin/hand. The tube is carefully passed into each coronary artery in turn. A series of video pictures are taken using x-rays and an iodine containing contrast medium (x-ray dye). The contrast medium may be injected into the main pumping chamber of the heart (left ventricle). This helps us to find out whether you have any narrowing or blockage of your coronary arteries. The doctor can then tell you which treatment is best for you after carefully studying and discussing your pictures. This may be an operation such as a coronary by-pass or a procedure called an angioplasty (the arteries are widened using a small sausage shaped balloon). Sometimes, drugs alone may be a suitable option.

### RISKS OF THIS PROCEDURE

The risk of coronary angiography depends on:

- (i) The nature of coronary artery disease (ii) The pumping status of the heart (iii) Your age and general health

These are some of the more serious risks that can happen, but are not the only risks:

|                                 |  |
|---------------------------------|--|
| Less than 1 in 10,000 (0.0001%) | (a) skin injury from radiation, causing, reddening of the skin   |
| 1 in 1000 people (0.001%)       | (b) A stroke. This can cause paralysis and long term disability<br>(c) Heart attack.<br>(d) A dangerous reaction to the x-ray contrast medium (dye). If this happens, you may have severe reactions such as asthma, shock and convulsions.<br>Death in extremely rare cases about 1 in 2,50,000 to 4,00,000 injections.<br>(e) Need for major surgery to the leg at the puncture site.<br>(f) Need for emergency heart surgery or angioplasty.<br>(g) A higher lifetime risk from x-ray exposure.<br>(h) Death |
| 1 in 100 people (0.01%)         | (i) the heart may not beat in a proper rhythm which will need urgent treatment<br>(j) Surgical repair of the groin puncture site. This may need a longer stay in hospital.<br>(k) Minor reaction to contrast medium such as hives.<br>(l) Loss/impairment of kidney function due to the contrast medium  |
| 1 in 20 people (0.05%)          | (m) Major bruising or swelling at the groin puncture site  |
| Most People                     | (n) Minor bruising   |

### PATIENT CONSENT:

I acknowledge that Dr. Gnanavelu has explained my medical condition and the proposed procedure. I understand the risks of the procedure, the anaesthetic including the risks that are specific to me and the likely outcomes if complications occur. The Doctor has explained other relevant treatment options their risks and my right to refuse the treatment. He has explained my prognosis and the risks of not having the procedure. I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction. I understand that in the unlikely event of complications, I may require a blood transfusion, an additional procedure or surgery. The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly. I understand that no guarantee has been made that the procedure will improve the condition

On the basis of the above statements,

### I REQUEST TO HAVE THE PROCEDURE

|                                    | Signature          | Name                     | Date           | Time         |
|------------------------------------|--------------------|--------------------------|----------------|--------------|
| Patient/Guardian with relationship | <u>Nit</u>         | <u>Noor Nisha (wife)</u> | <u>06/1/24</u> | <u>12:50</u> |
| witness                            | <u>[Signature]</u> | <u>Shameen (son)</u>     | <u>06/1/24</u> | <u>13:50</u> |
| Doctor                             | <u>[Signature]</u> |                          |                |              |
| Interpreter                        |                    |                          |                |              |

|                   |                     |                     |
|-------------------|---------------------|---------------------|
| நோயாளியின் பெயர்: | வயது:               | பாலினம்: ஆண் / பெண் |
| மருத்துவ ஆலோசகர்: | வார்டு படுக்கை எண்: | யுஐஐ (UHID) :       |

### நிலை மற்றும் செயல்முறை

பின்வரும் சூழ்நிலையை நான் கொண்டிருப்பதாக மருத்துவர் ..... அவர்கள் விளக்கினார்.

பழைய இருமல் குழாய்களில் துருபிடிப்பதைப் போல், தமனிகளில் கொழுப்பு மற்றும் கால்சியம் சேரும். இது ஆன்ஜினா அல்லது மாரடைப்பினை ஏற்படுத்துகிறது. இதயத்திற்கு ரத்தத்தினை வழங்கும் ரத்தக்குழாயான இதயச்சுவர் சிறை தமனிகளில் நோயின் அளவினை கண்டறிய கரோனரி ஆஞ்சியோகிராஃபி செயல்முறை மேற்கொள்ளப்படும். ஒரு ஹோக்கல் அனஸ்தீடிக் (மயக்க மருந்து) வழங்கப்பட்ட பின், ஒரு சிறிய குழாயானது (கத்தீட்டர்) கவட்டை/கையிலுள்ள தமனியில் செலுத்தப்படும். இந்த குழாய் ஒவ்வொரு இதயச்சுவர் சிறை தமனிகளிலும் மாற்றி மாற்றி கவனமாக வரிசையாக செலுத்தப்படும். எக்ஸ்ரே மற்றும் பிற அயோடின் கொண்டுள்ள காண்ட்ராஸ்ட் மீடியத்தினை (என்ஸ்ரே டைட்) பயன்படுத்தி, பல வீடியோ படங்கள் வரிசையாக எடுக்கப்படும். இதயத்தின் முக்கிய ஏற்றியிறைத்தல் அறையில் (இடதுபக்க இருதய கீழறை) இந்த காண்ட்ராஸ்ட் மீடியம் உட்செலுத்தப்படலாம். இது இதயத்தின் அளவினை மதிப்பிடவும் மற்றும் அது எவ்வாறு பம்பு செய்கிறது என்பதை மதிப்பிடவும் மேற்கொள்ளப்படும். இப்படங்கள் நமக்கு இதயச்சுவர்சிறை தமனிகள் குறித்த ஒரு படத்தினை வழங்கும். இது உங்களுக்கு ஏதேனும் அடைப்பு இருக்கிறதா என்பதை கண்டறிய உதவும். பின்னர் உங்கள் படங்களை கவனமாக பார்த்த பின் மருத்துவரால் உங்களுக்கு ஏற்ற சிகிச்சையை மேற்கொள்ள முடியும். இவை பை-பாஸ் அறுவை சிகிச்சையாகவும் இருக்கலாம் அல்லது ஆன்ஜியோபிளாஸ்டி (புலான் வடிவம் கொண்டதொரு சிறிய சாசேஜ் கொண்டு தமனியை அகப்படுத்துதல்) என்னும் ஒரு செயல்முறையாகவும் இருக்கலாம். சில நேரங்களில் மருந்துகள் மட்டுமே போதுமானதாக இருக்கலாம்.

### இச்செயல்முறையிலுள்ள இடர்பாடுகள்

இதயச்சுவர் சிறை ஆன்ஜியோகிராஃபியிலுள்ள இடர்பாடுகள் பின்வருபவைகளையே சார்ந்திருக்கும்

(i) இதயச்சுவர் சிறை தமனி நோயின் தன்மை (ii) இதயத்தின் ஏற்றியிறைத்தல் நிலை (iii) இதயத்தின் வயது மற்றும் பொது ஆரோக்கியம் ஏற்பட வாய்ப்புள்ள சில தீவிர இடர்பாடுகள் பின்வருமாறு. ஆனால் கைவகை மட்டுமே முழுமையான இடர்பாடுகள் அல்ல

|   |  |
|---|--|
| 10,00-ல் ஒருவருக்கும் கீழ் (0.0001 சதவிகிதம்) | (a) கதிர்வீச்சின் காரணமாக ஏற்படும் தோல் பாதிப்பு, சருமம் சிவந்து போதல்   |
| 1000-ல் ஒருவருக்கு (0.001 சதவிகிதம்)          | (b) வலிப்பு, இது பக்கவாதம் மற்றும் நீண்டநாள் ஊனத்தை ஏற்படுத்தலாம்<br>(c) மாரடைப்பு<br>(d) எக்ஸ்-ரே காண்ட்ராஸ்ட் மீடியத்தின் (டைட்) ஆபத்தான விளைவுகள் . இவை ஏற்பட்டால் உங்களுக்கு ஆஸ்துமா, அதிர்ச்சி மற்றும் வலிப்பு போன்றவைகள் ஏற்படலாம். 2,50,000 முதல் 4,00,000 ஊசிகளில் ஒன்று மரணத்தையும் விளைவிக்கலாம்.<br>(e) குத்தப்பட்ட இடத்தில் பெரிய அறுவை சிகிச்சை மேற்கொள்ள வேண்டியது வரலாம்.<br>(f) அவசரகால இதய அறுவை சிகிச்சை அல்லது ஆன்ஜியோபிளாஸ்டிக் தேவைப்படலாம்.<br>(g) எக்ஸ்ரே கதிர் பாதிப்பு காரணமாக அதிக வாழ்நாள் அச்சுறுத்தல் இடர்பாடு.<br>(h) இறப்பு |
| 100-ல் ஒருவருக்கு (0.01 சதவிகிதம்)            | (I) இதயம் சரியான முறையில் தூக்காமல் இருக்கலாம். அதற்கு அவசரமாக சிகிச்சை தேவைப்படும்<br>(j) குத்தப்பட்ட கவட்டை பகுதியில் அறுவை சிகிச்சை சரிபாடு. இதனால் மருத்துவமனையில் நீண்ட நாட்கள் தங்கியிருக்க வேண்டியது வரலாம்<br>(k) தோல் அரிப்பு போன்ற சிறு விளைவுகள்<br>(l) காண்ட்ராஸ்ட் மீடியம் காரணமாக சிறுநீரகம் செயல்படாமை அல்லது அதன் வலு குறைதல்  |
| 20-ல் ஒருவருக்கு (0.01 சதவிகிதம்)             | (m) குத்தப்பட்ட இடத்தில் பெரிய அளவினை சிரமப்படு அல்லது வீக்கம்   |
| பெரும்பாலான மக்களுக்கு                        | (n) சிறிய அளவினை சிரமப்படு   |

### நோயாளி ஒப்புதல்

மருத்துவர் ..... அவர்கள் என்னுடைய மருத்துவ நிலையையும் மற்றும் முன்மொழியப்பட்டுள்ள செயல்முறையையும் எனக்கு விளக்கினார். செயல்முறையிலுள்ள இடர்பாடுகள், மயக்க மருந்துகள் உட்பட எனக்கு குறிப்பாக ஏற்படும் இடர்பாடுகள் மற்றும் சிக்கல்கள் ஏற்பட்டால் என்னவாகும் என்பவைகளை நான் புரிந்து கொண்டாள்ளேன். மருத்துவர் பிற தொடர்புள்ள சிகிச்சை விருப்பத் தேர்வுகள், அதன் இடர்பாடுகள் மற்றும் சிகிச்சை மறுப்பதற்கான என்னுடைய உரிமை ஆகியவைகளையும் எனக்கு விளக்கினார். அவர் என்னுடைய முன் கணிப்புகள் மற்றும் செயல்முறையை மேற்கொள்ளாமல் இருப்பதால் ஏற்பட வாய்ப்புள்ள இடர்பாடுகள் ஆகியவைகளையும் எனக்கு விளக்கினார். என்னுடைய நிலை குறித்து என்னால் கேள்வி எழுப்ப முடிந்தது மற்றும் என்னுடைய கவலைகளை தெரிவிக்கவும், செயல்முறை மற்றும் அதன் பலன்களை தெரிவிக்கவும் மற்றும் எனது சிகிச்சை விருப்பத்தேர்வுகள் குறித்த கவலைகளையும் என்னால் தெரிவிக்க முடிந்தது. என்னுடைய கேள்விகளும் மற்றும் கவலைகளும் கலந்தாலோசிக்கப்பட்டது மற்றும் எனக்கு திருப்திகரமான முறையில் அவற்றிற்கு பதிலளிக்கப்பட்டது. அசாதாரணமான சூழலில், எனக்கு கிரத்தமேற்றாதல், ஒரு கூடுதல் செயல்முறை அல்லது அறுவைசிகிச்சை தேவைப்படலாம் என்பதை நான் புரிந்து கொண்டுள்ளேன். உயிருக்கு ஆபத்தினை விளைக்கும் நிகழ்வுகள் ஏற்பட்டால் அதற்கு உடனடியாக சிகிச்சையளிக்கப்படும் என்பதை எனக்கு விளக்கினார். இச்செயல்முறையினால் என்னுடைய நிலை மேம்படும் என்பதற்கு எத்தகைய உத்தரவாதமும் இல்லை என்பதை நான் புரிந்துகொண்டுள்ளேன்.

### செயல்முறையை எனக்கு மேற்கொள்ளுமாறு கேட்டுக்கொள்கிறேன்

|                              | கையெழுத்து | பெயர் | தேதி | நேரம் |
|------------------------------|------------|-------|------|-------|
| நோயாளி (பாதுகாவலர்) உறவுமுறை |            |       |      |       |
| சாட்சி                       |            |       |      |       |
| மருத்துவர்                   |            |       |      |       |
| மொழிபெயர்ப்பாளர்             |            |       |      |       |



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## TRANSRADIAL CORONARY ANGIOGRAM REPORT

|                       |                           |                    |                            |
|-----------------------|---------------------------|--------------------|----------------------------|
| <b>Patient Name:</b>  | <b>Mr.MOHAMMED FEROUZ</b> | <b>ID:</b>         | <b>MHI202481643</b>        |
| <b>Age/Gender :</b>   | <b>50 M</b>               | <b>IPH:</b>        | <b>IPH 2024000044</b>      |
| <b>Cath No. :</b>     | <b>3549</b>               | <b>DOP:</b>        | <b>06.01.2024</b>          |
| <b>Done by</b>        | <b>Assisted by</b>        | <b>Technician</b>  | <b>Physician assistant</b> |
| <b>Dr.G.Gnanavelu</b> | <b>Ms. Sandhiya</b>       | <b>Mr. Pandian</b> | <b>Ms. Shalini</b>         |

**DIAGNOSIS: AWMi; TNK LYSED; MODERATE LV SYSTOLIC DYSFUNCTION; HBP; T2DM**

Access: Right Radial artery

Hardware used: 6F sheath, 5F TIG

Contrast used: CONTRAPAQUE 40 ml

Medications given: Inj Heparin 2500 IU IA + Inj NTG 100 mcg

Hemodynamic data: Aortic pressure 100/61(74) mmHg; HR 90 bpm; SpO2 99%

Selective Coronary angiogram done in multiple angulated views:

| ARTERY    | FINDINGS  |
|-----------|---|
| LEFT MAIN | Normal. Bifurcates into LAD & LCx.  |
| LAD       | Type 3 vessel. Ostial LAD has plaques, Proximal LAD has 80-90% discrete eccentric stenosis, Mid & distal LAD have luminal irregularities, Gives 3 minor diagonals and many septals which have luminal irregularities. |
| LCx       | Nondominant. Gives 2 major OMs. Proximal & distal LCX have luminal irregularities & OMs have luminal irregularities.  |
| RCA       | Dominant. Proximal RCA appears normal, Mid & Distal RCA have luminal irregularities Gives PDA and PLV which have luminal irregularities.  |

**FINDINGS: RIGHT DOMINANT SYSTEM; SIGNIFICANT PROXIMAL LAD DISEASE**

**ADVICE: PTCA TO LAD**

**Dr. G. GNANAVELU, MD, DM**

Dr. G. Gnanavelu MD, DM (cardio), FACC  
Advisor & Mentor  
Chief Cardiologist  
Reg. No: 39469

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

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**1800 572 3003**

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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 4451

MHI/HOSP/2022/118



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## TRANSRADIAL PERCUTANEOUS CORONARY INTERVENTION REPORT

|                     |                          |               |                      |
|---------------------|--------------------------|---------------|----------------------|
| <b>Patient name</b> | <b>MR. MOHAMED FEROZ</b> | <b>ID</b>     | <b>MHI202481643</b>  |
| <b>Age/Gender</b>   | <b>50 M</b>              | <b>IP No.</b> | <b>IPH2024000044</b> |
| <b>Cath No.</b>     | <b>3550</b>              | <b>D.O.P.</b> | <b>6.1.2024</b>      |

**Done by** Dr. G.Gnanavelu

**Technician :** Mr. Prathap

**Scrub nurse :** Ms. Sharmila

**DIAGNOSIS :** AWM I LYSED WITH TNK; MODERATE LV DYSFUNCTION; T2DM; HBP  
SIGNIFICANT PROXIMAL LAD DISEASE

**APPROACH :** Right radial artery

**EXPOSURE TIME:** 1005 sec

**HARDWARE :** 6F hemostatic sheath, 6 F EBU 3.0 guide

**RAK:** 188 mGy

**CONTRAST :** OMNIPAQUE 200 ml

**DAP :** 72 Gy.cm2

**MEDICATIONS:** Inj NTG 200 mcg IA; Inj. Heparin 8500 IU IA; Inj Fentanyl 25mcg IV

**HEMODYNAMIC DATA:** ABP 104/70 (81) PULSE 91 bpm SPO2 100%

| ARTERY   | LESION                             | GUIDE WIRE | PRE DILATATION | STENT                           | POST DILATATION  | RESULT        |
|----------|------------------------------------|------------|----------------|---------------------------------|------------------|---------------|
| PROX LAD | DISCRETE ECCENTRIC 80-90% STENOSIS | BMW        | NOT DONE       | ONYX TRUCOR 4 X 15 14 atms 15 s | 4 x 8 NC 18 atms | TIMI III FLOW |

**REMARKS:** Mild slow flow was noted after post dilatation which improved with Inj Tirofuse 10 ml IV bolus and Inj Nikorandil 2mg and aliquots of Inj Nitroglycerine intracoronary. ACT at the end of the procedure was 284 s.

**RESULT:** SUCCESSFUL PTCA X LAD

**Dr. G. GNANAVELU, MD, DM**

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

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**PATIENT HELPLINE**  
**94557 94557**  
**1800 572 3003**

**Medway Group of Hospitals**

**Medway Centre of Excellence (Chennai)**

|                              |                           |                              |                            |                             |                          |
|------------------------------|---------------------------|------------------------------|----------------------------|-----------------------------|--------------------------|
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|------------------------------|---------------------------|------------------------------|----------------------------|-----------------------------|--------------------------|

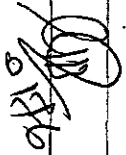
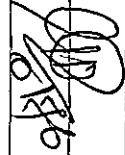

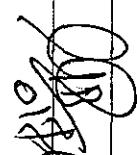
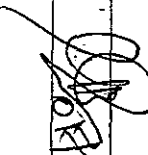

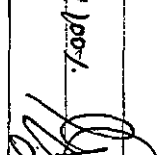
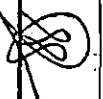
|                                    |   |
|------------------------------------|---|
| Heart Institute<br>044 - 4310 8959 | Institute of Pulmonology<br>044-2473 4451 |
|------------------------------------|---|

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## NURSES PROGRESS NOTES

| Date & Time                | Observations / Action   | Signature with Emp. No.   |
|----------------------------|---|---|
| 19.50<br><del>6/1/24</del> | CATH LAB<br>⇒ Patient received from cu to cath lab. Pt conscious and oriented.    | <br>01/176 |
| 12.00                      | ⇒ Vitals stable. IV line sight and left side patent                               |   |
| 12.00                      | ⇒ BP: 100/70 mmHg, HR: 90 bpm, SpO2: 100%.  |   |
| 12.30                      | ⇒ A sterile dressing done. Procedure AM started.                                  | <br>01/176 |
| 12.40                      | ⇒ Rt Radial arterial approach under local anesthesia.                             |   |
| 12.40                      | ⇒ SpO2: 100% 200 mg + SpO2: Heparin 5000 IU given O/R Dr. Gnanavelu               | <br>01/176 |
| 12.45                      | ⇒ BP: 108/76 (85) mmHg, HR: 98 bpm<br>Proced: 100% vital stable.                  |   |
| 12.45                      | ⇒ Procedure AM done. Followed by PCA to LAB                                       | <br>01/176  |
| 12.50                      | ⇒ PCA consent taken.  |   |
| 12.50                      | ⇒ SpO2: 100% 200 mg + SpO2: Heparin 5000 IU given O/R Dr. Gnanavelu               |   |
| 12.55                      | ⇒ SpO2: 100% 200 mg + SpO2: Heparin 5000 IU given O/R Dr. Gnanavelu               | <br>01/176   |
| 13.00                      | ⇒ BP: 141/48 (50) mmHg, HR: 90 bpm<br>Proced: 100% vital hypotension.             |   |
| 14.05                      | ⇒ Infusion: Nor Adrenalin 0.03 mg started. O/R Dr. Gnanavelu                      | <br>01/176   |
| 14.05                      | ⇒ SpO2: 100% 200 mg + SpO2: Heparin 5000 IU given O/R Dr. Gnanavelu               |   |
| 14.15                      | ⇒ BP: 130/74 (85) mmHg, HR: 92 bpm<br>Vitals stable.                              | <br>01/176   |
| 14.15                      | ⇒ ACT - 299 sec checked.  |   |
| Document endorsed by       | Signature   | Name  |
|                            |  | Ganavelu  |
|                            |   | Emp. No.  |
|                            |   | 0016  |
|                            |   | Date  |
|                            |   | 6/1/24  |
|                            |   | Time  |
|                            |   | 14.5  |

### NURSES PROGRESS NOTES

[illegible]

**SAFE PROCEDURE CHECKLIST**  
Adapted from WHO Safe Surgery Checklist

MHI/OT/2022/086



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Mr. MOHAMED FEROZ

50 / Male / MHI202481643

05/01/2024 / IPH2024000044

Dr. G. GNANAVELU



Name of the Procedure : PTCA Location : cath lab II Date & Time : 6/1/24

Does the Procedure involve Procedural Sedation : ☒ Yes ☐ No

| SIGN IN 13.50<br>Before Induction of Procedural Sedation  |  | TIME OUT 13.50<br>After procedural Sedation and before procedure   |  | SIGN OUT 14.25<br>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 <u>PTCA</u>   |   |
| 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                             |
| Procedure   | <input checked="" type="checkbox"/> Yes  | Procedures <u>PTCA</u>   | <input checked="" type="checkbox"/> Yes  | Name and site of all specimens / investigations  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA |
| Side  | <input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA                                 | Side <u>Rt Radial artery approach</u>  | <input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA | confirms labeling and sent to lab  |   |
| Consent   | <input checked="" type="checkbox"/> Yes  | Position <u>supine</u>   | <input checked="" type="checkbox"/> Yes  | Any recovery concerns : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> None                              |   |
| Known Allergy   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, please specify                                  | Consent  | <input checked="" type="checkbox"/> Yes  | If Yes, Pls. specify :   |   |
|   |  | Required equipment and implants available  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA                            | <i>observation</i>   |   |
| Difficult airway / aspiration risk / dentures   | <input type="checkbox"/> No <input type="checkbox"/> Yes, equipment and assistance available                                   | Essential Imaging displayed  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA                            |  |   |
| Possibility of hypothermia  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, warmer in place   | Antibiotic prophylaxis within last 60 minutes  | <input type="checkbox"/> Yes <input checked="" 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 <u>ECG</u> | Name of the Antibiotic given   |  |  |   |
| Pre OP medication taken   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Venous Thromboembolism Prophylaxis Provided  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA                            | Any Equipment / instrument problem that needs to be addressed : <input type="checkbox"/> Yes <input type="checkbox"/> None |   |
| Required equipment for procedure available  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA  | Anticipated duration briefed   | <input checked="" type="checkbox"/> Yes  | If Yes, Pls. specify :   |   |
|   |  | Anticipated blood loss briefed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA                            | <i>2</i>   |   |
|   |  | Adequate fluids and blood available  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA                            |  |   |
|   |  | Team briefed on any critical or unexpected steps   | <input type="checkbox"/> Yes   |  |   |
|   |  | For procedural sedation cases  |  |  |   |
|   |  | Any patient specific concerns :  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None                          | Corrective action :  |   |
|   |  | Intra procedure glyceric 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<br><i>Dr. G. GNANAVELU</i> | Doctor performing the Procedure : <i>Dr. G. GNANAVELU</i> | Nurse : <i>R/N Sathiyar</i><br><i>0016</i>  | Technician : <i>Mr. Tamil</i><br><i>0007</i> | Others Please Specify :                     |
| Date : <u>6/1/24</u><br>Time : <u>14.35</u>                                 | Date : <u>6/1/24</u><br>Time : <u>14.35</u>               | Date : <u>6/1/24</u><br>Time : <u>14.35</u> | Date : <u>6/1/24</u><br>Time : <u>14.35</u>  | Date : <u>6/1/24</u><br>Time : <u>14.35</u> |

**SAFE PROCEDURE CHECKLIST**  
Adapted from WHO Safe Surgery Checklist

MHI/OT/2022/086



Every heart beat counts

Mr. MOHAMED FEROZ

50/Male/MHI202481643

05/01/2024/IPH2024000044

Dr. G. GNANAVELU



Name of the Procedure : CAG Location : cath lab II Date & Time : 6/1/24

Does the Procedure involve Procedural Sedation : ☐ Yes ☒ No

| SIGN IN<br>Before Induction of Procedural Sedation  |  | TIME OUT<br>After procedural Sedation and before procedure   |  | SIGN OUT<br>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 <u>CAG</u>   |   |
| Identity by two identifiers   | <input checked="" type="checkbox"/> Yes  | Identity by two identifiers  | <input type="checkbox"/> Yes   | Name of the Procedure done written down   | <input checked="" type="checkbox"/> Yes                             |
| Procedure   | <input checked="" type="checkbox"/> Yes  | Procedures <u>CAG</u>  | <input checked="" type="checkbox"/> Yes  | Name and site of all specimens / investigations confirms labeling and sent to lab   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA |
| Side  | <input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA   | Side <u>Rt Radial artery approach</u>  | <input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA | Any recovery concerns : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None<br>If Yes, Pls. specify :   |   |
| Consent   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Position <u>supine</u>   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | Any Equipment / instrument problem that needs to be addressed : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None<br>If Yes, Pls. specify : |   |
| Known Allergy   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, please specify  | Consent  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | Corrective action : <u>2</u>  |   |
| 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 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 checked="" type="checkbox"/> NIBP <input checked="" type="checkbox"/> Others pls. specify <u>ECG</u> | Antibiotic prophylaxis within last 60 minutes  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA                            |   |   |
| Pre OP medication taken   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Name of the Antibiotic given   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA                            |   |   |
| Required equipment for procedure available  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA  | Venous Thromboembolism Prophylaxis Provided  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA                            |   |   |
|   |  | Anticipated duration briefed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |   |   |
|   |  | Anticipated blood loss briefed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA                            |   |   |
|   |  | Adequate fluids and blood available  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |   |   |
|   |  | Team briefed on any critical or unexpected steps   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |   |   |
|   |  | For procedural sedation cases  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None                          |   |   |
|   |  | Any patient specific concerns :  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA                            |   |   |
|   |  | Intra procedure glyceric control   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None                          |   |   |
|   |  | Any concerns about sterility   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None                          |   |   |

|   |  |   |   |   |
|---|--|---|---|---|
| Anaesthetist / Doctor giving Procedural Sedation<br>Date : <u>6/1/24</u><br>Time : <u>12:30</u> | Doctor performing the Procedure : <u>comb</u><br>Date : <u>6/1/24</u><br>Time : <u>13:40</u> | Nurse : <u>R/N Sathya</u><br><u>0016</u><br>Date : <u>6/1/24</u><br>Time : <u>13:40</u> | Technician : <u>Mr. Tamil</u><br><u>0007</u><br>Date : <u>6/1/24</u><br>Time : <u>13:40</u> | Others Please Specify : <u>2</u><br>Date : <u>6/1/24</u><br>Time : <u>13:40</u> |
|---|--|---|---|---|




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


Every heart beat counts

**Procedure Monitoring Sheet (Cath Lab)**

 Patient Name **Mr. MOHAMED FEROZ**  
 50/Male/MHI202481643  
 UHID / IP : 05/01/2024/IPH2024000044  
 Consultant : Dr. G. GNANAVELU

Age / Sex : 50/M

Ward Unit : CCU

Diagnosis : ACS / A-W-STEMI / T2DM / HTN

Pre Procedure Checklist (Please tick appropriately – To be filled by the Ward Nurse)

| PARAMETERS   | YES                           | NO | NA |
|--|-------------------------------|----|----|
| Vital signs : BP: 100/60 Temp: 97.8 Pulse: 91 RR: 28 SPO2: 98% |                               |    |    |
| Urine voided   | ✓                             |    |    |
| Bowel preparation  |                               |    | ✓  |
| Pre-procedure medication administered                          | ✓                             |    |    |
| Procedure site marked  |                               |    | ✓  |
| Skin preparation done  | ✓                             |    |    |
| NPO from 8.20  | ✓                             |    |    |
| Loose Tooth removed  | ✓                             |    |    |
| Contact lenses / Eye glasses removed                           | ✓                             |    |    |
| Prosthesis present   | ✓                             |    |    |
| Jewellery/Nail polish removed                                  | ✓                             |    |    |
| Checked for Allergies (Drug / food)                            | ✓                             |    |    |
| IV line/In-situ  | ✓                             |    |    |
| Consent taken  | ✓                             |    |    |
| Investigation reports / Documents received                     | ✓                             |    |    |
| Signature of Nurse : <i>[Signature]</i>                        | Date & Time : 6/1/24 @ 12.50. |    |    |

## Intra – Procedural Record (To be filled by the Cath Lab Nurse)

| Time  | HR / min  | RR / min | BP mmHg       | SpO2% | Medication / Remarks | Sign. of Nurse     |
|-------|-----------|----------|---------------|-------|----------------------|--------------------|
| 13.30 | 100 b/min | 22 b/min | 116/80 (96)   | 100%  | -                    | <i>[Signature]</i> |
| 13.40 | 98 b/min  | 22 b/min | 108/76 (86)   | 100%  | -                    | <i>[Signature]</i> |
| 14.00 | 90 b/min  | 22 b/min | 74/78 (85)    | 100%  | INJ : NORADRENALINE  | <i>[Signature]</i> |
| 14.15 | 93 b/min  | 22 b/min | 120/74 (85)   | 100%  | -                    | P20283             |
| 14.20 | 93 b/min  | 22 b/min | 121/64 (83)   | 100%  | -                    | P20283             |
|       |           |          | Procedure 906 | 0108  |                      |                    |
|       |           |          |               |       |                      |                    |
|       |           |          |               |       |                      |                    |

**Post Procedure Follow Up Data (to be filled by the doctor)**

Time : 14.35 Route : Rt Radial arterial approach  
 Complication : Nil

BP : 121/64 (85) mmHg, HR : 90 b/min, RR : 22 b/min, SpO2 : 99%

Brachial Distal Pulse: Felt, Puncture Site: No oozing

**Advise:**

- ◆ Shift To: Ward / ICU
- ◆ Bed rest up to 6 hours
- ◆ Observe puncture site for bleeding
- ◆ Watch for Pulse in Rt Radial artery.
- ◆ Diet Normal
- ◆ Inform Duty Medical Officer SOS
  - a) If patient complains of any Discomfort
  - b) If dressing is Loose or Socked with Blood
  - c) If limbs are Cold / Absent Pulse
- ◆ Remove Rt Radial arterial dressing on 7/1/24 at 14.00 AM /PM after informing to the consultant.
- ◆ Special instruction if any:

h. 10m62  
Name & Signature of Consultant

**POST PROCEDURE OBSERVATION**

| Date & Time  | BP            | HR        | RR        | SpO2%      | Site Evaluation                  | Extremity Status | Remarks  | Sign. of Nurse     |
|--------------|---------------|-----------|-----------|------------|----------------------------------|------------------|----------|--------------------|
| <u>14.40</u> | <u>100/60</u> | <u>90</u> | <u>20</u> | <u>99%</u> | <u>no oozing &amp; hematomas</u> | <u>Good</u>      | <u>-</u> | <u>[Signature]</u> |
|              |               |           |           |            |                                  |                  |          |                    |
|              |               |           |           |            |                                  |                  |          |                    |
|              |               |           |           |            |                                  |                  |          |                    |
|              |               |           |           |            |                                  |                  |          |                    |
|              |               |           |           |            |                                  |                  |          |                    |

**Nurses Notes :**

Procedure EAV + PICA done. Rt Radial arterial sheath removed. Tight plaster bandage applied. no oozing & hematomas.

Condition at the end of procedure : ☒ Stable ☐ Critical

Patient shift to : ☐ Recovery Room ☐ Patient Room ☒ CCU ☐ Other

Name & Signature of the Nurse :

Date & Time :

[Signature]

01/01/24  
@ 14.45

Department of Dietetics

**NUTRITION ASSESSMENT AND CARE PLAN FORM**

Mr. MOHAMED FEROUZ  
50 / Male / MHI202481643  
05/01/2024 / IPH2024000044  
Dr. G. GNANAVELU



Diagnosis: DM / HTN / AS / AW - STOM / CAUS PU / 8-40%.

Height: 172 cms Weight: 80 Kgs Food allergies: Yes/No; if yes, specify.....

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

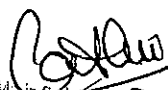



Diet Prescription: 1600 calories, 60 fat, 60 salt, 2000 ml fluid restricted, diabetic diet.

**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  |  |
| No weight change/gain  |  | <5%   |  | 5-10%   |  |
| <input type="checkbox"/> 4   |  | <input type="checkbox"/> 5                    |  |   |  |
| 10-15%   |  | >15%  |  |   |  |
| 2) Dietary Intake  |  |   |  |   |  |
| Duration   |  | <input checked="" type="checkbox"/> 1         |  | <input type="checkbox"/> 2  |  |
| 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  |  |
| No symptoms  |  | Nausea  |  | Vomiting/moderate GI symptoms                                       |  |
|  |  | Diarrhoea                                     |  | severe anorexia   |  |
| <input type="checkbox"/> 4   |  | <input type="checkbox"/> 5                    |  |   |  |
| 4) Functional Capacity (Nutrition related functional impairment) Duration: |  |   |  |   |  |
| <input checked="" type="checkbox"/> 1                                      |  | <input type="checkbox"/> 2                    |  | <input type="checkbox"/> 3  |  |
| None/Improved  |  | Difficulty with ambulation                    |  | Difficulty with normal activity                                     |  |
|  |  | Light activity                                |  | Bed/chair ridden with no or little activity                         |  |
| <input type="checkbox"/> 4   |  | <input type="checkbox"/> 5                    |  |   |  |
| 5) Co-morbidity (Disease and its relationship to nutrition requirements)   |  |   |  |   |  |
| <input checked="" type="checkbox"/> 1                                      |  | <input type="checkbox"/> 2                    |  | <input type="checkbox"/> 3  |  |
| Healthy  |  | Mild co-morbidity                             |  | Moderate co-morbidity/ age >75 years                                |  |
|  |  | severe co-morbidity                           |  | Very severe multiple co-morbidity                                   |  |
| <input type="checkbox"/> 4   |  | <input type="checkbox"/> 5                    |  |   |  |
| B) Physical examination  |  |   |  |   |  |
| 1) Decreased fat stores or loss of subcutaneous fat                        |  |   |  |   |  |
| <input checked="" type="checkbox"/> 1                                      |  | <input type="checkbox"/> 2                    |  | <input type="checkbox"/> 3  |  |
| Normal   |  | Mild  |  | Moderate  |  |
|  |  |   |  | Severe  |  |
| 2) Sign of muscle wasting  |  |   |  |   |  |
| <input checked="" type="checkbox"/> 1                                      |  | <input type="checkbox"/> 2                    |  | <input type="checkbox"/> 3  |  |
| Normal   |  | Mild  |  | Moderate  |  |
|  |  |   |  | Severe  |  |
| Total Score = Sum of above 7 components                                    |  |   |  |   |  |
| Nutritional Status: Based on this patient is                               |  |   |  |   |  |
| Well Nourished   |  | <input checked="" type="checkbox"/> (7 to 14) |  |   |  |
| 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 counselling provided:   |  | <input type="checkbox"/> Yes                  |  | <input type="checkbox"/> No   |  |
| Frequency of re-assessment:  |  | <input checked="" type="checkbox"/> Weekly    |  | <input type="checkbox"/> Monthly                                    |  |
| Enteral/Parenteral   |  | <input type="checkbox"/> Daily                |  | Calorie count:  |  |
|  |  |   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

Dietitian Signature / Name / Date / Time:

*W. Catherine*  
W. Catherine  
Senior Dietitian

| DATE AND TIME    | DIETITIAN NOTES  | SIGNATURE   |
|------------------|--|---|
| 6/1/24,<br>18:00 | <p>A 60 year old gentleman came to diet pain radiating to back &amp; arms assessed to be well nourished as evident by SGA.</p> <p>Kilo - 50/165cm 144.</p> <p>Education the patient and family on 1600 calories, low fat, low salt, 3000ml fluid restricted, diabetic diet. Emphasized on small portion sizes to glycemic control. Patient understood.</p> | <br>Maria Catherine John<br>Senior Dietitian   |
| 6/1/24,<br>16:00 | <p>Patient signed to Cathleen for procedure (Catheter) and kept on 1600. Patient understood to eat. Follow up. Patient understood diabetic, signed diet. Can initiate on diabetic, soft solid diet.</p>  | <br>Maria Catherine John<br>Senior Dietitian |
| 7/1/24,<br>16:00 | <p>Patient understood to eat. Reassured on the diet restriction. Motivated to eat well.</p>  | <br>Maria Catherine John<br>Senior Dietitian |
| 8/1/24,<br>10:00 | <p>Diet intake is good. Education the patient and family on 1600 calories, low fat, low salt, 3000ml fluid restricted, diabetic diet on discharge. Emphasized on small portion sizes to glycemic control. Diet modification and clarification done. Patient understood given on discharge.</p>   | <br>Maria Catherine John<br>Senior Dietitian |



**Medway Hospitals<sup>®</sup>**

The wa **Mr. MOHAMED FERDZ**  
(A Unit of Un 50/Male/MHI202481643  
05/01/2024/IPH2024000044

Name: Dr.G. GNANAVELU

Diagn:



## ROMBOLYSIS CHECK LIST

Age: 50y

Sex: M

CC No.:

Wt:

Date: 5/1/24

Time of thrombolysis - From:

To:

### ELIGIBILITY CRITERIA

**Clinical:** Chest pain for less than 12 hours

**ECG:** ST elevation  $\geq 1$  mm in  $\geq 2$  limb leads

ST elevation  $\geq 2$  mm in  $\geq 2$  chest leads

YES

NO



### CONTRAINDICATIONS - Check list

#### Absolute contraindications

- Any active internal bleeding
- Known intra-cranial neoplasm
- History of previous haemorrhagic CVA
- Suspected aortic dissection

YES

NO



#### Relative contraindications

- Active peptic ulcer disease
- Recent internal bleed ( $< 2 - 4$  weeks)
- Persistent hypertension of ( $> 180/110$  mmHg)
- Previous use of streptokinase (5 days - 2 years)
- Pregnancy
- History of recent embolic or ischaemic CVA
- Current anticoagulation therapy (INR  $> 2-3$ )
- Major trauma or Surgery ( $< 2 - 4$  weeks)
- Non-compressible vascular punctures
- History of chronic severe hypertension

YES

NO



#### Risk assessment of Intra-cerebral haemorrhage

- Age more than 65 years
- Weight less than 70 Kg
- Hypertension at presentation ( $> 180/110$  mmHg)
- Use of t-PA

YES

NO



### Comments:

Thrombolytic used: TNK

Dose: 40mg

*[Signature]*  
Signature of the Doctor

Date: 5/1/24 Time: 22:45

|              |  |                 |       |                    |
|--------------|--|-----------------|-------|--------------------|
| Patient Name | Mr. MOHAMED FERAZ  | FOR HIV TESTING | Age : | Sex : <u>M / F</u> |
|              | 50/Male/MHI202481643<br>05/01/2024/IPH2024000044<br>Dr. G. GNANAVELU |                 |       |                    |
| Consultant   |  |                 |       |                    |

- I \_\_\_\_\_ have been given verbal and written educational information for HIV antibody testing.
- I have been informed that a sample of my blood will be drawn and tested and tested to detect HIV antibodies I have been informed of the purpose, potential uses of the test and the consequences of not having the test done
- I hereby acknowledge that I have read or have had read to me this information regarding HIV antibody testing.
- I have been given the opportunity to ask questions and all the questions have been answered to my satisfaction.
- I acknowledge that I have given consent for performance of this blood test to detect HIV antibodies. This has been explained to me in \_\_\_\_\_ language. which I can understand.

|                             | Signature | Name | Date | Time |
|-----------------------------|-----------|------|------|------|
| Patient                     |           |      |      |      |
| Doctor / Nurse / Counsellor |           |      |      |      |
| Interpreter                 |           |      |      |      |

#### CONSENT OF PATIENT REPRESENTATIVE / SURROGATE

The patient is unable to consent because \_\_\_\_\_  
and I, \_\_\_\_\_ (name / relationship to the patient), therefore,  
consent for the patient I acknowledge that I have had an opportunity to discuss this procedure, as stated  
above, with the doctor or doctor's designee, and hereby consent to this procedure.

|  | Signature          | Name              | Date   | Time  |
|--|--------------------|-------------------|--------|-------|
| Patient Representative with relationship | <u>[Signature]</u> | Roshan Feroze     | 5/1/24 | 22:45 |
| Doctor / Nurse / Counsellor              | <u>[Signature]</u> | Dr. G. Gnana Velu | 5/1/24 | 22:45 |
| Interpreter                              |                    |                   |        |       |

## CONSENT OF PATIENT REPRESENTATIVE / SURROGATE

The patient is unable to consent because \_\_\_\_\_

and I, \_\_\_\_\_ (name / relationship to the patient), therefore,

consent for the patient I acknowledge that I have had an opportunity to discuss this procedure, as stated above, with the doctor or doctor's designee, and hereby consent to this procedure.

|                        | Signature | Name | Date | Time |
|------------------------|-----------|------|------|------|
| Patient Representative |           |      |      |      |
| Witness                |           |      |      |      |
| Doctor                 |           |      |      |      |
| Interpreter            |           |      |      |      |



Mr. MOHAMED FEROZ

50/Male/MHI202481643

05/01/2024/IPH2024000044

Dr. G. GNANAVELU



e)

## PSYCHOLOGICAL WELLBEING REPORT

Date: 08/1/23

Time: 12.00 pm.

Unit: 203B

Clinical diagnosis: PTCA &amp; CAD

Surgery/ Procedure:

Impression: Functioning well

- calm affect, oriented, responsive
  - sleep & appetite ⊕
  - Work permeable ⊕ (15m)
- disturbed by frequent awakening

Employee ID: MHI0275/PSY

*R. Thilak*

 Signature of the Psychologist:



## NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 5/1/24 Time of Arrival: 02.41 Mode of Admission: ☐ Walking ☐ Wheelchair ☒ Stretcher

Accompanied by Relative: ☒ Yes ☐ No If Yes, Name of the Relative: Mrs. NOORONISHA

Relationship with Patient: WIFE Contact Person's Name: Mrs. NOORONISHA Relationship: WIFE

Contact No.: 984023693 Primary language spoken: ☒ Tamil ☐ English ☐ Indian ☐ International

Interpreter needed: ☒ Yes ☐ No

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

Menstrual History: LMP:                      Menopause:                     

Medical History: DM/HTN/Cd - Morbidity:                      Yes If yes specify

Drugs History: Antiplatelet                      (Specify)

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: 98.3 (°F) | Pulse / HR: 108 (beats/min) | BP: 141/76 (mmHg)

Respiration: 21 (breaths/min) | SpO<sub>2</sub>: 99 (%) | CBG: 252 (mg/dl) | Height: 172 (cms) | Weight: 80 (kgs)

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

If Yes, specify:                     

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: DM Diet

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: Mrs. CATHERINE Time: 8.00

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: 17 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):

| Variables   |     | Numeric Value                |
|---|-----|------------------------------|
| History of falling (immediate or within 6 months)   | No  | 0                            |
|   | Yes | 25                           |
| Secondary diagnosis (≥ 2 medical diagnosis)   | No  | 0                            |
|   | Yes | 15                           |
| <b>Ambulatory Aid</b><br>None / Bed Rest / Nurse Assist<br>Crutches / Cane / Walker<br>Furniture  |     | 0                            |
|   |     | 15                           |
|   |     | 30                           |
|   |     |                              |
| Intravenous Therapy / Heparin Lock / Tubes Insitu   | No  | 0                            |
|   | Yes | 20                           |
| <b>Gait</b><br>Normal / Bed Rest / Wheel Chair<br>Weak<br>Impaired  |     | 0                            |
|   |     | 10                           |
|   |     | 20                           |
| <b>Mental Status</b><br>Oriented to own stability<br>Overestimated or forgets limitations   |     | 0                            |
|   |     | 15                           |
| <b>Medications</b><br>Includes PCA / opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, hypoglycemics, sedatives, immunosuppressant and psychotropics | No  | 0                            |
|   | Yes | 15                           |
| <b>Score Interpretation:</b> 0-24: Low-risk; 25-44: Medium Risk; Above 45: High Risk  |     | <b>Total Score</b> <u>50</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 lab or 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 | 0     |
| 2      | Bedridden recently >3 days or major surgery within four weeks   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 0     |
| 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 | 0     |
| 4      | Collateral (nonvaricose) superficial veins present (Assess for both legs)   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 0     |
| 5      | Entire leg swollen (Assess for both legs)   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 0     |
| 6      | Localized tenderness along the deep venous system (Assess for both legs)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 0     |
| 7      | Pitting edema, greater in the symptomatic leg (Assess for both legs)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 0     |
| 8      | Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 0     |
| 9      | Previously documented DVT (Assess for both legs)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 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. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 0     |

### Risk Score Interpretation (Probability of DVT):

Tick the score obtained (✓)

### Final Score

| Low Risk      | -2 to 0 | ✓ | Action Taken | Date | Time |
|---------------|---------|---|--------------|------|------|
| 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<br><input type="checkbox"/> Both <input checked="" type="checkbox"/> Nil |              |                          |   |         |
| Hearing Aid                | <input type="checkbox"/> Right <input type="checkbox"/> Left<br><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  |
|-------------------------------|--------------------|--------------------|--------------------------|--------|-------|
|                               | <i>[Signature]</i> | M. ROSHAN FAREEN   | Relationship<br>DAUGHTER | 5/1/24 | 22:54 |
| Nurse                         | <i>[Signature]</i> | <i>[Signature]</i> | 0159                     | 5/1/24 | 22:54 |
| Unit In-Charge                | <i>[Signature]</i> | <i>[Signature]</i> | 002                      | 5/1/24 | 22:24 |

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: ACB - AM - STEMI / TO DND / SATN

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right: NEIACARPAL Left: NEIACARPAL

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: 0/5

**B**

### BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: NKDA

On room air / oxygen: FND 4 L/H / ON FLOW

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

**A**

### ASSESSMENT

Vital Signs: Temp: 97.3°F | Pulse / HR: 109 (beats/min) | Respiration: 21 (breaths/min)

BP: 120/55 (mmHg) | SpO<sub>2</sub>: 99 (%) | Height: 172 (cms) | Weight: 80.5 (kgs) | BMI: 27.1 kg/m<sup>2</sup>

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: -

→ DM 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:

today x-ray / Cath package  
Baclean Echo to do

|                   | Signature | Name             | Emp. No. | Date   | Time |
|-------------------|-----------|------------------|----------|--------|------|
| Handover given by |           | Penny, P         | 0159     | 5/1/24 | 7.30 |
| Handover taken by |           | S. Allammanpalle | 0162     | 6/1/24 | 7.30 |
| Document endorsed |           | J. Anwar         | 002      | 6/1/24 | 7.30 |

# NURSES PROGRESS NOTES

| Date & Time           | Observations / Action   | Signature with Emp. No.                 |
|-----------------------|---|---|
| 5/1/24<br>@ 22.41     | <u>NIGHT DUTY NOTES</u>   |   |
|                       | <p>pt on Gt admission ev<br/> pt on C/O chest pain Already<br/> loading dose give (ot) IV line<br/> Inserted &amp; patient ECG, ECG<br/> done pt on DR. KARTHICK SIR</p>  | <p>for</p>                              |
| 23.30                 | <p>Order to I.V. Clexane 0.3ml / I.V. TNR<br/> foring (2) metacarpal lysed<br/> done after I.V. Clexane 0.6(3c)<br/> pt given no complaints / Confusion<br/> pt on DR. KARTHICK SIR order<br/> to I.V. par 40mg, I.V. cemeset<br/> 4mg, I.V. Morphine 3mg IV<br/> pt given as per drug<br/> chart &amp; cath package &amp; cardiac<br/> enzyme lab Investigation send</p> | <p>for</p>                              |
| 6/1/24<br>@ 1.10      | <p>pt on DR. KARTHICK SIR ordered<br/> ppt ECG done, Sr. Kotone &amp; ECG<br/> pt on no complaints<br/> VLS checked &amp; recorded</p>  | <p>for</p>                              |
| 2.00                  | <p>pt on no complaints<br/> VLS checked &amp; recorded</p>  | <p>for</p>                              |
| 5.30                  | <p>pt on Morning care<br/> back &amp; oral care given</p>   | <p>for</p>                              |
| 6.40                  | <p>pt on ECG, CBN done</p>  | <p>for</p>                              |
| 7.00                  | <p>pt on self voiding<br/> Vital signs checked &amp; recorded<br/> pt on Lab Investigation<br/> (2) Blue / I.V. par 40mg pt Oral given</p>  | <p>for</p>                              |
| 7.30                  | <p>pt on handing over<br/> to morning duty staff</p>  | <p>for</p>                              |
| Document endorsed by: | <p>Signature</p> <p>Name</p>  | <p>Emp. No.</p> <p>Date</p> <p>Time</p> |
|                       | <p>Jay L.</p> <p>JAYAKSHI</p>   | <p>0000</p> <p>5/1/24 9.45</p>          |



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 6/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: ACS-AWI-SIZID/T2DM/SHTN/TNT-40mg  
NEWS / PEWS Score: —  
Ventilator day: —  
Peripheral line day: Right: METACAPPL Left: METACAPPL  
Ryle's Tube: ☐ Yes ☒ No Day: — VIP Score: 0/8  
Urinary Catheter: ☐ Yes ☒ No Day: —  
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No If Yes, specify organism: —

**B**

### BACKGROUND

Type of surgery: — Date of surgery: —  
Allergies if any: NKDA  
On room air / oxygen: 4L O2 / ON FLOW  
Complaints / New Symptoms in last shift: —

**A**

### ASSESSMENT

Vital Signs: Temp: 97.3°F | Pulse / HR: 89 (beats/min) | Respiration: 24 (breaths/min)  
BP: 120/80 (mmHg) | SpO<sub>2</sub>: 99% | Height: 172 (cms) | Weight: 78 (kgs) | BMI: 26 kg/m<sup>2</sup>  
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: ON 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 |           | S. Alijanyan | 0162     | 6/1/24 | 12:40 |
| Handover taken by |           | P. Vathsaraj | 0176     | 6/1/24 | 12:45 |
| Document endorsed |           | Jay          | 0000     | 6/1/24 | 12:45 |

## NURSES PROGRESS NOTES

[illegible]





## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 6/1/24

Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: Acute Aortic Stenosis, T2DM, HTN, TRIT - young  
NEWS / PEWS Score: —  
Ventilator day: —  
Peripheral line day: Right: metorolol Left: metorolol  
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: 0/15

**B**

### BACKGROUND

Type of surgery: — Date of surgery: —  
Allergies if any: none  
On room air / oxygen: PM on 4 Ltr O2 IV fluids on flow: —  
Complaints / New Symptoms in last shift: —

**A**

### ASSESSMENT

Vital Signs: Temp: 98.1 (°F) | Pulse / HR: 86 (beats/min) | Respiration: 22 (breaths/min)  
BP: 120/80 (mmHg) | SpO<sub>2</sub>: 98 (%) | Height: 172 (cms) | Weight: 80 (kgs) | BMI: 27 kg/m<sup>2</sup>  
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: PM 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: FD do so. Echo, strep, creatinine.

|                   | Signature          | Name               | Emp. No.    | Date          | Time           |
|-------------------|--------------------|--------------------|-------------|---------------|----------------|
| Handover given by | <u>[Signature]</u> | <u>R. Mahanraj</u> | <u>2352</u> | <u>6/1/24</u> | <u>7.00 pm</u> |
| Handover taken by | <u>[Signature]</u> | <u>Neethi</u>      | <u>0282</u> | <u>6/1/24</u> | <u>7.00 am</u> |
| Document endorsed | <u>[Signature]</u> | <u>T. Jayaram</u>  | <u>0002</u> | <u>6/1/24</u> | <u>9.00</u>    |

## NURSES PROGRESS NOTES

| Date & Time          | Observations / Action  | Signature with Emp. No.    |
|----------------------|--|----------------------------|
| 6/1/24<br>14.00      | pt & pt periods received from Cathlab. pt vitals are stable. pt (P) Radial procedure no oozing & haematoma pt (R) (L) peripheral line present & patent pt on room air. IVF NS 30ml/hr going to Flow. Drip Norad 2ml/hr going to flow. pt abdomen soft. | <i>[Signature]</i><br>2300 |
| 15.00<br>15.50.      | ECG taken, CBG checked. pt Had a Juice. & pt voids a urine.  | <i>[Signature]</i><br>2300 |
| 16.00                | pt Administered the medication as per drug chart.  | <i>[Signature]</i><br>2300 |
| 19.00                | pt Handing over the night duty staff.  | <i>[Signature]</i><br>2300 |
|                      |  |                            |
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|                      |  |                            |
| Document endorsed by | Signature<br><i>[Signature]</i>  | Name<br>JAYAR BUI. J       |
|                      |  | Emp. No.<br>0002           |
|                      |  | Date<br>7/1/24             |
|                      |  | Time<br>9a                 |

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 6/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: ACS-AW - STEMI / T2DM / HTN GCS: 15/15  
NEWS / PEWS Score: POD: —  
Ventilator day: Central line days: —  
Peripheral line day: Right: Metacarpal Left: Metacarpal  
Ryle's Tube: ☐ Yes ☒ No Day: — VIP Score: 0/5  
Urinary Catheter: ☐ Yes ☒ No Day: —  
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism:

**B**

### BACKGROUND

Type of surgery: — Date of surgery: —  
Allergies if any: NKDA  
On room air / oxygen: R.A. 99%  
Complaints / New Symptoms in last shift: —  
IV fluids on flow: 1KF. NS 30ml/hr on flow

**A**

### ASSESSMENT

Vital Signs: Temp: 97.8F | Pulse / HR: 101 (beats/min) | Respiration: 26 (breaths/min)  
BP: 101/60 (mmHg) | SpO<sub>2</sub>: 97 (%) | Height: 172cms | Weight: 80 (kgs) | BMI: 27 kg/m<sup>2</sup>  
Others: —  
Pain Score: 50 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale (NRS) / CPOT  
Fall Risk Score: 0/10 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: 2 DND Diet Drains: 7

**R**

### RECOMMENDATION

Referral doctors: —  
Pending medications: —  
Pending medication indent: —  
Pending lab reports / Investigations: Urea, creat, Nat, K<sup>+</sup>  
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 |           | Nalini            | 0282     | 7/1/24 | 7:00 |
| Handover taken by |           | S. Alwin Prasanna | 0162     | 7/1/24 | 7:00 |
| Document endorsed |           | Jayaraj           | 0002     | 7/1/24 | 7:00 |

## NURSES PROGRESS NOTES

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 7/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: ACS - AN - STEMI / T2DM / HTN

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right: ☒ Yes ☐ No 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: 9/5

**B**

### BACKGROUND

Type of surgery: PTCA - CAD

Allergies if any: NICDA

On room air / oxygen: R-A

Complaints / New Symptoms in last shift:

Date of surgery: 6/1/24

IV fluids on flow:

**A**

### ASSESSMENT

Vital Signs: Temp 97.1 (°F) | Pulse / HR: 91 (beats/min) | Respiration: 24 (breaths/min)

BP: 105/65 (mmHg) | SpO<sub>2</sub>: 96 (%) | Height: 172 (cms) | Weight: 80 (kgs) | BMI: 27.15/m<sup>2</sup>

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:

|                   | Signature | Name         | Emp. No. | Date   | Time  |
|-------------------|-----------|--------------|----------|--------|-------|
| Handover given by |           | S. Alkhan    | 0112     | 7/1/24 | 18.10 |
| Handover taken by |           | S. Dhandhane | 0212     | 7/1/24 | 12.30 |
| Document endorsed |           | S. P. Jeline | 0024     | 7/1/24 | 10.00 |

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 7/1/24

Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: ACS - AW - STEMI

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: D<sub>3</sub> Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: PTA - LAD

Allergies if any: N/A

On room air / oxygen: RA

Complaints / New Symptoms in last shift: -

Date of surgery: 6/1/24

IV fluids on flow: -

**A**

### ASSESSMENT

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

BP: 110/70 (mmHg) | SpO<sub>2</sub>: 97 (%) | Height: 172 (cms) | Weight: 80 (kgs) | BMI: 27 kg/m<sup>2</sup>

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: -

|                   | Signature | Name           | Emp. No. | Date   | Time  |
|-------------------|-----------|----------------|----------|--------|-------|
| Handover given by | S. Di     | S. Dhandharani | 0212     | 7/1/24 | 19.30 |
| Handover taken by | Sam       | Sampr          | 0281     | 7/1/24 | 19.30 |
| Document endorsed | Nal       | S. Malini      | 0024     | 7/1/24 | 10.07 |

## NURSES PROGRESS NOTES

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 7/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: ACS - AMI - STEMI

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: D<sub>3</sub> Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: PPA PTCA - LAD

Allergies if any: NKA

On room air / oxygen: Room air

Complaints / New Symptoms in last shift:

Date of surgery: 6/1/24

IV fluids on flow: -

**A**

### ASSESSMENT

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

BP: 110/70 (mmHg) | SpO<sub>2</sub>: 97 (%) | Height: 172 (cms) | Weight: 86 (kgs) | BMI: 28.7 kg/m<sup>2</sup>

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: -

|                   | Signature   | Name           | Emp. No. | Date   | Time  |
|-------------------|-------------|----------------|----------|--------|-------|
| Handover given by | <i>Sen</i>  | Sanjivniye     | 0224     | 7/1/24 | 19:40 |
| Handover taken by | <i>Al</i>   | Alulak         | 2268     | 8/1/24 | 7:30  |
| Document endorsed | <i>Nice</i> | S. N. N. N. N. | 0024     | 8/1/24 | 10:00 |

## NURSES PROGRESS NOTES

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 8/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: ACS / AMI / NSTEMI

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: 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: -

Central line days: -

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: PVD - PTCA - LAD

Date of surgery: -

Allergies if any: Not known

On room air / oxygen: RA -

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

**A**

### ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 80/mb (beats/min) | Respiration: 22/mb (breaths/min)

BP: 120/70 (mmHg) | SpO<sub>2</sub>: 98 (%) | Height: 172 (cms) | Weight: 80 (kgs) | BMI: 27 kg/m<sup>2</sup>

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: -

|                   | Signature | Name         | Emp. No. | Date   | Time  |
|-------------------|-----------|--------------|----------|--------|-------|
| Handover given by |           | Sulekha      | 2268     | 8/1/24 | 12:30 |
| Handover taken by |           | R. Sushma    | 0021     | 8/1/24 | 12:30 |
| Document endorsed |           | S. A. Malini | 0024     | 8/1/24 | 10:00 |

| NURSES PROGRESS NOTES  |  |  |  |                            |  |
|------------------------|--|--|--|----------------------------|--|
| Date & Time            |  | Observations / Action  |  | Signature with Emp. No.    |  |
| 8/1/24<br>at<br>7:30   |  | <u>Morning duty Reports</u><br>patient handed over Telen<br>from night duty staff<br>patient conscious & oriented.<br>patient was checked and<br>recorded. vitals are stable<br>patient had @ odor<br>due drugs given as per<br>chart. |  | [Signature]<br>[Signature] |  |
| 10:00                  |  | patient mobilized well.<br>2lb chest mobilized.<br>pressure bandage @.<br>extensive no complaints.   |  | [Signature]                |  |
| 12:30                  |  | patient handed over to<br>Evening duty staff.  |  | [Signature]                |  |
| <u>Discharge notes</u> |  |  |  |                            |  |
| 19:00                  |  | => pt discharge summary<br>Explain to the pt about   |  | [Signature]                |  |
| 12:00                  |  | => pt old Report given.<br>=> pt IV line Removal.  |  | [Signature]<br>[Signature] |  |
| 19:00                  |  | => pt ID band Removal.   |  |                            |  |
| 19:00                  |  | => pt went to home.  |  |                            |  |
| Document endorsed by   |  | Signature  |  | Name                       |  |
|                        |  | S. Noel  |  | S. Molini                  |  |
|                        |  | Emp. No.   |  | Date                       |  |
|                        |  | 0024   |  | 8/1/24                     |  |
|                        |  | Time   |  | 10:00                      |  |

# ADULT NURSING CARE PLAN

Mr. MOHAMED FERAZ  
50/Male/MHI202481643  
05/01/2024/IPH2024000044  
Dr. G. GNANAVELU

MHI/NUR/2022/044

| Initial Date: 5/1/24   |  | Time: 22.50   |  | Modified Date:                           |  | Time: |  |
|--|--|---|--|--|--|-------|--|
| Reason for Modification:   |  |   |  | Diagnosis: ACB - AN - STEMI / TDM / SHIN |  |       |  |
| Patient Specific Problems / Needs  | Measurable Goals   | Nursing Interventions   | Evaluation   | Sign & Initials                          |  |       |  |
| <b>NUTRITION</b><br><input checked="" type="checkbox"/> Keep NPO<br><input checked="" type="checkbox"/> Regular Diet<br><input type="checkbox"/> Others:   | <input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting<br><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<br><input type="checkbox"/> Encourage patient to consume the served meal<br><input type="checkbox"/> Record amount of food consumed  | M<br><br>E<br><br>N → Plan diet                          | Don                                      |  |       |  |
| <b>OXYGENATION</b><br><input type="checkbox"/> Room Air<br><input type="checkbox"/> Nasal Cannula / High Flow O <sub>2</sub><br><input type="checkbox"/> Mask<br><input type="checkbox"/> BiPAP / CPAP<br><input type="checkbox"/> Ventilator<br><input type="checkbox"/> Tracheostomy<br><input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal O <sub>2</sub> saturation<br><input type="checkbox"/> Patient ABG levels will return to and remain within normal limits<br><input type="checkbox"/> No other respiratory abnormalities<br><input type="checkbox"/> Patient respiratory rate will remain within established limits<br><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<br><input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order<br><input type="checkbox"/> Utilise pulse oximetry to check O <sub>2</sub> saturation and pulse rate<br><input type="checkbox"/> If any O <sub>2</sub> abnormalities detected inform immediately to the concerned physician<br><input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern<br><input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis<br><input type="checkbox"/> Note for changes in level of consciousness<br><input type="checkbox"/> Send sputum for culture and sensitivity based on physician order<br><input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | M<br><br>E<br><br>N → SpO <sub>2</sub> on room air - 99% | Don                                      |  |       |  |
| <b>FLUID &amp; ELECTROLYTES</b><br><input type="checkbox"/> Oral<br><input checked="" type="checkbox"/> Intravenous<br><input type="checkbox"/> Enteral Nutrition<br><input type="checkbox"/> Parenteral Nutrition<br><input type="checkbox"/> Others:   | <input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance  | <input type="checkbox"/> Enhance fluid intake unless restricted<br><input type="checkbox"/> Check IV sites and assess if there is any complication<br><input type="checkbox"/> Provide tube feedings<br><input type="checkbox"/> Monitor intake and output<br><input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses<br><input type="checkbox"/> Monitor for possible sources of fluid loss<br><input type="checkbox"/> Monitor BP for orthostatic changes  | M<br><br>E<br><br>N → IVE NS 20ml/hr is on flow          | Don                                      |  |       |  |

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

| Patient Specific Problems / Needs   | Measurable Goals   | Nursing Interventions  | Evaluation  | Sign & Initials         |
|---|--|--|---|-------------------------|
| <b>HYGIENE</b><br><input type="checkbox"/> Bed-Bath<br><input checked="" type="checkbox"/> Assist-Bath<br><input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present)<br><input type="checkbox"/> Others:   | <input type="checkbox"/> Patient will stay clean and well-groomed<br><input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs<br><input type="checkbox"/> Patient will recognize individual weakness or needs | <input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene<br><input type="checkbox"/> Change patient's gown daily<br><input type="checkbox"/> Encourage hand hygiene<br><input type="checkbox"/> Consider the patient's need for assistive devices<br><input type="checkbox"/> Apply moisturizing solution  | M<br><br>E<br><br>N → <i>Plen 8:15 AM room change</i>   | <br><br><br><i>Per.</i> |
| <b>SAFETY</b><br><input type="checkbox"/> Check ID Hand<br><input checked="" type="checkbox"/> IV care <input type="checkbox"/> EJV<br>CENTRAL LINE<br><input type="checkbox"/> Side rails<br><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<br><input type="checkbox"/> Raise side rails<br><input type="checkbox"/> Provide proper invasive line care<br><input type="checkbox"/> Keep bed locked and low at all time<br><input type="checkbox"/> Educate care providers to be the patient<br><input type="checkbox"/> Follow restrain policy (if needed)  | M<br><br>E<br><br>N → <i>Plen check ID band (P)</i>     | <br><br><br><i>Rob</i>  |
| <b>COMFORT AND SLEEP</b><br><input type="checkbox"/> Pain Control<br><input type="checkbox"/> Sleep Patterns<br><input type="checkbox"/> Others:  | <input type="checkbox"/> Patient will have comfortable sleep<br><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<br><input type="checkbox"/> Provide privacy at all time<br><input type="checkbox"/> Monitor pain scale / sleep pattern<br><input type="checkbox"/> Provide pharmacological and non-pharmacological therapy  | M<br><br>E<br><br>N                                     | <br><br><br>            |
| <b>OBSERVATION</b><br><input checked="" type="checkbox"/> Vital Signs<br><input type="checkbox"/> GCS<br><input type="checkbox"/> Blood Sugar<br><input type="checkbox"/> Others:   | <input checked="" type="checkbox"/> Patient will have normal range of vital parameters   | <input checked="" type="checkbox"/> Monitor vital signs regularly<br><input type="checkbox"/> Monitor vital signs on ordered time<br><input type="checkbox"/> Assess physically for any abnormality<br><input type="checkbox"/> Inform doctor if there is any abnormality<br><input type="checkbox"/> Monitor GCS of patient<br><input type="checkbox"/> Determine and treat the underlying cause of altered LOC<br><input type="checkbox"/> Regular blood sugar monitoring as per doctors order | M<br><br>E<br><br>N → <i>Plen N/S checked per order</i> | <br><br><br><i>Rob</i>  |
| <b>PSYCHOLOGICAL / SPIRITUAL SUPPORT</b><br><input type="checkbox"/> Spiritual Needs<br><input type="checkbox"/> Beliefs / Values / Customs<br><input type="checkbox"/> Anxiety and Coping Pattern<br><input type="checkbox"/> Identify Stressors<br><input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs<br><input type="checkbox"/> Patient will be able to control his feeling toward his illness<br><input type="checkbox"/> Patient will maintain normal psychological pattern          | <input type="checkbox"/> Pray or encourage the patient to pray<br><input type="checkbox"/> Use inspirational words<br><input type="checkbox"/> Respond to spiritual needs as they arise<br><input type="checkbox"/> Evaluate spiritual needs<br><input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch<br><input type="checkbox"/> Provide empathy and reassurance   | M<br><br>E<br><br>N ✓                                   | <br><br><br>            |

| Patient Specific Problems / Needs  |            | Measurable Goals  | Nursing Interventions   | Evaluation   | Sign & Initials    |
|--|------------|---|---|--|--------------------|
| <b>COMMUNICATION</b><br><input type="checkbox"/> Verbal<br><input checked="" type="checkbox"/> Non-verbal<br><input type="checkbox"/> Sign language<br><input type="checkbox"/> Others:  |            | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input checked="" type="checkbox"/> Introduce the care giver<br><input type="checkbox"/> Encourage the use of call bell<br><input type="checkbox"/> Obtain interpreter if needed<br><input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence  | M<br><br>E<br><br>N <i>→ patient Good Communication</i>    | <br><br><i>JAM</i> |
| <b>SPECIAL INTERVENTIONS</b><br><input type="checkbox"/> Medication<br><input type="checkbox"/> Wound care<br><input type="checkbox"/> Isolation<br><input type="checkbox"/> Ostomy Care<br><input type="checkbox"/> Blood / Blood products transfusion<br><input type="checkbox"/> Fluid tapping<br><input type="checkbox"/> DVT Management<br><input type="checkbox"/> Others: |            | <input checked="" type="checkbox"/> To manage on time   | <input checked="" type="checkbox"/> Double check for high alert medication<br><input type="checkbox"/> Observe and report any medication reaction<br><input type="checkbox"/> Provide proper measures of wound care<br><input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family<br><input type="checkbox"/> Check for cross matching and typing, to ensure compatibility<br><input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids<br><input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order | M<br><br>E<br><br>N <i>→ Medication given as per order</i> | <br><br><i>JAM</i> |
| Endorsed by  | Signature  | Name  | Emp. ID   | Date   | Time               |
|  | <i>Jae</i> | <i>JAYAPAI /</i>  | <i>002</i>  | <i>6/1/24</i>  | <i>9:30</i>        |



# ADULT NURSING CARE PLAN

Mr. MOHAMED FEROZ  
50/Male/MHI202481643  
05/01/2024/1PH2024000044  
Dr. G. GNANAVELU



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 6/1/24 Time: 8.00

Modified Date: Time:

Reason for Modification:

Diagnosis: ACB / AMI - STEMI / T2DM / HTN


| Patient Specific Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation   | Sign & Initials                           |
|---|---|--|--|---|
| <b>NUTRITION</b><br><input type="checkbox"/> Keep NPO<br><input checked="" type="checkbox"/> Regular Diet<br><input type="checkbox"/> Others:   | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting<br><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<br><input checked="" type="checkbox"/> Encourage patient to consume the served meal<br><input type="checkbox"/> Record amount of food consumed  | M → Pten DM diet<br>E Patient had lunch<br>N → Pten DM diet  | [Signature]<br>[Signature]<br>[Signature] |
| <b>OXYGENATION</b><br><input type="checkbox"/> Room Air<br><input type="checkbox"/> Nasal Cannula / High Flow O <sub>2</sub><br><input checked="" type="checkbox"/> Mask<br><input type="checkbox"/> BiPAP / CPAP<br><input type="checkbox"/> Ventilator<br><input type="checkbox"/> Tracheostomy<br><input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal O <sub>2</sub> saturation<br><input type="checkbox"/> Patient ABG levels will return to and remain within normal limits<br><input type="checkbox"/> No other respiratory abnormalities<br><input type="checkbox"/> Patient respiratory rate will remain within established limits<br><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<br><input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order<br><input type="checkbox"/> Utilise pulse oximetry to check O <sub>2</sub> saturation and pulse rate<br><input type="checkbox"/> If any O <sub>2</sub> abnormalities detected inform immediately to the concerned physician<br><input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern<br><input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis<br><input type="checkbox"/> Note for changes in level of consciousness<br><input type="checkbox"/> Send sputum for culture and sensitivity based on physician order<br><input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | M → Pten FM<br>4Ltr / O <sub>2</sub> on flow<br>E Patient SpO <sub>2</sub> maintained<br>N → Pten SpO <sub>2</sub> - 99% | [Signature]<br>[Signature]<br>[Signature] |
| <b>FLUID &amp; ELECTROLYTES</b><br><input checked="" type="checkbox"/> Oral<br><input type="checkbox"/> Intravenous<br><input type="checkbox"/> Enteral Nutrition<br><input type="checkbox"/> Parenteral Nutrition<br><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<br><input type="checkbox"/> Check IV sites and assess if there is any complication<br><input type="checkbox"/> Provide tube feedings<br><input type="checkbox"/> Monitor intake and output<br><input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses<br><input type="checkbox"/> Monitor for possible sources of fluid loss<br><input type="checkbox"/> Monitor BP for orthostatic changes  | M → Pten I/O chart maintained<br>E Patient I/O maintained<br>N → Pten I/O chart maintained                               | [Signature]<br>[Signature]<br>[Signature] |


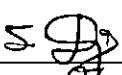
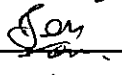






| Patient Specific Problems / Needs  | Measurable Goals   | Nursing Interventions  | Evaluation   | Sign & Initials   |
|--|--|--|--|---|
| <b>MOBILITY</b><br><input type="checkbox"/> Mobile / Immobile<br><input type="checkbox"/> Walk with assistance<br><input type="checkbox"/> Physiotherapy<br><input type="checkbox"/> Others:   | <input type="checkbox"/> Patient will mobilize freely<br><input type="checkbox"/> Patient will perform physical activity independently or within limits of disease<br><input type="checkbox"/> Patient will use safety measures to minimize potential for injury<br><input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input type="checkbox"/> Encourage regular ambulation ROM exercise<br><input type="checkbox"/> Apply Anti-Embotic stocking / SCD<br><input type="checkbox"/> Evaluate the need for assistive devices<br><input type="checkbox"/> Assess the safety of the environment<br><input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse)<br><input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)   | M <i>spoon bed rest</i><br>E <i>patient was bed mobilized.</i><br>N <i>spoon was bed mobilized.</i>                        | <i>SA</i><br><i>om</i><br><i>Rish 2352</i><br><i>SA</i> |
| <b>ELIMINATION</b><br><input type="checkbox"/> Catheter, bedpan, urinal<br><input type="checkbox"/> Nasogastric tube<br><input type="checkbox"/> Bowel movement<br><input type="checkbox"/> Urination<br><input type="checkbox"/> Others:  | <input type="checkbox"/> Patient will have normal elimination pattern<br><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<br><input type="checkbox"/> Encourage fibre diet intake<br><input type="checkbox"/> Encourage early ambulation<br><input type="checkbox"/> Report any abnormalities to physician<br><input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter<br><input type="checkbox"/> Check placement before feeding<br><input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol<br><input type="checkbox"/> Check for malena / constipation / urinary retention  | M <i>spoon (N) self voiding.</i><br>E <i>patient elimination pattern was (N)</i><br>N <i>spoon (N) elimination pattern</i> | <i>SA</i><br><i>Rish 2352</i><br><i>SA</i>              |
| <b>SKIN INTEGRITY</b><br><input type="checkbox"/> Maintain normal skin integrity<br><input type="checkbox"/> Pressure points site assessment<br><input type="checkbox"/> HAPI <input type="checkbox"/> OPI<br><br><b>GRADES OF PRESSURE INJURY</b><br><input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2<br><input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4<br><input type="checkbox"/> Unstageable<br><input type="checkbox"/> Deep Tissue Injury<br><input type="checkbox"/> Healing Status<br><input type="checkbox"/> PUSH Decreased<br><input type="checkbox"/> PUSH Increased<br><input type="checkbox"/> Intermittent Assisted<br><input type="checkbox"/> Dermatitis<br><input type="checkbox"/> Pressure injury / blisters site care given<br><input type="checkbox"/> Others: | <input type="checkbox"/> Patient will maintain normal healing status<br><input type="checkbox"/> Patient will discharge with intact skin integrity   | <input type="checkbox"/> Minimize / Eliminate friction and shear<br><input type="checkbox"/> Minimize pressure (off-loading) with special beds<br><input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices<br><input type="checkbox"/> Early skin inspection and treatment<br><input type="checkbox"/> Keep position changing 2 hourly and manage pain<br><input type="checkbox"/> Manage moisture, clean and dry skin<br><input type="checkbox"/> Maintain adequate nutrition and hydration<br><input type="checkbox"/> Proper application of medications and dressing<br><input type="checkbox"/> Follow doctors and TVN order properly<br><input type="checkbox"/> Monitor the healing status<br><input type="checkbox"/> Educate patient and family members about further skin care | M <i>spoon (N) skin integrity</i><br>E <i>patient skin integrity (N)</i><br>N <i>spoon (N) skin integrity</i>              | <i>SA</i><br><i>Rish 2352</i><br><i>SA</i>              |

| Patient Specific Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation   | Sign & Initials                           |
|---|---|--|--|---|
| <b>HYGIENE</b><br><input type="checkbox"/> Bed Bath<br><input type="checkbox"/> Assist-Bath<br><input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present)<br><input type="checkbox"/> Others:  | <input checked="" type="checkbox"/> Patient will stay clean and well-groomed<br><input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs<br><input type="checkbox"/> Patient will recognize individual weakness or needs | <input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene<br><input type="checkbox"/> Change patient's gown daily<br><input type="checkbox"/> Encourage hand hygiene<br><input type="checkbox"/> Consider the patient's need for assistive devices<br><input type="checkbox"/> Apply moisturizing solution   | M <i>Sp on bath clean &amp; well groomed</i><br>E <i>Patient stay cleaned.</i><br>N <i>Sp on bath clean &amp; well groomed</i> | <i>AS</i><br><i>MSH 2354</i><br><i>OR</i> |
| <b>SAFETY</b><br><input type="checkbox"/> Check ID Band<br><input type="checkbox"/> IV care <input type="checkbox"/> EJV<br><input type="checkbox"/> CENTRAL LINE<br><input type="checkbox"/> Side rails<br><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<br><input type="checkbox"/> Raise side rails<br><input type="checkbox"/> Provide proper invasive line care<br><input type="checkbox"/> Keep bed locked and low at all time<br><input type="checkbox"/> Educate care providers to be the patient<br><input type="checkbox"/> Follow restrain policy (if needed)   | M <i>Sp on check ID band</i><br>E <i>Patient ID band checked.</i><br>N <i>Sp on ID band</i>                                    | <i>AS</i><br><i>MSH 2354</i><br><i>OR</i> |
| <b>COMFORT AND SLEEP</b><br><input type="checkbox"/> Pain Control<br><input type="checkbox"/> Sleep Patterns<br><input type="checkbox"/> Others:  | <input type="checkbox"/> Patient will have comfortable sleep<br><input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep  | <input type="checkbox"/> Provide clean calm and restful environment<br><input type="checkbox"/> Provide privacy at all time<br><input type="checkbox"/> Monitor pain scale / sleep pattern<br><input type="checkbox"/> Provide pharmacological and non-pharmacological therapy   | M —<br>E —<br>N —  |   |
| <b>OBSERVATION</b><br><input checked="" type="checkbox"/> Vital Signs<br><input type="checkbox"/> GCS<br><input type="checkbox"/> Blood Sugar<br><input type="checkbox"/> Others:   | <input checked="" type="checkbox"/> Patient will have normal range of vital parameters  | <input checked="" type="checkbox"/> Monitor vital signs regularly<br><input type="checkbox"/> Monitor vital signs on ordered time<br><input type="checkbox"/> Assess physically for any abnormality<br><input type="checkbox"/> Inform doctor if there is any abnormality<br><input type="checkbox"/> Monitor GCS of patient<br><input type="checkbox"/> Determine and treat the underlying cause of altered LOC<br><input type="checkbox"/> Regular blood sugar monitoring as per doctors order | M <i>Sp on V/S checked &amp; recorded</i><br>E <i>Patient vitals stable.</i><br>N <i>Sp on V/S checked &amp; recorded</i>      | <i>AS</i><br><i>MSH 2354</i><br><i>OR</i> |
| <b>PSYCHOLOGICAL / SPIRITUAL SUPPORT</b><br><input type="checkbox"/> Spiritual Needs<br><input type="checkbox"/> Beliefs / Values / Customs<br><input type="checkbox"/> Anxiety and Coping Pattern<br><input type="checkbox"/> Identify Stressors<br><input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs<br><input type="checkbox"/> Patient will be able to control his feeling toward his illness<br><input type="checkbox"/> Patient will maintain normal psychological pattern                     | <input type="checkbox"/> Pray or encourage the patient to pray<br><input type="checkbox"/> Use inspirational words<br><input type="checkbox"/> Respond to spiritual needs as they arise<br><input type="checkbox"/> Evaluate spiritual needs<br><input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch<br><input type="checkbox"/> Provide empathy and reassurance   | M —<br>E —<br>N —  |   |

| Patient Specific Problems / Needs  |              | Measurable Goals  | Nursing Interventions  | Evaluation   | Sign & Initials   |
|--|--------------|---|--|--|---|
| <b>COMMUNICATION</b><br><input type="checkbox"/> Verbal<br><input type="checkbox"/> Non-verbal<br><input type="checkbox"/> Sign language<br><input type="checkbox"/> Others:   |              | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input type="checkbox"/> Introduce the care giver<br><input type="checkbox"/> Encourage the use of call bell<br><input type="checkbox"/> Obtain interpreter if needed<br><input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence  | M <i>often good communication</i><br>E <i>Maintained good rapport.</i><br>N <i>often good communication</i>                | <i>[Signature]</i><br><i>noh 2/2/24</i><br><i>[Signature]</i> |
| <b>SPECIAL INTERVENTIONS</b><br><input type="checkbox"/> Medication<br><input type="checkbox"/> Wound care<br><input type="checkbox"/> Isolation<br><input type="checkbox"/> Ostomy Care<br><input type="checkbox"/> Blood / Blood products transfusion<br><input type="checkbox"/> Fluid tapping<br><input type="checkbox"/> DVT Management<br><input type="checkbox"/> Others: |              | <input checked="" type="checkbox"/> To manage on time   | <input type="checkbox"/> Double check for high alert medication<br><input type="checkbox"/> Observe and report any medication reaction<br><input type="checkbox"/> Provide proper measures of wound care<br><input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family<br><input type="checkbox"/> Check for cross matching and typing, to ensure compatibility<br><input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids<br><input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order | M <i>Medication given as per chart</i><br>E <i>patient medication given</i><br>N <i>Medication given as per drug chart</i> | <i>[Signature]</i><br><i>noh 2/3/24</i><br><i>[Signature]</i> |
| Endorsed by  | Signature    | Name  | Emp. ID  | Date   | Time  |
|  | <i>Jay L</i> | <i>JAYADEVI. I</i>  | <i>0002</i>  | <i>7/1/24</i>  | <i>9.00</i>   |

# ADULT NURSING CARE PLAN

Pt: **Mr. MOHAMED FEROZ**  
N: 50 / Male / MHI202481643  
U: 05/01/2024 / IPH2024000044  
Di: Dr. G. GNANAVELU  
C: 

| Initial Date: 7/1/24 Time: 8.00  |   | Modified Date: Time:  |  |   |
|--|---|---|--|---|
| Reason for Modification:   |   | Diagnosis: AEB - AW - HFN / T2DM / S4A7N.   |  |   |
| Patient Specific Problems / Needs  | Measurable Goals  | Nursing Interventions   | Evaluation   | Sign & Initials   |
| <b>NUTRITION</b><br><input type="checkbox"/> Keep NPO<br><input checked="" type="checkbox"/> Regular Diet<br><input type="checkbox"/> Others:  | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting<br><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<br><input type="checkbox"/> Encourage patient to consume the served meal<br><input type="checkbox"/> Record amount of food consumed  | M Pt had DM diet<br>E Pt had DM Diet<br>N Pt had DM Diet.              | <br><br>       |
| <b>OXYGENATION</b><br><input type="checkbox"/> Room Air<br><input type="checkbox"/> Nasal Cannula / High Flow O <sub>2</sub><br><input type="checkbox"/> Mask<br><input type="checkbox"/> BiPAP / CPAP<br><input type="checkbox"/> Ventilator<br><input type="checkbox"/> Tracheostomy<br><input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal O <sub>2</sub> saturation<br><input type="checkbox"/> Patient ABG levels will return to and remain within normal limits<br><input type="checkbox"/> No other respiratory abnormalities<br><input type="checkbox"/> Patient respiratory rate will remain within established limits<br><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<br><input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order<br><input type="checkbox"/> Utilise pulse oximetry to check O <sub>2</sub> saturation and pulse rate<br><input type="checkbox"/> If any O <sub>2</sub> abnormalities detected inform immediately to the concerned physician<br><input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern<br><input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis<br><input type="checkbox"/> Note for changes in level of consciousness<br><input type="checkbox"/> Send sputum for culture and sensitivity based on physician order<br><input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | M Pt on Room Air<br>E Pt on Room air<br>N Pt on Room air               | <br><br>    |
| <b>FLUID &amp; ELECTROLYTES</b><br><input type="checkbox"/> Oral<br><input type="checkbox"/> Intravenous<br><input type="checkbox"/> Enteral Nutrition<br><input type="checkbox"/> Parenteral Nutrition<br><input type="checkbox"/> Others:  | <input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance   | <input type="checkbox"/> Enhance fluid intake unless restricted<br><input type="checkbox"/> Check IV sites and assess if there is any complication<br><input type="checkbox"/> Provide tube feedings<br><input type="checkbox"/> Monitor intake and output<br><input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses<br><input type="checkbox"/> Monitor for possible sources of fluid loss<br><input type="checkbox"/> Monitor BP for orthostatic changes  | M Pt oral intake<br>E Pt I/O chart monitored<br>N Pt I/O chart monitor | <br><br> |

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

| Patient Specific Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation  | Sign & Initials                    |
|---|---|--|---|------------------------------------|
| <b>HYGIENE</b><br><input type="checkbox"/> Bed-Bath<br><input type="checkbox"/> Assist-Bath<br><input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present)<br><input type="checkbox"/> Others:   | <input checked="" type="checkbox"/> Patient will stay clean and well-groomed<br><input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs<br><input type="checkbox"/> Patient will recognize individual weakness or needs | <input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene<br><input type="checkbox"/> Change patient's gown daily<br><input type="checkbox"/> Encourage hand hygiene<br><input type="checkbox"/> Consider the patient's need for assistive devices<br><input type="checkbox"/> Apply moisturizing solution   | M Pt will stay clean<br>E Pt good hygiene maintained<br>N Pt groomed well | [Signature]<br>S.D.<br>[Signature] |
| <b>SAFETY</b><br><input type="checkbox"/> Check ID Band<br><input type="checkbox"/> IV care <input type="checkbox"/> EJV<br><input type="checkbox"/> CENTRAL LINE<br><input type="checkbox"/> Side rails<br><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<br><input type="checkbox"/> Raise side rails<br><input type="checkbox"/> Provide proper invasive line care<br><input type="checkbox"/> Keep bed locked and low at all time<br><input type="checkbox"/> Educate care providers to be the patient<br><input type="checkbox"/> Follow restrain policy (if needed)   | M ID band checked<br>E Pt ID Band checked<br>N Pt ID band checked         | [Signature]<br>S.D.<br>[Signature] |
| <b>COMFORT AND SLEEP</b><br><input type="checkbox"/> Pain Control<br><input type="checkbox"/> Sleep Patterns<br><input type="checkbox"/> Others:  | <input type="checkbox"/> Patient will have comfortable sleep<br><input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep  | <input type="checkbox"/> Provide clean calm and restful environment<br><input type="checkbox"/> Provide privacy at all time<br><input type="checkbox"/> Monitor pain scale / sleep pattern<br><input type="checkbox"/> Provide pharmacological and non-pharmacological therapy   | M Pain Control<br>E —<br>N —  | [Signature]<br><br>                |
| <b>OBSERVATION</b><br><input checked="" type="checkbox"/> Vital Signs<br><input type="checkbox"/> GCS<br><input type="checkbox"/> Blood Sugar<br><input type="checkbox"/> Others:   | <input checked="" type="checkbox"/> Patient will have normal range of vital parameters  | <input checked="" type="checkbox"/> Monitor vital signs regularly<br><input type="checkbox"/> Monitor vital signs on ordered time<br><input type="checkbox"/> Assess physically for any abnormality<br><input type="checkbox"/> Inform doctor if there is any abnormality<br><input type="checkbox"/> Monitor GCS of patient<br><input type="checkbox"/> Determine and treat the underlying cause of altered LOC<br><input type="checkbox"/> Regular blood sugar monitoring as per doctors order | M monitor vitals<br>E Pt V/s checked & Recorded<br>N Monitor vitals       | [Signature]<br>S.D.<br>[Signature] |
| <b>PSYCHOLOGICAL / SPIRITUAL SUPPORT</b><br><input type="checkbox"/> Spiritual Needs<br><input type="checkbox"/> Beliefs / Values / Customs<br><input type="checkbox"/> Anxiety and Coping Pattern<br><input type="checkbox"/> Identify Stressors<br><input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs<br><input type="checkbox"/> Patient will be able to control his feeling toward his illness<br><input type="checkbox"/> Patient will maintain normal psychological pattern                     | <input type="checkbox"/> Pray or encourage the patient to pray<br><input type="checkbox"/> Use inspirational words<br><input type="checkbox"/> Respond to spiritual needs as they arise<br><input type="checkbox"/> Evaluate spiritual needs<br><input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch<br><input type="checkbox"/> Provide empathy and reassurance   | M Psychological Support given<br>E —<br>N Psychological support given     | [Signature]<br><br>[Signature]     |

| Patient Specific Problems / Needs  |           | Measurable Goals   | Nursing Interventions  | Evaluation  | Sign & Initials                            |
|--|-----------|--|--|---|--|
| <b>COMMUNICATION</b><br><input type="checkbox"/> Verbal<br><input type="checkbox"/> Non-verbal<br><input type="checkbox"/> Sign language<br><input type="checkbox"/> Others:   |           | <input type="checkbox"/> Patient will communicate effectively with positive feedback | <input type="checkbox"/> Introduce the care giver<br><input type="checkbox"/> Encourage the use of call bell<br><input type="checkbox"/> Obtain interpreter if needed<br><input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence  | M Pt good Communication<br>E Pt communication well<br>N   | SA<br>S. D.<br>02/4/24                     |
| <b>SPECIAL INTERVENTIONS</b><br><input type="checkbox"/> Medication<br><input type="checkbox"/> Wound care<br><input type="checkbox"/> Isolation<br><input type="checkbox"/> Ostomy Care<br><input type="checkbox"/> Blood / Blood products transfusion<br><input type="checkbox"/> Fluid tapping<br><input type="checkbox"/> DVT Management<br><input type="checkbox"/> Others: |           | <input checked="" type="checkbox"/> To manage on time                                | <input type="checkbox"/> Double check for high alert medication<br><input type="checkbox"/> Observe and report any medication reaction<br><input type="checkbox"/> Provide proper measures of wound care<br><input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family<br><input type="checkbox"/> Check for cross matching and typing, to ensure compatibility<br><input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids<br><input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order | M medication as per dr Chart.<br>E Pt Due medication given<br>N medication given after drug chart | SA<br>on.<br>S. D.<br>02/4/24<br>SA<br>on. |
| Endorsed by  | Signature | Name   | Emp. ID  | Date  | Time                                       |
|  | Nae       | S. Malini  | 0024   | 7/1/24  | 10:00                                      |



## ADULT NURSING CARE PLAN

Mr. MOHAMED FERAZ

50/Male/MHI202481643

05/01/2024/IPH2024000044

Dr. G. GNANAVELU



MHI/NUR/2022/044



Every heart beat counts

| Initial Date: 8/1/24 Time: 7:00  |   | Modified Date: Time:   |                               |
|--|---|--|-------------------------------|
| Reason for Modification:   |   | Diagnosis: ACS - NSTEMI  |                               |
| Patient Specific Problems / Needs  | Measurable Goals  | Nursing Interventions  | Evaluation                    |
| <b>NUTRITION</b><br><input type="checkbox"/> Keep NPO<br><input checked="" type="checkbox"/> Regular Diet<br><input type="checkbox"/> Others:  | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting<br><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<br><input type="checkbox"/> Encourage patient to consume the served meal<br><input type="checkbox"/> Record amount of food consumed  | M Pt had DM diet<br>E<br>N    |
| <b>OXYGENATION</b><br><input type="checkbox"/> Room Air<br><input type="checkbox"/> Nasal Cannula / High Flow O <sub>2</sub><br><input type="checkbox"/> Mask<br><input type="checkbox"/> BiPAP / CPAP<br><input type="checkbox"/> Ventilator<br><input type="checkbox"/> Tracheostomy<br><input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal O <sub>2</sub> saturation<br><input type="checkbox"/> Patient ABG levels will return to and remain within normal limits<br><input type="checkbox"/> No other respiratory abnormalities<br><input type="checkbox"/> Patient respiratory rate will remain within established limits<br><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<br><input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order<br><input type="checkbox"/> Utilise pulse oximetry to check O <sub>2</sub> saturation and pulse rate<br><input type="checkbox"/> If any O <sub>2</sub> abnormalities detected inform immediately to the concerned physician<br><input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern<br><input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis<br><input type="checkbox"/> Note for changes in level of consciousness<br><input type="checkbox"/> Send sputum for culture and sensitivity based on physician order<br><input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | M Pt is on room air<br>E<br>N |
| <b>FLUID &amp; ELECTROLYTES</b><br><input checked="" type="checkbox"/> Oral<br><input type="checkbox"/> Intravenous<br><input type="checkbox"/> Enteral Nutrition<br><input type="checkbox"/> Parenteral Nutrition<br><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<br><input type="checkbox"/> Check IV sites and assess if there is any complication<br><input type="checkbox"/> Provide tube feedings<br><input type="checkbox"/> Monitor intake and output<br><input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses<br><input type="checkbox"/> Monitor for possible sources of fluid loss<br><input type="checkbox"/> Monitor BP for orthostatic changes  | M 10 chaf monitored<br>E<br>N |

MD  
02/25

MD  
02/25

MD  
02/25

| Patient Specific Problems / Needs   | Measurable Goals  | Nursing Interventions   | Evaluation                                 | Sign & Initials |
|---|---|---|--|-----------------|
| <b>MOBILITY</b><br><input type="checkbox"/> Mobile / Immobile<br><input type="checkbox"/> Walk with assistance<br><input type="checkbox"/> Physiotherapy<br><input type="checkbox"/> Others:  | <input checked="" type="checkbox"/> Patient will mobilize freely<br><input type="checkbox"/> Patient will perform physical activity independently or within limits of disease<br><input type="checkbox"/> Patient will use safety measures to minimize potential for injury<br><input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise<br><input type="checkbox"/> Apply Anti-Embolism stocking / SCD<br><input type="checkbox"/> Evaluate the need for assistive devices<br><input type="checkbox"/> Assess the safety of the environment<br><input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse)<br><input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)  | M PE good mobilized<br>E<br>N              | MD<br>02/25     |
| <b>ELIMINATION</b><br><input checked="" type="checkbox"/> Catheter, bedpan, urinal<br><input type="checkbox"/> Nasogastric tube<br><input type="checkbox"/> Bowel movement<br><input type="checkbox"/> Urination<br><input type="checkbox"/> Others:  | <input checked="" type="checkbox"/> Patient will have normal elimination pattern<br><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<br><input type="checkbox"/> Encourage fibre diet intake<br><input type="checkbox"/> Encourage early ambulation<br><input type="checkbox"/> Report any abnormalities to physician<br><input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter<br><input type="checkbox"/> Check placement before feeding<br><input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol<br><input type="checkbox"/> Check for malena / constipation / urinary retention   | M Normal Elimination Pattern<br>E<br>N     | MD<br>02/25     |
| <b>SKIN INTEGRITY</b><br><input checked="" type="checkbox"/> Maintain normal skin integrity<br><input type="checkbox"/> Pressure points site assessment<br><input type="checkbox"/> HAPI <input type="checkbox"/> OPI<br><br><b>GRADES OF PRESSURE INJURY</b><br><input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2<br><input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4<br><input type="checkbox"/> Unstageable<br><input type="checkbox"/> Deep Tissue Injury<br><input type="checkbox"/> Healing Status<br><input type="checkbox"/> PUSH Decreased<br><input type="checkbox"/> PUSH Increased<br><input type="checkbox"/> Intermittent Assisted<br><input type="checkbox"/> Dermatitis<br><input type="checkbox"/> Pressure injury / blisters site care given<br><input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will maintain normal healing status<br><input type="checkbox"/> Patient will discharge with intact skin integrity   | <input checked="" type="checkbox"/> Minimize / Eliminate friction and shear<br><input type="checkbox"/> Minimize pressure (off-loading) with special beds<br><input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices<br><input type="checkbox"/> Early skin inspection and treatment<br><input type="checkbox"/> Keep position changing 2 hourly and manage pain<br><input type="checkbox"/> Manage moisture, clean and dry skin<br><input type="checkbox"/> Maintain adequate nutrition and hydration<br><input type="checkbox"/> Proper application of medications and dressing<br><input type="checkbox"/> Follow doctors and TVN order properly<br><input type="checkbox"/> Monitor the healing status<br><input type="checkbox"/> Educate patient and family members about further skin care | Maintain normal skin intact<br>M<br>E<br>N | MD<br>02/25     |

| Patient Specific Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation                                 | Sign & Initials      |
|---|---|--|--|----------------------|
| <b>HYGIENE</b><br><input checked="" type="checkbox"/> Bed-Bath<br><input checked="" type="checkbox"/> Assist-Bath<br><input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present)<br><input type="checkbox"/> Others:  | <input checked="" type="checkbox"/> Patient will stay clean and well-groomed<br><input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs<br><input type="checkbox"/> Patient will recognize individual weakness or needs | <input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene<br><input type="checkbox"/> Change patient's gown daily<br><input type="checkbox"/> Encourage hand hygiene<br><input type="checkbox"/> Consider the patient's need for assistive devices<br><input type="checkbox"/> Apply moisturizing solution  | M pt good hygiene<br>E<br>N                | [Signature]<br>07/25 |
| <b>SAFETY</b><br><input checked="" type="checkbox"/> Check ID Band<br><input type="checkbox"/> IV care <input type="checkbox"/> EJV<br><input type="checkbox"/> CENTRAL LINE<br><input type="checkbox"/> Side rails<br><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<br><input type="checkbox"/> Raise side rails<br><input type="checkbox"/> Provide proper invasive line care<br><input type="checkbox"/> Keep bed locked and low at all time<br><input type="checkbox"/> Educate care providers to be the patient<br><input type="checkbox"/> Follow restrain policy (if needed)   | M ID Band Present<br>E<br>N                | [Signature]<br>07/25 |
| <b>COMFORT AND SLEEP</b><br><input type="checkbox"/> Pain Control<br><input type="checkbox"/> Sleep Patterns<br><input type="checkbox"/> Others:  | <input type="checkbox"/> Patient will have comfortable sleep<br><input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep  | <input type="checkbox"/> Provide clean calm and restful environment<br><input type="checkbox"/> Provide privacy at all time<br><input type="checkbox"/> Monitor pain scale / sleep pattern<br><input type="checkbox"/> Provide pharmacological and non-pharmacological therapy   | M<br>E<br>N                                |                      |
| <b>OBSERVATION</b><br><input checked="" type="checkbox"/> Vital Signs<br><input checked="" type="checkbox"/> GCS<br><input type="checkbox"/> Blood Sugar<br><input type="checkbox"/> Others:  | <input checked="" type="checkbox"/> Patient will have normal range of vital parameters  | <input checked="" type="checkbox"/> Monitor vital signs regularly<br><input type="checkbox"/> Monitor vital signs on ordered time<br><input type="checkbox"/> Assess physically for any abnormality<br><input type="checkbox"/> Inform doctor if there is any abnormality<br><input type="checkbox"/> Monitor GCS of patient<br><input type="checkbox"/> Determine and treat the underlying cause of altered LOC<br><input type="checkbox"/> Regular blood sugar monitoring as per doctors order | M vital signs checked & recorded<br>E<br>N | [Signature]<br>07/25 |
| <b>PSYCHOLOGICAL / SPIRITUAL SUPPORT</b><br><input type="checkbox"/> Spiritual Needs<br><input type="checkbox"/> Beliefs / Values / Customs<br><input type="checkbox"/> Anxiety and Coping Pattern<br><input type="checkbox"/> Identify Stressors<br><input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs<br><input type="checkbox"/> Patient will be able to control his feeling toward his illness<br><input type="checkbox"/> Patient will maintain normal psychological pattern                     | <input type="checkbox"/> Pray or encourage the patient to pray<br><input type="checkbox"/> Use inspirational words<br><input type="checkbox"/> Respond to spiritual needs as they arise<br><input type="checkbox"/> Evaluate spiritual needs<br><input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch<br><input type="checkbox"/> Provide empathy and reassurance   | M<br>E<br>N                                |                      |

| Patient Specific Problems / Needs   |           | Measurable Goals  | Nursing Interventions   | Evaluation  | Sign & Initials |
|---|-----------|---|---|---|-----------------|
| <b>COMMUNICATION</b><br><input type="checkbox"/> Verbal<br><input type="checkbox"/> Non-verbal<br><input type="checkbox"/> Sign language<br><input type="checkbox"/> Others:  |           | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input checked="" type="checkbox"/> Introduce the care giver<br><input type="checkbox"/> Encourage the use of call bell<br><input type="checkbox"/> Obtain interpreter if needed<br><input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence  | M PE good communication<br>E<br>N                 | HLD<br>6/25     |
| <b>SPECIAL INTERVENTIONS</b><br><input checked="" type="checkbox"/> Medication<br><input type="checkbox"/> Wound care<br><input type="checkbox"/> Isolation<br><input type="checkbox"/> Ostomy Care<br><input type="checkbox"/> Blood / Blood products transfusion<br><input type="checkbox"/> Fluid tapping<br><input type="checkbox"/> DVT Management<br><input type="checkbox"/> Others: |           | <input checked="" type="checkbox"/> To manage on time   | <input checked="" type="checkbox"/> Double check for high alert medication<br><input type="checkbox"/> Observe and report any medication reaction<br><input type="checkbox"/> Provide proper measures of wound care<br><input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family<br><input type="checkbox"/> Check for cross matching and typing, to ensure compatibility<br><input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids<br><input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order | M Medication given as per as dr's order<br>E<br>N | HLD<br>6/25     |
| Endorsed by   | Signature | Name  | Emp. ID   | Date  | Time            |
|   | Neal      | S. Maline   | 0024  | 8/1/09  | 10:01           |

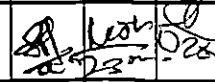
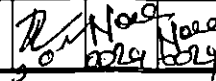


## BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

|   |   |  |   |  |   |  |     |
|---|---|--|---|--|---|--|-----|
| <b>SENSORY PERCEPTION</b><br>ability to respond meaningfully to pressure-related discomfort | <b>1. Completely Limited</b><br>Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation <b>OR</b> limited ability to feel pain over most of body  | <b>2. Very Limited</b><br>Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness <b>OR</b> has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body  | <b>3. Slightly Limited</b><br>Responds to verbal commands, but cannot always communicate discomfort or the need to be turned <b>OR</b> had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities  | <b>4. No Impairment</b><br>Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort   |   |  | 4   |
| <b>MOISTURE</b><br>degree to which skin is exposed to moisture                              | <b>1. Constantly Moist</b><br>Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned   | <b>2. Very Moist</b><br>Skin is often, but not always moist. Linen must be changed at least once a shift   | <b>3. Occasionally Moist</b><br>Skin is occasionally moist, requiring an extra linen change approximately once a day  | <b>4. Rarely Moist</b><br>Skin is usually dry, linen only requires changing at routine intervals   |   |  | 3   |
| <b>ACTIVITY</b><br>degree of physical activity  | <b>1. Bedfast</b><br>Confined to bed  | <b>2. Chairfast</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair   | <b>3. Walks Occasionally</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair  | <b>4. Walks Frequently</b><br>Walks outside room at least twice a day and inside room at least once every two hours during waking hours  |   |  | 3   |
| <b>MOBILITY</b><br>ability to change and control body position                              | <b>1. Completely Immobile</b><br>Does not make even slight changes in body or extremity position without assistance   | <b>2. Very Limited</b><br>Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently   | <b>3. Slight Limited</b><br>Makes frequent through slight changes in body or extremity position independently   | <b>4. No Limitation</b><br>Makes major and frequent changes in position without assistance   |   |  | 2   |
| <b>NUTRITION</b><br>usual food intake pattern   | <b>1. Very Poor</b><br>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 <b>OR</b> is NPO and / or maintained on clear liquids or IV's for more than 5 days | <b>2. Probably Inadequate</b><br>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   | <b>3. Adequate</b><br>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 <b>OR</b> is on a tube feeding or TPN regimen which probably meets most of nutritional needs | <b>4. Excellent</b><br>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   |
| <b>FRICTION &amp; SHEAR</b>   | <b>1. Problem</b><br>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 | <b>2. Potential Problem</b><br>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 | <b>3. No Apparent Problem</b><br>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   |
|   |   |  |   |  | <b>TOTAL SCORE</b>                                |  | 18  |
|   |   |  |   |  | <b>Initial &amp; Emp. No. of Staff Nurse:</b>     |  | Per |
|   |   |  |   |  | <b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b> |  | per |

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

|   |   |  |   |  |   |   |    |    |
|---|---|--|---|--|---|---|----|----|
| <b>SENSORY PERCEPTION</b><br>ability to respond meaningfully to pressure-related discomfort   | <b>1. Completely Limited</b><br>Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation <b>OR</b> limited ability to feel pain over most of body  | <b>2. Very Limited</b><br>Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness <b>OR</b> has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body  | <b>3. Slightly Limited</b><br>Responds to verbal commands, but cannot always communicate discomfort or the need to be turned <b>OR</b> had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities  | <b>4. No Impairment</b><br>Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort   | 4   | 4   | 4  |    |
| <b>MOISTURE</b><br>degree to which skin is exposed to moisture  | <b>1. Constantly Moist</b><br>Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned   | <b>2. Very Moist</b><br>Skin is often, but not always moist. Linen must be changed at least once a shift   | <b>3. Occasionally Moist</b><br>Skin is occasionally moist, requiring an extra linen change approximately once a day  | <b>4. Rarely Moist</b><br>Skin is usually dry, linen only requires changing at routine intervals   | 3   | 3   | 3  |    |
| <b>ACTIVITY</b><br>degree of physical activity  | <b>1. Bedfast</b><br>Confined to bed  | <b>2. Chairfast</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair   | <b>3. Walks Occasionally</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair  | <b>4. Walks Frequently</b><br>Walks outside room at least twice a day and inside room at least once every two hours during waking hours  | 3   | 3   | 3  |    |
| <b>MOBILITY</b><br>ability to change and control body position  | <b>1. Completely Immobile</b><br>Does not make even slight changes in body or extremity position without assistance   | <b>2. Very Limited</b><br>Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently   | <b>3. Slight Limited</b><br>Makes frequent through slight changes in body or extremity position independently   | <b>4. No Limitation</b><br>Makes major and frequent changes in position without assistance   | 2   | 2   | 2  |    |
| <b>NUTRITION</b><br>usual food intake pattern   | <b>1. Very Poor</b><br>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 <b>OR</b> is NPO and / or maintained on clear liquids or IV's for more than 5 days | <b>2. Probably Inadequate</b><br>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   | <b>3. Adequate</b><br>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 <b>OR</b> is on a tube feeding or TPN regimen which probably meets most of nutritional needs | <b>4. Excellent</b><br>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   | 3  |    |
| <b>FRICTION &amp; SHEAR</b>   | <b>1. Problem</b><br>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 | <b>2. Potential Problem</b><br>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 | <b>3. No Apparent Problem</b><br>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  |    |
| <p><b>Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6</b></p> |   |  |   |  | <b>TOTAL SCORE</b>                                | 18  | 18 | 19 |
|   |   |  |   |  | <b>Initial &amp; Emp. No. of Staff Nurse:</b>     | <br>23-02-24 |    |    |
|   |   |  |   |  | <b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b> | <br>23-02-24 |    |    |

## BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

|  |   |  |  |  |   |                       |    |    |
|--|---|--|--|--|---|-----------------------|----|----|
| <b>SENSORY PERCEPTION</b><br>ability to respond meaning-fully to pressure-related discomfort | <b>1. Completely Limited</b><br>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   | <b>2. Very Limited</b><br>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   | <b>3. Slightly Limited</b><br>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  | <b>4. No Impairment</b><br>Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort   | 4   | 4                     | 4  |    |
| <b>MOISTURE</b><br>degree to which skin is exposed to moisture                               | <b>1. Constantly Moist</b><br>Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned   | <b>2. Very Moist</b><br>Skin is often, but not always moist. Linen must be changed at least once a shift   | <b>3. Occasionally Moist</b><br>Skin is occasionally moist, requiring an extra linen change approximately once a day   | <b>4. Rarely Moist</b><br>Skin is usually dry, linen only requires changing at routine intervals   | 4   | 4                     | 4  |    |
| <b>ACTIVITY</b><br>degree of physical activity   | <b>1. Bedfast</b><br>Confined to bed  | <b>2. Chairfast</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair   | <b>3. Walks Occasionally</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair   | <b>4. Walks Frequently</b><br>Walks outside room at least twice a day and inside room at least once every two hours during waking hours  | 2   | 4                     | 4  |    |
| <b>MOBILITY</b><br>ability to change and control body position                               | <b>1. Completely Immobile</b><br>Does not make even slight changes in body or extremity position without assistance   | <b>2. Very Limited</b><br>Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently   | <b>3. Slight Limited</b><br>Makes frequent through slight changes in body or extremity position independently  | <b>4. No Limitation</b><br>Makes major and frequent changes in position without assistance   | 2   | 4                     | 4  |    |
| <b>NUTRITION</b><br>usual food intake pattern  | <b>1. Very Poor</b><br>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        | <b>2. Probably Inadequate</b><br>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   | <b>3. Adequate</b><br>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 | <b>4. Excellent</b><br>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   | 4                     | 4  |    |
| <b>FRICION &amp; SHEAR</b>   | <b>1. Problem</b><br>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 | <b>2. Potential Problem</b><br>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 | <b>3. No Apparent Problem</b><br>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  |    |
|  |   |  |  |  | <b>TOTAL SCORE</b>                                | 18                    | 23 | 23 |
|  |   |  |  |  | <b>Initial &amp; Emp. No. of Staff Nurse:</b>     | [Signature] 58256     |    |    |
|  |   |  |  |  | <b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b> | [Signature] 0020 0024 |    |    |

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: 8/1/24  
Time: 12/8/24

## BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

|   |   |  |   |  |   |     |  |
|---|---|--|---|--|---|-----|--|
| <b>SENSORY PERCEPTION</b><br>ability to respond meaningfully to pressure-related discomfort | <b>1. Completely Limited</b><br>Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation <b>OR</b> limited ability to feel pain over most of body  | <b>2. Very Limited</b><br>Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness <b>OR</b> has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body  | <b>3. Slightly Limited</b><br>Responds to verbal commands, but cannot always communicate discomfort or the need to be turned <b>OR</b> had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities  | <b>4. No Impairment</b><br>Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort   | 4   |     |  |
| <b>MOISTURE</b><br>degree to which skin is exposed to moisture                              | <b>1. Constantly Moist</b><br>Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned   | <b>2. Very Moist</b><br>Skin is often, but not always moist. Linen must be changed at least once a shift   | <b>3. Occasionally Moist</b><br>Skin is occasionally moist, requiring an extra linen change approximately once a day  | <b>4. Rarely Moist</b><br>Skin is usually dry, linen only requires changing at routine intervals   | 4   |     |  |
| <b>ACTIVITY</b><br>degree of physical activity  | <b>1. Bedfast</b><br>Confined to bed  | <b>2. Chairfast</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair   | <b>3. Walks Occasionally</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair  | <b>4. Walks Frequently</b><br>Walks outside room at least twice a day and inside room at least once every two hours during waking hours  | 4   |     |  |
| <b>MOBILITY</b><br>ability to change and control body position                              | <b>1. Completely Immobile</b><br>Does not make even slight changes in body or extremity position without assistance   | <b>2. Very Limited</b><br>Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently   | <b>3. Slight Limited</b><br>Makes frequent through slight changes in body or extremity position independently   | <b>4. No Limitation</b><br>Makes major and frequent changes in position without assistance   | 4   |     |  |
| <b>NUTRITION</b><br>usual food intake pattern   | <b>1. Very Poor</b><br>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 <b>OR</b> is NPO and / or maintained on clear liquids or IV's for more than 5 days | <b>2. Probably Inadequate</b><br>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   | <b>3. Adequate</b><br>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 <b>OR</b> is on a tube feeding or TPN regimen which probably meets most of nutritional needs | <b>4. Excellent</b><br>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   |     |  |
| <b>FRICTION &amp; SHEAR</b>   | <b>1. Problem</b><br>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 | <b>2. Potential Problem</b><br>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 | <b>3. No Apparent Problem</b><br>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   |     |  |
|   |   |  |   |  | <b>TOTAL SCORE</b>                                | 23  |  |
|   |   |  |   |  | <b>Initial &amp; Emp. No. of Staff Nurse:</b>     | MD  |  |
|   |   |  |   |  | <b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b> | 102 |  |

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

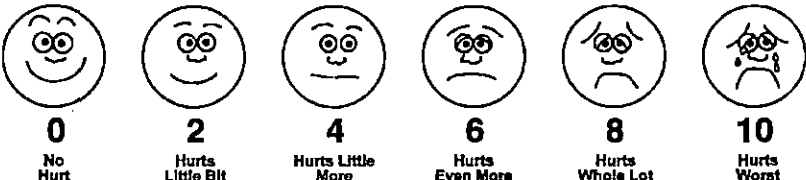
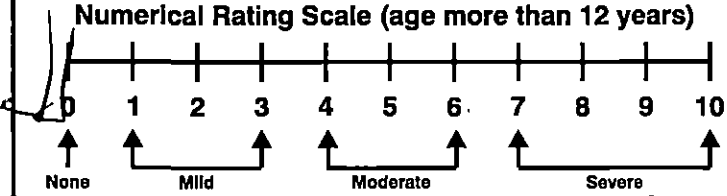


## PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time  | Pain Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions   | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|--------------|------------|---|----------|-----------------|---|--------------------------|---------------------------------|
| 6/1/24 22:45 | 0/10       | no pain   | —        | —               | —   | Dr. Jay                  | Dr. Jay                         |
| 23:30        | 0/10       | dull pain   | 3mins    | Rt site.        | Pharmacological Intervention as per asp                   | Dr. Jay                  | Dr. Jay                         |
| 23:35        | 0/10       | dull pain   | 3mins    | Rt site         | Pharmacological Intervention as per doctor's Prescription | Dr. Jay                  | Dr. Jay                         |
| 23:40        | 0/10       | no pain   | —        | —               | —   | Dr. Jay                  | Dr. Jay                         |
| 6/1/24 00:40 | 0/10       | no pain   | —        | —               | —   | Dr. Jay                  | Dr. Jay                         |
| 1:40         | 0/10       | No pain   | —        | —               | —   | Dr. Jay                  | Dr. Jay                         |
| 2:40         | 0/10       | No pain   | —        | —               | —   | Dr. Jay                  | Dr. Jay                         |
| 3:40         | 0/10       | No pain   | —        | —               | —   | Dr. Jay                  | Dr. Jay                         |
| 4:40         | 0/10       | No pain   | —        | —               | —   | Dr. Jay                  | Dr. Jay                         |





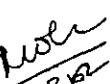
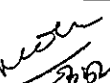
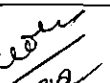
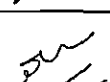
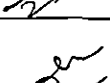
| Date & Time | Pain Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|-------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 5.40        | 0/10       | no pain   | —        | —               | —             | Poly                     | Jayson                          |
| 6.40        | 0/10       | no pain   | —        | —               | —             | Don                      | Jayson                          |
| 7.40        | 0/10       | no pain   | —        | —               | —             | Pa                       | Jayson                          |
| 8.40        | 0/10       | no pain   | —        | —               | —             | Poly                     | Jayson                          |

### PAIN SCALES

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

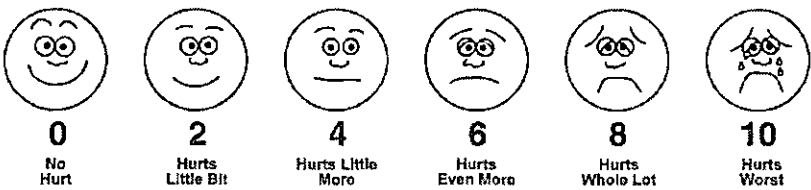
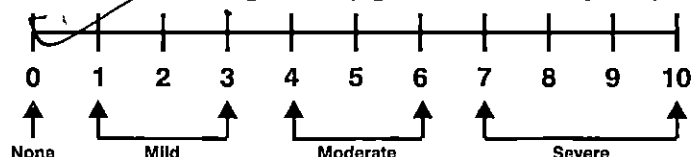


## PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time    | Pain Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No.  | Senior Staff Initial & Emp. No. |
|----------------|------------|---|----------|-----------------|---------------|---|---------------------------------|
| 6/1/24<br>9:40 | 0/10       | No pain   | -        | -               | -             |    | Jam<br>002                      |
| 10:40          | 0/10       | No pain   | -        | -               | -             |    | Jam<br>002                      |
| 11:40          | 0/10       | No pain   | -        | -               | -             |    | Jam<br>002                      |
| 12:40          | 0/10       | No pain   | -        | -               | -             |    | Jam<br>002                      |
| 13:40          | 0/10       | No pain   | -        | -               | -             |   | Jam<br>002                      |
| 14:40          | 0/10       | No pain   | -        | -               | -             |  | Jam<br>002                      |
| 15:40          | 0/10       | No pain   | -        | -               | -             |  | Jam<br>002                      |
| 16:40          | 0/10       | No pain   | -        | -               | -             |  | Jam<br>002                      |
| 17:40          | 0/10       | No pain   | -        | -               | -             |  | Jam<br>002                      |

| Date & Time | Pain Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No.   | Senior Staff Initial & Emp. No. |
|-------------|------------|---|----------|-----------------|---------------|----------------------------|---------------------------------|
| 18.40       | 0/10       | No pain   | —        | —               | —             | <i>[Signature]</i><br>2312 | <i>[Signature]</i><br>002       |
| 19.40       | 0/10       | No pain   | —        | —               | —             | <i>[Signature]</i><br>2312 | <i>[Signature]</i><br>002       |
| 20.40       | 0/10       | No pain   | —        | —               | —             | <i>[Signature]</i><br>2312 | <i>[Signature]</i><br>002       |
| 21.40       | 0/10       | No pain   | —        | —               | —             | <i>[Signature]</i><br>2312 | <i>[Signature]</i><br>002       |

### PAIN SCALES

|  |   |
|--|---|
| <b>PIPPS</b><br>(28 weeks to ≤ 38 weeks)                                     | 6 or less = Minimal to no pain<br>7 - 12 = Mild pain - Provide comfort measures<br>>12 = Moderate to severe pain - Pharmacological intervention   |
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| <b>Wong-Baker FACES Pain Rating Scale</b><br>(7 years - 12 years)            |  <div> <p><b>Numerical Rating Scale (age more than 12 years)</b></p>  </div>   |
| <b>Critical care Pain Observation Tool (CPOT)</b><br>(ventilator / comatose) | <b>FACIAL EXPRESSION:</b> 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing<br><b>BODY MOVEMENTS:</b> 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation<br><b>COMPLIANCE WITH VENTILATION (intubated patients):</b> 0 - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator (or)<br><b>VOCALIZATION (non-intubated patients):</b> 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing<br><b>MUSCLE TENSION:</b> 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid<br><b>TOTAL SCORE:</b> 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain |
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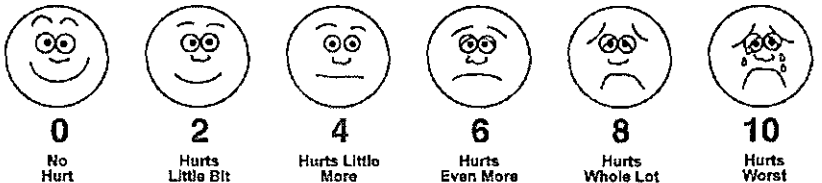
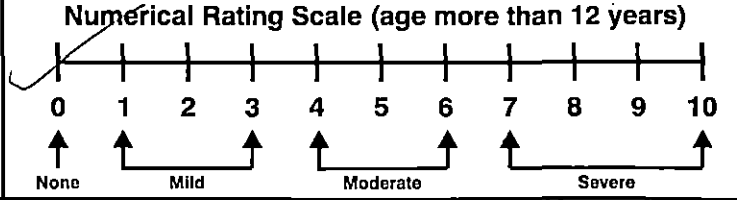
Pharmacological Interventions as per doctor's prescription

## PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time | Pain Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|-------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 22.40       | 0/10       | No pain   | -        | -               | -             | ore                      | far 002                         |
| 23.40       | 0/10       | No pain   | -        | -               | -             | ore                      | far 002                         |
| 24.40       | 0/10       | No pain   | -        | -               | -             | ore                      | far 002                         |
| 1.00        | 0/10       | No pain   | -        | -               | -             | ore                      | far 002                         |
| 2.00        | 0/10       | No pain   | -        | -               | -             | ore                      | far 002                         |
| 3.00        | 0/10       | No pain   | -        | -               | -             | ore                      | far 002                         |
| 4.00        | 0/10       | No pain   | -        | -               | -             | ore                      | far 002                         |
| 5.00        | 0/10       | No pain   | -        | -               | -             | ore                      | far 002                         |
| 6.00        | 0/10       | No pain   | -        | -               | -             | ore                      | far 002                         |

| Date & Time | Pain Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|-------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 7.00        | 0/10       | no pain   | —        | —               | —             | <i>[Signature]</i>       | <i>Jan 002</i>                  |
| 8.00        | 0/10       | No pain   | —        | —               | —             | <i>[Signature]</i>       | <i>Jan 002</i>                  |
| 9.00        | 0/10       | NO Pain   | —        | —               | —             | <i>[Signature]</i>       | <i>Jan 002</i>                  |
| 10.00       | 0/10       | No pain   | —        | —               | —             | <i>[Signature]</i>       | <i>Jan 002</i>                  |


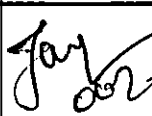
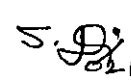

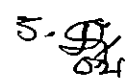
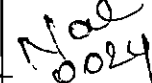

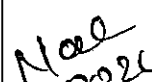
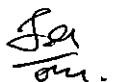

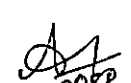
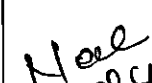




### PAIN SCALES

|  |   |
|--|---|
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Pharmacological Interventions as per doctor's prescription

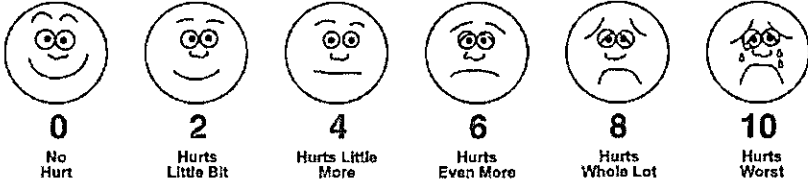
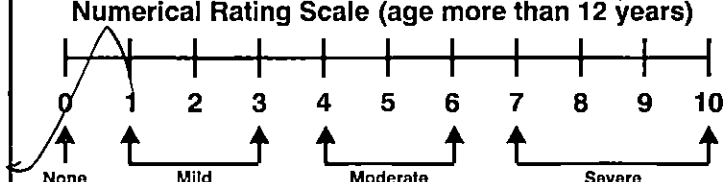


## PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time     | Pain Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No.  | Senior Staff Initial & Emp. No.   |
|-----------------|------------|---|----------|-----------------|---------------|---|---|
| 7/1/24<br>11.00 | 0/10       | No pain   | —        | —               | —             |        | Jay    |
| 15.00           | 0/10       | NO pain   | —        | —               | —             | S. G.  | Nal    |
| 19.00           | 0/10       | NO pain   | —        | —               | —             | S. G.  | Nal    |
| 20.00           | 0/10       | NO pain   | —        | —               | —             | Jay    | Nal    |
| 22.00           | 0/10       | NO pain   | —        | —               | —             | Jay   | Nal   |
| 8/1/24<br>2.00  | 0/10       | NO pain   | —        | —               | —             | A.   | Nal  |
| 6.00            | 0/10       | NO pain   | —        | —               | —             | A.   | Nal  |
| 10.00           | 0/10       | NO pain   | —        | —               | —             | M.   | Nal  |
|                 |            |   |          |                 |               |   |   |

| Date & Time | Pain Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|-------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
|             |            |   |          |                 |               |                          |                                 |
|             |            |   |          |                 |               |                          |                                 |
|             |            |   |          |                 |               |                          |                                 |
|             |            |   |          |                 |               |                          |                                 |

### PAIN SCALES

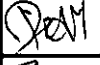


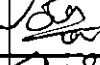
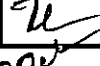


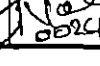
|  |   |  |  |  |  |   |
|--|---|--|--|--|--|---|
| <b>PIPPS</b><br>(28 weeks to $\leq$ 38 weeks)                                | 6 or less = Minimal to no pain<br>7 - 12 = Mild pain - Provide comfort measures<br>>12 = Moderate to severe pain - Pharmacological intervention   |  |  |  |  |   |
| <b>CRIES</b><br>(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.  |  |  |  |  |   |
| <b>FLACC Scale</b><br>(2 months - 7 years)                                   | 0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both   |  |  |  |  |   |
| <b>Wong-Baker FACES Pain Rating Scale</b><br>(7 years - 12 years)            |  <div> <p>0 No Hurt</p> <p>2 Hurts Little Bit</p> <p>4 Hurts Little More</p> <p>6 Hurts Even More</p> <p>8 Hurts Whole Lot</p> <p>10 Hurts Worst</p> </div>   |  |  |  |  | <b>Numerical Rating Scale (age more than 12 years)</b><br> |
| <b>Critical care Pain Observation Tool (CPOT)</b><br>(ventilator / comatose) | <b>FACIAL EXPRESSION:</b> 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing<br><b>BODY MOVEMENTS:</b> 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation<br><b>COMPLIANCE WITH VENTILATION (intubated patients):</b> 0 - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator (or)<br><b>VOCALIZATION (non-intubated patients):</b> 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing<br><b>MUSCLE TENSION:</b> 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid<br><b>TOTAL SCORE:</b> 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain |  |  |  |  |   |
| <b>Non-pharmacological Interventions</b>                                     | <b>Distraction:</b> A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers<br><b>Cutaneous Stimulation and massage:</b> E - Positioning; F - Rubbing / Massage the skin<br><b>Thermal Therapies (no longer than 15 to 20 minutes):</b> G - Cold application; H - Hot application; I - Shortwave diathermy<br><b>Transcutaneous electrical nerve stimulation (TENS):</b> J - Interferential therapy   <b>Psycho-social therapy/counselling:</b> 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  | 5/1/24   | 6/1/24  | 7/1/24  | 8/1/24  |   |   |   |
|---|---|---|--|---|---|---|---|---|---|
|   |   | Time  | 2.00   | 8.00  | 6.00  | 6.00  |   |   |   |
| S. No.  | PARAMETERS  |   |  |   |   |   |   |   |   |
| 1   | Active cancer (on-going treatment or diagnosed within 6 months or palliative care)  | 0   | 0  | 0   | 0   |   |   |   |   |
| 2   | Bedridden recently >3 days or major surgery within four weeks   | 0   | 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   | 0   |   |   |   |   |
| 4   | Collateral (nonvaricose) superficial veins present (Assess for both legs)   | 0   | 0  | 0   | 0   |   |   |   |   |
| 5   | Entire leg swollen (Assess for both legs)   | 0   | 0  | 0   | 0   |   |   |   |   |
| 6   | Localized tenderness along the deep venous system (Assess for both legs)  | 0   | 0  | 0   | 0   |   |   |   |   |
| 7   | Pitting edema, greater in the symptomatic leg (Assess for both legs)  | 0   | 0  | 0   | 0   |   |   |   |   |
| 8   | Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)  | 0   | 0  | 0   | 0   |   |   |   |   |
| 9   | Previously documented DVT (Assess for both legs)  | 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   |   |   |   |   |
| FINAL SCORE   |   | 0   | 0  | 0   | 0   |   |   |   |   |
| Low Risk: -2 to 0   Moderate Risk: 1 to 2   High Risk: 3 to 8 |   | Low   | Low  | Low   | Low   |   |   |   |   |
| DVT prophylaxis started                                       |   | <input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | <input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No    | <input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No     | <input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Signature & Emp. No. of RN                                    |   |  |  |  |  |   |   |   |   |
| Signature & Emp. No. of Sr. RN                                |   |  |  |  |  |   |   |   |   |

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## MODIFIED MORSE FALL RISK ASSESSMENT CHART

| Variables   | Date | 5/1/24 | 6/1/24 | 6/1/24 | 6/1/24 | 7/1/24 | 7/1/24 | 7/1/24 | 8/1/24 |    |
|---|------|--------|--------|--------|--------|--------|--------|--------|--------|----|
|   | Time | 22:45  | 8:00   | 14:00  | 20:00  | 8:00   | 14:00  | 20:00  | 8:00   |    |
| History of falling<br>(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<br>(≥ 2 medical diagnosis)  | No   | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0  |
|   | Yes  | 15     | 15     | 15     | 15     | 15     | 45     | 15     | 15     | 15 |
| Intravenous Therapy /<br>Heparin Lock / Tubes Insitu  | No   | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0  |
|   | Yes  | 20     | 20     | 20     | 20     | 20     | 20     | 20     | 20     | 20 |
| <b>AMBULATORY AID</b>   |      |        |        |        |        |        |        |        |        |    |
| 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 |
| <b>GAIT</b>   |      |        |        |        |        |        |        |        |        |    |
| 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 |
| <b>MENTAL STATUS</b>  |      |        |        |        |        |        |        |        |        |    |
| 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 |
| <b>MEDICATIONS</b><br>Includes PCA / opiates, diuretics,<br>laxatives, hypnotics, sedatives,<br>immunosuppressant, anticonvulsants,<br>anti-hypertensives, hypoglycemics<br>and psychotropics | No   | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0  |
|   | Yes  | 15     | 15     | 15     | 15     | 15     | 15     | 15     | 15     | 15 |
| <b>Total Score</b>  |      | 50     | 50     | 50     | 50     | 50     | 50     | 50     | 50     |    |
| <b>Low Risk (0 - 24)</b>  |      |        |        |        |        |        |        |        |        |    |
| <b>Medium Risk (25 - 44)</b>  |      |        |        |        |        |        |        |        |        |    |
| <b>High Risk (45 or above)</b>  |      |        |        |        |        |        |        |        |        |    |
| <b>Signature &amp; Emp. No. of RN</b>   |      |        |        |        |        |        |        |        |        |    |
| <b>Signature &amp; Emp. No. of Sr. RN</b>   |      |        |        |        |        |        |        |        |        |    |

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

| INTERVENTIONS<br><i>Tick as per the Risk Score</i>  | Date | 4/1/19 | 6/1/19 | 6/1/19 | 7/1/19 | 7/1/19 | 7/1/19 | 7/1/19 |
|---|------|--------|--------|--------|--------|--------|--------|--------|
|   | Time | 20:45  | 8:00   | 14:00  | 20:00  | 8:00   | 14:00  | 20:00  |
| <b>Low Risk Interventions (0 - 24)</b>  |      |        |        |        |        |        |        |        |
| 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   |      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |
| <b>Medium risk interventions (25 - 44)</b>  |      |        |        |        |        |        |        |        |
| 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  |      | ✓      | ✓      | NA     | ✓      | ✓      | ✓      | ✓      |
| Make sure the family and other visitors understand the restrictions mentioned above   |      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |
| <b>High-risk interventions (45 or above)</b>  |      |        |        |        |        |        |        |        |
| 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  |      | ✓      | NA     | NA     | ✓      | ✓      | ✓      | ✓      |
| If appropriate, consider using protection devices: safety belts   |      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |
| Signature & Emp. No. of RN  |      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |
| Signature & Emp. No. of Sr. RN  |      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |

[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 |      |         |   |   |      |         |   |   |      |         |   |   | <i>[Signature]</i><br>Senior Dietician |
| <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 :



**Patient Details (Affix Label here)**

Name: MR. MOHAMED

UNID: 2026 8164 2

DOB:                      Sex: M

DOB: [redacted] Sex: [redacted]  
POA: [redacted]

Consultant: DR. GANAI

~~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 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 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 checked="" type="checkbox"/> Written Instructions |
| Completed By : Date <u>08/11/24</u> Time <u>9.00</u>  |   | Nurse Signature : <u>[Signature]</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 |      | P       | en | O |      |         |   |   |      |         |   |   | Walia (Senior Dietitian) |
| <input checked="" type="checkbox"/> Diet advice for home                              |      | P       | en | O |      |         |   |   |      |         |   |   | 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 | <input checked="" type="checkbox"/> |         |    | Diet Advice       | <input checked="" type="checkbox"/> |         |    |
| ECG Report        | <input checked="" type="checkbox"/> |         |    | CT Scan Report    |                                     |         |    |
| Doppler Report    |                                     |         |    | CT Scan Film      |                                     |         |    |
| X-Ray Report      | <input checked="" type="checkbox"/> |         |    | ECHO Report       | <input checked="" type="checkbox"/> |         |    |
| X-Ray Film        | <input checked="" type="checkbox"/> |         |    | Ultrasound Report |                                     |         |    |
| Compact Disk      |                                     |         |    | Any Other Report  | <input checked="" type="checkbox"/> |         |    |

Name of Attendant / Patient : Mohammed FERAZ Signature : [Signature]

Name of Discharge Nurse [Signature] Signature : [Signature]

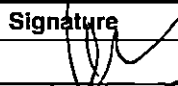
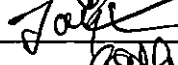
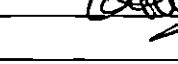


## Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 5/1/24 Time: 22:45

| Checklist   | Yes | No | NA | Action / Remarks |
|---|-----|----|----|------------------|
| <b>MEDICAL</b>  |     |    |    |                  |
| Daily Consultant Visit                                  | ✓   |    |    |                  |
| Plan of care discussed                                  | ✓   |    |    |                  |
| Discharge Planning                                      | ✓   |    |    |                  |
| Others if any   |     |    |    |                  |
| <b>NURSING</b>  |     |    |    |                  |
| Safety Precautions Ensured                              | ✓   |    |    |                  |
| Care of Lines and Tubes                                 | ✓   |    |    |                  |
| Infection Control Measures                              | ✓   |    |    |                  |
| Skin Care   | ✓   |    |    |                  |
| Response to assistance                                  | ✓   |    |    |                  |
| Others if any   |     |    |    |                  |
| <b>DIETICIAN</b>  |     |    |    |                  |
| Diet Adequate   | ✓   |    |    |                  |
| Special Request   | ✓   |    |    |                  |
| <b>PHYSIOTHERAPIST</b>                                  |     |    |    |                  |
| Available for Assistance for Activities of Daily Living |     |    |    |                  |
| Others if any   |     |    |    |                  |
| <b>PATIENT CARE SERVICES</b>                            |     |    |    |                  |
| 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. G. Gnana Velu              | 91810           | 5/1/24 | 22:50 |
| Nursing Staff              |  | J. Jayaram                     | 000             | 5/1/24 | 10:00 |
| Dietician                  |  | J. Jayaram<br>Senior Dietitian | 2401            | 5/1/24 | 10:00 |
| Physiotherapist            |   |                                |                 |        |       |
| Patient Care Service Staff |   |                                |                 |        |       |





## IN-HOUSE TRANSFER FORM

### Part A (to be filled by Nurses)

Date of Transfer: 7/1/2024 Time: 13:10 Transferred from: CCU To: 5<sup>th</sup> Floor 203

Diagnosis: ACS / AW / STEMI / T2DM / SHTN

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 88 (beats/min) | BP: 96/64 (mmHg) | Respiration: 32 (breaths/min)

### Part B (to be filled by Physicians)

Any Critical Investigations: \_\_\_\_\_


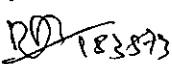
| Check for                             | Transferring Doctor  | Receiving Doctor   |
|---------------------------------------|--|--|
| Respiratory (Breath sounds)           | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Crepitation <input type="checkbox"/> Rhonchi <input type="checkbox"/> Others: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Abdomen                               | <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Tender <input type="checkbox"/> Distended <input type="checkbox"/> Others: _____     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Sound                           | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Feeble <input type="checkbox"/> Loud <input type="checkbox"/> Others: _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CNS                                   | <input checked="" type="checkbox"/> Conscious <input type="checkbox"/> Oriented GCS Score: <u>15/15</u>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For Surgical Patients (if applicable) | Surgical Site: <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Soakage <input type="checkbox"/> Others: _____                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Present Medication (for Medication Reconciliation)

| S. No. | Current Medication | Dose  | Route | Frequency | Date & Time of last dose | To be continued during hospital stay                     |
|--------|--------------------|-------|-------|-----------|--------------------------|--|
| 1.     | TAB. ECOSPIN       | 75mg  | P/O   | 0-1-0     | 6/1/24 @ 1400            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2      | TAB. ATORVAS       | 80mg  | P/O   | 0-0-1     | 6/1/24 @ 20.00           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3      | TAB. FLAVEDON-MR   | 35mg  | P/O   | 1-0-1     | 7/1/24 @ 8.00            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4      | TAB. ALPRAX        | 0.5mg | P/O   | 0-0-1     | 6/1/24 @ 20.00           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5      | TAB. ALDACTONE     | 25mg  | P/O   | 1-0-0     | 7/1/24 @ 8.00            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6      | TAB. PAN           | 40mg  | P/O   | 1-0-0     | 7/1/24 @ 7.00            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7      | SINT. CLEXANE      | 0.6ml | SC    | 1-0-1     | 7/1/24 @ 8.00            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8      | Syp. CREMAFFIN     | 15ml  | P/O   | 0-0-1     | 6/1/24 @ 20.00           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9      | TAB. SIVABRON      | 5mg   | P/O   | 1-0-1     | 7/1/24 @ 8.00            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10     | TAB. NIKORAN       | 5mg   | P/O   | 1-0-1     | 7/1/24 @ 8.00            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11     | TAB. AXCEP         | 80mg  | P/O   | 1-0-1     | 7/1/24 @ 8.00            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12     | TAB. LASIX         | 40mg  | P/O   | 1/2-0-1/2 | 7/1/24 @ 8.00            | <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 |

Additional Details (if any):


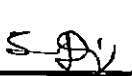
Patient Condition: ☒ Stable ☐ Sick-need urgent care ☐ Others: \_\_\_\_\_

|                     | Sign.  | Name        | Reg. No. | Date   | Time  |
|---------------------|--|-------------|----------|--------|-------|
| Transferring Doctor |         | Dr. Karthi  | 88851    | 7/1/24 | 13:00 |
| Receiving Doctor    |  183573 | Dr. Smith B | 183573   | 7/1/24 | 13:30 |

**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: _____   | <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: _____<br>Oxygen Therapy: <input checked="" type="checkbox"/> No <input 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 type="checkbox"/> Yes <input type="checkbox"/> No            |
| Foley's Catheter           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input 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 type="checkbox"/> Yes <input type="checkbox"/> No            |
| Score                      | Fall Risk: 150 • WELLS: _____ NEWS / PEWS: _____   | <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 type="checkbox"/> Yes <input type="checkbox"/> No            |
| Handover Details           | Medication Administration Record explained: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Lab & Diagnostic Reports handed over: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Patient Attendant Informed | <input checked="" 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 |       | S. Allowing grace | 0162     | 7/1/24 | 13:00 |
| Receiving Nurse    |  0212 | S. Donachay       | 0212     | 7/1/24 | 13:30 |

## FAMILY COUNSELLING FORM

| CONSULTANT- DR. G. GNANAVELU |                  |                | DIAGNOSIS- ACS - AN - STEMI / EDN / SHTN   |                  |                  |             |
|------------------------------|------------------|----------------|--|------------------|------------------|-------------|
| DATE                         | HOSPITAL MEMBERS | FAMILY MEMBERS | MEDICAL UPDATE   | FINANCIAL UPDATE | PATIENT REP-SIGN | DOCTOR SIGN |
| 5/1/24                       | DOCTOR           | DAUGHTER       | Pt's critical condition, need for thrombolysis, Risk of thrombolysis explained to the patient in their own language. |                  | Pf               | 90810       |
| 6/1/24                       | DOCTOR           | BROTHER        | Write report to the patient.   |                  |                  |             |
|                              |                  |                | clinical condition explained to family members. shift out to ward.   |                  |                  | 95821       |
|                              |                  |                |  |                  |                  |             |

**PHONE / VERBAL ORDER FORM / CRITICAL VALUE REPORTING FORM**

☐ Telephone order ☐ Verbal order ☒ Critical value reporting form

| Name of the Drug <input type="checkbox"/> N/A | Dose | Route | Additional information if any |
|---|------|-------|-------------------------------|
|   |      |       |                               |
|   |      |       |                               |
|   |      |       |                               |

Lab / Radiology Critical result reporting (if any): ☐ N/A Informed to Dr.: AKILAN

TROP I [QUANT]  $\Rightarrow$  606.2

Non Medication Order (if any): ☐ N/A

Order Recipient Response: Please Tick

Write Down ☒ Yes ☐ No Read Back ☒ Yes ☐ No Confirm ☒ Yes ☐ No

| Received by                   | Ordering Physician / Informing Staff |
|-------------------------------|--------------------------------------|
| Signature: <u>[Signature]</u> | Signature:                           |
| Name: <u>Daya</u>             | Name: <u>Dr. BALAJI</u>              |
| Emp. No.: <u>0159</u>         | Emp. No.: <u>2553</u>                |
| Date: <u>6/1/24</u>           | Date: <u>6/1/24</u>                  |
| Time: <u>12.18</u>            | Time: <u>12.18</u>                   |

Action Taken (only in Cases Of Critical Value):

Try TNC to

| Doctor | SIGNATURE          | NAME                 | REG. NO.     | DATE          | TIME         |
|--------|--------------------|----------------------|--------------|---------------|--------------|
|        | <u>[Signature]</u> | <u>Dr. A. Adarsh</u> | <u>90800</u> | <u>6/1/24</u> | <u>12.19</u> |



## PHONE / VERBAL ORDER FORM / CRITICAL VALUE REPORTING FORM

☐ Telephone order ☐ Verbal order ☒ Critical value reporting form

| Name of the Drug                        | Dose | Route | Additional information if any |
|---|------|-------|-------------------------------|
| <input checked="" type="checkbox"/> N/A |      |       |                               |
|   |      |       |                               |
|   |      |       |                               |


Lab / Radiology Critical result reporting (if any): ☒ N/A Informed to Dr.: AKILAN.

URINE KETON 1+

Non Medication Order (if any): ☐ N/A


Order Recipient Response: Please Tick

Write Down ☒ Yes ☐ No Read Back ☒ Yes ☐ No Confirm ☒ Yes ☐ No

Received by  
Signature:   
Name: S. Allwin Gnanaprakasam Date: 6/1/24  
Emp. No.: 0162 Time: 7.54

Ordering Physician / Informing Staff  
Signature:  
Name: MR. VIKRAM Date: 6/1/24  
Emp. No.: 2629 Time: 7.54

Action Taken (only in Cases Of Critical Value):

| Doctor | SIGNATURE   | NAME                 | REG. NO.     | DATE          | TIME        |
|--------|---|----------------------|--------------|---------------|-------------|
|        |  | <u>Dr. G. Akilan</u> | <u>91210</u> | <u>6/1/24</u> | <u>8.00</u> |

**VIP SCALE (VISUAL INFUSION PHLEBITIS)**

PATIENT N **Mr. MOHAMED FERAZ**  
50/Male/MHI202481643  
05/01/2024/1PH2024000044  
AGE / SEX **Dr. G. GNANAVELU**



IP No. / UHID No **202481643**

Ward / Bed No. **ccw/4**

**ANY SCORE > 0 SHOULD BE MONITORED IN EVERY SHIFT**

| DATE   | TIME  | SITE          | SCORE | DESCRIPTION     | ACTION  | FOLLOW UP | S/N EMP No. |
|--------|-------|---------------|-------|-----------------|---------|-----------|-------------|
| 5/1/24 | 02.45 | RT Metacarpal | 0/5   | patent          | Flushed | Followed  | 2019        |
|        |       |               |       |                 |         |           |             |
|        |       |               |       |                 |         |           |             |
| 6/1/24 | 8.00  | RT Metacarpal | 0/5   | patent          | Flushed | Followed  | 2019        |
|        | 9.00  | LT Metacarpal | 0/5   | patent          | Flushed | Followed  | 2019        |
|        | 00.00 | RT Metacarpal | 0/5   | patent          | Flushed | Followed. | 2019        |
| 7/1/24 |       | LT MCV        |       | Line Removed.   |         |           | 2019        |
|        | 8.00  | RT Brachial   | 0/5   | patent          | Flushed | Followed  | 2019        |
|        | 10.00 | RT Brachial   | 0/5   | patent          | Flushed | Followed  | 2019        |
| 8/1/24 | 8.00  | RT Brachial   | 0/5   | Patent          | Flushed | Followed  | 2019        |
|        |       |               |       | IV Line Removal |         |           |             |
|        |       |               |       |                 |         |           |             |
|        |       |               |       |                 |         |           |             |
|        |       |               |       |                 |         |           |             |
|        |       |               |       |                 |         |           |             |
|        |       |               |       |                 |         |           |             |
|        |       |               |       |                 |         |           |             |
|        |       |               |       |                 |         |           |             |
|        |       |               |       |                 |         |           |             |
|        |       |               |       |                 |         |           |             |
|        |       |               |       |                 |         |           |             |



## MEDICATION ADMINISTRATION RECORD

Drug Chart: 1 of 1 Height (cms): 172 Weight (kg): 80

KNOWN MEDICINE ALLERGIES (if NONE is confirmed, write NKDA in box 1)

|              |                        |   |
|--------------|------------------------|---|
| Drug Details | Description of Allergy | Doctor's Sign:  |
|              | - nil -                | Name: <u>Dr. G. Gnana Velu</u><br>Reg. No. <u>91810</u> |

|  |  |
|--|--|
| <b>DOCTOR INSTRUCTIONS</b><br>1. Use generic name when prescribing drug<br>2. Write in BLOCK LETTERS, clearly and legibly<br>3. Sign and enter MCI registration no. or apply seal<br>4. No prescription should be altered / overwritten<br>5. Use 24-hour format when writing time | <b>NURSING STAFF INSTRUCTIONS</b><br>1. Check entries in every section to avoid omissions<br>2. Nurse in-charge should verify drug chart on daily basis<br>3. For new prescription, follow the timings of doctor's prescription on Day 1 only, and then follow standard timings<br>4. Standard Timings: Q24hrly: 10:00hrs, Q12hrly: 10:00hrs, 22:00hrs or 06:00hrs, 18:00hrs, Q8hrly: 06:00hrs, 14:00hrs, 22:00hrs or 09:00hrs, 14:00hrs, 21:00hrs, Q6hrly: 05:00hrs, 11:00hrs, 17:00hrs, 23:00hrs, Q4hrly: 02:00hrs, 06:00hrs, 10:00hrs, 14:00hrs, 18:00hrs, 22:00hrs |
|--|--|

### Stat / Once Only / Premedication Drugs

| Date   | Time  | Drug           | Dose   | Route | Doctor      |          | Administered |          |       |
|--------|-------|----------------|--------|-------|-------------|----------|--------------|----------|-------|
|        |       |                |        |       | Sign.       | Reg. No. | Sign.        | Emp. No. | Time  |
| 5/1/24 | 10:40 | 3. Clepaxe     | 0.3ml  | IV    | [Signature] | 91810    | [Signature]  | 0159     | 10:42 |
| 11     | 10:45 | 9. Paracetamol | 40mg   | IV    | [Signature] | 91810    | [Signature]  | 0159     | 10:45 |
| 11     | 10:50 | 2. Clepaxe     | 0.3ml  | IV    | [Signature] | 91810    | [Signature]  | 0159     | 10:50 |
| 11     | 11:30 | 2. Paracetamol | 40mg   | IV    | [Signature] | 91810    | [Signature]  | 0159     | 11:30 |
| 11     | 11:30 | 2. Emeret      | 4mg    | IV    | [Signature] | 91810    | [Signature]  | 0159     | 11:30 |
| 11     | 11:40 | 2. Morphine    | 2mg    | IV    | [Signature] | 91810    | [Signature]  | 0159     | 11:40 |
| 6/1/24 | 2:00  | Td. LABIX      | 20mg   | IV    | [Signature] | 91810    | [Signature]  | 0159     | 2:00  |
| 6/1/24 | 13:40 | INTJ: NTG      | 200mcg | IA    | [Signature] |          | [Signature]  | 0176     | 13:40 |
| 6/1/24 | 13:40 | INTJ: HEPARIN  | 2500   | IA    | [Signature] |          | [Signature]  | 0176     | 13:40 |
| 6/1/24 | 13:50 | INTJ: NTG      | 200mcg | IA    | [Signature] |          | [Signature]  | 0176     | 13:50 |
| 6/1/24 | 13:50 | INTJ: HEPARIN  | 5000   | IA    | [Signature] | 6024     | [Signature]  | 0176     | 13:50 |
| 6/1/24 | 13:55 | INTJ: FENTANYL | 25mcg  | IV    | [Signature] |          | [Signature]  | 0176     | 13:55 |
| 6/1/24 | 13:55 | INTJ: EMERET   | 4mg    | IV    | [Signature] |          | [Signature]  | 0176     | 13:55 |
| 6/1/24 | 14:05 | INTJ: HEPARIN  | 1000   | IA    | [Signature] |          | [Signature]  | 0176     | 14:05 |



# REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

6/1/24 7/1/24 8/1/24

## DRUG NAME

T-ECOSPRIN

Dose

25mg

Route

PO

Frequency

QD

14.00

Dr. Sign & Reg. No. / Seal

*[Signature]*  
91810

Start Date & Time

5/1/24 @ 22.45

Stop Date & Time

Additional Info:

## DRUG NAME

T-CLOPILET

Dose

75mg

Route

PO

Frequency

QD

14.00

Dr. Sign & Reg. No. / Seal

*[Signature]*  
91810

Start Date & Time

5/1/24 @ 22.45

Stop Date & Time

6/1/24 @

Additional Info:

## DRUG NAME

T-ATORVAS

Dose

80mg

Route

PO

Frequency

QD

Dr. Sign & Reg. No. / Seal

*[Signature]*  
91810

Start Date & Time

5/1/24 @ 22.45

Stop Date & Time

Additional Info:

## DRUG NAME

T-FLAVEDON - MR

Dose

35mg

Route

PO

Frequency

QD

8.00

Dr. Sign & Reg. No. / Seal

*[Signature]*  
91810

Start Date & Time

5/1/24 @ 22.45

Stop Date & Time

6/1/24 @

Additional Info:

## DRUG NAME

T-NITROCONTIN

Dose

2-6mg

Route

PO

Frequency

QD

8.00

Dr. Sign & Reg. No. / Seal

*[Signature]*  
91810

Start Date & Time

5/1/24 @ 22.45

Stop Date & Time

6/1/24 @

Additional Info:

Area In-charge

Nurse Signature:

*[Signatures]*

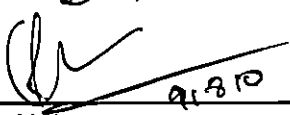
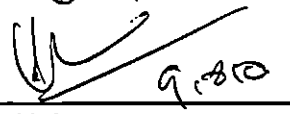
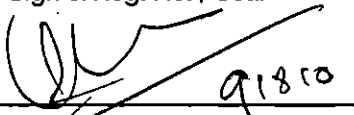
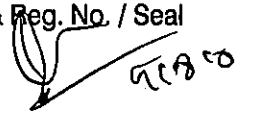
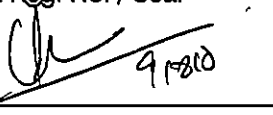
Clinical Pharmacist  
Medway Heart Institute

Clinical Pharmacist  
Medway Heart Institute

Clinical Pharmacist  
Medway Heart Institute

Clinical Pharmacist  
Medway Heart Institute

Clinical Pharmacist  
Medway Heart Institute

| REGULAR PRESCRIPTIONS<br>To be filled in by Doctors only  |             |                                     | Date → | To be filled by Nursing Staff only. Sign and time given |        |        |  |  |  |
|---|-------------|-------------------------------------|--------|---|--------|--------|--|--|--|
|   |             |                                     | Time ↓ | 8/1/24  | 7/1/24 | 8/1/24 |  |  |  |
| DRUG NAME<br>A. ALDOX   |             |                                     |        | 1.30  |        |        |  |  |  |
| Dose<br>0.25mg  | Route<br>PO | Frequency<br>OD                     |        |   |        |        |  |  |  |
| Dr. Sign & Reg. No. / Seal<br>   |             | Start Date & Time<br>5/1/24 @ 22.45 |        |   |        |        |  |  |  |
|   |             | Stop Date & Time                    |        |   |        |        |  |  |  |
| Additional Info:<br>9.30  |             |                                     | 20.00  | 20.00   | 20.00  |        |  |  |  |
| DRUG NAME<br>A. ALDOX   |             |                                     |        |   |        |        |  |  |  |
| Dose<br>25mg  | Route<br>PO | Frequency<br>OD                     | 8.00   |   |        | 9.00   |  |  |  |
| Dr. Sign & Reg. No. / Seal<br>   |             | Start Date & Time<br>5/1/24 @ 22.45 |        |   |        |        |  |  |  |
|   |             | Stop Date & Time                    |        |   |        |        |  |  |  |
| Additional Info:<br>9.30  |             |                                     |        |   |        |        |  |  |  |
| DRUG NAME<br>2. CLEVER  |             |                                     | 8.00   |   |        | 9.00   |  |  |  |
| Dose<br>0.6ml   | Route<br>SC | Frequency<br>OD                     |        |   |        |        |  |  |  |
| Dr. Sign & Reg. No. / Seal<br> |             | Start Date & Time<br>5/1/24 @ 22.45 |        |   |        |        |  |  |  |
|   |             | Stop Date & Time                    |        |   |        |        |  |  |  |
| Additional Info:<br>9.30  |             |                                     | 20.00  |   |        | 20.00  |  |  |  |
| DRUG NAME<br>Syp - Cleomertan   |             |                                     |        |   |        |        |  |  |  |
| Dose<br>15ml  | Route<br>PO | Frequency<br>OD                     |        |   |        |        |  |  |  |
| Dr. Sign & Reg. No. / Seal<br> |             | Start Date & Time<br>5/1/24 @ 22.45 |        |   |        |        |  |  |  |
|   |             | Stop Date & Time                    |        |   |        |        |  |  |  |
| Additional Info:<br>9.30  |             |                                     | 21.00  | 21.00   | 21.00  |        |  |  |  |
| DRUG NAME<br>T. Pan   |             |                                     | 7.00   |   |        | 7.30   |  |  |  |
| Dose<br>4mg   | Route<br>PO | Frequency<br>OD                     |        |   |        |        |  |  |  |
| Dr. Sign & Reg. No. / Seal<br> |             | Start Date & Time<br>5/1/24 @ 22.45 |        |   |        |        |  |  |  |
|   |             | Stop Date & Time                    |        |   |        |        |  |  |  |
| Additional Info:<br>9.30  |             |                                     |        |   |        |        |  |  |  |
| Area In-charge Nurse Signature:   |             |                                     |        | 11.00   | 11.00  | 11.00  |  |  |  |

Clinical Pharmacist  
Medway Heart Institute



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

|        |        |        |  |  |  |  |  |
|--------|--------|--------|--|--|--|--|--|
| 6/1/29 | 7/1/29 | 8/1/29 |  |  |  |  |  |
|--------|--------|--------|--|--|--|--|--|

T. INALUS

8.00

Shy

10

6557

3

27 May @ 9.50

20.00

Forma

SVS 28317

800

2004

Dr



2

6/11/2023

16.00

1024

T-Mikoran

g. 00

8 May

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20-10


mk

G. A. XCBR

8.00

2019

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2

GARY @ 14.80

Q. 4

10246

7.  $\angle A B C$



Long

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$$y_1 \sim 0 \quad y_2 = 0$$

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1600



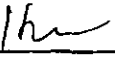
69

|      |      |      |
|------|------|------|
| 1109 | 1109 | 1109 |
| 0024 | 0024 | 0024 |

[illegible]










○

# DIET ORDERS (to be prescribed by Doctors only)

| Date   | Time | Diet                 | Signature   | Reg. No. | Date   | Time | Diet | Signature | Reg. No. |
|--------|------|----------------------|---|----------|--------|------|------|-----------|----------|
| 5/1/24 | 8.00 | <del>Diets</del> NPO |  | 91110    | 5/1/24 |      |      |           |          |
| 6/1/24 | 8.00 | DM diet.             |  | 12518    |        |      |      |           |          |
| 7/1/24 | 8.00 | DM DIET              |  | 85851    |        |      |      |           |          |
|        |      |                      |   |          |        |      |      |           |          |
|        |      |                      |   |          |        |      |      |           |          |
|        |      |                      |   |          |        |      |      |           |          |

## 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 |               |          |          |
|        | Evening |                  |          |   |      | Evening |               |          |          |
| 5/1/24 | Night   | Daya. L.         | 0159     |    |      | Night   |               |          |          |
| 6/1/24 | Morning | S. Allwin prange | 0162     |   |      | Morning |               |          |          |
| 6/1/24 | Evening | R. Narharaj.     | 2832     |  |      | Evening |               |          |          |
| 6/1/24 | Night   | A. L. B. i       | 0282     |  |      | Night   |               |          |          |
| 7/1/24 | Morning | S. Allwin prange | 0162     |  |      | Morning |               |          |          |
| 7/1/24 | Evening | panamessan       | 2833     |  |      | Evening |               |          |          |
| 7/1/24 | Night   | A. ALB11128      | 0088     |  |      | Night   |               |          |          |
| 8/1/24 | Morning | E. caltrine      | 0207     |  |      | Morning |               |          |          |
| 8/1/24 | Evening | B. Vanishi       | 0195     |  |      | Evening |               |          |          |
|        | Night   |                  |          |   |      | Night   |               |          |          |



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The way to better health

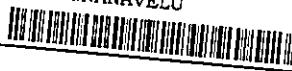
6/1/24  
CCU.

Mr. MOHAMED FEROZ

50/Male/MHI202481643

05/01/2024/IPH2024000044

Dr. G. GNANA VELU



1. Tab. Nikotian 5mg → 1 box.

2. Tab. Nitrog 90mg → 1 strip.

HL  
0158.

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in @medway-hospitals

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94457 94457  
1800 572 3003

Medway Group of Hospitals

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Chengalpattu

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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 4451

MH/PRINT/0123/NRS

**REQUISITION FOR MEDICINE**

IP No. :

DOA : 5/1/24

UHID No. :

Room No. : C-12

Name of Patient :

Age / Sex :

Consultant Name :

| S.No. | Date   | Medicine Name          | Qty. |
|-------|--------|------------------------|------|
| 1     | 1/1/24 | T. LORAZEPAM 5mg       | 5    |
| 2     |        | T. CLOPITIT 15mg       | 5    |
| 3     |        | T. ADOPKAS 50mg        | 5    |
| 4     |        | T. FLAMOLON-MS 35mg    | 10   |
| 5     |        | T. NITROGLYCERIN 0.6mg | 1    |
| 6     |        | T. ALDOX 5mg           | 5    |
| 7     |        | T. ALDOXONE 25mg       | 5    |
| 8     |        | T. SYN. CLOTTIN.       | 1    |
| 9     |        | T. DASH 10mg           | 5    |
|       |        |                        |      |
|       |        |                        |      |
|       |        |                        |      |
|       |        |                        |      |
|       |        |                        |      |
|       |        |                        |      |

Nurse Name

Pharm Bill &amp; Name



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



Where heart beat never stops...

### REQUISITION FOR MEDICINE

Name of Patient :  
Age / Sex :  
Consultant Name :

IP No. :  
DOA : 5/1/24  
UHID No. :  
Room No. : 600

| S.No. | Date   | Medicine Name     | Qty. |
|-------|--------|-------------------|------|
| 1     | 5/1/24 | LOREL 300         | 3    |
| 2     |        | EPOL MR           | 3    |
| 3     |        | SAH 30            | 2    |
| 4     |        | VINIFEN 006       | 4    |
| 5     |        | 10 GEL EXTENSION  | 4    |
| 6     |        | NOBI 300/50       | 5    |
| 7     |        | 10 GEL EXTENSION  | 3    |
| 8     |        | 10 GEL EXTENSION  | 15   |
| 9     |        | UNFED 100         | 142  |
| 10    |        | EASY 300          | 1    |
| 11    |        | GILUKS 000/100    | 20   |
| 12    |        | NOU 141 100/10    | 1    |
| 13    |        | ULINE CAN         | 1    |
| 14    |        | INS. 100/10 0.6ml | 1    |
| 15    |        | FASY 300          | 2    |

Nurse Name

Pharm Bill & Name



[illegible]



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



7/1CU/2022/064



**Medway**  
**Heart**  
institute

## Every heart beat counts

**B**

**SEX :** m

HEIGHT: 77 1/2 cm

WEIGHT : 480 gms

B.S.A:  $1.38m^2$

$5/1/23 \rightarrow \textcircled{V}$

| HAEMODYNAMICS   |      |       |      |                  |        |       |      | RESP. PARAMETERS |        |      | INVESTIGATIONS / OTHER DATA |
|---|------|-------|------|------------------|--------|-------|------|------------------|--------|------|-----------------------------|
| TEMP  | H.R. | RHY.  | ST.  | B.P.             | R.A.P. | PERI. | P.P. | RR               | BREATH | SPO2 |                             |
| 22.14   | 101  | sinus | 97.1 | $\frac{129}{89}$ | 101    | warm  | ++   | 19               | Br/d   | 99   | ON ROOM AIR                 |
| 22.00   | 109  | sinus | 97.8 | $\frac{116}{80}$ | 92     | warm  | ++   | 25               | Br/d   | 98.1 | "                           |
| 24.00.00  | 94   | sinus | 97.3 | $\frac{122}{75}$ | 91     | warm  | ++   | 30               | Br/d   | 100  | O2 4L4 / ON FLOW            |
| 1.00  | 89   | sinus | 97.2 | $\frac{107}{73}$ | 84     | warm  | ++   | 33               | Br/d   | 100  | "                           |
| 2.00  | 110  | sinus | 97.3 | $\frac{148}{98}$ | 115    | warm  | ++   | 26               | Br/d   | 99   | "                           |
| 3.00  | 86   | sinus | 97.3 | $\frac{90}{61}$  | 71     | warm  | ++   | 27               | Br/d   | 96   | "                           |
| 4.00  | 101  | sinus | 97.3 | $\frac{111}{72}$ | 85     | warm  | ++   | 25               | Br/d   | 94   | "                           |
| 5.00  | 106  | sinus | 97.3 | $\frac{126}{89}$ | 111    | warm  | ++   | 24               | Br/d   | 96   | "                           |
| 6.00  | 99   | sinus | 97.1 | $\frac{129}{93}$ | 109    | warm  | ++   | 26               | Br/d   | 97   | "                           |
| 7.00  | 94   | sinus | 97.3 | $\frac{123}{71}$ | 92     | warm  | ++   | 24               | Br/d   | 99   | "                           |
|   |      |       |      |                  |        |       |      |                  |        |      |                             |
|   |      |       |      |                  |        |       |      |                  |        |      |                             |
|   |      |       |      |                  |        |       |      |                  |        |      |                             |
|   |      |       |      |                  |        |       |      |                  |        |      |                             |
|   |      |       |      |                  |        |       |      |                  |        |      |                             |
|   |      |       |      |                  |        |       |      |                  |        |      |                             |
|   |      |       |      |                  |        |       |      |                  |        |      |                             |
|   |      |       |      |                  |        |       |      |                  |        |      |                             |
| <div style="display: flex; justify-content: space-between;"> <div> <p>PREVIOUS DAY - HOURS</p> <p>DRAINAGE</p> <p>URINE</p> </div> <div> <p>TOTAL INTAKE</p> <p>TOTAL OUTPUT</p> <p>BALANCE</p> </div> </div> |      |       |      |                  |        |       |      |                  |        |      |                             |

Δ 815 :- ACB - AMI - STEMI / T2 DND / 3MTN

MHI/ICU/2022/064



Mr. MOHAMED FERAZ  
50/Male/MHI202481643  
05/01/2024/IPH2024000044  
Dr. G. GNANAVELU



## INTERMEDIATE CARE FLOWCHART

A

NAME : MR. MOHAMED FERAZ UHID NO : 202481643 AGE : 50Y SEX : M

SURGICAL PROCEDURE : AB +ve

POSTOP DAY : -

FLUID REQUIREMENT :

6/1/24 → 7/2

| 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. |              |               |
| 6/1/24 8.00 | 300   | 300  |                                     |          |      |              | 800         |    |   |            | 150  | 150  | 150          | 150.          |
| 9.00        |       | 200  |                                     |          |      |              | 300         |    |   |            |      | 150  | 150          | 150           |
| 10.00       | 400   | 700  |                                     |          |      |              | 700         |    |   |            |      | 150  | 150          | 550           |
| 11.00       |       | 700  |                                     |          |      |              | 700         |    |   |            |      | 150  | 150          | 550           |
| 12.00       |       | 700  |                                     |          |      |              | 700         |    |   |            |      |      | 150          | 550           |
|             |       |      | PATIENT SHIFTED TO CATH LAB @ 12.50 |          |      |              |             |    |   |            |      |      |              |               |
| 14.50       | -     | 700  |                                     |          |      |              | 700         | 30 | 2 |            |      | 150  | 462          | -420          |
| 15.50       | 300   | 1000 |                                     |          |      |              | 1000        | 30 | 2 |            |      | 150  | 400          | -538          |
| 16.50       | -     | 1000 |                                     |          |      |              | 1000        | 30 | 2 |            |      | -    | 400          | -506          |
| 17.50       | -     | 1000 |                                     |          |      |              | 1000        | 30 | 1 |            |      | 50   | 450          | -425          |
| 18.50       | 500   | 1500 |                                     |          |      |              | 1500        | 30 | 1 |            |      | -    | 450          | -894          |
| 19.50       |       | 1500 |                                     |          |      |              | 1500        | 30 | 1 |            |      |      | 450          | -863          |
| 20.50       | 100   | 1600 |                                     |          |      |              | 1600        | 30 | 1 |            |      | 200  | 650          | -732          |
| 21.50       | -     | 1600 |                                     |          |      |              | 1600        | 30 | 1 |            |      | -    | 650          | -702          |
| 22.50       | -     | 1600 |                                     |          |      |              | 1600        | 30 | 1 |            |      | -    | 650          | -672          |
| 23.00       | -     | 1600 |                                     |          |      |              | 1600        | 30 | 1 |            |      | -    | 650          | -642          |

SPECIFIC OBSERVATIONS/REMARKS

MEDICATION / DRUGS

Δ B18 ACB-AW-STEM1 / T2 DM / SHTN / INS. TNK 40mg



## INTERMEDIATE CARE FLOWCHART

**B**

NAME: MR. MOHAMED FERDZ

UHID NO: 202481643

AGE: 50Y

BLOOD GROUP:

HEIGHT: 172 cm

WEIGHT: 80kg

B.S.A: 1.38m<sup>2</sup>

6/1/24-22

| HAEMODYNAMICS            |      |      |      |                  |        |       |      | RESP. PARAMETERS |        |      | INVESTIGATIONS /<br>OTHER DATA |
|--------------------------|------|------|------|------------------|--------|-------|------|------------------|--------|------|--------------------------------|
| TEMP                     | H.R. | RHY. | ST.  | B.P.             | R.A.P. | PERI. | P.P. | RR               | BREATH | SPO2 |                                |
| 8.00                     | 97   | Sin  | 97.1 | $\frac{133}{83}$ | 100    | Warm  | ++   | 35               | B/LU   | 99   | FmO <sub>2</sub> 4 liter.      |
| 9.00                     | 93   | Sin  | 97.1 | $\frac{108}{74}$ | 85     | Warm  | ++   | 31               | B/LU   | 99   | ,                              |
| 10.00                    | 96   | Sin  | 97.1 | $\frac{105}{67}$ | 80     | Warm  | ++   | 24               | B/LU   | 95%  | ,                              |
| 11.00                    | 98   | Sin  | 97.1 | $\frac{100}{63}$ | 75     | Warm  | ++   | 35               | B/LU   | 99%  | ,                              |
| 12.00                    | 94   | Sin  | 97.1 | $\frac{97}{66}$  | 76     | Warm  | ++   | 35               | B/LU   | 98%  | ,                              |
| PATIENT RECEIVED @ 14.50 |      |      |      |                  |        |       |      |                  |        |      | ON ROOM AIR.                   |
| 14.50                    | 96   | Sin  | 97.3 | $\frac{133}{73}$ | 93     | Warm  | ++   | 29               | B/LU   | 95%  | "                              |
| 15.50                    | 89   | Sin  | 97.3 | $\frac{105}{61}$ | 76     | Warm  | ++   | 33               | B/LU   | 94%  | "                              |
| 16.50                    | 90   | Sin  | 98.1 | $\frac{106}{59}$ | 75     | Warm  | ++   | 33               | B/LU   | 96%  | ,                              |
| 17.50                    | 96   | Sin  | 98.2 | $\frac{99}{66}$  | 67     | Warm  | ++   | 36               | B/LU   | 99%  | ,                              |
| 18.50                    | 97   | Sin  | 98.2 | $\frac{89}{67}$  | 64     | Warm  | ++   | 30               | B/LU   | 98%  | ,                              |
| 19.50                    | 101  | Sin  | 97.3 | $\frac{99}{60}$  | 69     | Warm  | ++   | 18               | B/LU   | 90%  | "                              |
| 20.50                    | 98   | Sin  | 98   | $\frac{110}{68}$ | 82     | Warm  | ++   | 20               | B/LU   | 99%  | "                              |
| 21.50                    | 98   | Sin  | 97.4 | $\frac{123}{85}$ | 98     | Warm  | ++   | 22               | B/LU   | 99%  | "                              |
| 22.50                    | 96   | Sin  | 97.2 | $\frac{111}{64}$ | 80     | Warm  | ++   | 28               | B/LU   | 95%  | "                              |
| 23.00                    | 94   | Sin  | 98.2 | $\frac{106}{62}$ | 77     | Warm  | ++   | 30               | B/LU   | 96%  | "                              |

PREVIOUS DAY - HOURS 9.41 hrs

DRAINAGE —

TOTAL INTAKE 130 ml

URINE ⇒ 500 ml

TOTAL OUTPUT 500 ml

BALANCE 370 ml

[illegible]

| HAEMODYNAMICS |      |       |      |        |        |       |      | RESP. PARAMETERS |        |      | INVESTIGATIONS / OTHER DATA |
|---------------|------|-------|------|--------|--------|-------|------|------------------|--------|------|-----------------------------|
| TEMP          | H.R. | RHY.  | ST.  | B.P.   | R.A.P. | PERI. | P.P. | RR               | BREATH | SPO2 |                             |
| 0.00          | 94   | SINUS | 97   | 106/62 | 77     | Warm  | ++   | 26               | Bx/C   | 96%  | PT on RA.                   |
| 1.00          | 88   | SINUS | 97   | 101/60 | 74     | Warm  | ++   | 30               | Bx/C   | 97%  | "                           |
| 2.00          | 92   | SINUS | 97.4 | 107/62 | 76     | Warm  | ++   | 28               | Bx/C   | 96%  | "                           |
| 3.00          | 94   | SINUS | 97.6 | 110/64 | 78     | Warm  | ++   | 28               | Bx/C   | 97%  | "                           |
| 4.00          | 98   | SINUS | 97.4 | 123/68 | 98     | Warm  | ++   | 30               | Bx/C   | 97%  | "                           |
| 5.00          | 96   | SINUS | 98   | 115/70 | 96     | Warm  | ++   | 34               | Bx/C   | 98%  | "                           |
| 6.00          | 92   | SINUS | 98.4 | 119/71 | 87     | Warm  | ++   | 32               | Bx/C   | 97%  | "                           |
| 7.00          | 94   | SINUS | 97.6 | 107/70 | 86     | Warm  | ++   | 20               | Bx/C   | 96%  | "                           |
|               |      |       |      |        |        |       |      |                  |        |      |                             |
|               |      |       |      |        |        |       |      |                  |        |      |                             |
|               |      |       |      |        |        |       |      |                  |        |      |                             |
|               |      |       |      |        |        |       |      |                  |        |      |                             |
|               |      |       |      |        |        |       |      |                  |        |      |                             |
|               |      |       |      |        |        |       |      |                  |        |      |                             |
|               |      |       |      |        |        |       |      |                  |        |      |                             |
|               |      |       |      |        |        |       |      |                  |        |      |                             |
|               |      |       |      |        |        |       |      |                  |        |      |                             |
|               |      |       |      |        |        |       |      |                  |        |      |                             |
|               |      |       |      |        |        |       |      |                  |        |      |                             |

PREVIOUS DAY - HOURS

DRAINAGE

URINE

TOTAL INTAKE

TOTAL OUTPUT

BALANCE

[illegible]

[illegible]