

MRD CHECKLIST

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)



Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



MHI/IPD/2022/002



Where heart beat never stops...

ADMISSION SLIP

Admitting Doctor:

Dr. Anbarasu

Speciality:

CTVS

Advised Date & Time:

11/12/23 @ 12:20pm

Provisional Diagnosis:

Aes - evolved IWM1.

Reason for Admission:

☐ Medical Management

☒ Surgical Management

☐ Others (please specify details)

Admission Type:

☐ Day Care

☐ ER

☒ Ward

☐ ICU

(Specify details)

Surgery / Procedure Name (if planned):

CABG

Blood Product Requirement:

☐ No

☒ Yes (Kindly specify details of components required in space below)

Expected Duration of Stay:

5 days

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

Payer: ☒ Self ☐ Insurance ☐ Others:

Instructions to Nurse (if any):

→ Admit in semi-private ward.

Any other Instructions (if any):

Dr. Anbarasu Mohanraj

Reg No: 55476

Doctor's Signature

Name

Dr. ANBARASU MOHANRAJ

Reg No: 55476

Date

Time

11/12/23

12:20

For admission desk staff only:

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

Admission intimation Receipt Details


Admission Time in HIS

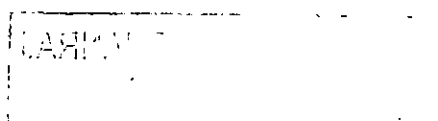
Date	Time	Date	Time
11/12/23	12.20pm	11/12/2023	12.30

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
	Abdul	169	11/12/23	12.30





ADMISSION FORM

Marital Status M	Full Address No. 3/3 CHINNAMETTUPALAYAM		Telephone Number 8939642883
Occupation 203	II STREET KALADIPET CH - 19		
Referred from Dr. G. G	Date of Time of Admission 11/12/2023 - 12.30	Date & Time of Discharge 17/12/23 @ 12.50	Total No. of Days 7 days
UNIT Cardiothoracic	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		
FINAL DIAGNOSIS			ICD Code
TRIPLE VESSEL CORONARY ARTERY DISEASE ACS - INFERIOR WALL			I25.1
MYOCARDIAL INFARCTION - NOT THROMBOLYSED CLASS IV DYSPNOEA			I24.9
MILD PULMONARY ARTERY HYPERTENSION MODERATELY SEVERE			I50.1
LV SYSTOLIC DYSFUNCTION - EF - 34% UNCONTROLLED			I57.2
TYPE II DIABETES MELLITUS			E11.6
DATE			ICPM Code
OPERATION / PROCEDURES			
12/12/23	OFF PUMP CORONARY ARTERY BYPASS GRAFTING LIMA TO LAD, SVG TO D1 AND OM (SEQUENTIAL), SVG TO PDA DONE ON 12.12.2023.		36.10 99.00
DATE			TYPE OF ANESTHESIA
12.12.23	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL		
DISCHARGE STATUS			
<input type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input checked="" type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to			
Signature of the Consultant Dr. Anbarasu Mohanraj Reg No: 55476		Signature of Medical Records Officer 149	

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..... Mr. C. Shanmugapriya who is my wife (Relationship).

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

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

I also acknowledge having been informed if the General Rules and Regulations of the Hospital and that all cash, jewellery and valuables belonging to the patient or 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.

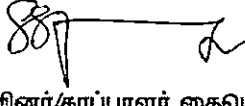
மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.


செவிலியர் கையொப்பம்


Signature of Admitting Nurse

தேதி

Date


எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

 (HUSBAND)
உறவுமுறை

Nature of Relationship



GENERAL CONSENT FOR ADMISSION

I, S. SHANMUGAPRIYA 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 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.

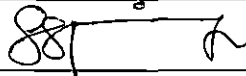

I declare that I have been explained about my rights and responsibilities.

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 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 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		S. SHANMUGAPRIYA	11.12.23	12.30
Surrogate/Guardian (if applicable #)		B. SELVAKUMAR (Write name and relationship with patient)	11.12.23	12.30
Reason for surrogate consent	Patient is unable to give consent because:			
Witness			11/12/2023	12.30
Interpreter (if applicable)				

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




ADMISSION CRITERIA FOR INTENSIVE CARE UNIT

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE	
1	Hemodynamic instability defined as		
	Pulse less than 40 or more than 150 beats/minute		
	Systolic arterial pressure less than 80 mm Hg or 20 mm Hg below the patient's usual pressure		
	Mean arterial pressure less than 60 mm Hg		
	Diastolic arterial pressure more than 120 mm Hg		
2	Respiratory rate more than 35 breaths/minute		
	Cardio-vascular System		
	Acute myocardial infarction		
	Cardiogenic shock		
	Complex arrhythmias requiring close monitoring and intervention		
	Acute congestive heart failure with respiratory failure and / or requiring hemodynamic support		
	Hypertensive emergencies		
	Unstable angina, particularly with dysrhythmias, hemodynamic instability, or persistent chest pain		
	Post cardiac arrest		
	Cardiac tamponade or constriction with hemodynamic instability		
3	Dissecting aortic aneurysms		
	Complete heart block		
	Miscellaneous Conditions		
	Septic shock with hemodynamic instability		
4	Hemodynamic monitoring		
	Clinical conditions requiring ICU level nursing care		
	Post procedure elective admission		
5	Post Coronary Angioplasty		
	Post Cardio-vascular Surgery	✓	
	Following angiographic procedure		
	Complication resulting from the angiographic procedure including any significant change in pulse in the affected extremity, neurologic changes, persistent bleeding, or persistent nausea and vomiting post-procedure		
6	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		
	Pulmonary System		
7	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		
8	Renal failure		
	Oliguria or anuria for more than 12 hours		
	Metabolic acidosis (pH <7.1)		
9	Patients requiring hemodialysis can be performed in ICU when the blood pressure is borderline		

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE			
8	Endocrine System and Metabolism related				
	Diabetic ketoacidosis complicated by hemodynamic instability, altered mental status, respiratory insufficiency, or severe acidosis				
	Thyroid storm or myxedema coma with hemodynamic instability				
	Hyperosmolar state with coma and/or hemodynamic instability or Serum Glucose more than 800 mg/dl				
	Other endocrine problems such as adrenal crises with hemodynamic instability				
	Severe hypercalcemia (Serum Calcium more than 15 mg/dl) with altered mental status, requiring hemodynamic monitoring				
	Hypo or hyponatremia (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. Praveen	112236	12/12/21	16-

DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE			
1	Stable hemodynamic parameters	✓			
2	Stable respiratory status (Pt. extubated with stable arterial blood gases) & airway patent	✓			
3	Minimal oxygen requirement (not more than 3 L by nasal prongs)	✓			
4	Intravenous / Inotropic / Vasopressor support and vasodilators are no longer necessary	✓			
5	Cardiac dysrhythmias are controlled	✓			
6	Presence of distal pulses	✓			
7	No signs of bleeding and hematoma at puncture site	✓			
8	End of life care pathway chosen	✓			
Doctor	Signature	Name	Reg. No.	Date	Time
		Dr. Praveen	112236	14/12/21	10.45



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NABH ACCREDITED



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DISCHARGE SUMMARY

IP No.	: IPH202302475	D.O.A	: 11/12/2023 - 17:10 hour:
UHID	: MHI202381078	D.O.D	: 17/12/2023 - 12:50 hour:
Name	: Mrs. SHANMUGAPRIYA.S	Room No.	: 208-TS
Age / Gender	: 45 Years / FEMALE		
Consultant	: Dr. Anbarasu Mohan Raj, MS, DNB, M.Ch (CTVS), FRCS(Glasg) Director and Clinical lead – Cardio Vascular and Thoracic Surgery		

D.O.S: 12.12.2023

DIAGNOSIS:

TRIPLE VESSEL CORONARY ARTERY DISEASE
ACS - INFERIOR WALL MYOCARDIAL INFARCTION – NOT THROMBOLYSED
CLASS IV DYSPNEA
MILD PULMONARY ARTERY HYPERTENSION
MODERATELY SEVERE LV SYSTOLIC DYSFUNCTION – EF: 34%
UNCONTROLLED TYPE II DIABETES MELLITUS

SURGERY:

OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 4 GRAFTS:
LIMA TO LAD, SVG TO DI AND OM (SEQUENTIAL), SVG TO PDA DONE ON 12.12.2023

BRIEF HISTORY:

Mrs. Shanmugapriya.S, 45 years old female, a known case of Uncontrolled Type II Diabetes mellitus, Class IV dyspnea, ACS – Inferior wall myocardial infarction – not thrombolysed, Mild pulmonary artery hypertension, Triple vessel disease, Moderately severe LV systolic dysfunction, has come for CABG. Patient was apparently normal till 31.10.2023, when she developed sudden onset breathlessness which rapidly progressed to NYHA class IV. Initially, she went to Tagore Medical College and Hospital where she was diagnosed as ACS - Inferior wall myocardial infarction. She was managed conservatively and after medical stabilization she underwent Coronary angiogram on 02.11.2023 which showed Triple vessel disease. She then came to Medway Heart Institute on 29.11.2023 and advised early CABG. Patient and attenders were explained about the nature of disease, risks and prognosis of CAD and the need for revascularization. Currently, she is getting admitted for the same. No H/O Palpitations, Syncope or Swelling of Legs. No H/O CVA, CKD, BA, seizure disorder or Hypothyroidism.

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

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Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Kumbakonam 044-2473 4455	Chengalpattu 044-27426829	Villupuram 04146-242000
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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 4454
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MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED

NAME : MRS. SHANMUGAPRIYA.S

UHID : MHI202381078



IPNO: IPH202302475

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ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

TEMP	-	98° F
HR	-	50bpm
BP	-	94/60mmHg
SPO ₂	-	98% in room air
CVS	-	S1S2 (+)
RS	-	BAE (+)
Abdomen	-	Soft, non - tender
CNS	-	NFND

BLOOD INVESTIGATIONS:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	11.1	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	35.9	39-52	%
TWBC	6,460	4000 - 10000	Cells/Cumm
NEUTROPHILS	58.7	40-80	%
LYMPHOCYTES	32.9	20 - 40	%
EOSINOPHILS	3.6	0 - 6	%
MONOCYTES	11.2	0 - 6	%
BASOPHILS	0.6	0 - 2	%
PLATELET	1,96,000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Cells /cumm
Urea	21	14 - 40	mgs/dl
Creatinine	0.72	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na ⁺)	139	135 - 145	mmol/l
Potassium (K ⁺)	4.46	3.4 - 5.5	mmol/l
T. Bilirubin	0.83	0.2-1.0	mg/dl
D Bilirubin	0.28	0.00 - 0.4	mg/dl
I. Bilirubin	0.55	0.4-0.6	mg/dl
S.G.O.T	15	<38	U/L
S.G.P.T	10	<41	U/L
ALP	75	Adult: 42 - 141	U/L
GGT	19	Male : 10 - 45 Female : 5 - 32	U/L
Total Protein	7.1	6.0 - 8.0	gm/dl
S. Albumin	3.9	3.5 - 5.0	gm/dl

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Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED

NAME : MRS. SHANMUGAPRIYA.S

UHID : MHI202381078



IPNO: IPH202302475

Every heart beat counts
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HBA1C	11.9	Normal: Below 6.0 Good control: 6.1-7.0 Fair Control : 7.1-8.0 Unsatisfactory: 8.1-10.0 Above 10 : poor control (GHB is an index of your blood Sugar control for the past (3 months)	%
T.S.H	1.52	Adult: 0.25 - 5.0 New born- 4days: 1.0-39.0 Child upto 14yrs: 1.0-9.0	UIu/ml
T3	79	"Adult : 60 - 152 New born - 4 days : 96 - 730 1 - 11 Months : 102 - 243 1 - 9 yrs: 89 - 237	ug/dl
T4	7.6	"Adult : 4.6 - 9.3 New born - 4 days : 11.0 - 21.3 1 - 11 months: 5.8 - 16.1 1 - 9 yrs : 6.3 - 13.16	ug/dl

ECG: 108bpm, sinus tachycardia, Q wave in lead III and aVF.

ECHO: EF CALCULATED BY SIMPSON'S METHOD LV EDV: 121ML, ESV: 80ML, EF: 35%, DILATED LA AND LV, OTHER CHAMBERS NORMAL IN SIZED, REGIONAL WALL MOTION ABNORMALITY PRESENT - BASAL INFERO LATERAL, BASAL ANTERO LATERAL CONTRACTING, REST OF THE SEGMENTS HYPOKINETIC, MID AND APICAL SEPTUM, APEX THINNED, MODERATE LV SYSTOLIC DYSFUNCTION, EF: 35%, NORMAL RV SYSTOLIC FUNCTION, RV TDI: 10CM/S, TAPSE: 18MM, ALL VALVES STRUCTURALLY NORMAL, IAS/IVS INTACT, AORTIC GRADIENT - MAX GRADIENT - 6MMHG, MEAN GRADIENT - 3MMHG, GRADE II DIASTOLIC DYSFUNCTION, TRIVIAL MR, TRIVIAL TR, MILD PAH, MODERATE BILATERAL PLEURAL EFFUSION, MINIMAL PERICARDIAL EFFUSION ANTERIOR TO RV AND BEHIND RA, NO CLOT/ VEGETATION. GLOBAL LONGITUDINAL STRAIN: 8.3% (NORMAL 18% TO 22%)

CXR: PA film, lung fields clear, CTR - 0.5 %, mild bilateral pleural effusion.

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Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
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MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED

NAME : MRS. SHANMUGAPRIYA.S

UHID : MHI202381078



IPNO: IPH202302475

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COURSE IN THE HOSPITAL:

Mrs. Shanmugapriya.S, 45 years old female, was admitted with above mentioned complaints. She underwent **OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 4 GRAFTS: LIMA TO LAD, SVG TO D1 AND OM (SEQUENTIAL), SVG TO PDA ON 12.12.2023.** She was shifted to SICU with stable hemodynamics and nil supports. She was extubated on the same day (12/12/2023) at 20:30 hours. Drains were removed on POD1 (13/12/2023). She was shifted to ward on POD 2 (14/12/2023). Suture removal was done on POD4 (16/12/2023). Patient course in the hospital was uneventful. Her medications are optimized and she is being discharged in a stable clinical status.

POST OP INVESTIGATIONS:

BLOOD:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	9.3	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	25.7	39-52	%
TWBC	9310	4000 - 10000	Cells/Cumm
POLYMORPHS	63.5	40-70	%
LYMPHOCYTES	31.6	20 - 40	%
EOSINOPHILS	2.5	0 - 6	%
MONOCYTES	2.4	0 - 6	%
PLATELET	173000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Lakhs/cumm
Urea	128	14 - 40	mgs/dl
Creatinine	0.80	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na ⁺)	138	135 - 145	mmol/l
Potassium (K ⁺)	3.80	3.4 - 5.5	mmol/l

ECG: HR – 84bpm, sinus rhythm, Poor R wave progression in anterior leads, VPC (+), Q wave in lead III and aVF.

ECHO : S/P CABG, DILATED LA AND LV, OTHER CHAMBERS NORMAL IN SIZED, REGIONAL WALL MOTION ABNORMALITY PRESENT – BASAL INFERO LATERAL, BASAL ANTERO LATERAL CONTRACTING, REST OF THE SEGMENTS HYPOKINETIC. MID AND APICAL SEPTUM, APEX THINNED, MODERATELY LV SYSTOLIC FUNCTION – EF: 34 %, NORMAL RV SYSTOLIC FUNCTION, RV TDI: 11CM/S, TAPSE: 16MM, ALL VALVES STRUCTURALLY NORMAL, LAS / IVS INTACT, AORTIC GRADIENT – MAX GRADIENT – 8MM HG, MEAN GRADIENT – 5 MM HG, GRADE II DIASTOLIC DYSFUNCTION, TRIVIAL MR, TRIVIAL TR, MILD PAH, MILD BILATERAL PLEURAL EFFUSION, MINIMAL PERICARDIAL EFFUSION ANTERIOR TO RV AND BEHIND RA, NO CLOT / VEGETATION.

CXR: PA film, sternal wires seen, CTR – 0.5%, lung fields clear, BVM (+), Minimal bilateral pleural effusion.

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PATIENT
HELPLINE
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NAME : MRS. SHANMUGAPRIYA.S

UHID : MHI202381078



IPNO: IPH202302475

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HR - 74/min BP - 106/72mmHg
SPO2 - 98% in room air

ADVICE MEDICATIONS:

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

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JCI ACCREDITED NABH ACCREDITED

NAME : MRS. SHANMUGAPRIYA.S

UHID : MHI202381078



IPNO: IPH202302475

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DIABETIC MEDICATIONS:

SL. NO	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. GLIZATO M (GLICLAZIDE + METFORMIN)	1 TABLET	80MG/500MG	1	0	1	ORAL	BEFORE FOOD	TO CONTINUE
2	TAB. TRAJENTA (LINAGLIPTIN)	1 TABLET	5 MG	1	0	1	ORAL	BEFORE FOOD	TO CONTINUE
3	INJ. HUMAN MIXTARD (INSULIN ISOPHANE/ NPH (70%) + HUMAN INSULIN/ SOLUBLE INSULIN (30%))			25 ⁰⁰	-	10 ⁰⁰	S/C	BEFORE FOOD	TO CONTINUE
4	TAB.FORXIGA (DAPAGLIFLOZIN)	1 TABLET	10MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE

DISCHARGE ADVICE	
DIET	HIGH PROTEIN, LOW SALT LOW FAT AND DIABETIC DIET
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION	1800ML/DAY
REVIEW	REVIEW WITH DR. ANBARASU MOHANRAJ AFTER 22/12/2023 WITH FBS, PPBS, HB, UREA, CREATININE, SODIUM, POTASSIUM, CHEST X RAY

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

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

Typed by: S.Hari / Kalai

Dr. ANBARASU MOHANRAJ
Reg. No: 55476

CONSULTANT SIGNATURE

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

"I understood the Content of the discharge summary."

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INPATIENT INITIAL ASSESSMENT

Date: 11/12/23

Time of arrival in ward: 12.50

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp 98.4 (°F) | Pulse / HR: 51 (beats/min) | BP: 91/61 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 98 (%) | Height: 165 (cms) | Weight: 68.1 (kgs) | BMI: 25.3 kg/m²

Pain: ☐ Yes ☒ No. If Yes, Score: 0/10

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

40yrs old year female k/c/o T2DM, ACS-evolved IWM? - Not thrombolysed, Anaemia, TVD, Moderate LV Dysfunction, has come for CABG. Patient was apparently well till 30/10/23 when she developed sudden onset shortness of breathlessen NYHA Class - IV. Initially, she went to Tagore medical college

PAST MEDICAL HISTORY (with duration of illness):

Diabetes Mellitus: ☒ Yes ☐ No. If Yes, duration: 12yrs Hypertension: ☐ Yes ☒ No. If Yes, duration:

Others:

N/C/o Bronchial Asthma / COPD / Pulmonary tuberculosis

Past Surgical History:

Nil

and hospital where she was diagnosed as IWM? and conservatively - She underwent coronary Angiogram on 2/11/23. Which showed TVD.

- no H/o chest pain, Palpating, fever, ↓ urine output

Present Medication (for Medication Reconciliation):

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1.	T. Sacurise	100mg	Pb	0-0 1/2	7/12/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	T. Tide Plus	10/25mg	Pb	1-0-0	11/12/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	T. Irban	5mg	Pb	1-0-1	11/12/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	T. Clopilet	75mg	Pb	1-0-1	7/12/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	T. Escospirin AV	75/40mg	Pb	0-0-1	7/12/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	T. Flavendon MR	30mg	Pb	1-0-1	11/12/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	T. O80 fer x T	1tab	Pb	0-0-1	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	T. Homo chek	1tab	Pb	1-0-0	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	T. Pantocid D	1tab	Pb	1-0-1	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Ins. Human Actrapid		S/c	6U-6U-6U	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Family History:

11) Ins. Human mixtard 30/70 S/c 4U-0-4U
Nil

Personal / Social History (Tick whichever is applicable)

Lifestyle: ☐ Sedentary ☒ Active Occupation: Teacher.
Smoking: ☐ Yes ☒ No Alcohol: ☐ Yes ☒ No Recreational Drug Use: ☐ Yes ☒ No
Others: _____

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

Obstetric code: P1A2
ILSCS. done 2011

General Physical Examination:

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

SYSTEMIC EXAMINATION

CVS:

S1S2 ⊕

Respiratory System:

BA ⊕, no added sounds

Gastrointestinal System:

Soft, NI, no organomegaly

Central Nervous System:

No focal neurological deficit

Urinary / Reproductive / Locomotor System:

(N)

Skin / Ophthalmic / ENT

(N)

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:

T2DM | CAD-TVD | Moderate LV ⊕ EF-35%.

Plan of Care:

- Plan: CABG & GA

- Monitor vitals

- To follow drug chart

- To get Anesthetic Advice

- Consent

- Parts of Preparation

Reg No: 22476

Investigations Advised:

Reports enclosed.

Diet Advice:

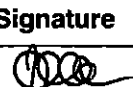
- ☐ Nil per Oral ☐ Clear liquid diet ☐ Normal liquid diet ☐ Diabetic liquid diet
☐ Semisolid diet ☐ Soft solid diet ☐ South Indian normal diet ☐ North Indian normal diet
☐ Neutropenic liquid diet ☐ Others: low salt, low fat

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

Others:

	Signature	Name	Reg. No.	Date	Time
Resident Doctor		Dr. Mohamed Hydros	165308	11/12/23	16:00
Consultant	Dr. Anbarasu Mohanraj	Dr. ANBARASU	55476	11/12/23	16:00
Patient Attendant	S. Lohman	Relationship Daughter	-	11/12/23	16:00



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45, Female/MHI2023817 / 8

11.12/2023/1PH20230 475

Dr. ANBARASU MOH. NARAJ



MHI/IP/2022/041



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DOCTOR'S PROGRESS NOTES

NOTES

11.12.23

S/B DS-Anusuya

11.30pm

A case of CAD - TVD | EF - 35%.

Patient reviewed

clo: Chest pain on a 55b

O/E: Patient conscious, oriented, Afebrile.

S/E: CVS - S1S2(P)

RS - BAE(P)

Vitals stable

Advice

- posted for CABG tomorrow
- NPO from 5am tomorrow
- consent
- parts preparation - pre-medication
- shift to OT on call.

K to

(1345m)

Ror $\frac{2}{112216}$
 Dr. Anbarasu
 PA. Kartick
 (MH10216)

DATE	NOTES
13/12/2023	S/B Dr. Anbarasu / DR. Rajesh / Dr. Praveen
8:00	100-1
	S/p O/CABX 4 grafts
Hb - 9.6	patient conscious, oriented, afebrile.
Urea - 21	BP: 135/62 mmHg
Cret - 0.46	SpO ₂ : 94% on room air
	HR: 106 bpm
	I/O: 1835ml / 1897ml balance - 62ml.
<u>ABG.</u>	Adequate urine output on UO ₂
pH - 7.4	Tolerating oral feeding
pCO ₂ - 34.6	peripheries felt warm
pO ₂ - 78.1	supports Nil
pHCO ₂ - 23.6	Drainage: 520ml.
BE - 0.4	
Hb 11.8	
Na ⁺ - 138	
K ⁺ - 4.4.	
	<u>Plan</u>
RBS - 145mg/dL	→ Rx 1.5 litres per day
	→ remove drains
	→ chest physio & mobilize
	→ nebulization
	→ spirometry
	→ T. METOPROLOL 25mg 1-0-1
	→ T. GLUCAGON 1mg 1-0-1 (BF)
	→ T. TRAMETOP 5mg 1-0-1 (BF)
	→ T. FOLIC AC 10mg 1-0-0 (MT)
	→ shift to ICU II
	SpO₂ monitor



DOCTOR'S PROGRESS NOTES

DATE	NOTES
14/12/2023 @ 8.20	S/B: Dr. Anbarasu / Dr. Rajesh / Dr. Praveen
	s/p: OPCS x 4 grafts.
POD#2	• patient comfortable
Hb - 9.8	OF: conscious, oriented, Afebrile
Cr - 27	• BP - 96/64 mmHg.
Gx - 0.57	• HR - 112 Bpm
Na - 135	• SpO ₂ - 94% on room air
K - 3.89	• Dlo - 2506mL / 2755mL ; Bal W 249mL
	• U cath removed
RRS - 16.8mg/dL	• Adequate urine output
	<u>plan</u>
	• RF - 1.5 litres/day
	• Good chest physio
	• mobilize
	• Nebulization & spirometry
	• Shift to Ward after Selfvoid
	<i>Spencer</i> <i>11/22/26.</i>

DATE	NOTES
16/12/23	S/R. Dr. Sujith. (DNO)
10:30 AM	S/R F OPLAB XUGRAFT
POD #2	- pt. received in ward.
BP - 100/70 mmHg	- pt. reviewed
HR - 104 bpm	NO specific complaints
SpO ₂ - 98% on 1 LPA	S/R - pt. conscious, oriented, Afebrile.
	S/R - WBS - S.S. 2 (P)
	RR - RAB (P)
	PA - RAB; NTND
	Adv
	- RR 1.5L/dy
	- Chest physio
	- Mobilisation.
	- Inhalisation + Spirometry
	- Vitals monitoring
	- w/h distress or desaturation
	BOY: 01 124559



DOCTOR'S PROGRESS NOTES

DATE	NOTES
14.12.23	S/B Dr. Anusuya
5.30 PM	Postop case to OPCABX Agra
PDD-2	- Patient reviewed
	C/O: mild pain in the surgical site
	O/E: patient conscious, oriented, Afebrile
	S/B: CVS - S1S2 ⊕ L/E: Dressing intact
	AS - BAE ⊕ Naso O2
	Vitals: HR - 84 bpm RR - 18/min
	BP - 110/80 mmHg SpO2 - 98% RA
	Advice
	- monitor vitals
	- continue the drugs as per chart
K. An (12.00 PM)	- Plan: suture removal on 16.12.23
	- mobilise the patient
	- continue the chest physio & spirometry.

DATE	NOTES
14/12/23	SIB - Dr. Hari Vignesh (DNO)
11:30 PM	PA reviewed
POD - II	O/E - GI full P.R. comm oriented
Vitals Stable	S/E - IUS - S, S ₂ ⊕ RS - BLAE ⊕ CNS - NFND P/A - Soft N7
	<u>R+</u>
	- SR on 16/12/23
	- Chest Physio. (Spirometry)
	- Nebulization
	- Mobilizing the pt



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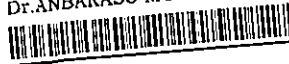


Mrs. SHANMUGAPRIYA S

45/Female/MH1202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



MHV/IP/2022/041



Every heart beat counts

DOCTOR'S PROGRESS NOTES

DATE	NOTES
15/12/23	S/B Dr. Anusuya
	S/p OPCAB x 1 grafts
9-00 AM	Patient reviewed.
PDD - 2	c/o: mild pain in the surgical site. O/E: Patient conscious, oriented, Afebrile S/E: Cvs - S, S2 (+) A/E: Dressing intact RS - BAE (+) no leakage CILS - NEND P/A - soft, non-tender <u>vitals:</u> HR - 86 b/m RR - 20/min BP - 110/70 mmHg SpO ₂ - 98% RA Advice — monitor vitals — continue the drugs as per chart Plan: — Suture removal on 17.12.23 — mobilize the patient — Continue chest physio & spirometry
R. In (134559)	

DATE	NOTES
15/12/23	C1C1B - Dr. S ⁿ Elango (DNU)
10:00pm	- ph. reviewed. no c/o - palpitation.
	c/o - mild pain over sx site.
PR - 93/min	O/E: conscious, oriented, afebrile.
RR - 20/min	S/E:
BP - 110/70 mmHg	US: S ₁ M ₂ ⊕
SpO ₂ - 94%	IB: RAE ⊕
	P/A: soft.
	<u>Advice:</u>
	- follow up drug orders
	- monitor vitals
	- suture removal on 17/12/23.
	- mobilise pt.
	- continue check physical and spirometry.
	<u>Elango</u> 17/12/23



DOCTOR'S PROGRESS NOTES

DATE	NOTES
18/12/23	S/R Dr. Mohamed Hydous
10am.	Post op care of OPCAB x 4 grafts
	POD-18
	Patient conscious
	Oriented
	Afebrile
	Vitals
	PR-84/min
	RR-18/min
	SpO ₂ 100% on 4L O ₂
	SpO ₂ 98%
	CVS → S1S2 (+)
	RS → RST E (+)
	PIA → soft, NT
	Adv
	- Monitor vitals
	- To follow drug chart
	- Mobilise the patient
	- Spirometry / Chest Physio.
	- To do Post op Investigation
	ECG, Echo, CXR PA view
	the Casson

DATE	NOTES
16.12.23	S/B Dr. Arunswamy
6.30 PM	S/P OPCABX 4 grafts Patient reviewed.
POD-4	C/O Pain in the 1.6.63 / 134559
16/12/23	S/B Dr. Arunswamy
9.00 AM	NO new complaints at present
Vitals: stable	C/O pt w/fever / apyrexia / P ^o / PEO US / PC / CM / NAB P/A : 104/56/127 ACW — CST — Vitals monitor — BP/PTK / F-OLK ²
17/12/23	S/B Dr. Sujith R (Dns) 134559
11.00 AM	Pt. reviewed. + No complaints
Vitals stable	S/P - for coronaries, ordered, A-Heir S/P - CUS - S.S. (+) ; PS - BAE (+) ; PA - Joga. Adm — vitals monitor / — roller dry chest — 2 fen sol. — (B) today

RA
183573



MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name Mrs. Shanmugapriya

Age 45/F

MHI/202381078

UHID

Diagnosis Type II Diabetes mellitus

Plan CABG

~~Insulin~~ Evolved (WMS)
moderate LV dysfunction

r. ezosprin av
r. sacurice
r. clopidu

stopped
from
7/12/23

EURO Score / STS Score 1.13%

PRE OP DRUGS (ACE/ARB/ANTIPLATELETS):

Diabetes Mellitus (HB1AC) 11.9%

Associated Illness

Carotid Doppler

Thyroid Enzymes

T3-79
T4-7.6
TSH-1.57

Sr. Creatinine 0.72

Any other illness of concern

Allen's Test

Myocardial viability if needed

Varicose Veins

Pulmonologist Clearance

Nephro Clearance:

Neurology Clearance:

Dental Clearance:

Mitral Regurgitation Assessment Trivial MR

Nursing:

Billing Clearance:

Physiotherapy

Spirometry taught

Concerns from Surgical Team :

SIGNATURE :

Sarany
Phys Asst

Mrs. Manmugapriya Selvakumar, 43 year old male, a known case of Diabetes mellitus, ACS - Evolved IWM1 - not thrombolysed, Anemia, Triple vessel disease, moderate LV dysfunction, has come for CABG. Patient was apparently normal till 31.10.23 when she developed sudden onset ~~Breathlessness~~ ^{Breathing difficulty} which rapidly progressed to NYHA class IV. Initially, she went to Tagore medical college and hospital where she was diagnosed as IWM1.

~~After this~~ She then underwent coronary angiogram on 2/11/2023 which showed Triple vessel disease. She then came to MHION 29/11/2023 ~~with~~ and advised

Early CABG. No palpitations / swelling of legs / syncope.
No HbO CVA / CKD / RA / Hypothyroidism

↓
Coronary
physiologist



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MH/ PRINT / 0099 / NRS

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Thiruvudaimarudhur (Taluk), Kumbakonam - 61 2103. (Tanjore Dist). Ph: 0435 - 2412345 | Mob : 7397720491

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

Mrs. SHAI MUGAPRIYA S

45/Female/ MH1202381078

11/12/2025, IPH202302475

Dr. ANBARASU MOHANRAJ



PRE-OPERATIVE CHECKLIST

Name :	Age :	Gender :	UHID No. :	
Ward :	Bed No. :		B.S.	A.S.
Clinical Diagnosis :				
CAD - TVD			✓	✓
Proposed Procedure :				
CABG			✓	✓
CHECKLIST				
1.	Identification Band on Hand Checked ?		✓	✓
2.	Surgical consent Signed? a. Special Consent signed if required. Yes		✓	✓
3.	Anesthetist Consultation (If required?) Yes		✓	✓
4.	History AND Physical Onchart? a. Height.....145 cm..... b. Weight.....63.4 Kg/m ²		✓	✓
5.	Allergic to drugs ? NKDA		✓	✓
6.	Surgical Preparation done ? Yes		✓	Surgical Dressing
7.	Nill by Mouth From5:00.....		✓	7
8.	Blood Grouping & Rh TypingB ⁺ VC.....		✓	7
9.	Investigation <input checked="" type="checkbox"/> X - Ray <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> LAB		✓	7
10.	Blood Sugar.....71 mg/dl..... Time.....11:30.....		✓	7
11.	TPR Chart Pulse.....82b/m..... Temp.....97°F..... BP 130/70..... RR.....20b/m.....		✓	7
12.	Time Voided a. Retention <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		✓	catheterized
13.	Enema <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		✓	7

MMC - POC - 2102

14.	a. Prosthesis Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable b. Plates present Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable c. Contact Lenses Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable d. Dentures Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable	✓	✓
15.	Valuables and Jewellery Removed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	✓	✓
16.	Pre-Operative Medication Administered Yes a. Time 20:00 b. Nurse ALBINUS	✓	✓
17.	Blood Transfusion requisition Onchart 10 PCV	✓	✓
18.	X-Ray 1 No	✓	✓
	ECG / ECHO 1/1	✓	✓
	Ultra Sound		
	C.T. Scan.....		
	MRI Scan		
	TMT		
	Medication		
	11/12/23 T. PAN 40mg H18	✓	
	T. ALPRAX 0.5mg H18	✓	
	12/12/23 T. PAN 40mg 5:00	✓	
	T. ALPRAX 0.5mg 5:00	✓	
	Others		


0088
verified by
COT
RLN SK
0088
Nurse Signature

Mrs. SHANMUGAPRIYA S
45/Female/MHI202381078
11/12/2023/IPH202302475
Dr. ANBARASU MOHANRAJ

CONSENT FOR SURGERY

Mr./Ms./Mrs SHANMUGAPRIYA S ☒ the Patient or ☒ Representative of patient have (Please mark correct option and below):

☒ Read

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

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

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

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

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

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

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

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

- Possible risks & complications 1. Bleeding 2. Infection 3. Stroke
4. Arrhythmia 5. Prolonged ICU stay 6. Mild risk to life
- Benefits Symptom free survival
- Alternatives High risk PCT.
- The likelihood of success of the surgery (Percentage / Other comments) 92-93.
- Possible results of non-treatment 1. Myocardial infarction
2. Heart Failure.
- I declare that I have received and fully understand the information provided in this consent form, that I have been given an opportunity to ask questions relating to my ailment, the operation / procedure being performed, its risks, consequences, alternatives, potential complications and intended benefits and recovery and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my sign this form.

DETAILS	PATIENT / RELATIVES	WITNESS
Name (in BLOCK LETTER)	<u>889 K</u>	<u>* S. Lakshmi</u>
Relationship	<u>SELF / PATIENT</u>	<u>(MOTHER)</u>
Signature	<u>889 K</u>	<u>* S. Lakshmi</u>
Date & Time	<u>11/12/23 @ 19.00</u>	<u>11/12/23 @ 19.00</u>
Name & Signature of Doctor with Registration No.: <u>Dr. PRANEEN TEJASUMATH</u>		

112236.

Dr. Anbarasu Mohanraj
Reg No: 55476

Doctor Seal

நோயாளி விவரங்கள்: (Affix Label here)

பெயர் : _____

UHID : _____

விறந்த தேதி : _____ பாணி : _____

அறுவை சிகிச்சை ஒப்புதல் படிவம்

நான்நோயாளி அல்லது நோயாளியின் பிரதிநிதி தயவுசெய்து மேலேயும் கீழேயும் பொருத்தமான தகவல்கள்
 தரவு செய்யவும்

☐ படியுங்கள்

☐ எனது / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளன.

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

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

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

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

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

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

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

CONSENT FOR ANAESTHESIA SERVICES

I, SHANMUGAPRIYA S ☐ the patient or ☐ the representative of patient have,
(please tick the correct option above and below)
☒ Read
☒ I/We have been explained the current clinical condition of me / my patient
☒ Been explained this consent form in English, which I fully understand and understood the information provided about
Operation / Procedure CORONARY ARTERY BYPASS GRAFTING

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

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

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

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

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

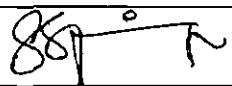
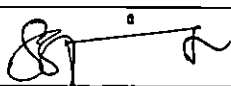
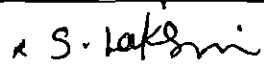
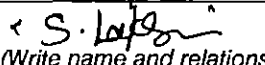


<input type="checkbox"/> Intravenous Regional Anaesthesia <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation Alternatives <input type="checkbox"/> Major/Minor Nerve Block <input type="checkbox"/> GA <input type="checkbox"/> Others	Expected Results	Temporary loss of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

PRENATAL / EARLY CHILDHOOD ANAESTHESIA

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

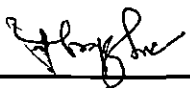
For the above mentioned operation(s) / procedure(s) that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said operation / procedure on ☐ myself or ☐ my above named patient being fully aware of the nature, potential risks and complications, intended benefits and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

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

	Signature / Thumb Impression*	Name	Date	Time
Patient			11/12/23	15:30
Surrogate/Guardian (if applicable #)		 (Write name and relationship with patient)	11/12/23	15:30
Reason for surrogate consent	Patient is unable to give consent because:			
Witness			11/12/23	15:30
Interpreter (if applicable)				

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

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

	Signature	Name	Reg. No.	Date	Time
Consent obtained by		Dr. A. S. Srinivas	43570	11/12/23	15:30

மயக்க மருந்து சேவைகளுக்கான ஒப்புதல்

1. ☐ நோயாளிஅல்லது ☐ நோயாளியின் பிரதிநிதி,

மேலேயும் கீழேயும் சரியான விருப்பத்தைத் தேர்ந்தெடுங்கள்) படித்தல்

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

செயல்பாடு / செயல்முறை _____

இந்த ஒப்புதல் படிவத்தின் கீழே கொடுக்கப்பட்ட செயல்பாட்டு நடைமுறையின் முழு பெயர்

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

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

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

சிறப்புக்கு முந்தைய / ஆரம்பகால குழந்தை பருவ மயக்க மருந்து

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

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

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

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

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

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

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

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

	கையொப்பம்	பெயர்	புதிவு எண்	தேதி	நேரம்
பெறப்பட்ட ஒப்புதல்					



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



ANAESTHESIA RECORD

MHI/OT/2022/094



Every heart beat counts

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



Type of Surgery : ☐ Day Care ☒ Elective ☐ Emergency

Blood Group B+ Height : 165 cms Weight : 63.4 Kgs

Pre-Operative Diagnosis:

CAD, T2D, EF 35%

Proposed Surgery:

CABG

Anaesthetic Plan

GA

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

History of Present Illness:

- ☐ ANGINA ACS, IAMI
☒ DYSPNOEA not symptomatic
☐ SYNCOPE NYHA Class II
☐ MI
☐ CCF
☐ OTHERS

Previous Surgery :

COMORBIDITY

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

Present Medication :

Anti Platelet Stopped on :

7/12/23

Physical Examination :

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

SYSTEMIC EXAMINATION

CVS : 3, 5/6

CNS : WNL

RS : clear

Others : WNL

HR : _____ NIBP : _____ SPO2 : 98% TEMP : 97°F

INVESTIGATION

HB : 11.1 T.BILIRUBIN : 0.83 T3 : 7.9 SEROLOGY NEGATIVE
PLAT : 196000 I.D. : 0.85 T4 : 7.6 Urine: _____
TC : 6.260 D. : 0.28 TSH : 1.52 Others: _____
UREA : 21 T-PROTEINS : 7.1 HBA1C : 11.9%
CREAT : 0.72 S.ALBUMIN : 3.9 RBS : _____
Na+ : 129 PTT / INR : _____
K+ : 4.46 APTT : 32.5

ANGIO LAD - 80%, -95%, LCx 95%, RCA 50-60%

ECG NBR, IAMI
HR 95/min

CXR WNL

ECHO EF 35% Mod. Se. LV dys
Bilateral LA, LV
RWMA +
Normal RV TAPSE 18 mm
Tricuspid MR / TR, mild PHT.

AIRWAY

Teeth Normal
Mallampatti class II
Mouth Opening Adequate
Neck Movement Normal
TM Distance WNL

CAROTID DOPPLER

Other Opinions:

Pre OP Instruction :

Pre Medication :

Night Before Surgery : Tab. Aspirin 0.5mg + Tab. Pantocid 40mg

Day of Surgery : Tab. Aspirin 0.5mg + Tab. Pantocid 40mg at 5 AM

Special Instruction :

Blood Reservation

PCV : one Platelet :

FFP : _____ CRYO :

Whole Blood:

Remarks:

LSCS 2011

Dr. A. SAMUEL SYLVESTER

Reg. No: 43570

Anaesthetist Name with Reg.No. :

Signature

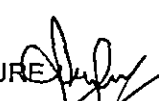
[Signature]

Date: 12/12/23	Anaesthetist: DR. SYLVESTER DR. AJEETHA	Surgeon: DR. ANBARASU DR. PRAVEEN	Anaesthesia Technique <input checked="" type="checkbox"/> GA <input type="checkbox"/> Regional <input type="checkbox"/> Others						
PRE INDUCTION ANAESTHESIA RECORD		MONITORS AND EQUIPMENTS	GENERAL ANAESTHESIA						
Pulse: 82 bpm BP: 190/60 mmHg JRR: 12 l/min Sensorium: <u>CONSCIOUS</u> Sign-in Completed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Equipment Checked: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sign: <u>[Signature]</u> Name: <u>DR. SYLVESTER</u> Time: <u>13:00</u> NO: 43570		<input type="checkbox"/> NIBP <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> End Tidal CO ₂ <input type="checkbox"/> Gas Analyzer <input type="checkbox"/> Oxygen Sensor <input type="checkbox"/> Disconnect <input type="checkbox"/> Temperature Probe <input checked="" type="checkbox"/> Foley Catheter <input type="checkbox"/> Nerve Stimulator <input type="checkbox"/> TEE <input type="checkbox"/> Others: _____ <input checked="" type="checkbox"/> CVC Type: <u>2.5 FR 10cm</u> Site: <u>RTJ</u> <input type="checkbox"/> Standard Asepsis <input type="checkbox"/> USG Guidance <input type="checkbox"/> Complications: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, details: _____ <input checked="" type="checkbox"/> Arterial Line - Type: <u>20G</u> Site: <u>Radial</u> <input checked="" type="checkbox"/> PVC Type: <u>16G</u> Site: <u>ASMM</u> <input type="checkbox"/> PVC Type: _____ Site: _____ <input type="checkbox"/> Others: _____	INDUCTION: <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> IV <input type="checkbox"/> Inhalation - Agent used: <u>ISOflurane</u> Mode of Ventilation: <input type="checkbox"/> Spontaneous <input checked="" type="checkbox"/> Controlled AIRWAY MANAGEMENT: Intubation: <u>Oral</u> Nasal ETT Size: <u>7.5</u> Type: <u>Cuffed</u> CL Grade: <u>I/II</u> / III / IV Secured at: _____ cm Any difficulties and accessories: Throat Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Removed <input checked="" type="checkbox"/> OG Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No OTHER AIRWAY DEVICES: <input type="checkbox"/> LMA Type & Size: _____ <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Face Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Others: _____ Antibiotic / Dose / Time <u>Injection: ceftriaxone 1.5gm @ 13:00</u> Reversal of Anaesthesia						
PATIENT SAFETY									
Position on Table: <u>Supine</u> Pressure points checked & Padded: <input type="checkbox"/> Yes <input type="checkbox"/> No Eye Care: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Safety Belt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Warming Blanket: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fluid Warmer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TED Stockings: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sequential Compression / Decompression: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
DRUGS	PROPOFOL								
	MIDAZOLAM	3							
	FENTANYL	100	100	50	50	50	50		
	MORPHINE								
	VECURONIUM	6							
	ETOMIDATE								
	KETAMINE								
	SUXA/ROCURONIUM								
	CISATRACURIUM/ATRACURIUM								
	SEVO/ISOFLURANE								
ALIN, O									
VITAL SIGNS	Time	13:00	14:00	15:00	16:00	17:00	18:00	19:00	
	Systolic V	200							
	Diastolic A	180							
	Pulse	160							
	Resp. ★	140							
	Operation ○	120							
	Temp X	100							
		80							
		60							
		40							
MONITOR	SPO2	100%	100%	100%	100%	100%	100%		
	CVP	6	7	6	6	6	7		
	PAP								
	ETCO ₂	28	28	28	30	32	32		
	Urine Output								
ABG	PH	7.45					7.46		
	PCO ₂	42.0					24.3		
	PO ₂	103.0					174.2		
	Na ⁺	14.6					11.1		
	K ⁺	3.80					3.56		
	HCT	44					30		
	RBS	74 mg/dl					160 mg/dl		
	LAC								
	BE								
	HCO ₃	22.8					23.8		

		START	STOP	FLUID TRANFUSED		BLOOD PRODUCTS	
ANAESTHESIA				CRYSTALLOID	COLLOID		
PROCEDURE		13.10	16.40	KABILYTE 500		nil	
		12.25	16.35	KABILYTE 500	nil		
CPB				" 500			
AXC				" 500			
CUF :		MUF:					
HEPARIN				PRESSURE MONITOR			
DOSE		TIME	ACT	PRE OP			
100 mg		14.40	505 sec	PA		RV	PCWP
				ABP			
PROTAMINE				POST OP			
DOSE		TIME	ACT	PA		RV	PCWP
100mg		16.00	120 sec				
				ABP			
INOTROPES & INFUSIONS							
DRUG	DOSE	START	END	DRUG	DOSE	START	END
DILUTION	(RANGE)	TIME	TIME	DILUTION	(RANGE)	TIME	TIME
ADRENALINE	105µg/kg/min	1500-	Continued	NTG	15-1µg/kg/min	15.30-	Stopped-
4mg/50cc				20mg/25ml			
ADRENALINE	102µg/kg/min	15.30	Stopped				
6mg/50cc							
NTG							
25mg/25cc							
REGIONAL ANAESTHESIA <input checked="" type="checkbox"/> YES/ NO				IABP: NO			
DETAILS: ESPB 25ml + 25ml each side				ECMO: NO			
Inj. Ropivacaine 0.25%				TEE: NO			
Inj. Dexmedetomidine 50mg							
Left Femoral nerve block							
Inj. Ropivacaine 0.25 → 7ml							
REMARKS / CRITICAL EVENTS							

ANAESTHESIOLOGIST NAME :
REG.NO.

Dr. A. SAMUEL SYLVESTER
Reg. No: 43570

SIGNATURE 

POST OPERATIVE PLAN

Transfer to: ☒ SICU ☐ Others, specify: _____

Arrival in Recovery / ICU Time: 16.55

SpO₂: 100 % HR: 97 beats/min Rhythm: Regular RR: 14 breaths/min

ABP: 122/71 mmHg CVP: 10 mmHg PAP: _____ mmHg C.O.: _____ L/min

Conscious state: Awake Pain score: _____

VENTILATOR SETTINGS: Volume control /
RR 14/min ; TV 500ml ; PEEP 5mmHg
FiO₂ 0.2

IONOTROPES:

NIL

POST OP ORDERS:

1) Do ABG / Chest x ray / Act.
2) Wean & extubate when fully awake

MODIFIED ALDRETE'S SCORE (Score against each criteria)

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

Total Score: 10

Patient fit for discharge:

☒ YES ☐ NO

Dr. A. SAMUEL SYLVESTER
Reg. No: 43570

Anaesthetist Name & Reg.No. :

Signature

[Handwritten Signature]



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Every heart beat counts

UNIT : INSTITUTE OF CARDIO VASCULAR DISEASES

OPERATION NOTES

Name of Patient

Age :

UHID No. :

Sex :

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



Pre-Operative Diagnosis : CAD - T2D, moderately sev 2V, EF - 34%

Post-Operative Diagnosis : - do -

Operation Procedure OPCAB x 4 grafts

LIMA → LAD

SV4 → PDA

SV4 → D₁ & OM (seq)

D.O. Operation

1 2 1 2 2 0 2 3

Please tick the type of procedure :

Closed ☒

Open ☐

Operation

Commenced :

14.25

Operation

Completed :

16.35

Nature of

Anaesthetic : 4CA

Surgeons Dr. Anbarasu / Dr. praveen / Dr. Sai / Karthi Perfusionist -

Anaesthetist Dr. sylvester

Nurse Ms. sayatha

Incision Midline

Cannulation

Arterial

Venous

Oxygenator

Total CPB Time

Total ACC Time

Total TCA Time

Findings and Relevant Details :

Fair myocardial contractions
LIMA - 1.75mm, good quality,
good flow

SV4 - 4mm, from left leg, good
quality

LAD - 1.5mm, healthy target

D₁ - 1.5mm,

OM - 1.5mm, plaques (+), diffuse
disease

PDA - 1.5mm, diffuse disease

Median sternotomy, pericardiectomy, LIMA &
SV4 harvested, systemic heparinization done.
Heart stabilized with myocardial stabilizer (guidant).
Distal anastomosis done. LIMA → LAD, SV4 →
D₁ & OM (seq), SV4 → PDA, aorta occluded
partially. two 4mm holes were made on the
aorta. proximal anastomosis done with 6-0 & 7-0
prolene sutures. protaminized. Hemostasis
secured. Pericardium reapproximated
partially. Routine chest closure done with
two drain tubes in situ.

POST-BY PASS HAEMODYNAMICS

RA

LA

Cardiac Output

RV

LA

CI

SYS

SYS

PA

MEAN

BP

MEAN

DIAS

DIAS

PACW

Support :

Isoprin

Adrenaline

Dopamine

IABP

Dobutrex

Others

NIL

POST-OPERATIVE INSTRUCTIONS :

Watch for: Bleeding & hypotension

Blood loss: 200 ml

Blood transfusion: nil

Drains : Chest (dt) - 1

Mediastinal - 1

Pericardial

Others

2

Sponge Count :

correct

Dr. Anbarasu Mohanraj

Reg No: 55476

Surgeon :

Dr. Anbarasu Mohanraj

Date :

12/12/2023



OPERATION NOTES

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

NAME: Mrs. SHANMUGAPRIYA.S	AGE/GENDER: 45Years / FEMALE
UHID NO: MHI202381078	IP NO: IPH202302475
DOA: 11/12/2023	DOS: 12/12/2023
SURGEON: DR. ANBARASU MOHANRAJ	ANESTHETIST: DR. SYLVESTER
ASSISTED BY: DR. PRAVEEN JEYAKUMAR	PHYSICIAN ASSOCIATE: MS. SAIKUMARI/MS. KARTHIKA
SCRUB NURSE: MS. SUJATHA	

DIAGNOSIS:

TRIPLE VESSEL CORONARY ARTERY DISEASE

MODERATELY SEVERE LEFT VENTRICULAR DYSFUNCTION (EF – 34%)

MILD PULMONARY ARTERY HYPERTENSION

UNCONTROLLED DIABETES MELLITUS

CLASS II – III ANGINA

SURGERY DONE:

OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 4

LIMA TO LAD

SVG TO D1 AND OM (SEQUENTIAL)

SVG TO PDA

FINDINGS:

Fair myocardial contractions

Hypertrophic left ventricle

LIMA – 1.75mm, Good quality, good flow

SVG – 4mm, from left leg, Good quality

LAD – 1.8mm, Plaques (+), Distal LAD grafted

D1 – 2.0mm, diseased vessel

OM – 1.8mm, Plaques (+)

PDA – 2.0mm, Healthy target, proximal plaques (+)

Good distal run off in all the grafts

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

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

PATIENT
HELPLINE
94457 94457
1800 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Kumbakonam 044-2473 4455	Chengalpattu 044-27426829	Villupuram 04146-242000
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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 4454

MHI/HOSP/2022/118



JCI ACCREDITED



NABH ACCREDITED



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

PROCEDURE:

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

Heart positioned and stabilized with myocardial stabilizer for OM grafting. Arteriotomy was made and 1.5mm intracoronary shunt was inserted. The end of the saphenous vein was anastomosed to the side of the OM artery with 7-0 prolene suture. (SVG TO OM)

Heart re-positioned and stabilized with myocardial stabilizer for D1 grafting. Arteriotomy was made and 1.75mm intracoronary shunt was inserted. The side of the saphenous vein from the OM graft was anastomosed to the side of the D1 artery with 7-0 prolene suture. (SVG TO D1 (SEQUENTIAL))

Heart re-positioned and stabilized with myocardial stabilizer for LAD grafting. Arteriotomy was made and 1.5mm intracoronary shunt was inserted. The end of the Insitu LIMA was anastomosed to the side of the LAD artery with 7-0 prolene suture. (LIMA TO LAD)

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

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

SUPPORTS:

She was shifted to ICU with nil support.

CONSULTANT SIGNATURE

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

Dr. ANBARASU MOHANRAJ
Reg. No: 55476

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

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1800 572 3003

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Medway Centre of Excellence (Chennai)

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4454
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MHI/HOSP/2022/118

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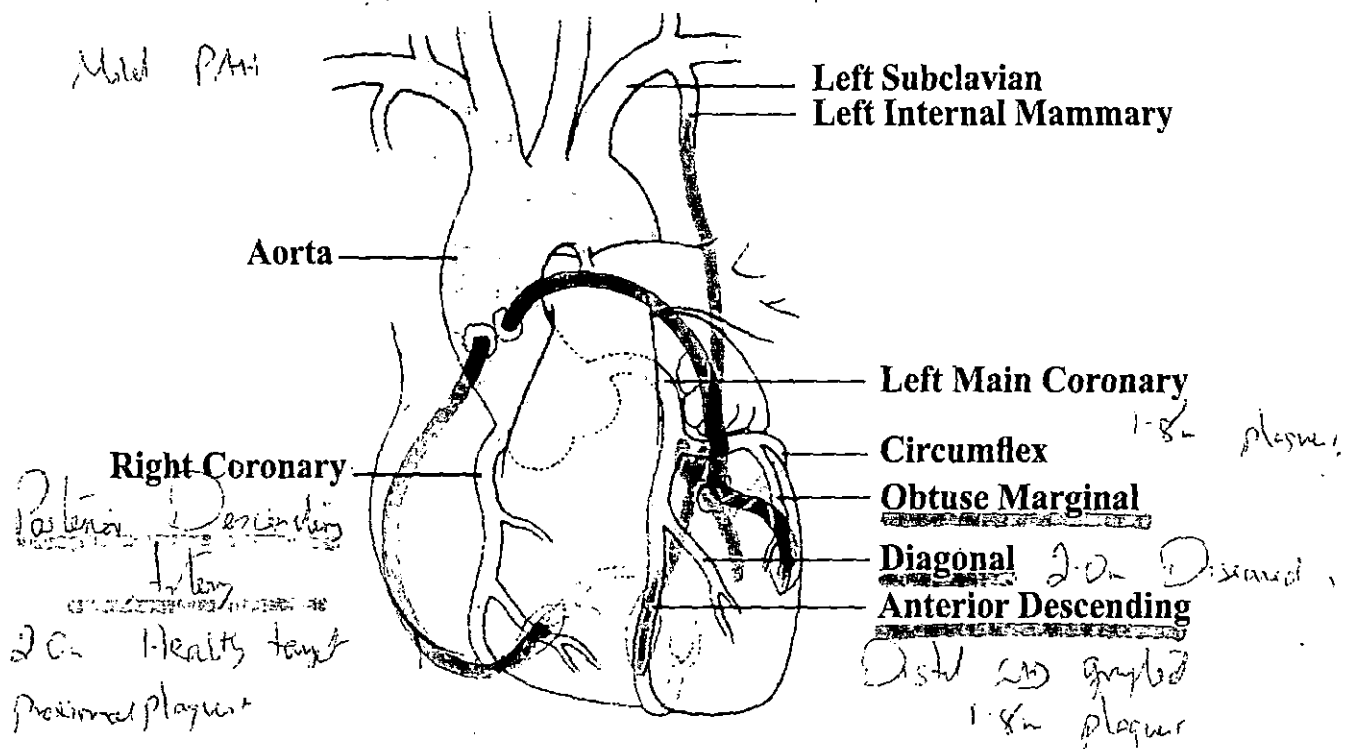
Triple Vessel Coronary Artery Disease

Moderately Severe LV Dysfunction

Uncontrolled Diabetes Mellitus

Class II - III Angina

Mild PAM



Fair myocardial contraction

Hypertrophied left ventricle

Left Internal Mammary Artery (LIMA) ? Healthy
Superior Vena Cava (SVC) ? Conduit

Name Dr. SHANMUGAPRIYA S. GOLF Date of Surgery 12/12/2023 UHID. No. MHL
Operation Performed OFF PUMP CORONARY ARTERY BYPASS SURGERY
(OPUBA) x 4 LIMA TO LAD; SVC TO D1 + OM (SPARTE)
SVC TO D2A DR. ANANDHARAJAN

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

Inside Vessel Germany Artery Disease

Modestly Severe LV Dysfunction

Vincent Edward Disbrow Mellett

Cam 2 - III Angina

Wed PM

**Left Subclavian
Left Internal Mammary**

Aorta

Left Main Coronary

Circumflex

1-8- plague,

Obtuse Marginal

Diagonal 2-D. Diagonal,

Anterior Descending

Dist. (in) graphed

1.8 in plug

Right Coronary

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20. Healthy long

Proximal play with

Fair myocardial contraction

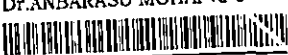
Hyperthrophus leysii verticilli

Left - Internal Mammary Artery (Lateral) Healthy
Superficial Vein bright (good) condition

Name Shamshad Begum Date of Surgery 12/21/2023 UHID. No. MHE

Operation Performed OFF PUMP CORONARY ARTERY BYPASS SURGERY
(OPUB) x 4 Limit to LAD; SVL TO 2 + cm (SV-BV-TO
SVL TO 30A Dr. Aron

PATIENT'S INFORMATION SHEET

NAME	Mrs. SHA. MUGAPRIYA S 45/Female/M. 1202381678 11/12/2023/IPH- 2302475 Dr. ANBARASU MOHANRAJ 	AGE / SEX	UHID NO
		SURGEON	ANAESTHETIST
Dr. Anbarasu		DR. ANBARASU	DR. PRAVEEN
DIAGNOSIS (In Capital Letters)	1. CAD - TVD 2. MODERATELY SEVERE LV DYSFUNCTION EF - 35% 3. RWMA ⊕ 4. TRIVIAL MR TRIVIAL TR MILD PAH 5. DILATED LA & LV 6. T2DM 7. 8.		
PRESENT PROCEDURE/ SURGERY	CABG		
PREVIOUS PROCEDURE/ SURGERY			
CONTACT NO. & RELATIONSHIP	1. 8939642883 MR. SELWA KUMAR (HUSBAND) 2.		

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	2-11-23	T. SACURIXE	100mg	P/O	0-0-1/2	Continue
2	"	T. TIDEPILUS	10/25mg	P/O	1-0-0	
3	"	T. IRBAN	5mg	P/O	1-0-1	
4	"	T. CLOPILLET	75mg	P/O	1-0-1	
5	"	T. ECOSPRIN-AV	75/40mg	P/O	0-0-1	
6	"	T. FLAVEDON-MR	35mg	P/O	1-0-1	
7	"	T. DROPER XT	1TAB	P/O	0-0-1	
8	"	T. HOMOCHEK	1TAB	P/O	1-0-0	
9	"	T. PANTOCID-D	1TAB	P/O	1-0-1	
10	"	INJ. HUMANA ACTRAPAD	S/C		bu-bu-bu	

11. " INJ. HUMANA MEXTARD 30/70 S/C bu-bu-bu

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	11-12-23	T. TIDEPILUS	10/25mg	P/O	1-0-0	Continue
2	"	T. IRBAN	5mg	P/O	1-0-1	
3	"	T. FLAVEDON-MR	35mg	P/O	1-0-1	
4	"	T. DROPER-XT	1TAB	P/O	0-0-1	
5	"	T. HOMOCHEK	1TAB	P/O	1-0-0	
6	"	T. PANTOCID-D	1TAB	P/O	1-0-1	
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ANY RELEVANT INFORMATION:

Admission / OT Receival Date and Time : 11/12/23 From : Admission To : 203A	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer Out Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer In Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
1) Known Case of Diabetic Mellitus 2) Known Case of Hypertension 3) Known Case of Bronchial Asthma/COPD	Year	Months	Days
	12YRS		
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4) Known Case Of Others			
Denture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent		
Allergic Reaction : Drugs/Food	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Drug / Food Name :		
Pressure Ulcer Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Grade : 1 / 2 / 3 / 4 & Site:		

ANY RELEVANT INFORMATION:

				Sign With Date
Peripheral Cannulation	1. Site:	1. Inserted Date and Time	1. Removed on :	
	2. Site:	2. Inserted Date and Time	2. Removed on :	
	3. Site:	3. Inserted Date and Time	3. Removed on :	
Neck Line : IJL / EIJL	Site:	Inserted Date and Time	Removed on	
Arterial Line : Right/Left	Site:	Inserted Date and Time	Removed on	
Sheath Arterial / Venous:	Site:	Inserted Date and Time	Removed on	
Pressure Bandage	Site:	Inserted Date and Time	Removed on	
Drain Site	1. Mediastinal : Inserted Date and Time		Removed on	
	2. Pleural Right / Left : Inserted Date and Time		Removed on	
Urinary Catheterization	Inserted Date and Time		Removed on	
Nasal / Oral Gastric Tube	Inserted Date and Time		Removed on	
Intubation Date and Time	Extubation Date And Time		Reintubation Date And Time	
Other Information	<p>u/p 12/23 to PCV Resewation Done in blood bank</p> <p>dy cost</p>			<p>12/23</p>

PATIENT'S INFORMATION SHEET

Mrs. SHANMUGAPRIYA S 45/Female/MHI202381078 11/12/2023/IPH202302475 Dr. ANBARASU MOHANRAJ		NAME		AGE / SEX	UHID NO
		SURGEON		ANAESTHETIST	
DR - ANBARASU		DR. ANBARASU		DR. SYLVESTER	
DIAGNOSIS (In Capital Letters)		1. CAD - IVD			
		2. DILATED LA AND LV, RUHA PRESENT			
		3. MODERATELY SEV LV			
		4. TRIVIAL MR, IR			
		5. MILD PAH			
		6. MOD. B/L PLEURAL EFFUSION			
		7. EF - 35%			
		8.			
PRESENT PROCEDURE/ SURGERY		ORCABX A GRAFTS LIMA → LAD SVG → D1 GOM (SEQ) SVG → PDA			
PREVIOUS PROCEDURE/ SURGERY					
CONTACT NO. & RELATIONSHIP		1. 8939642883 (V.C) (MR. DELVA KUMAR) HUSBAND 2. 9962234810 (Mrs. Shanmugapriya) Self.			

N.No: 1A/553

SELF PAY

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	11/12/23	T. TIDE PLUS	10/05	PO	0-0-1/2	}
2	"	T. IRBAN	5mg	PO	1-0-1	
3	"	T. FLAVEDON MR	35mg	PO	1-0-1	
4	"	T. DROFER XT	1TAB	PO	0-0-1	
5	"	T. HOMOCHEK	1TAB	PO	1-0-0	
6	"	T. PANTOCID-D	1TAB	PO	1-0-1	
7						
8						
9						
10						

ANTIPLASMELETS STOPPED ON 8/12/23

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	12/12/23	SYP. SUCRALFATE	10ml	PO	1-1-1	}
2	12/12/23	NEB. LEVO SALBUTAMOL	0.63	INH	Q6HR.	
3	13/12/23	T. FRUSAMIDE	40mg	PO	1-1-0.	
4	13/12/23	T. SPARONALACTONE	25mg	PO	1-1-0.	
5	13/12/23	T. BEPLEX FORTE	1TAB	PO	1-0-0.	
6	13/12/23	T. CLOPIDOGREL T-ASPIRIN.	75/75 mg	PO	D-1-0.	
7	13/12/23	T. ROSUVASTATIN	4mg	PO	0-0-1	}
8	13/12/23	T. PARACETAMOL	650 mg	PO	1-1-1.	
9	13/12/23	T. CREMAFFIN PLUS	15ml	PO	0-0-1.	
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ANY RELEVANT INFORMATION:

Admission / OT Receival Date and Time : 12/12/23 AF 16.65 From : OT To : SKC	Condition of the Patient : 1. Stable / Unstable ON VENT 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer Out Date and Time : 14/12/23 @ 1010 From : SKC To : 202	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer In Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
1) Known Case of Diabetic Mellitus 2) Known Case of Hypertension 3) Known Case of Bronchial Asthma/COPD 4) Known Case Of Others	Year	Months	Days
	12 YEARS		
	-		
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Denture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent		
Allergic Reaction : Drugs/Food	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Drug / Food Name :		
Pressure Ulcer Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Grade : 1 / 2 / 3 / 4 & Site:		

ANY RELEVANT INFORMATION:

			Sign With Date
Peripheral Cannulation	1. Site: RT CUBITAL 2. Site: 3. Site:	1. Inserted Date and Time 12/12/23 at 13:10 2. Inserted Date and Time 3. Inserted Date and Time	1. Removed on : 16/12/23 @ 14:15 2. Removed on : 3. Removed on :
Neck Line : IJL / EJL	Site: RT IJV	Inserted Date and Time 12/12/23 at 13:30	Removed on 14/12/23 @ 09:25
Arterial Line : Right/Left	Site: LT RADIAL	Inserted Date and Time 12/12/23 at 13:40	Removed on 13/12/2023 @ 10:30
Sheath Arterial / Venous:	Site: 	Inserted Date and Time 	Removed on
Pressure Bandage	Site: LT RADIAL	Inserted Date and Time 13/12/2023 @ 10:40	Removed on 14/12/23 @ 06:00
Drain Site	1. Mediastinal : Inserted Date and Time + 12/12/23 at 15:45 2. Pleural Right / Left : Inserted Date and Time	Removed on 13/12/2023 @ 10:00	
Urinary Catheterization	Inserted Date and Time 12/12/23 at 13:45	Removed on 14/12/23 @ 4:40	
Nasal / Oral Gastric Tube	Inserted Date and Time 12/12/23 at 16:55	Removed on 12/12/23 @ 20:30	
Intubation Date and Time	Extubation Date And Time 12/12/23 @ 20:30	Reintubation Date And Time 	
Other Information	C/O SHORTNESS OF BREATH - CAG DONE ON 2/11/23 [BAGORE MEDICAL COLLEGE & HOSPITAL] - ECHOCARDIOGRAM DONE ON 09/12/23 - ECG DONE ON 3/11/23 [HR-95 bpm]		

N
024

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

MHI/OT/2022/086

E Mrs. SHANMUGAPRIYA S
45/Female/MHI202381078
11/12/2023/IPH202302475
Dr. ANBARASU MOHANRAJ



OPCAB [CLOSED HEART]

Name of the Procedure : _____ Location : **OTOT - OT II** Date & Time : **12/12/23 @**

Does the Procedure involve Procedural Sedation : ☒ Yes ☐ No **1/UA**

SIGN IN : 13:00 Before Induction of Procedural Sedation		TIME OUT : 14:05 After procedural Sedation and before procedure		SIGN OUT : 16:50 When Doctor indicates that the Procedure is completed	
(Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure)		(Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure)			
Patient Confirmation		All team members introduce themselves by Name and Role		To be done for each procedure in case of multiple procedures	
Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Name of the Procedure done written down <input checked="" type="checkbox"/> Yes OPCAB [CLOSED HEART]	
Procedure	<input checked="" type="checkbox"/> Yes	Procedures	<input checked="" type="checkbox"/> Yes	Name and site of all specimens / investigations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA confirms labeling and sent to lab	
Side	<input type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/> NA chest & leg	Side	<input type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/> NA chest & leg		
Consent	<input checked="" type="checkbox"/> Yes	Position	SUPINE <input checked="" type="checkbox"/> Yes	Any recovery concerns : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
Known Allergy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Known If yes, please specify _____	Consent	<input checked="" type="checkbox"/> Yes	If Yes, Pls. specify : _____	
		Required equipment and implants available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Difficult airway / aspiration risk / dentures	<input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, warmer in place	Antibiotic prophylaxis within last 60 minutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Name of the Antibiotic given	1- SH @ 13:50 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	Any Equipment / instrument problem that needs to be addressed : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
		Venous Thromboembolism Prophylaxis Provided	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	If Yes, Pls. specify : _____	
All concerned anesthesia equipment and medication check complete	<input checked="" type="checkbox"/> SpO2 <input checked="" type="checkbox"/> NIBP <input type="checkbox"/> Others pls. specify _____	Anticipated duration briefed	<input checked="" type="checkbox"/> Yes	Corrective action : _____	
Pre OP medication taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anticipated blood loss briefed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Required equipment for procedure available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	Adequate fluids and blood available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Team briefed on any critical or unexpected steps	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		For procedural sedation cases	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
		Any patient specific concerns :	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Intra procedure glycemic control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Any concerns about sterility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		

Anaesthetist / Doctor giving Procedural Sedation DR. SYLVESTER DRANECH Date : 12/12/23 Time : 13:00 Reg. No: 43570	Doctor performing the Procedure DR. ANBARASU MOHANRAJ Reg No: 55476 Date : 12/12/23 Time : 16:50	Nurse : SASIDHAR 0081 Date : 12/12/23 Time : 16:50	Technician : SATHYA MM2006 Date : 12/12/23 Time : 16:50	Others Please Specify : NURSE DR. CHRISTINA D 0086 [CTOT] Date : 12/12/23 Time : 16:50
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CONSENT FORM - PHYSIOTHERAPY

I, Mrs. Shanmuga Priya the ☐ Patient or ☒ Representative of patient have (please tick the correct option above and below):

☒ Read

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

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

POST OPERATIVE CARDIO

PULMONARY REHABILITATION

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

Brief description of the Operation / Procedure: DBE's, Chest Percussion,

Spirometry A's, AROM A's, Mobilization

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

To Improve IROM, ADL, To Improve
Chest Expansion, To clear out Lung Secretions

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

Pain

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

Nil

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

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

[Signature]

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

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

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

	Signature / Thumb Impression*	Name	Date	Time
Patient				
Surrogate/Guardian (if applicable #)	<i>[Signature]</i>	<u>B. SELVAKUMAR</u> (Write name and relationship with patient)	<u>12/12/23</u>	<u>18:00</u>
Reason for surrogate consent	Patient is unable to give consent because:			
Witness	<u>D. Sheelga</u> 0270	<u>D. Sheelga</u> 0270	<u>12/12/23</u>	<u>18:00</u>
Interpreter (if applicable)				

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

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

	Signature	Name	Reg. No.	Date	Time
Consent obtained by	<i>[Signature]</i>	<u>Ramanathan - P</u>	<u>0260</u>	<u>12/12/23</u>	<u>18:00</u>
Procedure performed by	<i>[Signature]</i>	<u>Ramanathan - P</u>	<u>0260</u>	<u>12/12/23</u>	<u>18:00</u>



IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

Chief Complaints:

Pt developed Sudden onset Shortness of Breath.
NYHA - II.

Occupation: ☐ Heavy Activity ☒ Moderate Activity ☐ Light Activity

Past Medical / Surgical History:

K/C/O DM x 12 years

On Observation:

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

On Palpation:

☐ INSIGNIFICANT

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

FALL RISK SCREENING

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

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

Fall Risk Screening for Pediatrics:

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

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

Respiratory Status:

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

Brain Injury (if applicable):

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

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

Spine Injury: ☐ Present ☒ Absent

AIS:ISNCSCI SCALE: —

☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx

Associated Injuries: Speech impaired: ☐ Yes ☒ No

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

ASHWORTH SCALE: —

☐ Tightness ☐ Contracture ☐ Deformity ☐ Sensory Deficit

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

Functional Activities

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

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

FIM Score:

Breathlessness (If applicable): Present

Dyspnoea Grading Scale: NYHA - Grade IV

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

Abnormal Breathing Pattern:

Pain Assessment: Pain: ☐ Yes ☒ No

Pain Score: —

Tick whichever is applied: ☐ Numerical Rating Pain Scale ☐ Visual Analog Scale ☐ Wong-Baker Faces

☐ Pain Scale ☐ Critical Care Pain Observation Tool ☐ FLACC

Location: — Duration: — Frequency: — Character: —

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

☐ Sharp ☐ Cramping ☐ Stabbing ☐ Crushing

Aggravating Factors:

On Exertion

Relieving Factors:

on Rest

Examination (Please tick and mention abnormal findings only):

☐ Range of Motion:

Normal

☐ Muscle Strength:

Normal

☐ Reflexes:

Normal

Plantar Response: ☒ Diminished ☐ Brisk ☐ Clonus

Biceps: ☒ Diminished ☐ Brisk ☐ Clonus

Triceps: ☒ Diminished ☐ Brisk ☐ Clonus

Supinators: ☒ Diminished ☐ Brisk ☐ Clonus

Knee: ☒ Diminished ☐ Brisk ☐ Clonus

Ankle: ☒ Diminished ☐ Brisk ☐ Clonus


Sensation:

Investigation & Findings:

CAD-TVD | T₂DM | Mod-LV | EF - 35%.

Physiotherapy Management Plan:

- DBE's
- Chest Percussion
- Spirometry G's
- AROM G's
- Mobilization

	Signature	Name	Emp. No.	Date	Time
Physiotherapist		Pamarathan P	0260	12/12/23	18:00

RE-ASSESSMENT FORM

Date &
Time

14/12/23
4
10:00

Fall Risk Score: —

Pain Score: 7/10

- Surgical Site pain
- Dors encouraged
- Symmetry encouraged
- Chest percussion to be distal
- Arm to shoulder
- Mobilization
- To improve Joint ROM
- To improve lung capacity & function
- To improve breathing
- To clear secretions

Post Intervention Pain Score: 5/10

Treatment Care & Plan:

Post operative Cardiac Pulmonary Rehabilitation

	Signature	Name	Emp. No.
Physiotherapist	G. B. A. S.	AKASHA G.B	0256

PHYSIOTHERAPY TREATMENT CHART


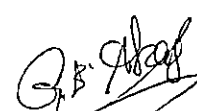
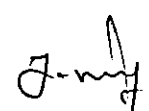
DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
12/12/23	20:30	<p><u>S/B Ramanathan - P</u></p> <ul style="list-style-type: none"> - ET / oral / Nasal Suctioning done yielded thick secretion - Pt Entubated and Connected to nasal prongs (4L - O₂) - Pt Voice clear & Audible - DRE's encouraged - Chest Percussion to B/L Chest wall - Arom G's to B/L OL & RU - Spirometry G's encouraged Ins: 600u Exp: 600u 	<p><i>[Signature]</i> MH10260</p>
13/12/23	6:00	<p><u>S/B Ramanathan - P</u></p> <ul style="list-style-type: none"> - DRE's encouraged - Chest Percussion to B/L Chest wall - Arom G's to B/L OL & RU - Spirometry G's encouraged Ins: 600u Exp: 600u 	<p><i>[Signature]</i> MH10260</p>



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
13/12/23	9:00	<p>S/B AKASHI</p> <ul style="list-style-type: none"> - DBE's encouraged - Spirometry en's encouraged In: 6000 Exp: 6000 - Chest percussion to BL Chest wall - ARM to BL UL & EL 	<p>G.B. Shal</p> <p>MH10256</p>
13/12/23	17:00	<p>S/B J. VIJAYARAGHAVAN</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion done to BL Chest wall - Spirometry en's encouraged In: 6000 Exp: 6000 - Active en's to BL UL & EL - Patient mobilized to chair - Muscle release done to neck 	<p>J. my</p> <p>mme-2102</p>
13/12/23	22:00	<p>S/B Ramarathan.p</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to BL chest wall - ARM to BL UL & EL - Spirometry en's encouraged In: 6000 Exp: 6000 	<p>DRs</p> <p>MH10256</p>

PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
14/12/23	6:00	<u>S/B Ramanathan P</u> - DBE's encouraged - Chest percussion to B/c chest wall - PROM Ab's to B/c u & u - Spirometry Ab's encouraged Ins: 600u Exp: 600u - PT Chair mobilised	 MH10280
14/12/23	9:30	<u>S/B ARASH</u> - DBE's encouraged - Spirometry encouraged Ins: 600u Exp: 600u - Chest percussion to B/c chest wall - PROM to B/c u & u - PT Chair	 MH10256
14/12/23	16:30	<u>S/B J. VIJAYARAGHAVAN</u> - DBE's encouraged - Chest percussion done to B/c chest wall - Spirometry en's encouraged Ins-600u Exp-600u - Active en's to B/c u & u - Patient mobilised in the room	 mme-2102



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
15/12/23	10:00	<p>S/B ARASU</p> <ul style="list-style-type: none"> - Encouraged - Symmetry ex encouraged - Ins: Booc Booc R: Booc - Chest percussion to BL - Chest wall - Arcom to BL side - PT Mobilized 	<p>G. E. Arasu</p> <p>11/12/2023</p>
16/12/23	9:00	<p>S/B J. V. ARASU</p> <ul style="list-style-type: none"> - Dorsal encouraged - Chest percussion done to BL chest wall - Symmetry ex encouraged - Ins: Booc R: Booc - Arcom ex encouraged - PT mobilized - Stretching encouraged 	<p>J. V. Arasu</p> <p>11/12/2023</p>
16/12/23		<p>J. V. ARASU</p> <ul style="list-style-type: none"> - Dorsal encouraged - Chest percussion done to BL chest wall - Symmetry ex encouraged - Arcom ex encouraged - PT mobilized 	<p>J. V. Arasu</p> <p>11/12/2023</p>

CONSENT FOR BLOOD / BLOOD COMPONENTS

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

<u>Red Cells</u>	for bleeding or low hemoglobin
Platelets	for bleeding or low counts
Plasma	for restoring blood volume or providing clotting factors
Cryoprecipitate	for special clotting factors

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

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

Witness
Doctor
Time 15:30
Date 11/12/23

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

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

Time: 15:30

Date: 11/12/23

Doctors Signature:

(Signature)

ஒப்புதல் : இரத்தம் / இரத்தத்தின் பாகங்களை செலுத்துதல்

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

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

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

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

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

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

நேரம் :

நோயாளியின் பெயர் :

மருத்துவரின் கையொப்பம்.....

தேதி :

MICROBIOLOGY SHEET

MICROBIOLOGY-CULTURE REPORTS

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

Every heart beat counts
Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



DIABETIC CHART

ACTUAL WEIGHT 68.11 kg HbA_{1c} 11.9%
PREVIOUS DIABETIC MEDICATIONS Inj. HA 6U-6U-6U

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
11/12/23	12:50	210 mg/dl	Inj. HA 6U	[Signature]	Dr. Praveen.
	18:30	250 mg/dl	Inj. HA 10U	19:50	Dr. Praveen.
			Inj. Human 6U		Dr. Praveen.
12/12/23	6:30	595 mg/dl	Inj. Human Mixard 60U		Dr. Praveen.
	9:00	Ketone 0.2+	Inj. Human 80U		Dr. Praveen.
	9:30	319 mg/dl	40U/hr	10:10	Dr. Anbarasu.
	10:30	124 mg/dl	Infusion stop	10:10	
	11:30	71 mg/dl	-	10:10	

INSTRUCTIONS FOR INSULIN INFUSIONS

Mix 40u short acting Insulin in 40 ml. of Normal Saline (IU - 1 ml.)

- * Start Insulin Infusion 1-2 u / hr (1-2 ml / hr.).
- * Monitor Blood Glucose hourly (every 2nd hourly when stable) and adjust Insulin rate according to the following Algorithm.
- * Target Blood Sugar 150-200 mgs.
- * To monitor K⁺ separately.

Urine Acetone

BLOOD SUGAR
mg / dl

INSULIN INFUSION

< 100

Stop Infusion for 30 mins, recheck Glucose level, if B.S. is still <100 give Glucose and recheck B.S. every 30 mins, until the level is above 150. Then restart infusion with rate 1 u / hour.

150-200

Adjust Infusion rate to 2u / hr.

201-250

Adjust Infusion rate to 4u / hr.

251-300

Adjust Infusion rate to 6u / hr.

301-350

Adjust Infusion rate to 8u / hr.

351-400

Adjust Infusion rate to 10u / hr.

>400

Adjust Infusion rate to 20u / hr.

✓ T. FOXICA 10mg 1-0-0 (A-F)
DIABETIC CHART

✓ T. GLIZATO M80 1-0-1 (BF)
✓ T. TRAJECTA 5mg 1-0-1 (BF)

Mrs. SHANMUGAPRIYA S
45/Female/MHI202381078
11/12/2023/IPH202302475
Dr. ANBARASU MOHANRAJ



ACTUAL WEIGHT 63.4 kg HbA_{1c} 11.9 %

PREVIOUS DIABETIC MEDICATIONS ~~INJ. HUMAN MIXTARD 4IU - 0 - 4IU~~
~~INJ. HUMAN ACTRAPID 6IU - 6IU - 6IU~~

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
12/12/23	17:15	174 mg/dl	Inj. HUMAN ACTRAPID 15 IU started. plus 100 FA 50%	[Signature]	DR. SYLVESTER
	20:30	200 mg/dl	Inj. HUMAN ACTRAPID 4 IU IV ON FLOW	[Signature]	DR. SYLVESTER
	23:30	190 mg/dl	Inj. H. Actrapid 4 IU IV ON FLOW	[Signature]	DR. SYLVESTER
13/12/23	02:30	150 mg/dl	stopped. 4IU 02:30	[Signature]	DR. SYLVESTER
	6:00	145 mg/dl	T. GLIZATO M80 T. TRAJECTA 5mg PO	[Signature]	DR. SYLVESTER
	8:30	269 mg/dl	T. FOXICA 10mg PO given at 9:00	[Signature]	DR. PRAVEEN JAYAKUMAR
	12:20	292 mg/dl	Inj. H. Actrapid 6 IU SC	[Signature]	DR. PRAVEEN JAYAKUMAR
	14:30	249 mg/dl	Inj. H. Actrapid 4 IU SC	[Signature]	DR. PRAVEEN JAYAKUMAR
13/12/23	19:15	201 mg/dl	T. GLIZATO M80 T. TRAJECTA 5mg Inj. MIXTARD 15U.	[Signature]	DR. PRAVEEN JAYAKUMAR
14/12/23	7:00	168 mg/dl	Inj. HUMAN MIXTARD 20 IU SC T. GLIZATO M80	[Signature]	DR. PRAVEEN JAYAKUMAR
	12:30	211 mg/dl	OTAB, T. TRAJECTA 5mg, O TAB GIVEN @ 08:00	[Signature]	DR. PRAVEEN JAYAKUMAR
			T. FOXICA 10mg O TAB GIVEN	[Signature]	DR. PRAVEEN JAYAKUMAR

INSTRUCTIONS FOR INSULIN INFUSIONS

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

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



DIABETIC CHART

ACTUAL WEIGHT 63.4 kg HbA_{1c} 11.9 %
T. GUZATO M80 1-0-1 (BF), T. TRAJENTA 5mg 1-0-1 (BF)
PREVIOUS DIABETIC MEDICATIONS T. MIXTARD 20U-0-10U s/c, T. FOXICA 10mg 1-0-0 (AF)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
14/12/23	12:30	214 mg/dl	Eni. H. ACTRAPID 10U	10U s/c sht giv at 13:30	DR. PRAVEEN
	18:30	142 mg/dl	INJ. mixtard 10U		
			T. GUZATO M80		
			T. TRAJENTA		
15/12/23	6:30	162 mg/dl	INJ. H. MIX 20U		
			T. GUZATO M80		
			T. TRAJENTA 5mg		
			T. FOXICA 10mg		
	18:30	199	INJ. H. Actropid 8U		DR. PRAVEEN
	18:30	150 mg/dl	INJ. mixtard 15U		
			T. TRAJENTA 5mg (BF)		
			T. GUZATO M80		
16/12/23	6:30	100 mg/dl	INJ. MIXTARD 10U		
			T. TRAJENTA 5mg		
			T. GUZATO M80		
	18:30	101 mg/dl			

INSTRUCTIONS FOR INSULIN INFUSIONS

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

DIABETIC CHART

REG. MIXTARD 250-0-10U 8/L, TFOXIGALOMG
1-0-0 (BF)

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



ACTUAL WEIGHT 63.4 kg HbA_{1c} 11.9 %

PREVIOUS DIABETIC MEDICATIONS T. GLIZATO M80 1-0-1 (BF), T. TRAJECTASMG 1-0-1 (BF)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
5/12/23	18.30	182 mg/dl	T. GLIZATO M80 + TRAJECTASMG	Dr. PRAVEEN	Dr. PRAVEEN
			INS. MIXTARD 150	Dr. PRAVEEN	
15/12/23	6.30	204 mg/dL	T. GLIZATO M80 T. TRAJECTASMG	Dr. PRAVEEN	Dr. PRAVEEN
			INS. MIXTARD 250	Dr. PRAVEEN	

INSTRUCTIONS FOR INSULIN INFUSIONS

- * Mix 40u short acting Insulin in 40 ml. of normal Saline (I/V - 1 ml.)
- * Start Insulin Infusion 1-2 u / hr (1-2 ml / hr.).
- * Monitor Blood Glucose hourly (every 2nd hourly when stable) and adjust Insulin rate according to the following Algorithm.
- * Target Blood Sugar 150-200 mgs.
- * To monitor K⁺ separately.
- Urine Acetone

BLOOD SUGAR
mg / dl

INSULIN INFUSION

< 100

Stop Infusion for 30 mins, recheck Glucose level, if B.S. is still <100 give Glucose and recheck B.S. every 30 mins, until the level is above 150. Then restart infusion with rate 1 u / hour.

150-200

Adjust Infusion rate to 2u / hr.

201-250

Adjust Infusion rate to 4u / hr.

251-300

Adjust Infusion rate to 6u / hr.

301-350

Adjust Infusion rate to 8u / hr.

351-400

Adjust Infusion rate to 10u / hr.

>400

Adjust Infusion rate to 20u / hr.

BLOOD GROUP

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



INVESTIGATION SHEET

Date	09/11/23						
HAEMATOLOGY							
Hb	11.1						
P.C.V	35.9						
Platelets	196000						
TLC	6460						
Polymorphs	58.7						
Lymphocytes	32.9						
Eosinophils	3.6						
Mono / Basophils	4.2 / 0.6						
E.S.R							
BIO-CHEMISTRY							
Urea	21						
Creatinine	0.72						
Sodium	139						
Potassium	4.46						
Bicarbonate	28						
Chloride	99.1						
Magnesium							
Calcium							
Phosphorus							
LFT							
T.Bilirubin	0.83						
D.Bilirubin	0.28						
I.Bilirubin	0.55						
S.G.O.T	15						
S.G.P.T	10						
ALP	75						
GGT	19						
Total Protein	7.1						
S.Albumin	3.9						
CARDIAC ENZYMES							
Troponin I							
CKNAC - CPK							
CK - M.B. MASS							
LDH							
Ntpro bnp							

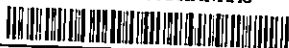
[illegible]

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



BLOOD GROUP

'B' POSITIVE

INVESTIGATION SHEET

Date	29/11/23	12/12/23	13/12/23	14/12/23	16/12/23	
HAEMATOLOGY						
Hb	11.1	10.1	9.6	9.8	9.3	
P.C.V	35.9	33.1	25.8		25.7	
Platelets	196000	160000	157		173000	
TLC	6460		10,800		9310	
Polymorphs	58.7		90.9		63.5	
Lymphocytes	32.9		7.9		31.6	
Eosinophils	3.6		0.0		2.5	
Mono / Basophils	11.2/0.6		1.2/0.0		2.4/0.0	
E.S.R						
BIO-CHEMISTRY						
Urea	21		21	27	28	
Creatinine	0.72		0.46	0.57	0.80	
Sodium	139			135	138	
Potassium	4.46			3.89	3.80	
Bicarbonate	28					
Chloride	99.1					
Magnesium		2.4	1.6			
Calcium						
Phosphorus						
LFT						
T.Bilirubin	0.83		0.75			
D.Bilirubin	0.28					
I.Bilirubin	0.55					
S.G.O.T	15					
S.G.P.T	10					
ALP	75					
GGT	19					
Total Protein	7.1					
S.Albumin	3.9		3.1			
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK			122			
CK - M.B. MASS			9.2			
LDH						
Ntpro bnp						

[illegible]



VITAL INFORMATION SHEET

BLOOD GROUP B' POSITIVE

ON ADMISSION

Height in CM

Weight in Kg.

165 CM

63.4 kg

Diagnosis: CAD - TVD.

Procedure :

NO. OF DAYS	Don. 594-1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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ANTIPLATELET STOPPED ON : 8/12/23

(A Unit of United Alliance Healthcare Pvt Ltd)

MR.SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



DIABETIC	NORMOTENSIVE
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MH/IP/2022/074



Every heart beat counts.

VITAL INFORMATION SHEET

BSA:
 1.74 m^2

BLOOD GROUP¹ A POSITIVE

ON ADMISSION

Height in CM

Weight in Kg.

165 cm

63-A1K

Diagnosis: CAD-TVD, Mod SeV LV, EF - 35%.

Procedure : OPCABX A GRAFTS

[illegible]

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



every heart beat counts

EARLY WARNING SCORE MONITORING CHART

Name: _____

Age/Sex: _____

Patient Id No: _____

NEWS key		DATE	TIME	NEWS	DATE	TIME	NEWS
0 1 2 3		11/12	12.5	1	11/12	18.0	0
A+B		11/12	22.0	2	11/12	2.00	0
Respirations		11/12	6.00	0	11/12	10.00	0
Breath/ min							
>25				3			
21-24				2			
18-20							
15-17							
12-14							
9-11				1			
<8				3			
>96				3			
94-95				1			
92-93				2			
<91				3			
>96 on oxygen				3			
95-96 on O2				2			
93-94 on O2				1			
>93 on air							
88-92							
86-87				1			
84-85				2			
<83%				3			
A= Air							
O2litre/ min				2			
Device							
>220				3			
201-219							
181-200				2			
161-180							
141-160							
121-140							
111-120							
91-100				1			
81-90				2			
71-80				3			
61-70				3			
51-60				3			
<50				3			
mmHg							
>131				3			
121-130				2			
111-120				2			
101-110				1			
91-100				1			
81-90							
71-80							
61-70							
51-60							
41-50				1			
31-40				3			
<30				3			
Alert							
Confusion				3			
V				3			
P				3			
U				3			
>39.1 degree Celsius				2			
38.1-39.0							
37.1-38.0				1			
36.1-37.0							
35.1-36.0				1			
< 35.0				3			
NEWS Total							
Monitoring Frequency							
Escalation of Care Y/N							
Initials by RN							
Initials by Sr. RN							

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

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

EARLY WARNING SCORE MONITORING CHART

Name: _____

Age/Sex:

Patient Id No:

NEWS key		DATE	TIME	14/12/11	14/12/11	15/12/11	15/12/11	15/12/11	15/12/11	16/12/11	16/12/11	16/12/11	DATE
0	1	2	3	14.00	18.00	22.00	2.00	6.00	10.00	14.00	18.00	22.00	16/12/11
A+B	Respirations	Breath/ min	>25										>25
			21-24										21-24
			18-20										18-20
			15-17										15-17
			12-14										12-14
			9-11										9-11
			<8										<8
A+B	SPO2 Scale 1	Oxygen Saturation (%)	>96										>96
			94-95										94-95
			92-93										92-93
			<91										<91
			>96 on oxygen										>96 on oxygen
			95-96 on O2										95-96 on O2
			93-94 on O2										93-94 on O2
			>93 on air										>93 on air
			88-92										88-92
			86-87										86-87
			84-85										84-85
			<83%										<83%
Air or Oxygen ?	A= Air	O2litre/ min	Device										A= Air
													O2litre/ min
													Device
C	Blood Pressure	>220											>220
		201-219											201-219
		181-200											181-200
		161-180											161-180
		141-160											141-160
		121-140											121-140
		111-120											111-120
		91-100											91-100
		81-90											81-90
		71-80											71-80
		61-70											61-70
		51-60											51-60
		<50											<50
Diastolic BP	mmHg	63 64 78 80 82 82 70 70 70 70 80 82											mmHg
C	Pulse	>131											>131
		121-130											121-130
		111-120											111-120
		101-110											101-110
		91-100											91-100
		81-90											

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

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

EARLY WARNING SCORE MONITORING CHART

Name:

Age/Sex:

Patient Id No:

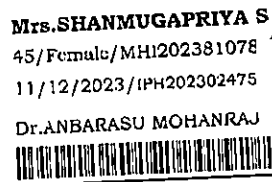
NEWS key				DATE	TIME	DATE	TIME
0	1	2	3				
A+B Respirations Breath/ min				16/11/12	18:00	16/11/12	18:00
				>25	3	>25	
				21-24	2	21-24	
				18-20		18-20	
				15-17		15-17	
				12-14		12-14	
				9-11	1	9-11	
				<8	3	<8	
A+B SpO2 Scale 1 Oxygen Saturation (%)				>96		>96	
				94-95	1	94-95	
				92-93	2	92-93	
				<91	3	<91	
SpO2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % eg: in hypercapnic respiratory failure only use scale 2 under the direction of qualified ian				>96 on oxygen	3	>96 on oxygen	
				95-96 on O2	2	95-96 on O2	
				93-94 on O2	1	93-94 on O2	
				>93 on air		>93 on air	
				88-92		88-92	
				86-87	1	86-87	
				84-85	2	84-85	
				<83%	3	<83%	
Air or Oxygen ?				A= Air		A= Air	
				O2litre/ min	2	O2litre/ min	
				Device		Device	
C Blood Pressure				>220	3	>220	
				201-219		201-219	
				181-200	2	181-200	
				161-180		161-180	
				141-160		141-160	
				121-140		121-140	
				111-120		111-120	
				91-100	1	91-100	
				81-90	2	81-90	
				71-80	3	71-80	
				61-70	3	61-70	
				51-60	3	51-60	
				<50	3	<50	
Diastolic BP				mmHg		mmHg	
C Pulse s / min				>131	3	>131	
				121-130	2	121-130	
				111-120	2	111-120	
				101-110	1	101-110	
				91-100	1	91-100	
				81-90		81-90	
				71-80		71-80	
				61-70		61-70	
				51-60		51-60	
				41-50	1	41-50	
				31-40	3	31-40	
				<30	3	<30	
D Consciousness Score for New onset of confusion (no score if chronic)				Alert		Alert	
				Confusion	3	Confusion	
				V	3	V	
				P	3	P	
				U	3	U	
E Temperature Degree Celsius				>39.1 degree Celsius	2	>39.1 degree Celsius	
				38.1-39.0	1	38.1-39.0	
				37.1-38.0		37.1-38.0	
				36.1-37.0		36.1-37.0	
				35.1-36.0	1	35.1-36.0	
				< 35.0	3	< 35.0	
NEWS Total				1		0	
Monitoring Frequency				1 hr		4 hr	
Escalation of Care Y/N				N		N	
Initials by RN							
Initials by Sr. RN							

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

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



Date	From: 11/12/23	To: 12/12/23	Bed No: 203	INTAKE & OUTPUT CHART													
24 Hrs : Started Time :	7.50		Ended Time :													7.00	
NPO Started at :			NPO Over at :														
SHIFT	Morning		Afternoon		Night		Restricted Fluid (RF)										
INTAKE			400		550 ml												
OUTPUT			450		600 ml												
Total Intake:			950 ml		Total Output:			1050 ml		Difference: -100 ml							
INTAKE (ml)							OUTPUT (ml)										
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by		
			Type of Fluid	Additions	Amount												
13-30	200					200	13-00	250					250				
15-00	50					250	15-00	100					350				
16-30	150					400	16-00	100					450				
18-45	150 ml					550	19-30	250					700				
21-00	150 ml					700	0-45	200 ml					900				
23-45	150 ml					850	4-30	150 ml					1050				
4-50	100 ml					950											
	NPO																
	0																
							TOTAL INTAKE		-		950 ml						
							TOTAL OUTPUT		-		1050 ml						
(Signature) 0005																	



Medway
Heart
Institute

Every heart beat counts

[illegible]

[illegible]



Date	From: 16/12/23	To: 17/12/23	Bed No: 202	INTAKE & OUTPUT CHART											
24 Hrs : Started Time : 7.00		Ended Time : 7.00													
NPO Started at :		NPO Over at :													
SHIFT	Morning		Afternoon		Night		Restricted Fluid (RF)								
INTAKE	650		500ml		1200ml		R.F 1.5 liters/day								
OUTPUT	400		500ml		1150ml										
Total Intake:			Total Output:			Difference: 300 ml									
INTAKE (ml)							OUTPUT (ml)								
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomitus	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
7.30	125					125	8.30	250					250		
8.40	125					250	11.00	150					400		
9.15	125					375	13.00	250					650		
10.00	125					500	15.30	250					900		
11.15	50					550	19.00	250					1250		
11.30	50					600	22.00	300					1550		
12.00	50					650	2.00	300					1850		
13.30	125					775	5.30	200					2050		
16.00	100					875									
16.50	125					1000									
17.00	150					1150									
19.00	200					1350									
20.00	500					1850									
5.00	500					2350									
													total intake → 2350 ml		
													total output → 2050 ml		
													Balance → 300 ml		

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Diagnosis: CAD - T2D1 EF-35% / CAD4 / DM

Height: 165 cms Weight: 65.4 Kgs Food allergies: Yes/ No, if yes, specify: None

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

Diet Prescription: 1600 calories, 60 fat, 60 salt, high protein, diabetic, 1500ml fluid

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)


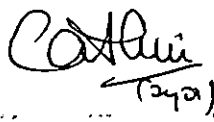

restricted diet.

(A) Patient's related Medical History				
1) Weight Change (overall change in past 6 months) <u>(2kg - 1kg)</u>				
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No weight change/ gain	<5%	5 - 10%	10 - 15%	>15%
2) Dietary Intake				
Duration: <u>1</u>				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Oral	No change	Sub-optimal solid diet	Full liquid diet/ moderate overall decrease	Hypo-caloric liquid diet
Enteral / Parenteral Nutrition	Adequate / Excessive	Sub-optimal	Inadequate	Type-caloric feeds
3) Gastrointestinal Symptoms Duration:				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No symptoms	Nausea	Vomiting / moderate GI symptoms	Diarrhoea	Severe anorexia
4) Functional Capacity (Nutrition related functional impairment) Duration:				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
None / Improved	Difficulty with ambulation	Difficulty with normal activity	Light activity	Bed / chair-ridden with no or little activity
5) Co-morbidity (Disease and its relationship to nutrition requirements)				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
Healthy	Mild co-morbidity	Moderate co-morbidity/ age >75 years	Severe co-morbidity	Very severe multiple co-morbidity
(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	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Normal	Mild	Moderate		Severe
2) Sign of muscle wasting				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Normal	Mild	Moderate		Severe
Total Score = Sum of above 7 components				
Nutritional Status: Based on this patient is				
<input checked="" type="checkbox"/> (7 to 14)				
<input type="checkbox"/> (15 to 18)				
<input type="checkbox"/> (19 to 35)				
Nutrition Intervention:				
<input checked="" type="checkbox"/> Oral <input type="checkbox"/> Enteral <input type="checkbox"/> Parenteral				
Diet counseling provided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Frequency of re-assessment: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Fort-night <input type="checkbox"/> Monthly				
Enteral / Parenteral <input type="checkbox"/> Daily <input type="checkbox"/> No				

Dietitian Signature / Name / Date / Time:

Maria Catherine Jony
Senior Dietitian



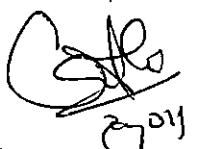
11/12/23, 12:00

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
11/12/24, 17:00	<p>A 45 year old female came in to do shortness of breath was assessed to be well nourished as evident by SGA.</p> <p>1400 - WD/DH.</p> <p>Educated the patient and family on 1600 calories, low fat, low salt, high protein, no oral fluid restricted, diabetic diet.</p> <p>Emphasized a small portion size - low protein diet.</p>	 Maria Catherine John Senior Dietitian
12/12/24, 18:40	<p>Patient shifted to OT for surgery (CAH) and kept on NPO. Patient <u>will</u> be seen. Will initiate on oral diabetes, fluid diet as per doctor's advice.</p>	 Maria Catherine John Senior Dietitian
13/12/24, 18:00	<p>Review. Patient initiated diabetes, fluid diet. Can initiate on diabetes, high protein, soft solid diet. Initiated to eat well. Patient <u>will</u> be stepped down to eat well.</p>	 Maria Catherine John Senior Dietitian



Department of Dietetics

CARE PLAN FORM - A

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
4/1/24 12:00	Patient moved to ward. Referred to dietitian motivated to eat well.	 Maria Catherine John Senior Dietitian
16/1/24 10:00	Diet intake is good. Diet modification and clarification done, motivated to eat well.	 Maria Catherine John Senior Dietitian
12/1/24 10:00	Diet intake is good. Educated the family of patient and discharge 1600 calories, low fat, low salt, high protein, no alcohol, fluid restricted, diabetic diet on discharge. Referred to small food meals to gain weight. Diet clarification and clarification done. Diet chart given on discharge.	 Maria Catherine John Senior Dietitian

INTRAOPERATIVE NURSING RECORD

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



Consultant : DR. AM

Name of Surgery : OP CAB [CLOSED HEART]

Date of Surgery : 12/12/23

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

Other equipment used : _____

Personal : ☒ Surgeon DR. AM ☒ Asst. DR. PRAVEEN
☒ Anaesthetist DR. SILVESTRO ☒ Asst. DR. PREETHA

Type of Specimen :

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

Packing / Drains / Catheters

Type	Size	Site	Type	Size	Amount	Sign
Ramsdon's	28FR	left pleura	—	—	—	SK 0031
Ramsdon's	28FR	mediastinum	—	—	—	

Urinary catheterization had done by Ms. Sai Preethi with use of 14FR Foley's catheter
Sponge Count Record

Count	Raytex Sponges	Gauze Lined	Gauze Unlined	Neuro Patties	Tonsil cotton balls	Vein Canula	Bulldog clamp	Needle	Circ. Nurse sign	Scrub Nurse Sign
Pre-op	correct	correct				correct	correct	correct	SK 0031	Sujatha 0125
Change over count	correct	correct				correct	correct	correct	SK 0031	Sujatha 0125
First closure count	correct	correct				correct	correct	correct	SK 0031	Sujatha 0125
Final closure count	correct	correct				correct	correct	correct	SK 0031	Sujatha 0125

☒ Count Correct

Corrective action taken

Surgeon informed

done with sterile nappe, leg dressing done with sterile nappe pad & nappe bag
Chase Dressing / Cast Immobilizer

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

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

Scrub Nurse Signature Sujatha 0125

Name : RIN SUJATHA 0125

Date & Time : 12/12/23 @ 16.50

Circulating Nurse Signature SK 0031

Name ; SASEKUMAR 0031

Date & Time : 12/12/23 @ 16.50



Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ

e)
Pf

PSYCHOLOGICAL WELLBEING REPORT

Date: 15/12/23

Time: 11.00am.

Unit: 2023

Clinical diagnosis:

Surgery/ Procedure: OPCAB & grafts

Impression: Work pressure (+)

- calm affect, oriented
- appetite ↓ (1/2y). - skips meals, unable to eat
- sleep ↓ (now @ hosp. - N).
- stressed easily

Employee ID: MH10275PSY

Signature of the Psychologist:



NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 11/12/23 Time of Arrival: 12.50 PM Mode of Admission: ☒ Walking ☐ Wheelchair ☐ Stretcher

Accompanied by Relative: ☐ Yes ☒ No If Yes, Name of the Relative: _____

Relationship with Patient: _____ Contact Person's Name: MR. Selvakumar Relationship: Husband

Contact No.: 8939642883 Primary language spoken: ☒ Tamil ☐ English ☐ Indian ☐ International

Interpreter needed: ☐ Yes ☒ No

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

Menstrual History: LMP: 11/9/23 Menopause: _____

Medical History: DM/HTN/Co-Morbidity: 124 years Yes If yes specify

Drugs History: Antiplatelet 2mg. H. Abo (BF) (Specify) Inj. H. J. 40 (AF)

stopped - 6/11/23
T. Securo loomy
T. Clopidin 75-100
T. Escopirin 75-40

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: 98.5 (°F) | Pulse / HR: 51b/m (beats/min) | BP: 94/61 (mmHg)

Respiration: 20m (breaths/min) | SpO₂: 98 (%) | CBG: 242 (mg/dl) | Height: 165cm (cms) | Weight: 63.4 (kgs)

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

If Yes, specify: _____

Pain: ☒ Yes ☐ No. If Yes, Score: 4/10 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 (1 kg)

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

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: MRS. Catherine Time: 12.50 PM

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	<u>4</u>	Rarely Moist	<u>4</u>	Walks Frequently	<u>4</u>
Slightly Limited	<u>3</u>	Occasionally Moist	<u>3</u>	Walks Occasionally	<u>3</u>
Very Limited	<u>2</u>	Very Moist	<u>2</u>	Chair Fast	<u>2</u>
Completely Limited	<u>1</u>	Constantly Moist	<u>1</u>	Bed Fast	<u>1</u>

Mobility	Score	Nutrition	Score	Friction & Shear	Score
No Limitation	<u>4</u>	Excellent	<u>4</u>	No apparent problem	<u>3</u>
Slightly Limited	<u>3</u>	Adequate	<u>3</u>	Potential Problem	<u>2</u>
Very Limited	<u>2</u>	Probably In-Adequate	<u>2</u>	Problem Present	<u>1</u>
Completely immobile	<u>1</u>	Very Poor	<u>1</u>		

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

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

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

Witnessed by: _____ Signature: _____ Relationship: _____

MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)		
Fall Risk Assessment (Modified Morse Scale):		
Variables		Numeric Value
History of falling (immediate or within 6 months)	No	<u>0</u>
	Yes	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0
	Yes	<u>15</u>
Ambulatory Aid		
None / Bed Rest / Nurse Assist		<u>0</u>
Crutches / Cane / Walker		15
Furniture		30
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	<u>0</u>
	Yes	20
Gait		
Normal / Bed Rest / Wheel Chair		<u>0</u>
Weak		10
Impaired		20
Mental Status		
Oriented to own stability		<u>0</u>
Overestimated or forgets limitations		15
Medications		
Includes PCA / opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, hypoglycemics, sedatives, immunosuppressant and psychotropics	No	0
	Yes	<u>15</u>
Score Interpretation: 0-24: Low-risk; 25-44: Medium Risk; Above 45: High Risk	Total Score	<u>30</u>

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk interventions (25 - 44)

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

High-risk interventions (above 45)

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

Initial Assessment to Special Needs and Vulnerability of Patient:

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

DVT RISK ASSESSMENT

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

S. No.	Parameters	Yes / No	Score
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	Bedridden recently >3 days or major surgery within four weeks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5	Entire leg swollen (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6	Localized tenderness along the deep venous system (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9	Previously documented DVT (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like 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	

Risk Score Interpretation (Probability of DVT):

Tick the score obtained (✓)

Final Score

0

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

Personal Belongings / Valuables:

Valuables	Description	With Patient	With Patient's Attendant	Name & Signature of the Patient / Patient's Attendant	Remarks
Dentures	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both <input checked="" type="checkbox"/> Nil				
Hearing Aid	<input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Nil				
Eye glasses / Contact lens	<input checked="" type="checkbox"/> Yes <input 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
		B SELVAKUMAR	Relationship HUSBAND	11/12/23	13:00
Nurse		M. Devika	0005	11/12/23	13:00
Unit In-Charge		D. Laxmanan	0005	11/12/23	16:00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: 0

Ventilator day: —

Peripheral line day: Right: — 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

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: None

On room air / oxygen: on room air

IV fluids on flow: —

Complaints / New Symptoms in last shift: nil

A

ASSESSMENT

Vital Signs: Temp: 97.6°F | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 97 (%) | Height: 168 (cms) | Weight: 63.4 (kgs) | BMI: 22.3 / m²

Others: —

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

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

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

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

Current diet:

Drains: —

Diabetic diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders: —

Special instructions if any: Tomorrow plan CABG

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Nandhini	0110	11/12/23	19:30
Handover taken by		A. ALBINUS	0088	11/12/23	19:50
Document endorsed		Dr. Anbarasu	0005	12/12/23	08:00

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/12/23 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: 8

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: NKDA

On room air / oxygen: on Room AIR

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

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

BP: 120/70 (mmHg) | SpO₂: 97 (%) | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 22.3 Kg/m²

Others: Nil

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Normal Diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

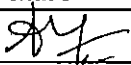


Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Albinus	0088	11/12/23	7:00
Handover taken by		Hannah Grace	0005	12/12/23	7:30
Document endorsed		Dr. Anbarasu Mohanraj	0005	12/12/23	08:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S	SITUATION Diagnosis: <u>CAD - STD</u> NEWS / PEWS Score: <u>0</u> Ventilator day: _____ Peripheral line day: Right: _____ Left: <u>✓ D1</u> Ryle's Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: _____ Urinary Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: _____ Barrier nursing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MDR: <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, specify organism: _____ GCS: <u>15/15</u> POD: _____ Central line days: _____ VIP Score: <u>0/5</u>	
B	BACKGROUND Type of surgery: _____ Date of surgery: _____ Allergies if any: <u>NKDA</u> On room air / oxygen: <u>on room air</u> IV fluids on flow: _____ Complaints / New Symptoms in last shift: _____	
A	ASSESSMENT Vital Signs: Temp: <u>98.6</u> (°F) Pulse / HR: <u>80</u> (beats/min) Respiration: <u>20</u> (breaths/min) BP: <u>110/70</u> (mmHg) SpO ₂ : <u>97</u> (%) Height: <u>165</u> (cms) Weight: <u>63</u> (kgs) BMI: <u>22.3</u> kg/m ² Others: _____ Pain Score: <u>0/10</u> Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT ✓ Fall Risk Score: <u>50</u> Fall Risk Protocol: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High Braden Score: <input checked="" type="checkbox"/> Minimal Risk: 23-19 <input type="checkbox"/> At Risk-Mild Risk: 18-15 <input type="checkbox"/> Moderate Risk: 14-13 <input type="checkbox"/> High Risk: 12-10 <input type="checkbox"/> Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Wound Dressing done: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Current diet: <u>NPO</u> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, modified care plan date: _____ Pending follow-up orders: _____ Special instructions if any: _____	

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>Harshan Anub</u>	<u>0108</u>	<u>12/12/23</u>	<u>7:20</u>
Handover taken by	<u>[Signature]</u>	<u>M. Disha</u>	<u>0108</u>	<u>12/12/23</u>	<u>7:30</u>
Document endorsed	<u>[Signature]</u>	<u>Abhinav</u>	<u>1025</u>	<u>12/12/23</u>	<u>7:40</u>

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
12/11/23	<u>MORNING DUTY NOTES</u>	
7:30	patient handing over taken from Evening duty Staff in a hemodynamically stable	Hay 0105
8:00	Vital Signs checked & Recorded	Hay 0105
8:30	CBG is high, Informed Dr. praveen advised to start Insulin Infusion	
9:30	IV line Secured, Inj. Hb 100u/hr Infusion Started	Hay 0105
9:35	Dr. Anbalagan, Advised ^{Inj. Hb} 200u/hr 80u as stat hourly CBG checking Ketone 0.2ml	Hay 0105
10:00	Patient Stable & Conscious	Hay 0105
11:30	Pt had Sweating, CBG-TI ^{vitals all stable} Informed Dr. praveen <u>Shifting Notes</u>	
11:40	⇒ Patient Conscious & Stable vital Signs checked & Recorded. ⇒ Npo from 5:00 ⇒ 10 Pcr Resection done. ⇒ Patient hand over given to OT Staff	Hay 0105 Hay 0105
Document endorsed by	Signature Nee	Name Nabhin Emp. No. 6026 Date 12/11/23 Time 0105



NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp No.			
CTOT RECEIVAL REPORT					
12/12/2023	Patient Received From <u>ICU</u> To <u>CTOT</u> With Blue Op File And Case Sheet				
12-00	ECG: 3 ECHO: 2 X-RAY: 1 ANGIO CD: —				
	CT FILE: —				
	Patient Posted For Procedure: <u>CABG</u>				
	Under Anesthesia: <u>GA</u>	<u>SN</u> <u>0031</u>			
	Allergy Status: <u>NKDA</u>				
	Known Case Of: <u>CAD-TVD, FV/VQ/IWM/I2DM</u>				
	Past Surgical History: —				
	VITAL SIGN: TEMP: 37°C HR: 82bpm SPO2: 98% BP: 130/70mmHg				
CTOT SHIFTING REPORT					
12/12/23	Patient Shifted From <u>CTOT</u> To <u>SDU</u> With Blue Op File And Case Sheet Along With				
16-50	*Surgery Safety Check List	<u>SN</u> <u>0031</u>			
	*Intra Operative Record	<u>12/12/23</u> <u>16-50</u>			
	*Nurses' Record				
	*Anesthesia record				
	ECG: 3 ECHO: 2 X-RAY: 1 ANGIO CD: —				
	CT FILE: —				
	Patient Posted And Underwent For Procedure: <u>CABG</u>				
	Under Anesthesia: <u>GA</u>				
	Procedure: <u>OP CABG</u> <u>Wedge LIMA → LAD</u> <u>SVU → OM, RCA</u>				
	Drain tube size and placement: <u>28Fr-D</u> <u>→ left pleural</u>				
	Pacing wire placement: Present/Absent/ Site: <u>Mediastinum</u>				
	Implants: —				
	Cautery burn/skin peeling/towel clip mark: Present/Absent				
	Site: —				
	VITAL SIGN: TEMP: 37°C HR: 93bpm SPO2: 98% BP: 147/75 mmHg				
	Notes: <u>obstructive Wound - P143 A2</u>				
	<u>LSCS - 2011</u>				
Document endorsed by	Signature	Name	Emp. No.	Date	Time
	<u>SN/0031</u>	<u>M. SARDUMAR</u>	<u>MHI/0031</u>	<u>12/12/23</u>	<u>16-50</u>

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 12/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: -

Ventilator day: D1

Peripheral line day: Right: cubital DI Left:

Ryle's Tube: ☒ Yes ☐ No Day: 1

Urinary Catheter: ☒ Yes ☐ No Day: 1

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

GCS: M CP VET E

POD: D03

Central line days: D1

VIP Score: 015

B

BACKGROUND

Type of surgery: OPCABX 40TRAPT

Allergies if any: NKDA

On room air / oxygen: ON VENTILATOR

Complaints / New Symptoms in last shift:

Date of surgery: 12/12/23

IV fluids on flow: KABILYME

A

ASSESSMENT

Vital Signs: Temp: 91 (°F) | Pulse / HR: 90 (beats/min) | Respiration: 14 (breaths/min)

BP: 133/75 (mmHg) | SpO₂: 100 (%) | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 23.3 kg/m²

Others: BSA: 1.74 m²

Pain Score: 6 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

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

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

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

Current diet: NPO

Drains: Med drainage + left pleural.

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		DR. SHANMUGAPRIYA S	0074	12/12/23	19.30
Handover taken by		Dr. Sheeba	0270	12/12/23	19.40
Document endorsed		Dr. Anbarasu Mohanraj	0002	13/12/23	9.00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score:

Ventilator day: 2

Peripheral line day: Right: WB 1704 Left: 2

Ryle's Tube: ☒ Yes ☐ No Day: 2

Urinary Catheter: ☒ Yes ☐ No Day: 2

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

GCS: mep^vETE₁

POD: 208

Central line days: 2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABX4 VTRATO

Allergies if any: ONICDA

On room air / oxygen: ON VENTILATOR

Complaints / New Symptoms in last shift: -

Date of surgery: 12/12/23

IV fluids on flow: KABILYTE

A

ASSESSMENT

Vital Signs: Temp: 98.1°F | Pulse / HR: 100bnt (beats/min) | Respiration: 22bnt (breaths/min)

BP: 130/40 mmHg | SpO₂: 99% | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 23.3 kg/m²

Others: 880 - 1.74 m²

Pain Score: 0/8 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

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

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

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

Current diet: NPO Drains: mediastinal + 1 OT

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:


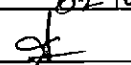

Pending lab reports / Investigations:

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		Shweta	0270	12/12/23	7.00
Handover taken by		Saurabh M. U	0022	13/12/23	7:15
Document endorsed		Anbarasu	0003	13/12/23	9.00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 13/12/2023 Shift: ☒ Morning ☐ Evening ☐ Night

S	SITUATION Diagnosis: CAD/TVD NEWS / PEWS Score: Nil Ventilator day: Nil Peripheral line day: Right: WBTAL Left: D2 Ryle's Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: Urinary Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: D2 Barrier nursing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MDR: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, specify organism: GCS: 15/15 POD: D5 POD Central line days: D2 VIP Score: 0/5				
B	BACKGROUND Type of surgery: OP CAB x 4 VAPAS Allergies if any: NKDA On room air / oxygen: Nil Date of surgery: 12/12/2023 IV fluids on flow: Complaints / New Symptoms in last shift: Nil				
A	ASSESSMENT Vital Signs: Temp: 99.7 (°F) Pulse / HR: 103 (beats/min) Respiration: 25 (breaths/min) BP: 120/60/35 (mmHg) SpO ₂ : 94 (%) Height: 165 (cms) Weight: 63.4 (kgs) BMI: 23.2 kg/m ² Others: Cap - 7 mmHg Pain Score: 2/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: 65 Fall Risk Protocol: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High Braden Score: <input type="checkbox"/> Minimal Risk: 23-19 <input type="checkbox"/> At Risk-Mild Risk: 18-15 <input type="checkbox"/> Moderate Risk: 14-13 <input type="checkbox"/> High Risk: 12-10 <input type="checkbox"/> Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Wound Dressing done: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Current diet: liquid diet Drains: Medrol + D Penel				
R	RECOMMENDATION Referral doctors: Dr. Pooja Jayaram Pending medications: Pending medication indent: Pending lab reports / Investigations: Critical value alert and its corrections: Changes in nursing care plan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, modified care plan date: Pending follow-up orders: Special instructions if any:				

	Signature	Name	Emp. No.	Date	Time
Handover given by	[Signature]	Shanmugapriya S	1002	12/12/23	12:30
Handover taken by	[Signature]	Meena Selvam	0276	13/12/23	12:30
Document endorsed	[Signature]	Anbarasu	0003	13/12/23	9:10



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: Cubital D2 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: PODI

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OP CABG + 40 TRAPT

Allergies if any: NKDA

On room air / oxygen: -

Complaints / New Symptoms in last shift: -

Date of surgery: 12/12/2023

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98.4 (°F) | Pulse / HR: 94 (beats/min) | Respiration: 20 (breaths/min)

BP: 140/86 (mmHg) | SpO₂: 95 (%) | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 23.3 kg/m²

Others: JVP: 7 mmHg

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Liquid 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: -

MH

	Signature	Name	Emp. No.	Date	Time
Handover given by	S. Vignesh	Meera Selvan	02876	13/12/23	1930
Handover taken by	[Signature]	ARUN	2355	13/12/23	1930
Document endorsed	[Signature]	ARUN	2007	13/12/23	9:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right: COB Left: D2

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☒ Yes ☐ No

Barrier nursing: ☒ Yes ☐ No

Day:

Day:

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

GCS: 15/15

POD: 1 POD

Central line days: D2

VIP Score: 015

B

BACKGROUND

Type of surgery: OPCABX40RAFT

Allergies if any: N/A

On room air / oxygen:

Complaints / New Symptoms in last shift:

Date of surgery: 12/12/23

IV fluids on flow:

A

ASSESSMENT

Vital Signs: Temp: 97.4°F | Pulse / HR: 106 (beats/min) | Respiration: 24 (breaths/min)

BP: 137/80 (mmHg) | SpO₂: 94 (%) | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 23.3 kg/m²

Others: -

Pain Score: 4/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ N/A

Current diet: Soft diet

Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: 14/12/23

Pending follow-up orders: -

Special instructions if any: -

N/A

14

	Signature	Name	Emp. No.	Date	Time
Handover given by		ARON	2355	14/12/23	7:10
Handover taken by		SHANMUGAPRIYA S	0223	14/12/23	07:10
Document endorsed		SHANMUGAPRIYA S	0203	14/12/23	9:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
17:30	Patient was hemodynamically stable condition. with out support and room air	
21:30	Patient had food.	
22:30	Due medications given as per drug chart.	Jed
23:00	Nebulization and Spirometry exercise Given.	
	Patient was sleeping comfortably.	
04:30	Collected blood sample and sent to lab for further investigation.	Jed
04:40	V-Cath was removed BLO DR. ANBARASA.	
5:00	Provided oral care and sponge bath.	
6:00	Provided nebulization and spirometry exercise.	Jed
	Patient got mobilized to chair.	
7:30	Patient handed over to morning duty staff.	Kan

Document endorsed by	Signature	Name	Emp. No.	Date	Time
	[Signature]	Anbarasa	DD05	14/11/23	9.00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 14/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - TVD SF → 85%

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: central Left: D3

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: POD - IT

Central line days: D3

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB X H GRAFTS

Date of surgery: 12/12/23

Allergies if any: NKDA

On room air / Oxygen: On RA

IV fluids on flow: Nu

Complaints / New Symptoms in last shift: Nu

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 114 (beats/min) | Respiration: 30 (breaths/min)

BP: 98/68 (mmHg) | SpO₂: 96 (%) | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 23.3 kg/m²

Others: BSA → 1.74 m²

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

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

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

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

Current diet: Soft diet

Drains: Nu

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

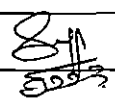
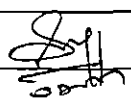
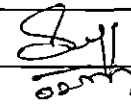

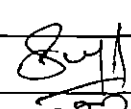
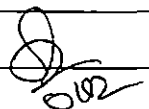

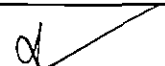
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		Subanya C	0223	14/12/23	10:40
Handover taken by		A. Manohini	0170	14/12/23	12:30
Document endorsed		Anbarasu Mohanra.	0003	14/12/23	9:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
14/12/22	MOORING DUTY REPORTS ON	
07:10	* Took over the patient as he haemodynamically stable Condition & out support On RA SPO ₂ → 95% At airway entry @, lungs clear, Abdomen soft, bowel sound heard, peripheries warm & pulse felt.	 Sybil 0003
08:30	* patient consumed soft diet & all due medicine given as per drug chart	 Sybil 0003
09:10	* patient mobilized out of bed.	 Sybil 0003
09:15	* Dr. Anbarasu came & seen the patient has advised to give T. IVABRAD & shift the patient to ward.	 Sybil 0003
09:25	* IJV line removed & Secured No oozing.	
10:10	* patient shifted to ward in haemodynamically stable Condition & Skin Intact	 Sybil 0003
	Received notes	
10:15	-> patient received to SICU to 2nd floor.	 Sybil 0003
11:30	-> patient @ diet	
	-> patient is stable & vital signs check 3 to 4 hrs	
12:30	-> patient hand over from to nursing duty she	 Sybil 0003
Document endorsed by	Signature 	Name Sybil
		Emp. No. 0003
		Date 14/12/22
		Time 9.00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD-TVIO

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: cubital Left: DO3

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: POD-TT

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: SPCABX4GRAFTS

Date of surgery: 12/12/23

Allergies if any: NKDA

On room air / oxygen: On Room Air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 77.6 (°F) | Pulse / HR: 103 (beats/min) | Respiration: 20 (breaths/min)

BP: 95/64 (mmHg) | SpO₂: 90 (%) | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 23.3 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: Diabetic diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>AI.</u>	<u>A. Nandhini</u>	<u>0170</u>	<u>14/12/23</u>	<u>19:30</u>
Handover taken by	<u>AI</u>	<u>A. Anitha</u>	<u>0222</u>	<u>14/12/23</u>	<u>19:34</u>
Document endorsed	<u>Nes</u>	<u>E. Nallin</u>	<u>00024</u>	<u>14/12/23</u>	<u>20:00</u>

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD - TVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: COBITAL Left: D3

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: 11

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABX + Graft

Date of surgery: 12/12/23

Allergies if any: NKDA

On room air / oxygen: on Room Air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 97.6°F | Pulse / HR: 103 (beats/min) | Respiration: 20 (breaths/min)

BP: 95/64 (mmHg) | SpO₂: 96 (%) | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 23.8 kg/m²

Others: -

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

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

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

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

Current diet: DM diet Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:


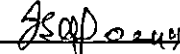
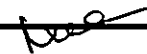
Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Anitha	0221	15/12/23	7:30
Handover taken by		W. Sindiga	0221	15/12/23	7:40
Document endorsed		P. Nalini	0084	15/12/23	8:00

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 15/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - TVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: cubital Left: D5

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: T1

Central line days:

VIP Score:

B

BACKGROUND

Type of surgery: OPCAB X 4 graft

Date of surgery: 12/12/23

Allergies if any: None

On room air / oxygen: on room air

IV fluids on flow: ---

Complaints / New Symptoms in last shift: ---

A

ASSESSMENT

Vital Signs: Temp: 97.6 (°F) | Pulse / HR: 100 (beats/min) | Respiration: 20 (breaths/min)

BP: 100/60 (mmHg) | SpO₂: 96 (%) | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 23.3 kg/m²

Others: ---

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

Fall Risk Score: 60 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: ---

R

RECOMMENDATION

Referral doctors: ---

Pending medications: ---

Pending medication indent: ---

Pending lab reports / Investigations: ---

Critical value alert and its corrections: ---

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

Pending follow-up orders: ---

Special instructions if any: ---

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>G. Lideya</u>	<u>0229</u>	<u>15/12/23</u>	<u>12:30</u>
Handover taken by	<u>[Signature]</u>	<u>A. Nandhini</u>	<u>0170</u>	<u>15/12/23</u>	<u>12:30</u>
Document endorsed	<u>[Signature]</u>	<u>S. Nalini</u>	<u>0084</u>	<u>15/12/23</u>	<u>13:00</u>

NURSES PROGRESS NOTES

[illegible]

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD - TUD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: 11

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB & 4 GRAFTS

Allergies if any: NRDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift: -

Date of surgery: 12/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 22 (breaths/min)

BP: 130/70 (mmHg) | SpO₂: 97 (%) | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 23.3 kg/m²

Others: Nil

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Normal Diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -


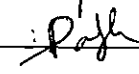
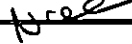
Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. ALBINUS	0088	16/12/23	7.20
Handover taken by		Danisha	0072	16/12/23	7.30
Document endorsed		S. Nalini	0024	16/12/23	8:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 16/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - TUD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Left: ☐

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

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

GCS: 15/15

POD: 4th POD

Central line days:

VIP Score: 0

B

BACKGROUND

Type of surgery: OP CAB X AGRAFTS

Date of surgery: 12/12/23

Allergies if any: NADA

On room air / oxygen: On room air

IV fluids on flow: -

Complaints / New Symptoms in last shift: NIL

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 80b/min (beats/min) | Respiration: 20b/min (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 97 (%) | Height: 165 (cms) | Weight: 62.4 (kgs) | BMI: 23.3 kg/m²

Others: -

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

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

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

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

Current diet: NORMAL Diet

Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		<u>M. Devika</u>	<u>018</u>	<u>16/12/23</u>	<u>12:30</u>
Handover taken by		<u>Sampath</u>	<u>0234</u>	<u>16/12/23</u>	<u>13:00</u>
Document endorsed		<u>E. Nalini</u>	<u>0024</u>	<u>16/12/23</u>	<u>13:00</u>

NURSES PROGRESS NOTES					
Date & Time	Observations / Action			Signature with Emp. No.	
16/12/23 ②	Morning duty notes				
7-00	→ patient hand over taken from night duty staff-				
7-20	→ Patient Normal Diet → patient is stable & vital signs checked records Review			S/Ola	
8-00	→ patient Medication given as per drug chart records → patient ID Band Checked				
10-15	→ Patient Mobilization given. → patient ① Vital Signs taken			S/Sr	
11-00	→ patient is well Sleepy				
11-20	→ patient fls chest				
12-30	→ patient hand over given to evening duty staff			S/Dor	
Document endorsed by	Signature	Name	Emp. No.	Date	Time
	Sas	S. Nalini	0024	16/12/23	13:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 16/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - TVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

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

GCS: 15/15

POD: 4th POD

Central line days: -

VIP Score: 0

B

BACKGROUND

Type of surgery: OPCDBX + UTAFS

Allergies if any: NKDA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: Nil

Date of surgery: 12/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/70 (mmHg) | SpO₂: 97 (%) | Height: 165 (cms) | Weight: 63.4 (kgs) | BMI: 23.3 kg/m²

Others: -

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

Fall Risk Score: 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: Normal diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

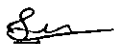

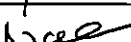
Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		Seemra	0284	16/12/23	14:00
Handover taken by		A. ALBINUS	0086	16/12/23	14:00
Document endorsed		S. Nalini	0084	16/12/23	14:00

NURSES PROGRESS NOTES					
Date & Time	Observations / Action			Signature with Emp. No.	
16.12.23	<u>EVENING DUTY NOTES</u>				
1 st @					
12.30	⇒ Patient handing over taken from Morning duty staff.			<u>Jen</u> on	
14.00	⇒ Pt oriented and conscious.				
	⇒ Pt vitals are checked.				
	⇒ Pt ID band checked.				
14.00	⇒ pt due drugs are given.			<u>Jen</u> on	
	⇒ Pt vitals checked and recorded.				
16.00	⇒ Pt Nebulization given to the patient.			<u>Jen</u> on	
	⇒ Pt Mobilized well.				
18.30	⇒ pt I/O chart monitored.			<u>Jen</u> on	
	⇒ Pt handing over given to Night duty staff.				
Document endorsed by	Signature <u>Nee</u>	Name S. Nalini	Emp. No. 0024	Date 16/12/23	Time 20:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 16/12/23 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAP - VD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: 4th POD

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB X 3 GRAFTS

Allergies if any: NRDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift: -

Date of surgery: 12/12/23

IV fluids on flow: -

A

ASSESSMENT

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

BP: 130/70 (mmHg) | SpO₂: 98 (%) | Height: 165 (cms) | Weight: 68.4 (kgs) | BMI: 24.2 kg/m²

Others: ALL

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

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

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

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

Current diet: NORMAL Diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

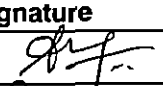
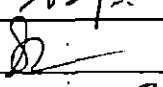
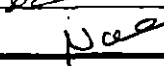
Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. ALBINUS	0088	17/12/23	7:20
Handover taken by		M. Dairi	0102	17/12/23	7:30
Document endorsed		E. Nalini	0024	17/12/23	8:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 17/12/23 Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-Tx

NEWS / PEWS Score: 0

Ventilator day: —

Peripheral line day: Right: — 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: 3

Central line days: —

VIP Score: 05

B

BACKGROUND

Type of surgery: OPCAD x graft

Date of surgery: 12/12/23

Allergies if any: NONE

On room air / oxygen: on room air

IV fluids on flow: —

Complaints / New Symptoms in last shift: nil

A

ASSESSMENT

Vital Signs: Temp: 94 (°F) | Pulse / HR: 86b/m (beats/min) | Respiration: 20b/m (breaths/min)

BP: 130/70 (mmHg) | SpO₂: 95 (%) | Height: 165 (cms) | Weight: 69.2 (kgs) | BMI: 24.5 kg/m²

Others: —

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

Fall Risk Score: 80 Fall Risk Protocol: ☐ Low ☐ Medium ☐ High

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

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

Current diet: normal diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: to day discharge

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>Dr. Daria</u>	<u>01</u>	<u>17/12/23</u>	<u>7:30</u>
Handover taken by	<u>[Signature]</u>	<u>Discharged</u>	<u>—</u>	<u>—</u>	<u>—</u>
Document endorsed	<u>[Signature]</u>	<u>S. Nalini</u>	<u>0084</u>	<u>17/12/23</u>	<u>13:20</u>

NURSES PROGRESS NOTES

[illegible]

ADULT NURSING CARE PLAN

HANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/UPH202302475

Dr. ANBARASU MOHANRAJ

Consultant:

MHI/NUR/2022/044

Medway Heart Institute

Every heart beat counts

Initial Date: 11/12/23 Time: 12.50.

Modified Date: Time:

Reason for Modification:

Diagnosis: CAD - T10

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	<p>M</p> <p>E Patient had PT diet</p> <p>N PT is on NORMAL Diet</p>	<p>Dr. [Signature]</p> <p>06/08</p>
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	<p>M</p> <p>E Patient is on Room Air</p> <p>N SpO₂ - 95%</p>	<p>Dr. [Signature]</p> <p>06/08</p>
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	<p>M</p> <p>E I/O Chart Monitored</p> <p>N I/O chart Monitored</p>	<p>Dr. [Signature]</p> <p>06/08</p>

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M	
			E	
			N	Patient Mobilized PT Mobilized well Jy 00/08
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continenence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M	
			E	Normal Elimination Pattern Jy 00/08
			N	Elimination is good Jy 00/08
SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M	
			E	Maintain Normal Skin integrity Jy 00/08
			N	Skin is intact Jy 00/08

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input checked="" type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M E Patient well groomed N PT is on self hygiene	 ID dy 0088
SAFETY <input type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M E ID band present N ID Band (+)	 ID dy 0088
COMFORT AND SLEEP <input checked="" type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M E N PT sleep pattern good	 dy 0088
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M E vital signs checked & recorded N vital signs are checked	 ID dy 0088
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input checked="" type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M E psychological support to the pt N Psychological support given	 ID dy 0088

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M E Good communication N communication is good	[Signature] dy 09/80
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M E Medication given N as per drug chart, medications are given	[Signature] dy 09/80
Endorsed by	Signature	Name	Emp. ID	Date	Time
	[Signature]	Dhananand	0005	12/12/23	08:00

ADULT NURSING CARE PLAN

Mrs. SHANMUGAPRIYA S
45 / Female / MHI202381078
11/12/2023 / IPH202302475
Dr. ANBARASU MOHANRAJ



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 12/12/23 Time: 7.00

Modified Date: Time:

Reason for Modification:

Diagnosis: CAD - TVD

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt was NPO E N	Hay 0105
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input checked="" type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Pt was stable on room air E N	Hay 0105
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M I/O chart Maintained E N	Hay 0105

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

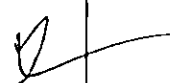

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others: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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt Communicated well E N	Hay olo
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M Due drugs all given E N	Hay olo
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>[Signature]</i>	S. Nalini	0024	12/12/23	14:00

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 12/12/23 Time: 12.00		Modified Date: — Time: —	
Reason for Modification: —		Diagnosis: CAD-TVD	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
PAIN <input type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input checked="" type="checkbox"/> Administer pain medication as prescribed and as needed <input checked="" type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M E Administered analgesics as per order N Administered analgesic as per order
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input checked="" type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input checked="" type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M E SpO2 - 100% ON Ventilator Support N ON VENTILATOR SpO2 - 99%
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M E N/A N N/A
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Embolism stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M E on bed rest N Immobile

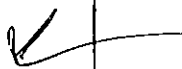
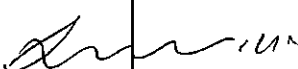
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input checked="" type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M	
			E	monitored I/O, IV line
			N	patient monitored I/O chart @ drain JLH 0024 SH 0250
RISK OF INFECTION <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M	
			E	aseptic precautions followed.
			N	used aseptic precautions followed JLH 0024 SH 0250
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input checked="" type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M	
			E	fall risk precautions followed.
			N	kept bed in low position JLH 0024 SH 0250
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input checked="" type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M	
			E	drain empty
			N	no oozing in the drain site JLH 0024 SH 0250
DIET & NUTRITION <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input checked="" type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M	
			E	ON IVF wound Pen
			N	NPO JLH 0024 SH 0250

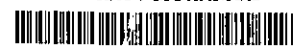
Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.		<input type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M	
				E	on CDD urine output adequate.
				N	on CDD, urine output adequate. 8/5/17
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M	
				E	-
				N	-
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient	M	
				E	Harmed physically stable. 13/12/17
				N	monitored vitals signs. 8/5/17
HEALTH EDUCATION <input type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input type="checkbox"/> Provide proper education regarding follow-up diet <input checked="" type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M	
				E	Good knowledge on how to take care. 13/12/17
				N	Explained about pt condition & how to stay. 2h 25/10
ANY OTHER NEEDS				M	
				E	
				N	
Endorsed by	Signature	Name	Emp. ID	Date	Time
			2003	13/12/17	9.00

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 13/12/2023 Time: 8:00		Modified Date: — Time: —		
Reason for Modification:		Diagnosis: CHD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN <input checked="" type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have less pain	<input checked="" type="checkbox"/> Evaluate location, character, quality and severity of pain <input checked="" type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Administered medications as per order E Analgesic given N Pain score 1/10	Don Meena 02/26 Dr
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input checked="" type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input checked="" type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M Encouraged the patient to perform spirometry exercises E on Room Air. N DO ROOM AIR	Don Sineel 02/26 Dr
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M — E — N —	
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Provided side rails for the patient to E mobilized to chair. N patient got mobilized to chair.	Don Meena 02/26 Dr

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M <i>Proneal Intake and Output chart</i> E <i>monitored, intake and output</i> N <i>monitored intake & output</i>	<i>Jos</i> <i>Jos</i> <i>Jos</i>
RISK OF INFECTION <input checked="" type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input checked="" type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M <i>use aseptic technique all aspects of patient care</i> E <i>Administer antibiotics as ordered</i> N —	<i>Jos</i> <i>Jos</i> <i>Jos</i>
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input type="checkbox"/> The patient will have safe, free from fall hospitalization	<input type="checkbox"/> Keep bed on low position <input type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M — E — N <i>keep bed on low position</i>	 <i>Jos</i>
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M — E — N <i>No oozing in Surgical site</i>	 <i>Jos</i>
DIET & NUTRITION <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M <i>Encourage the patient to consume prescribed diet</i> E <i>Patient had liquid diet</i> N <i>Patient had soft diet</i>	<i>Jos</i> <i>mean 22g</i> <i>Jos</i>


Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation		Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.		<input checked="" type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input checked="" type="checkbox"/> Maintain adequate cleaning and dressing	M	Maintain clean dry	
				E	Aspirate technique followed	
				N	observe to chart	R
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M	—	
				E	—	
				N	—	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input checked="" type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient	M	Patient is hemodynamically stable	1/12
				E	Vitals monitored	mean
				N	monitored vital signs	
HEALTH EDUCATION <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input checked="" type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M	Provide Health education regarding diet	1/12
				E	Health Education given	mean
				N	Explained about the treatment plan	R
ANY OTHER NEEDS				M		
				E		
				N		
Endorsed by	Signature	Name	Emp. ID	Date	Time	
			0000	13/12/23	9.00	




ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 14/12/23 Time: 09:10		Modified Date: Time:	
Reason for Modification:		Diagnosis: CAD-TVD SF → 35+	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
PAIN <input type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Provided Comfortable position E Comfortable position to the pt N comfortable position to the pt
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M On RA SPO2 → 95% E Patient 18 on Room Air N Pt is on Room Air
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M NA E — N NA
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input checked="" type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Emboic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Safety measures followed E Patient Mobilized well N Pt mobilized well

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation		Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.		<input checked="" type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M	Monitored I/O chart	Sy
				E	monitored I/O chart	AP
				N	monitored I/O chart	AI OLL
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M	NA	
				E	—	
				N	NA	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input checked="" type="checkbox"/> Assess physically for any abnormality <input checked="" type="checkbox"/> Inform doctor if there is any abnormality <input checked="" type="checkbox"/> Monitor GCS of patient	M	Monitored vital signs	Sy
				E	vital checked & recorded	AI
				N	vital signs checked	AI OLL
HEALTH EDUCATION <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M	Educated about wound shifting.	Sy
				E	Health education given	AI
				N	Health education given	AI OLL
ANY OTHER NEEDS				M		
				E		
				N		
Endorsed by	Signature	Name	Emp. ID	Date	Time	
			0005	14/12/23	9.00	










ADULT NURSING CARE PLAN

Patient Details (After Initial Exam)
Name: Mrs. SHANMUGAPRIYA S
UHID: 45/Female/MHI202381078
DOB: 11/12/2023/IPH202302475
DOA: Dr. ANBARASU MOHANRAJ
Const: 

MHI/NUR/2022/044



Every heart beat counts

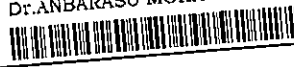
Initial Date: 15/12/23		Time: 8:00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CAD - TxD			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
NUTRITION <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input checked="" type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt takes Regd diet E patient had 10M diet N pt had 10M diet	  			
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M pt is on room air E patient is on Room Air N SPO ₂ - 95%	  			
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt takes Oral fluid E No chart monitored N No chart monitored	  			

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

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt Verbal communication good E Good communication N PT Communication good	Jaf B/P Jaf
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M Due medication E Medication given as per drug chart N Medications are given	Jaf B/P Jaf
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Naf	R. Nalini	0024	15/12/23	16:00

ADULT NURSING CARE PLAN

Pa: Mrs. SHANMUGAPRIYA S
Na: 45/Female/MHI202381078
UH: 11/12/2023/IPH202302475
DOI: Dr. ANBARASU MOHANRAJ
DOI: 
Con:

MHI/NUR/2022/044



Every heart beat counts

Initial Date: 16/12/23		Time: 8:00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CAD - TYD			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input checked="" type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt normal diet E pt normal diet. N pt is on normal diet	Jan Jan 02/01 Jan 00/05			
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input checked="" type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M pt room air E pt on room air. N SpO ₂ - 95%	Jan Jan on. Jan 00/05			
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input checked="" type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt electrolytes fluid E pt electrolytes fluid N pt is on oral diet	Jan Jan on. Jan 00/05			

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

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt self care E pt self care N pt self care	Dan Jan on. Jif 09/08
SAFETY <input type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M pt ID Band E pt ID Band present N ID Band @	Dan Jan on. Jif 09/08
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M pt comfortable Sleep E pt comfortable Sleep N pt comfortable Sleep	Dan Jan on. Jif 09/08
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M pt vital signs checked E pt vital signs checked N vitals signs is checked	Dan Jan on. Jif 09/08
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M E N	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input checked="" type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt will communicate effectively E pt will communication N pt well communication	Jan 6/29/80
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input checked="" type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M pt medication given as per E pt medication given as per drug chart N medications are given	Jan 6/29/80
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nuc	S. Nalin	0024	16/12/23	18:00

ADULT NURSING CARE PLAN

Mrs. SHANMUGAPRIYA S

45 / Female / MHI202381078

11/12/2023 / IPH202302475

Dr. ANBARASU MOHANRAJ



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 17/12/23 Time: 7-08		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAP - TNP		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt @ diet E N	[Signature]
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M pt room air E N	[Signature]
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt electrolytes fluid E N	[Signature]

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

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback ✓	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt neuro status E N	[Signature] [Signature] [Signature]
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time ✓	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M pt medication given as per order E N	[Signature] [Signature] [Signature]
Endorsed by	Signature	Name	Emp. ID	Date	Time
	[Signature]	S. Valini	0024	7/12/23	18:00



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	
FRICION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	
					TOTAL SCORE		
					23		
					Initial & Emp. No. of Staff Nurse:		
					11/11/23 08		
					Initial & Emp. No. of Sr. Staff Nurse:		
					11/11/23 08		

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



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	1		
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	3		
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	3		
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4		
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	3		
FRICITION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3		
					TOTAL SCORE	20	
					Initial & Emp. No. of Staff Nurse:	Hay over	
					Initial & Emp. No. of Sr. Staff Nurse:	Ned 24	

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	1	1	2	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	1	1	2	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	1	1	1	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	1	1	2	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	1	1	2	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		1	1	2	
					TOTAL SCORE	6	6	11
					Initial & Emp. No. of Staff Nurse:	104	104	104
					Initial & Emp. No. of Sr. Staff Nurse:	92	92	92

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: 13/12/2023
Time: 12:30

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	2	2	3	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	2	2	3	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	2	2	2	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2	2	3	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	2	2	3	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		2	2	3	
					TOTAL SCORE	12	12	17
					Initial & Emp. No. of Staff Nurse:	Mam 0226	0226	0226
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6					Initial & Emp. No. of Sr. Staff Nurse:	0225	0225	0225

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	3	3
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	3	3
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	3	3
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IVs for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	3	3
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3
TOTAL SCORE					19	19
Initial & Emp. No. of Staff Nurse:					17/12/23	17/12/23
Initial & Emp. No. of Sr. Staff Nurse:					17/12/23	17/12/23

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IVs for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3
TOTAL SCORE					23	23	23
Initial & Emp. No. of Staff Nurse:					808	101	012
Initial & Emp. No. of Sr. Staff Nurse:					100	100	100
					24	24	24

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

Patient Details (Affix Label here)
Name: MRS SHAN RAGAPPAIYAN
UHID: 200381098
DOB: 11/12/23 Sex: F
DOA: 11/12/23
Consultant: DR. D. N. BARAS

Every heart beat counts

Date: 16 12 23
Time: M E N

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	<u>4</u>	<u>4</u>	<u>4</u>	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	<u>4</u>	<u>4</u>	<u>4</u>	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	<u>4</u>	<u>4</u>	<u>4</u>	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	<u>4</u>	<u>4</u>	<u>4</u>	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	<u>4</u>	<u>4</u>	<u>4</u>	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		<u>3</u>	<u>3</u>	<u>3</u>	
					TOTAL SCORE	<u>23</u>	<u>23</u>	<u>23</u>
					Initial & Emp. No. of Staff Nurse:	<u>8</u> <u>60</u>	<u>8</u> <u>50</u>	<u>8</u> <u>00</u>
					Initial & Emp. No. of Sr. Staff Nurse:	<u>100</u> <u>24</u>	<u>100</u> <u>24</u>	<u>100</u> <u>25</u>

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK


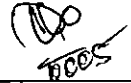
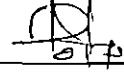

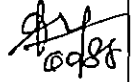



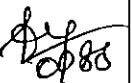

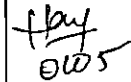
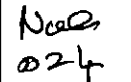
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only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

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

P- Mrs. SHANMUGA PRIYA S
45 / Female / MHI202.181078
11/12/2023 / IPH2023.2475
Dr. ANBARASU MOHANI AJ



PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
11/12/23 12:50/10	0/10	No pain	-	-	-	 0176	 0005
12:00	0/10	No pain	-	-	-	 0176	 0005
22:00	0/10	No pain	-	-	-	 0088	 0005
12/12/23 2:00	0/10	No pain	-	-	-	 0088	 0005
6:00	0/10	No pain	-	-	-	 0088	 0005
10:00	0/10	No pain	-	-	-	 0085	 024

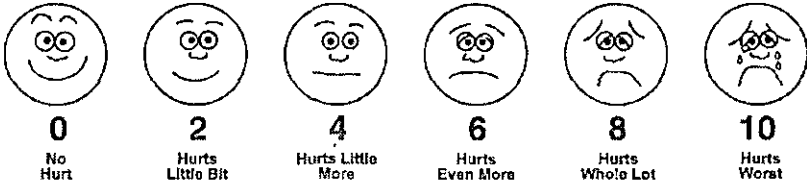
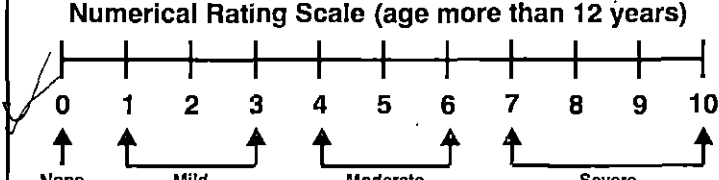


PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
12/12/23 @ 1700	0/8	cpot	—	—	—	Meera 0276	[Signature] 0003
1900	0/8	By cpot	—	—	—	[Signature] 0276	[Signature] 0003
21-00	1/10	Dull pain	410-15 Sec	surgical site	non-pharmacological intervention done	[Signature] 0270	[Signature] 0003
23-00	1/10	Dull pain	410 Sec	Stomach	non-pharmacological intervention done	[Signature] 0270	[Signature] 0003
13/12/23 01-00	1	—	—	—	patient is slept well	[Signature] 0270	[Signature] 0003
0-300	—	—	—	—	patient is slept well	[Signature] 0270	[Signature] 0003
05-00	—	—	—	—	patient is slept well	[Signature] 0270	[Signature] 0003
07-00	1/10	Dull pain	410-15 Sec	surgical site	non-pharmacological intervention done	[Signature] 0270	[Signature] 0003
9:00	1/10	Dull pain	—	—	patient is comfortable	[Signature] 0270	[Signature] 0003

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
11:00	2/10	Achy pain	>10 sec	Surgical site	Non-pharmacological management given	Man	Man
1300	1/10	Achy pain	10 sec	Sternum	Non pharmacological management given	Man	Man
1500	1/10	Achy pain	5 sec	Sternum	Non pharmacological management given	Man 0286	Man
1700	1/10	Dull pain	>10 sec	Sternum	Non pharmacological management given	Man 0286	Man

PAIN SCALES

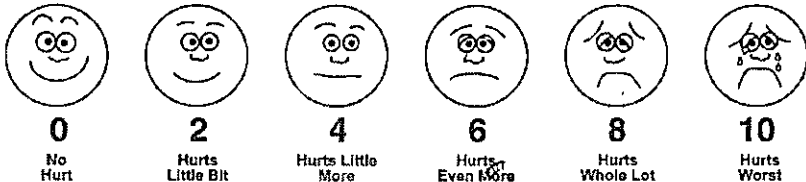
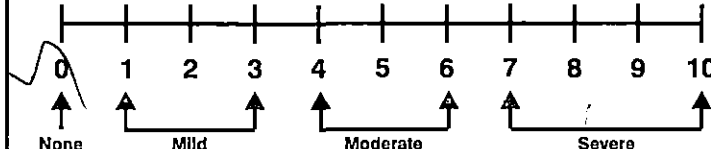
PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible.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

PAIN RE-ASSESSMENT & MONITORING CHART

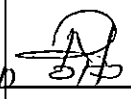
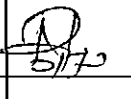
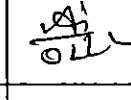
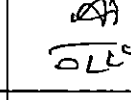
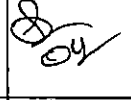

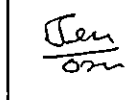
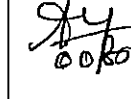
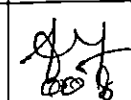
Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
13/12/23 19:00	1/10	pull pain	5sec	Back	Comfortable position given	1222 0224	1222
21:00	1/10	Dull Pain	10sec	sternum	provided comfortable position	1222	1222
23:00		—			Patient was sleeping	1222	1222
01:00		—			Patient was sleeping	1222	1222
03:00		—			Patient was sleeping	1222	1222
05:00	1/10	Dull Pain	15sec	sternum	provided comfortable position	1222	1222
07:00	1/10	Dull Pain	5sec	sternum	Patient got mobilized to chair	1222	1222
09:00	1/10	Dull pain	18sec	sternum	Non-pharmacological intervention given	1222	1222
14:00	1/10	dull pain	5/10 8sec	sternum	pharmacological Management given	1222	1222

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
18:00	7/10	dull pain	10-5 sec	Sternum	comfortable position to the pt	AD 5172	Ned 024
22:00	7/10	dull pain	10-5 sec	sternum	comfortable position to the pt	AD 5172	Ned 024
6:00	0/10	no pain	10-5 sec	sternum	—	AD 5172	Ned 024
10:00	0/10	no pain	10-5 sec	sternum	comfortable position to the pt	AD 5172	Ned 024

PAIN SCALES

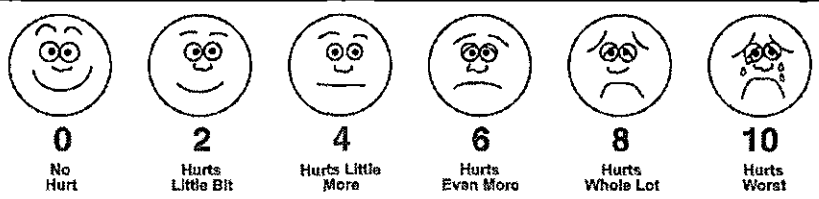
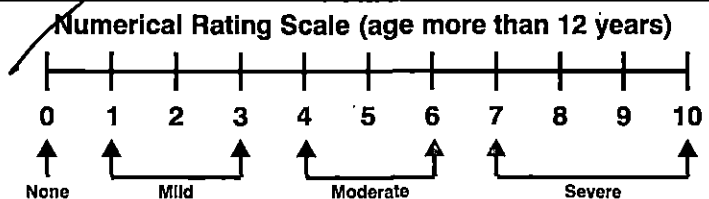
PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.	
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both	
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)		Numerical Rating Scale (age more than 12 years) 
Critical care Pain Observation Tool (CPOT) (ventilator / comatose)	FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (intubated patients): 0 - Tolerating Ventilator or Movement , 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain	
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Pharmacological Interventions as per doctor's prescription		

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
11:00	1/10	Dull pain	5 Sec	Surgical Site	pharmacological Management given		Nae 024
18:00	1/10	Dull pain	5 Sec	Surgical Site	psychological support to the pt		Nae 024
22:00	1/10	Dull pain	5 Sec	surgical site	psychological support to the pt		Nae 024
16/12/23 6:00	0/10	NO pain	—	—	—		Nae 024
10:00	0/10	NO pain	—	—	—		Nae 024
14:00	0/10	NO pain	—	—	—		Nae 024
16:00	0/10	NO pain	—	—	—		Nae 024
20:00	0/10	NO pain	—	—	—		Nae 024
17/12/23 0:00	0/10	NO pain	—	—	—		Nae 024

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
4:00	0/0	No Pain	—	—	—	<i>[Signature]</i> 008	<i>[Signature]</i> 0224
8:00	0/0	No Pain	—	—	—	<i>[Signature]</i> 008	<i>[Signature]</i> 0224
12:00	0/0	No Pain	—	—	—	<i>[Signature]</i> 008	<i>[Signature]</i> 0224





PAIN SCALES

PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for Infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.	
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Pharmacological Interventions as per doctor's prescription		



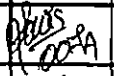






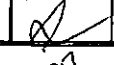






DVT RISK ASSESSMENT

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

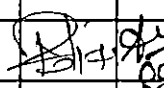





		Date					
		Time					
S. No.	PARAMETERS						
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	0	0				
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0				
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0				
5	Entire leg swollen (Assess for both legs)	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0				
9	Previously documented DVT (Assess for both legs)	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				
FINAL SCORE		0	0				
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		Low	Low				
DVT prophylaxis started		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature & Emp. No. of RN							
Signature & Emp. No. of Sr. RN							

DVT RISK ASSESSMENT

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

		Date	12/12/23	13/12/23	14/12/23	15/12/23	16/12/23	17/12/23	18/12/23
		Time	17:00	06:00	6:00	6:00	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	0	0	0	
2	Bedridden recently >3 days or major surgery within four weeks	+1	+1	+1	+1	+1	+1	+1	
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0	0	0	0	0	0	
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0	0	0	0	0	0	
5	Entire leg swollen (Assess for both legs)	0	0	0	0	0	0	0	
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0	0	0	0	0	0	
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0	0	0	0	0	0	
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0	0	0	0	0	0	
9	Previously documented DVT (Assess for both legs)	0	0	0	0	0	0	0	
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0	0	0	0	0	0	
FINAL SCORE		+1	+1	+1	+1	+1	+1	+1	
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		Mod.	MOD	MOD	MOD	MOD	MOD	MOD	
DVT prophylaxis started		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature & Emp. No. of RN		 1002A	 0270	 22	 022	 022	 022	 022	
Signature & Emp. No. of Sr. RN		 2003	 2003	 2007	 2007	 2007	 2007	 2007	

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	11/12/23	21/12	12/12/23						
	Time	11:00	22:00	8:00						
History of falling (immediate or within 6 months)	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		30	30	50						
Low Risk (0 - 24)										
Medium Risk (25 - 44)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
High Risk (45 or above)				<input checked="" type="checkbox"/>						
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

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

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



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	12/12/23	12/12/23	13/12/23	12/12	13/12/23	14/12/23	14/12/23	14/12/23	15/12
	Time	13:00	20:00	21:00	12:00	21:00	07:10	14:00	20:00	8:00
History of falling (immediate or within 6 months)	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		65	65	65	50	50	50	50	60	50
Low Risk (0 - 24)		—	—	—						
Medium Risk (25 - 44)		—	—	—						
High Risk (45 or above)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

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

[illegible]

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	15/12/23	16/12/23	17/12/23	18/12/23	19/12/23	20/12/23			
	Time	11:00	20:00	8:00	14:00	22:00	8:00			
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		50	50	50	50	50	50			
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)		✓	✓	✓	✓	✓	✓			
Signature & Emp. No. of RN		AD 1017	AD 1017	AD 1017	AD 1017	AD 1017	AD 1017			
Signature & Emp. No. of Sr. RN		AD 1017	AD 1017	AD 1017	AD 1017	AD 1017	AD 1017			

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

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date	15/12/21	15/12/21	16/12/21	16/12/21	16/12/21	16/12/21			
	Time	11:00	20:00	8:00	14:00	22:00	8:00			
Low Risk Interventions (0 - 24)										
Familiarize the patient with the immediate surroundings		✓	✓	✓	✓	✓	✓			
Remind the patient to use call bell before getting out of bed		✓	✓	✓	✓	✓	✓			
Keep the two side rails in the raised position at all times for all patients regardless of age		✓	✓	✓	✓	✓	✓			
Keep the call bell, bedside table, water, glasses within the patient's easy reach		✓	✓	✓	✓	✓	✓			
Remove excess equipment or furniture to make a clear path		✓	✓	✓	✓	✓	✓			
Keep the patient's bed in the low position at all times except during procedure		✓	✓	✓	✓	✓	✓			
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed		✓	✓	✓	✓	✓	✓			
Bed wheels should be locked		✓	✓	✓	✓	✓	✓			
Encourage family participation in the patient's care		✓	✓	✓	✓	✓	✓			
Ensure that floor of the bathroom is dry and not slippery		✓	✓	✓	✓	✓	✓			
Review medications for potential side effects that can promote falls		✓	✓	✓	✓	✓	✓			
Use safety belts during movement in wheelchair		✓	✓	✓	✓	✓	✓			
The patients are not ambulated by themselves. They are to be ambulated only with assistance		✓	✓	✓	✓	✓	✓			
Medium risk interventions (25 - 44)										
Apply all the low risk interventions		✓	✓	✓	✓	✓	✓			
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher		✓	✓	✓	✓	✓	✓			
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat		✓	✓	✓	✓	✓	✓			
Use restraints and bed monitors as ordered by the doctor		✓	✓	✓	✓	✓	✓			
Allow the patient to ambulate only with assistance		✓	✓	✓	✓	✓	✓			
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care		✓	✓	✓	✓	✓	✓			
Do not leave patients unattended in diagnostic or treatment areas		✓	✓	✓	✓	✓	✓			
Accompany the patient while going to bathroom		✓	✓	✓	✓	✓	✓			
Advise the patient to use grab bars near the toilet, bathtub, and shower		✓	✓	✓	✓	✓	✓			
Make sure the family and other visitors understand the restrictions mentioned above		✓	✓	✓	✓	✓	✓			
High-risk interventions (45 or above)										
Apply all the low and medium risk interventions		✓	✓	✓	✓	✓	✓			
Tie red fall risk tag in the bed, wheel chair and stretcher		✓	✓	✓	✓	NA	✓			
Locate the high-risk patients in a room close to the nurses' station		✓	✓	✓	✓	NA	✓			
Answer these patients call bells as quickly as possible		✓	✓	✓	✓	NA	✓			
Provide a commode at bedside (if appropriate)		✓	✓	✓	✓	✓	✓			
Urinal/bedpan should be within easy reach (if appropriate)		✓	✓	✓	✓	✓	✓			
Encourage family members or other visitors to stay with them		✓	✓	✓	✓	✓	✓			
If appropriate, consider using protection devices: safety belts		✓	✓	✓	✓	✓	✓			
Signature & Emp. No. of RN		✓	✓	✓	✓	✓	✓			
Signature & Emp. No. of Sr. RN		✓	✓	✓	✓	✓	✓			

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>11/12/2</u> Time <u>12.50</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	O			P	O					<i>M. S. ...</i>
<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 : S. Laxmi Signature : S. Laxmi

Name of Discharge Nurse S. Nalini Signature : Nalini
024



Mrs.SHANMUGAPRIYA S
45/Female/MH1202381078
11/12/2023/IPH202302475
Dr.ANBARASU MOHANRAJ



MHI/IP/2022/055



Every heart beat counts

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>12/12/23</u> Time <u>8:30</u>		Nurse Signature : <u>R.N. [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	12/12/22				12/12								Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk			S	W			S	W			P	W	Nurse
<input type="checkbox"/> Diet advice for home													
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)

NIL

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 :



Pal Mrs. SHANMUGAPRIYA S
Na 45/Female/MHJ202381078
UH 11/12/2023/1PH202302475
DO Dr. ANBARASU MOHANRAJ
DO 
Co.

MHI/IP/2022/055

 **Medway
Heart
Institute**

Every heart beat counts

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>5/12/21</u> Time <u>8:03</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			new				new						Maria Catherine John Senior Practitioner
<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 : S. SHANMUGAPRIYA Signature : [Signature]

Name of Discharge Nurse E. Catherine

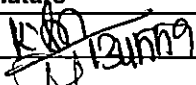
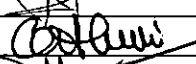
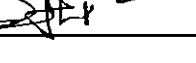
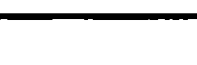
Signature : E. Catherine
0207

Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 11/12/23 Time: 12.50

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

Inter Disciplinary Team Members

	Signature	Name	Reg. / Emp. No.	Date	Time
Doctor		DR. ANBARASU MOHANRAJ	134559	11/12/23	
Nursing Staff		Maria Catherine John	0260	11/12/23	17.0
Dietician		Senior Dietician Damodar P	2401	11/12/23	18.00
Physiotherapist			0260	12/12/23	20.00
Patient Care Service Staff					

MHI/IP/2022/054

 **Medway
Heart
Institute**

Every heart beat counts

Additional Details (if any):

nu

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

	Sign.	Name	Reg. No.	Date	Time
Transferring Doctor	<i>f</i>	<i>Dr. Praveen</i>	<i>112236</i>	<i>14/12/23</i>	<i>10:10</i>
Receiving Doctor	<i>V. S.</i>	<i>Dr. K. Anusuya</i>	<i>134559</i>	<i>14/12/23</i>	<i>10:15</i>

Part C (to be filled by Nurses)



Check for	Transferring Nurse	Receiving Nurse
Drains	<input checked="" 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: _____ Oxygen Therapy: <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Foley's Catheter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intravenous Access	<input checked="" type="checkbox"/> Peripheral Line <input type="checkbox"/> Central Venous Line <input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pressure Injury	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Score	Fall Risk: <i>50</i> WELLS: _____ NEWS / PEWS: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Belongings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details: <i>Foots</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Handover Details	Medication Administration Record explained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Lab & Diagnostic Reports handed over: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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):

nu

	Sign.	Name	Emp. No.	Date	Time
Transferring Nurse	<i>Sujit</i>	<i>Soumya A.C</i>	<i>0222</i>	<i>14/12/23</i>	<i>10:10</i>
Receiving Nurse	<i>Paul</i>	<i>Pavithra</i>	<i>0072</i>	<i>14/12/23</i>	<i>10:15</i>

FAMILY COUNSELLING FORM

CONSULTANT- DR. ANBARASU MOHAN RAJ.			DIAGNOSIS- CAD-IJD			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
12/12/23	R/A Raj Dota	R. SELVAKUMAR	Explained about the general condition, Need of ICU stay and medical support. visitors policy explained.	-		R 112236
13/12/23	R/A S. mohan.	MR. SELVA KUMAR.	Explained about general condition. Need of ICU stay and medical support. visitor policy explained.			R 112236

MHI/CP/2022/193



Every heart beat counts

Mrs. SHANMUGAPRIYA S

45/Female/MH1202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ



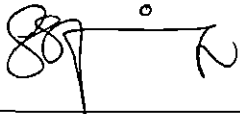
HOME MEDICATION USAGE FORM

Allergies: NKD A


Diagnosis: T2DM | CAD - TVD

Prescribed drug name	Medication name brought by Patient/ Attender	Dose	Freq.	Qty.	Batch No. & Expiry date
Inj. HA	Inj. HA	60-60 -60	60-60 -60	1 unit	B-70765 10/25
Inj Human Insulatard	Inj. Human Insulatard	40- -40	40- -40	1 unit	B-80145 10/25
To Urban	T. Inapure	5mg	1-0-1	3	GTE1960A 7/25
To Flavodon MR	To Flavodon MR	35mg	1-0-1	3	MEDS 2309 5/26
To orofen XT	T. orofen XT	1 tab	0-0-1	2	E 166 L2218705 5/24
To Homochek	To homochek	1 tab	1-0-0	1	23510 470 7/25
C-Pan D	C.Pan_D	20/10 mg	1-0-1	3	SIE O953A 3/25
	Signature	Name	Emp. No.	Date & Time	
Doctor	K.R.D. <u>134509</u>	DR. ANUSUYA	134509	-11.12.23 16.30	
Clinical Pharmacist	V.P. Sjit	V. Padmapriya	0224	11/12/23 16.30	

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

	Signature/ Thumb impression	Name	Date	Time
Patient		S. SHANMUGAPRIYA	11.12.2023	16.30
Guardian		(Name and Relationship with the Patient)		

Reason for Guardian consent:

	Signature/ Thumb impression	Name	Date	Time
Assigned Staff		A. Nandhini	11/12/23	16.30




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Every heart beat counts

[illegible][illegible]

WOUND ASSESSMENT CHART

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

***SIGNS & SYMPTOMS OF WOUND INFECTION :**

- Pyrexia
- localised pain
- erythema
- localoedema
- excess exudate
- pus
- offensive odour

***SUSPECT WOUND INFECTION IF :**

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



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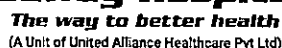
Every heart beat counts

PATIENT NAME : Mrs.SHANMUGAPRIYA
45/Female/MHI202381078
11/12/2023/IPH202302475

AGE / SEX : Dr.ANBARASU MOHANRAJ

Ward / Bed No.

[illegible]



Every heart beat counts

DATE	TIME	SITE	SCORE	DESCRIPTION	ACTION	FOLLOW UP	S/N EMP No.
12/12/23	17:00	Right CUBITAL	0/5	IV line patent	Flushed	NO SIGNS OF PHLEBITIS	Shirley
	20:00	RT CUBITAL	0/5	IV LINE PATENT	FLUSHED	OBSERVATION	Shirley
13/12/23	8:00	RIGHT CUBITAL	0/5	IV LINE PATENT	FLUSHED	NO SIGNS OF PHLEBITIS	Shirley
	12:00	Right cubital	0/5	IV line patent	flushed	NO SIGNS OF PHLEBITIS	Shirley
	21:00	RT CUBITAL	0/5	PATENT	FLUSHED	OBSERVATION	Shirley
14/12/23	07:00	RT CUBITAL	0/5	PATENT/HEALTHY	FLUSHED	NO SIGNS OF PHLEBITIS	Shirley
	11:00	RT cubital	0/5	patent	flushed	observation	Shirley
	20:00	RT CUBITAL	0/5	patent	flushed	observation	Shirley
15/12/23	8:00	RT cubital	0/5	patent	flushed	observation	Shirley
	11:00	RT cubital	0/5	patent	flushed	observation	Shirley
	20:00	RT CUBITAL	0/5	patent	flushed	observation	Shirley
16/12/23	8:00	RT CUBITAL	0/5	patent	flushed	observation	Shirley
	14:00	RT cubital	0/5	patent	flushed	observation	Shirley
				IV Line	Removal	16:00	

OPCABX 4 GRAFTS
LIMA → LAD

SVG → PDA

SVG → D, 40M (SEQ)



Mrs. SHANMUGAPRIYA S
45/Female/MHI202381078

MHI/ICU/2022/076

Name

11/12/2023/1PH202302475

UHD No.

Dr. ANBARASU MOHANRAJ

Blood Group

'B' POSITIVE

Height

165cm

Weight

63.4kg

BSA

1.74m²

Sheet No.

1

A

SURGICAL PROCEDURE:

DATE OF SURGERY: 12/12/23

POST-OP DAY: 003

DATE	TIME	VENTILATORS PARAMETERS											BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FI _{O2}		pH	PCO ₂	PO ₂	HCO ₃	SAT%	BE
12/12	16:55	VCV	1A		26.0	5.0	16.0	6.4	500	499	60%		7.494	30.0	127.0	24.7	98.8	0.7
	17:30	8MMV +P3	12	20		5.0			500		60%							
	18:00	8MMV +P3	10	16		5.0			500		60%							
	18:30	8MMV +P3	8	12		5.0			500		60%							
	20:00	8MMV +P3		10		5.0					60%							
12/12	20:30	PATIENT EXTUBATED & NEB GIVEN																
	20:30				20 - 4 LIT	NA	NASAL CANNULA	4 LIT					7.402	41.4	173.0	25.2	99.2	0.4
	21:30										4 LIT		7.410	48.4	128.2	26.9	98.6	2.0

CRITICAL CARE FLOWCHART

PATIENT RECEIVED FROM OT AT : 16:55

OF URINE : 500ml

NEURO

EYES

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

VERBAL

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

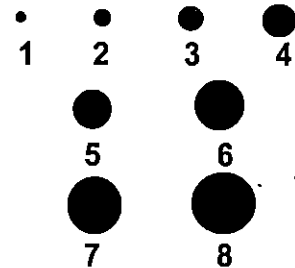
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

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

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

OPCABX 4 GRAFTS
LIMA → LAD
SVG → ID, 40M (SEQ)

SVG → PDA



Mrs. SHAI MUC. APRIYA S
45/Female / MHI/02381078
11/12/2023 / IPP 202302475
Dr. ANBARASU MOHANRAJ

MHI/ICU/2022/076

Name	11/12/2023 / IPP 202302475			Sheet No. (2)
UHID No.	[Barcode]			
Blood Group	Age	Sex	A	
B +ve	Height 165cm	Weight 63.4kg	BSA 1.74m ²	

SURGICAL PROCEDURE:

DATE OF SURGERY:

12/12/23

POST-OP DAY:

DATE	TIME	VENTILATORS PARAMETERS											BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂		pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
13/12/23		ON		NASAL		CANNULA					AIR							
	5-00	ON		Room		AIR												
													7.451	34.6	78.1	23.6	96.2	-0.4

CRITICAL CARE FLOWCHART

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Opens to pain-2
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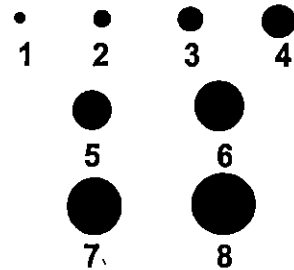
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[illegible]

CRITICAL CARE FLOWCHART

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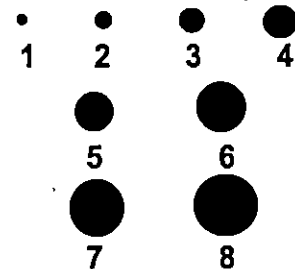
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Mrs. SHANMUGAPRIYA S			
45/Female/MH/202381078			
11/12/2023/IPH202302475			
Dr. ANBARASU MOHANRAJ			
Sheet No.	Name	Age	Sex
1	UHID No.		
B	Blood Group	Height	Weight
	B +ve	165cm	63.4kg
			BSA
			1.74m ²



MHI/ICU/2022/076




DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
12/12	17:15	12.7	140	3.72	1.07 134		16:55		cl	100%	N ^c 1A								
							17:30		cl	98%	12/mt		97.8						
							18:30		cl	98%	12/mt								
							19:30		CL	99%	10/mt								
							20:30		CL	100%	24/mt								
							21:30		CL	100%	20/mt		97.8						
12/12	20:30	12.9	139	3.66	1.07 200		22:30		CL	100%	22/mt								
	21:30	11.9	134 128.2	3.76	0.92		23:30		CL	100%	21/mt								
	23:30				190		20:30		CL	99%	26/mt								
							01:30		CL	100%	24/mt		97.4						

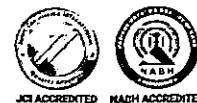
CRITICAL CARE FLOWCHART

SHE GOT FULLY AWAKE AND MOVED ALL LIMBS AT 17:20

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME			16.55	20.00	00.00	04.00
	EYES			CP	CP	4	4
	VERBAL			CP	CP	5	5
	MOTOR			CP	CP	6	6
	ARMS R/L			CP	CP	ST	ST
	LEGS R/L			CP	CP	ST	ST
PUPILS	R.SIZE/REACTION			CP	CP	3/BR	3/BR
	L.SIZE/REACTION			CP	CP	3/BR	3/BR
CARDIO-VASCULAR	HEART SOUNDS			S1S2	S1S2	S1S2	S1S2
	VALVE CLICK			-	-	-	-
	CAPILLARY REFILL			BR	BR	BR	BR
	EDEMA			0	0	0	0
	NECK VEINS			N	N	N	N
PULMONARY	WORK OF BREATHING			TA	TA	TA	TA
	SUCTION			-	-	-	-
	SECREATIONS			-	-	-	-
GASTRO INTESTINAL	BOWEL SOUNDS			+	+	+	+
	ABDOMINAL TONE			S	S	R	S
	N/G POSITION			-	0	-	-
	GASTRIC RESIDUAL			-	-	-	-
	LIVER			N	N	N	N

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE			CL	CL	CL	CL
	PD - FUNCTION			-	-	-	-
	DRAINAGE			-	-	-	-
	PD - SITE			-	-	-	-
SKN	COLOUR			-	-	-	-
	Sx WOUND-CHEST			CL	CL	CL	CL
	LEG			CL	CL	CL	CL
	DRESSING			OT	OT	OT	OT
	PRESSURE SORE-SITE			NIL	NIL	NIL	NIL
	AREA			-	-	-	-
	DRESSING CONDITION			-	-	-	-
MISCELL	POSITION CHANGE			Q2H	Q2H	Q2H	Q2H
	CHEST-PHYSIO			Neb SPIRO	Neb SPIRO	Neb SPIRO	Neb SPIRO
	ACTIVITY			CP	CP	PE	PE
				ABP CUP	ABP CUP	ABP CUP	ABP CUP
	S/N NAME			Quia	Quia	Quia	Quia
	TIME			16.55	20.00	00.00	04.00
	SIGNATURE			Quia	Quia	Quia	Quia

Sheet No. 2	Name	Mrs. SHANMUGAPRIYA S 45/Female/11HI202381078 11, 12/2023/1PH202302475	
	UHID No	Dr. AI SARASU MOHANRAJ 	
B	Blood Group	Height	Weight
	B+VE	165cm	63.4kg
		Age	Sex
			1.74m



MHI/ICU/2022/076




DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
					(C8H) 150		02-30		CL	99%	20bmt		97.9						
							03-30		CL	99%	20bmt								
							04-30		CL	99%	20bmt								
13/12/23	6.30	11.8	138	4.44	1.03 145		05-30		CL	96%	20bmt								
							06-30		CL	95%	20bmt								

CRITICAL CARE FLOWCHART

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

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE						
	PD - FUNCTION						
	DRAINAGE						
	PD - SITE						
SKN	COLOUR						
	Sx WOUND-CHEST						
	LEG						
	DRESSING						
	PRESSURE SORE-SITE						
	AREA						
	DRESSING CONDITION						
MISCELL	POSITION CHANGE						
	CHEST-PHYSIO						
	ACTIVITY						
	S/N NAME						
	TIME						
	SIGNATURE						

Sheet No. 3
Name Mrs. SHANMUGAPRIYA S
 45/Female/MHI202381078
 11/12/2023/IPH202302475
UHID No. Dr. ANBARASU MOHANRAJ

Age **Sex**
B **Blood Group** B+ve **Height** 165cm **Weight** 63.4kg **BSA** 1.75m²



DATE	TIME	BIOCHEMISTRY						VITAL PARAMETERS							CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N _i BP	TEMP°F	Abd ^{cm} G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
13/12							7:30		CL 95%	29/mt			99.7						
							8:30		CL 100%	29/mt									
							9:30		CL 100%	29/mt									
							10:30		CL 98%	30/mt									
							11:30		CL 99%	29/mt									
							12:30		CL 99%	24	120/64	92	98.4						
							13:30		CL 99%	24	132/68	92							
							14:30		CL 98%	22	134/69	94							
							15:30		CL 97%	22	140/74	98							
							16:30		CL 94%	24	132/64	(99%)							

CRITICAL CARE FLOWCHART

16022

	SHIFT	DAY		EVENING	NIGHT		
NEURO	TIME	8:00	12:00	16:00			
	EYES	4	4	4			
	VERBAL	5	5	5			
	MOTOR	6	6	6			
	ARMS R/L	gr	gr	sc			
	LEGS R/L	sc	gr	sc			
PUPILS	R.SIZE/REACTION	2/br	3/br	3/2R			
	L.SIZE/REACTION	3/br	3/br	3/BR			
CARDIO-VASCULAR	HEART SOUNDS	S1S2	S1S2	S1S2			
	VALVE CLICK	-	-	-			
	CAPILLARY REFILL	2s	2s	PA			
	EDEMA	0	0	0			
	NECK VEINS	2	2	2			
PULMONARY	WORK OF BREATHING	TA	TA	TA			
	SUCTION	-	-	-			
	SECREATIONS	-	-	-			
GASTRO INTESTINAL	BOWEL SOUNDS	+	+	+			
	ABDOMINAL TONE	soft	soft	soft			
	N/G POSITION	-	-	-			
	GASTRIC RESIDUAL	-	-	-			
	LIVER	2	2	2			

	SHIFT	DAY		EVENING	NIGHT		
G.U.	DESCRIP.OF URINE	C1	C1	CL			
	PD - FUNCTION	-	-	-			
	DRAINAGE	-	-	-			
	PD - SITE	-	-	-			
SKN	COLOUR	-	-	-			
	Sx WOUND-CHEST	C1	C1	CL			
	LEG	C1	C1	CL			
	DRESSING	OT	OT	OT			
	PRESSURE SORE-SITE	NIL	NIL	NIL			
	AREA	-	-	-			
	DRESSING CONDITION	-	-	-			
MISCELL	POSITION CHANGE	Q2H	Q2H	Q2H			
	CHEST-PHYSIO	NBB SPIRO	NBB SPIRO	NBB SPIRO			
	ACTIVITY	PE	PE	PE			
		ABP CVP	ABP CVP	ABP CVP			
	S/N NAME	Amey for	Amey for	Amey for			
	TIME	8:00	12:00	16:00			
	SIGNATURE	Amey	Amey	Amey			

Name		Mrs. SHANMUGAPRIYA S		MHI/ICU/2022/076	
UHID No.		45/Female/MHI202381078 11/12/2023/IPH202302475		Sheet No.	
Dr. ANBARASU MOHANRAJ		Age		Sex	
Blood Group		Height		Weight	
B+ve		165cm		63.4kg	
		BSA		1.74m ²	
				C	

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	VOLUME INFUSIONS					
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	RT	LT	AC	PC	AD
12/12	16:55																			
	17:30	350	350			50		50	50			7.0	7.0	307	KABLYTE	200	200	2.5	2.5	4.0
	18:30	100	350			230		230	230			7.0	637	200	200	4.0	4.0			
	19:30	100	450			10		10	290			7.0	747	100	500	4.0	4.0			
	20:30	100	550			60		60	350			7.0	907	100	500	1.0	4.0			
	21:30	75	625			40		40	390			7.0	1022	100	600	2.0	4.0			
	22:30	80	705			10		10	400			7.0	1112	100	700	2.0	4.0			
	23:30	75	780			20		20	420			7.0	1207	100	800	2.0	4.0			
13/12	00:30	100	880			20		20	460			7.0	1327	100	900	2.0	4.0			
	01:30	75	955			10		10	470			7.0	1412	100	1000	2.0	4.0			

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

ACI: 98% at 17:00

CRITICAL CARE FLOWCHART

GENITOURINARY (GU)

PD

URINE

CL-Clear
T-Turbid
Stained
HC-High Coloured

FUNCTION

Dr-Draining
B-Blocked

DRAINAGE

CL-Clear
BS-Blood

SITE

BS-Blood Stained
HA-Haematuria

C-Clean
R-Redness
BD-Block discoloration

MISCELLANEOUS

POSITION CHANGE

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN

COLOUR

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

Mrs. SHANMUGAPRIYA S
45/Female/MHI202381078
11/12/2023, IPH20230247

Name: Dr. ANBARASU MOHAN, CAJ

UHID No: [Barcode]

Blood Group: **B+**

Height: **165cm** Weight: **63.4kg** BSA: **1.84m²**

Age: Sex: Sheet No. **2**

MHI/ICU/2022/076

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	VOLUME		INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	NOT	NT.DI	ACTRA		
13/12/23	02:30	100	1055		-	=		-	470				7.0	1512	100	1100	2.0	2.0		
	03:30	80	1135						470				7.0	1592	100	1200	2.0	-		
	04:30	120	1255			10		10	480			5.0	12.0	1722	100	1300	2.0	-		
	05:30	60	1315						480				12.0	1782	100	1400	2.0			
	06:30	75	1390			40			520				12.0	1897	100	1500	-			

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

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

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN**COLOUR**

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

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

SURGICAL (SX) WOUND

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

PRESSURE SORE**AREA**

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

DRESSING / Rx

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

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

Dr. ANBARASU MOHANRAJ

MHI/ICU/2022/076

Name

UHID No.

Blood Group

Height

ge

Sex

Weight

BSA

Sheet No.

3

C

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	VOLUME		INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	30i				
13/12/23	07:30	100	100			10		10	10					110						
	08:30	75	175			10		10	20					195						
	09:30	75	250			R			20					270						
	10:30	200	450						20					470						
	11:30	250	700						20					720						
	12:30	150	850						20					870						
	13:30	100	950						20					970						
	14:30	100	1050						20					1070						
	15:30	150	1200						20					1220						
	16:30	200	1400						20					1420						

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME
13/12/2023	

10:00 @ pleural AND MEDIASTINAL DRAIN REPIRED (Dr. ANBARASU)

GENITOURINARY (GU)

PD

URINE

CL-Clear
T-Turbid
Stained
HC-High Coloured

FUNCTION

Dr-Draining
B-Blocked

DRAINAGE

CL-Clear
BS-Blood

SITE

BS-Blood Stained
HA-Haematuria

C-Clean
R-Redness
BD-Block discoloration

MISCELLANEOUS

POSITION CHANGE

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN

COLOUR

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
Al-Antibiotic
Irrigation

PRESSURE SORE

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

Name 11/12/2023/1PH202302475

Dr. ANBARASU MOHANRAJ

UHID No. 

Sheet No.

Age

Sex

BSA

D

Blood Group

B⁺ve

Height

165cm

Weight

63.2kg

BSA

1.74m²**Medway Hospitals**

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



JCI ACCREDITED



NABH ACCREDITED

MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group: B⁺ve

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
						MISC		AMT.	TOTAL														
12/12	16:55											92	SINUS	0.03	128/81	86	10		cool	FF			
	17:30					0.0	0.0			002	105	98	SINUS	0.04	152/82	105	5		cool	F/F			
	18:30					0.0	6.0			008	229	100	SINUS	0.01	139/78	94	6		warm	F/F			
	19:30					0.0	10.0			518	229	99	SINUS	0.01	136/72	94	3		warm	F/F			
	20:36					0.0	7.0			625	282	90	SINUS	0.02	108/64	71	4		warm	F/F			
	21:30					0.0	8.0			733	289	94	SINUS	0.01	146/60	73	3		warm	F/F			
	22:30					0.0	8.0			841	271	94	SINUS	0.02	152/70	71	4		warm	++			
	23:30					0.0	8.0	75	75	1024	783	96	SINUS	0.01	144/66	73	5		warm	++			
	00:30					0.0	8.0		75	1132	795	90	SINUS	0.01	138/65	92	3		warm	++			
	01:30					0.0	8.0		75	1240	778	88	SINUS	0.02	130/66	79	3		cool	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

@ 00.00 INJ. Myoprylate 2.5ml IV GIVEN PREVIOUS DAY HRS

0.0 BDR. Syllur

DRAINAGE:

URINE :

TOTAL INTAKE:

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

	DAY	EVENING	NIGHT
PATIENT CARE			
BATH			
ORAL CARE			
EYE CARE			
BACK CARE		✓	✓
DRESSING/EQUIPMENT			
CHANGED			
WOUND			
CEN.LINE			
I.V.SET			
TUBINGS			
HUMIDIFIER H2O			
ELECTRODES			
ALARMS VERIFIED			
VENT - HUMIDIFIER			
-SETTINGS			
HRT.RATE		95b/m	100b/m
B.P.		128/71	130/60 mmHg

DATE	TIME	REMARKS / PLAN

[illegible]

mmHg

Mrs. SHANMUGAPRIYA S

45/Female/MHI/2381078

Name 11/12/2023/1PH202/024/5

Dr. ANBARASU MOHANIAJ

UHID No. 

Blood Group

B+ve

Height

Weight

BSA

165cm 62.4kg 1.74m²

Sheet No.

Age

Sex

D

**Medway Hospitals**

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



JCI ACCREDITED



NABH ACCREDITED

MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group: B+ve

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
						Misc		AMT.	TOTAL														
13/12	02:30					2.0	6.0		75	1346	166	88	110	sinus	150/60	79	4		60mm	++			
	03:30					2.0	4.0		75	1450	142	92	sinus	0.02	140/66	73	3		60mm	++			
	04:30					2.0	4.0		75	1629	93	90	sinus	0.02	135/67	75	4		60mm	++			
	05:30					2.0	4.0		150	1733	79	94	sinus	0.01	130/60	72	4		60mm	++			
	06:30					2.0	2.0		150	1885	68	100	sinus	0.02	121/54	76	3		60mm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

Name		Mrs. SHANMUGAPRIYA S	
UHID No.		45/Female/MH1202381078	
Blood Group		11/12/2023/IPH202302475	
		Dr. ANBARASU MOHANRAJ	
		Sheet No.	
		Sex	
		3	
		BSA	
		D	
		Height	
		Weight	
		BSA	
		1.34m ²	



FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group: B+ve

DATE	TIME	INFUSIONS (contd.)				TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
							AMT.	TOTAL														
13/02/23	7:30					2.0	2.0	100	100	102	8	101	sinus brad	136/61	36	6		Warm	PLR			
	8:30					2.0	2.0	100	200	204	9	107	sinus brad	146/62	90	7		Warm	PLR			
	9:30					2.0	2.0		200	206	64	104	sinus brad	138/61	87	5		Warm	PLR			
	10:30							50	250	256	74	87	sinus brad					Warm	PLR			
	11:30							100	350	406	81	87	sinus brad					Warm	PLR			
	12:30							100	500	506	88	88	sinus brad					Warm	PLR			
	13:30							50	550	556	86	86	sinus brad					Warm	PLR			
	14:30							100	650	656	92	92	sinus brad					Warm	PLR			
	15:30							100	750	756	94	94	sinus brad					Warm	PLR			
	16:30							50	800			96	sinus brad					Warm	PLR			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY 14 HRS 3.5 MIN

DRAINAGE: 5920 mL TOTAL INTAKE: 1835 mL

URINE: 1390 mL TOTAL OUTPUT: 1897 mL

TOTAL BALANCE: -62 mL

P.T.O.

[illegible]

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

11/12/23 12/12

DRUG NAME

T. TIDE PLUS

Dose

10/25mg

Route

P/O

Frequency

0-0 1/2

Dr. Sign & Reg. No. / Seal

16538

Start Date & Time

11/12/23 @ 16:00

Stop Date & Time

16:00

NA

Additional Info:

DRUG NAME

T. IRBAN

Dose

5mg

Route

P/O

Frequency

1-0 1

Dr. Sign & Reg. No. / Seal

16538

Start Date & Time

11/12/23 @ 16:00

Stop Date & Time

20:00

20:00

Additional Info:

DRUG NAME

T. FLAVEDON MR

Dose

30mg

Route

P/O

Frequency

1-0 1

Dr. Sign & Reg. No. / Seal

16538

Start Date & Time

11/12/23 @ 16:00

Stop Date & Time

20:00

20:00

Additional Info:

DRUG NAME

T. DROFER XT

Dose

1 tab

Route

P/O

Frequency

0-0 1

Dr. Sign & Reg. No. / Seal

16538

Start Date & Time

11/12/23 @ 16:00

Stop Date & Time

20:00

20:00

Additional Info:

DRUG NAME

T. HOMOCHEK

Dose

1 tab

Route

P/O

Frequency

1-0 0

Dr. Sign & Reg. No. / Seal

16538

Start Date & Time

11/12/23 @ 16:00

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

16538
20:00
22:4Clinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

DRUG NAME

T. PANTOCID - P

7.00

ulcer 2/12 NPO

Dose

Tab

Route

P/O

Frequency

1-1 @ 12.00

Dr. Sign & Reg. No. / Seal

165328

Start Date & Time

11/12/23 @ 11.00

Stop Date & Time

19.00 19.00

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time



Additional Info:

Area In-charge

Nurse Signature:

165328

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
1-12-22	2pm	Low salt, Low fat,		1345679					
12-12-22	8AM	npo		1345679					

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			
11/12/22	Evening	A. Nandhini	0170	A		Evening			
11/12/22	Night	A. ALBINUS	0088	A		Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			

[illegible]

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

12/12/23 13/12/23 14/12/23 15/12/23 16/12/23 17/12/23 18/12/23

DRUG NAME

TAB. PARACETAMOL

Dose

1gm

Route

PO

Frequency

8th hourly

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

12/12/23 at 19:15

Stop Date & Time

13/12/23 at 10:00

Additional Info:

DRUG NAME

SYP. SUCRALFATE SUSPENSION

Dose

10ml

Route

PO

Frequency

1-1-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

12/12/23 @ 10:00

Stop Date & Time

Additional Info:

DRUG NAME

TAB. LEVOSALBUTAMOL

Dose

0.63mg

Route

PO

Frequency

6th hourly

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

12/12/23 @ 20:30

Stop Date & Time

Additional Info:

DRUG NAME

TAB. PRUSIDE

Dose

40mg

Route

PO

Frequency

1-1-0

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

13/12/2023 @ 8:00

Stop Date & Time

Additional Info:

DRUG NAME

TAB. SPIRANOLACTONE

Dose

25mg

Route

PO

Frequency

1-1-0

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

13/12/2023 @ 10:00

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

3:15

11:15

19:15

07:30

13:30

19:30

4:00

10:00

16:00

22:00

8:00

16:00

10:00

17:00

3:30

11:15

19:15

07:30

13:30

19:30

5:00

10:00

16:00

20:30

8:00

16:00

10:00

17:00

3:30

11:15

19:15

07:30

13:30

19:30

5:00

10:00

16:00

20:30

8:00

16:00

10:00

17:00

3:30

11:15

19:15

07:30

13:30

19:30

5:00

10:00

16:00

20:30

8:00

16:00

10:00

17:00

3:30

11:15

19:15

07:30

13:30

19:30

5:00

10:00

16:00

20:30

8:00

16:00

10:00

17:00

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 To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given				
			Time ↓	13/12	14/12	15/12	16/12	17/12
DRUG NAME TAB. BEPLEX. PORTE			2:00	2:00	2:00	2:00	2:00	2:00
Dose 1 tab	Route p/o	Frequency 1-0-0						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMA. Reg. No: 112236		Start Date & Time 13/12/2023 @ 2:00						
Additional Info:		Stop Date & Time						
DRUG NAME TAB. CLOPIDOGREL + ASPIRIN								
Dose 75/75mg	Route p/o	Frequency 0-1-0	14:00	14:00	14:00	14:00	14:00	14:00
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 13/12/23 @ 14:00						
Additional Info:		Stop Date & Time						
DRUG NAME TAB. ROSUVASTATIN								
Dose 10 mg	Route p/o	Frequency 0-0-1						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 13/12/23 @ 21:00						
Additional Info:		Stop Date & Time						
DRUG NAME TAB. PARACETAMOL			8:00	8:00	8:00	8:00	8:00	8:00
Dose 650mg	Route p/o	Frequency 1-1-1	14:00	14:00	14:00	14:00	14:00	14:00
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 13/12/23 @ 14:00						
Additional Info:		Stop Date & Time						
DRUG NAME SYP. ERGOTAFIN PLUS								
Dose 15ml	Route p/o	Frequency 0-0-1						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 13/12/23 @ 21:00						
Additional Info:		Stop Date & Time						
Area In-charge Nurse Signature:								

ANTIMICROBIALS To be filled in by Doctors only ↓			Date →	To be filled by Nursing Staff only. Sign and time given					
			Time ↓	12/12/23	13/12/23				
DRUG NAME INJ. CEFUROXIME SODIUM			9.50	9.50					
Dose	Route	Frequency							
1.5gm	IV	Q 12th hourly							
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 12/12/23 at 13.50 Stop Date & Time 13/12/23 at 22.50		D1	D2				
Additional Info:			21.50	21.50	21.50				
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
Area In-charge Nurse Signature:									

[illegible][illegible]

[illegible]
$$\begin{array}{r} 8 \\ 0270 \\ \hline 8 \\ 0270 \\ \hline \end{array}$$

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
12/12/23	16:00	NPO	F	112236					
13/12/23	8:00	LIQUID DIET	F	112236					
14/12/23	08:00	SOFT DIET	F	112236					
15/12/23	9:00	Normal diet	K.B.	134559					

NURSE IDENTIFICATION RECORD

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

Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
	Morning				16/12/23	Morning	U. Lideya	0249	Self
12/12/23	Evening	GENIA FLORENCE.S	0074	Genia		Evening	V. Elanpriya	0284	Self
12/12/23	Night	SHEEBA.D	0270	Sheeba	16/12/23	Night	A. ALBINUS	0088	A
12/12/23	Morning	SOUNDARAYAN.K	0022	S	15/12/23	Morning	F. Calhoun	0308	F.C.
13/12/23	Evening	ARUN	2355	A		Evening			
13/12/23	Night	ARUN	2355	A		Night			
14/12/23	Morning	SUNANDA.C	0228	S		Morning			
14/12/23	Evening	B. Vanitha	0195	B		Evening			
14/12/23	Night	A. ALBINUS	0088	A		Night			
15/12/23	Morning	U. Lideya	0249	Self		Morning			
15/12/23	Evening	B. Vanitha	0195	B		Evening			
15/12/23	Night	A. Anitha	0222	A		Night			

MHI/ICU/2022/064



SEX :

FLUID REQUIREMENT :

[illegible]

SX: OPCABX 4 GRAFTS. SVG → PDA
LIMA → LAD
SVG → DIOM
(Seq).



MHI/ICU/2022/064



Mrs. SHANMUGAPRIYA S
45/Female/MHI202381078
11/12/2023/IPH202302475

NAME : Dr. ANBARASU MOHANRAJ



SURGICAL PROCEDURE :

IMMEDIATE CARE FLOWCHART

A

UHID NO :

AGE :

SEX :

POSTOP DAY :

FLUID REQUIREMENT : 1.5 L/day

DATE & TIME	URINE		CHEST DRAINAGE				TOTAL OUTPUT	I.V. FLUIDS				ORAL/ R.T.		TOTAL INTEKE	TOTAL BALANCE
	H.T.	G.T.		AIR LEAK	H.T.	G.T.					H.T.	H.T.	G.T.		
17:30	200	1600				20	1620						700	806	-814
18:30	120	1720				20	1740						700	806	-934
19:30	100	1820				20	1840					100	800	906	-934
20:30	130	1950				20	1970					150	950	1056	-914
21:30	150	2100				20	2120					200	1150	1256	-864
22:30	100	2200				20	2220			HAASLYTE		100	1250	1356	-864
23:30	130	2330				20	2350			100	100	100	1350	1556	-794
00:30	100	2430				20	2450			100	200		1350	1656	-794
1:30	80	2510				20	2530			100	300	200	1550	1956	-574
2:30	70	2580				20	2600			100	400		1550	2056	-544
3:30	80	2660				20	2680			100	500		1550	2156	-524
4:30	75	2735				20	2755					100	1650	2256	-499
5:30	R.	2735				20	2755					100	1750	2356	-399
6:30		2735				20	2755					150	1900	2506	-249

SPECIFIC OBSERVATIONS/REMARKS

@ 4:40 U-CATH REMOVED B/D DR. ANBARASU

MEDICATION / DRUGS

Mrs. SHANMUGAPRIYA S

45/Female/MHI202381078

11/12/2023/IPH202302475

NAME : Dr. ANBARASU MOHANRAJ

BLOOD C

INTERMEDIATE CARE FLOWCHART

B

UHID NO :

AGE :

SEX :

HEIGHT : 165cm

WEIGHT : 63kg

B.S.A : 1.7 m²

HAEMODYNAMICS								RESP. PARAMETERS			INVESTIGATIONS / OTHER DATA
TEMP	H.R.	RHY.	ST.	B.P.	R.A.P.	PERI.	P.P.	RR	BREATH	SPO2	
97.4	100	Sinus	0.04	131/80	100	warm	++	20	BL clear	97%	Room Air
	105	Sinus tachy	0.03	117/79	92	warm	++	22	RL clear	95%	Room Air
	107	Sinus	0.02			warm	++	24mt	CI	93%	
	103	Sinus	0.00	137/80	90	warm	++	20mt	CI	94%	
	100	Sinus	0.04			warm	++	28mt	CI	92%	
	104	Sinus	0.03	134/78	88	warm	++	22mt	CI	96%	
	109	Sinus tachy	0.00			warm	++	17mt	CI	92%	
	101	Sinus	0.00	124/76	92	warm	++	18mt	CI	95%	
	109	Sinus	0.01			warm	++	20mt	CI	96%	
	105	Sinus	0.00	121/74	86	warm	++	26mt	CI	94%	
	106	Sinus	0.01			warm	++	37mt	CI	91%	
	103	Sinus	0.00	134/82	99	warm	++	30mt	CI	94%	
	101	Sinus	0.02			warm	++	32mt	CI	93%	
	104	Sinus	0.01	104/72	84	warm	++	30mt	CI	90%	

PREVIOUS DAY - HOURS

DRAINAGE

URINE

TOTAL INTAKE

TOTAL OUTPUT

BALANCE