

| 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)



Patient ID: Master.SIVAGURU.S
Name: 13/Male/MHI202381075
UHID: 02/12/2023/IPH202302423
DOB: Dr.RAJESH.V
DOA: [Barcode]
Consultant:

IHI/IPD/2022/002

Medway Heart Institute

Every heart beat counts

ADMISSION SLIP

Admitting Doctor:

Dr. Rajesh

Speciality:

CTVS

Advised Date & Time:

2/12/23 @ 11:14am

Provisional Diagnosis:

Rheumatic heart disease / severe Aortic regurgitation

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):

A:VR - Mechanical valve

Blood Product Requirement:

☐ No

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

Expected Duration of Stay:

6-7 days

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

Payer: ☐ Self ☐ Insurance ☒ Others:

cor scheme

CM SCHEME

Instructions to Nurse (if any):

category: → Admit in general ward.

Any other Instructions (if any):

Doctor's Signature

[Signature]

Name:

Dr. V. RAJESH

Reg. No.

Reg No: 62794

62794

Date

2/12/23

Time

11:14am

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

2/12/23

11.14am

22/12/23

11:39AM

Source:

☒ OPD

☐ ER

☐ Direct

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

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

Front office Staff Signature

Name

Emp. No.

Date

Time

[Signature]

Sundaraj

2209

22/12/23

11:39A

Dr. V.
Rog.



Master: SIVAGURU.S
Patient: 13/Male/MHI202381075
Name: 02/12/2023/1PH202302423
UHID: Dr. RAJESH.V
DOB: [Barcode]
DOA: [Barcode]
Consultant: [Barcode]

MHI/HOSP/2022/129



ADMISSION FORM

| | | |
|--|--|--|
| Marital Status <u>M</u> | Full Address <u>Sivaguru - S - SLO Sakthi V</u> <u>No - 3/82 - Ganesh Nagar - North Mangalam</u> <u>Keeromgudi Village</u> <u>Valivalem Post. Pin 610 207</u> | Telephone Number <u>9943920034</u> |
| Occupation <u></u> | | |
| Referred from <u>Dr. Rajesh V</u> | Date of Time of Admission <u>02/12/23 @ 11:39 AM</u> | Date & Time of Discharge <u>12/12/23 @ 1600</u> |
| UNIT <u>cardiothoracic</u> | Total No. of Days <u>11 Days</u> | |
| MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. : | | |
| FINAL DIAGNOSIS | | ICD Code |
| <u>SEVERE AORTIC REGURGITATION MILD MITRAL</u> | | <u>I35.1</u> |
| <u>REGURGITATION RHEUMATIC HEART DISEASE</u> | | <u>I09.9</u> |
| <u>CLASS II ANGINA ADEQUATE LV SYSTOLIC</u> | | <u>I50.1</u> |
| <u>FUNCTION EF-52%.</u> | | |
| | | |
| | | |
| DATE | OPERATION / PROCEDURES | ICPM Code |
| <u>07.12.23</u> | <u>AORTIC VALVE REPLACEMENT USING 21MM</u> <u>ST. JUDE MASTER SERIES MECHANICAL</u> <u>VALVE DONE ON 07.12.2023</u> | <u>35.05</u> <u>99.00</u> |
| DATE | TYPE OF ANESTHESIA | |
| <u>07.12.23</u> | <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 <u>Dr. Rajesh V</u> <u>62794</u> | | Signature of Medical Records Officer <u>Dr. [Signature]</u> <u>149</u> |

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...செல்வகுமார்..... who is my சகோதரன் (Relationship).

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

இதன் மூலமாக நான் 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 மதிப்பிடக்கூடிய 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 02/12/23

S. S. Subramanian
எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

உறவுமுறை சகோதரன்
Nature of Relationship

GENERAL CONSENT FOR ADMISSION

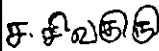
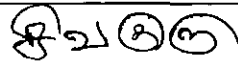
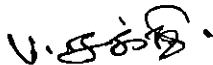
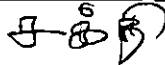
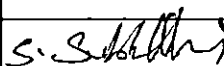
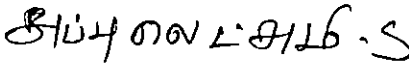
I, Master: Sivaguru.S the ☒ Patient or ☐ Representative of patient have
(please tick the correct option above and below)

☐ Read

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

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

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

| | Signature / Thumb Impression* | Name | Date | Time |
|---|---|---|----------|----------|
| Patient |  |  | 02/12/23 | 11:30 AM |
| Surrogate/Guardian (if applicable #) |  |  (Write name and relationship with patient) | 02/12/23 | 11:30 AM |
| Reason for surrogate consent | Patient is unable to give consent because: | | | |
| Witness |  |  | 02/12/23 | 11:30 AM |
| Interpreter (if applicable) | | | | |

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

ADMISSION CRITERIA FOR INTENSIVE CARE UNIT

| S. No. | PARAMETERS | MARK ✓ AS APPROPRIATE | |
|--------|---|-----------------------|--|
| 1 | Hemodynamic instability defined as | | |
| | Pulse less than 40 or more than 150 beats/minute | | |
| | Systolic arterial pressure less than 80 mm Hg or 20 mm Hg below the patient's usual pressure | | |
| | Mean arterial pressure less than 60 mm Hg | | |
| | Diastolic arterial pressure more than 120 mm Hg | | |
| 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 | | |
| | 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 | | |
| 7 | Massive hemoptysis | | |
| | Respiratory failure needing imminent intubation | | |
| | Renal failure | | |
| | Oliguria or anuria for more than 12 hours | | |
| | Metabolic acidosis (pH <7.1) | | |
| | Patients requiring hemodialysis can be performed in ICU when the blood pressure is borderline | | |

| S. No. | PARAMETERS | MARK ✓ AS APPROPRIATE | | | |
|--------|--|-----------------------|----------|---------|-------|
| 8 | Endocrine System and Metabolism related | | | | |
| | Diabetic ketoacidosis complicated by hemodynamic instability, altered mental status, respiratory insufficiency, or severe acidosis | | | | |
| | Thyroid storm or myxedema coma with hemodynamic instability | | | | |
| | Hyperosmolar state with coma and/or hemodynamic instability or Serum Glucose more than 800 mg/dl | | | | |
| | Other endocrine problems such as adrenal crises with hemodynamic instability | | | | |
| | Severe hypercalcemia (Serum Calcium more than 15 mg/dl) with altered mental status, requiring hemodynamic monitoring | | | | |
| | Hypo or hypernatremia (Serum Sodium less than 110 mEq/L or more than 155 mEq/L) with seizures, altered mental status | | | | |
| | Hypo or hypermagnesemia with hemodynamic compromise or dysrhythmias | | | | |
| | Hypo or hyperkalemia (Serum Potassium less than 2.0 mEq/L or more than 6.0 mEq/L) with dysrhythmias or muscular weakness | | | | |
| | Hypophosphatemia with muscular weakness | | | | |
| Doctor | Signature | Name | Reg. No. | Date | Time |
| | <i>[Signature]</i> | Dr. Praveen | 112236 | 7/12/23 | 13:41 |

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 |
| | <i>[Signature]</i> | Dr. Praveen | 112236 | 9/11/23 | 11:20 |



DISCHARGE SUMMARY

| | | | |
|--------------|---|----------|--------------|
| IP No. | : IPH202302423 | D.O.A | : 02/12/2023 |
| UHD | : MHI202381075 | D.O.D | : 12/12/2023 |
| Name | : MAST. SIVAGURU.S | Room No. | : 202 |
| Age / Gender | : 13 Years / MALE | | |
| Consultant | : Dr. V. Rajesh, MS, M.Ch (CTVS) Senior Consultant Cardiothoracic and Vascular Surgery | | |

D.O.S: 07.12.2023

DIAGNOSIS:

SEVERE AORTIC REGURGITATION
MILD MITRAL REGURGITATION
RHEUMATIC HEART DISEASE
CLASS II ANGINA
ADEQUATE LV SYSTOLIC FUNCTION – EF: 52%

SURGERY:

AORTIC VALVE REPLACEMENT USING 21MM ST. JUDE MASTER SERIES MECHANICAL VALVE DONE ON 07.12.2023

BRIEF HISTORY:

Mast. Sivaguru. S, 13 years old male, a known case of Rheumatic Heart disease, Severe Aortic Regurgitation, Mild Mitral Regurgitation, Adequate LV systolic function, has come for Aortic Valve Replacement. Patient was diagnosed to have Rheumatic heart disease at the age of 8 and was on regular medications. He was doing well with medications till 27.11.2023 when he developed palpitations, associated with giddiness and nausea for which he was taken to Government Thiruvapur Medical College where his Echo showed Moderate to Severe Aortic Regurgitation with holodiastolic flow reversal in descending aorta. He was managed conservatively. He then came to Medway Heart Institute on 29.11.2023 for further management. His Echo showed Rheumatic Heart disease, Severe Aortic Regurgitation, Mild Mitral Regurgitation with Adequate LV systolic function. He was advised early Aortic Valve Replacement. Patient and attenders were explained about the nature of disease, risks and the need for valve surgery. Currently, he is getting admitted for the same. No H/O Breathlessness, Chest pain, Syncope or Swelling of Legs. No H/O CVA, CKD, BA, seizure disorder or Hypothyroidism.

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

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



94457 94457
1800 572 3003

Medway Group of Hospitals

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

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118

NAME : MAST. SIVAGURU.S

UHID : MHI202381075

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

TEMP - 98.6 ° F
HR - 68bpm
BP - 100/60 mmHg
SPO₂ - 98% in room air
CVS - S1S2 (+), EDM (+)
RS - BAE (+)
Abdomen - Soft, non – tender
CNS - NFND

BLOOD INVESTIGATIONS:

| Test Name | Result | Reference Value | Units |
|------------------------------|--------|---|------------|
| HAEMOGLOBIN | 14.2 | Male : 13.7 - 17.5 Female : 11.2 - 15.7 | gms% |
| HAEMATOCRIT | 41.3 | 39-52 | % |
| TWBC | 8300 | 4000 - 10000 | Cells/Cumm |
| NEUTROPHILS | 43.0 | 40-70 | % |
| LYMPHOCYTES | 45.0 | 20 - 40 | % |
| EOSINOPHILS | 7.9 | 0 - 6 | % |
| MONOCYTES | 3.6 | 0 - 6 | % |
| BASOPHILS | 0.5 | 0 - 2 | % |
| PLATELET | 366000 | Male : 1.5 - 3.5 Female : 1.5 - 3.7 | Cells/cumm |
| Urea | 22 | 14 - 40 | mgs/dl |
| Creatinine | 0.56 | Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8 | mgs/dl |
| Sodium (Na ⁺) | 140 | 135 - 145 | mmol/l |
| Potassium (K ⁺) | 3.69 | 3.4 - 5.5 | mmol/l |
| T. Bilirubin | 0.37 | 0.2-1.0 | mg/dl |
| D. Bilirubin | 0.14 | 0.00 – 0.4 | mg/dl |
| I. Bilirubin | 0.23 | 0.4-0.6 | mg/dl |
| S.G.O.T | 20 | <38 | U/L |
| S.G.P.T | 11 | <41 | U/L |
| ALP | 292 | Adult: 42 - 141 | U/L |
| GGT | 11 | Male : 10 - 45 Female : 5 - 32 | U/L |
| Total Protein | 7.9 | 6.0 - 8.0 | gm/dl |
| S. Albumin | 4.7 | 3.5 - 5.0 | gm/dl |

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MHI/HOSP/2022/118

NAME : MAST. SIVAGURU.S

UHID : MHI202381075

IPNO : IPH202302423

| | | | |
|------------------|------|--|--------|
| PROTHROMBIN TIME | 12.2 | Normal : 0.9 - 1.5 INR Therapeutic Level Myocardial Infarction : 2.0 - 3.0 Deep Vein Thrombosis : 2.0 - 3.0 Pulmonary Embolism : 2.0 - 3.0 | |
| INR | 1.0 | Artificial Cardiac Value : 3.0 - 4.5 Recur. Systemic Embolism: 3.0 - 4.5 INR | |
| T.S.H | 3.76 | Adult: 0.25 - 5.0 New born-4days: 1.0-39.0 Child upto 14yrs: 1.0-9.0 | uIU/ml |
| T3 | 146 | "Adult : 60 - 152 New born - 4 days : 96 - 730 1 - 11 Months : 102 - 243 1 - 9 yrs: 89 - 237 | ug/dl |
| T4 | 10.0 | "Adult : 4.6 - 9.3 New born - 4 days : 11.0 - 21.3 1 - 11 months: 5.8 - 16.1 1 - 9 yrs : 6.3 - 13.16 | ug/dl |

ECG: HR – 68bpm, sinus rhythm, LVH (+).

ECHO: EF CALCULATED BY SIMPSON'S METHOD: LV EDV : 107ML, ESV : 52ML, EF : 52 %, AORTIC GRADIENT – MAX GRADIENT – 6 MM HG, MEAN GRADIENT – 3 MM HG, ALL CHAMBERS NORMAL SIZED, NO REGIONAL WALL MOTION ABNORMALITY. ADEQUATE LV SYSTOLIC FUNCTION – EF: 52%, NORMAL RV SYSTOLIC FUNCTION, RV TDI : 15CM/S, TAPSE : 19MM, THICKENED AORTIC VALVE, THICKENED MITRAL VALVE, PML MILDLY RESTRICTED, OTHER VALVES STRUCTURALLY NORMAL, IAS / IVS INTACT, IVC NORMAL IN SIZE AND COLLAPSING, E/A RATIO : 1.94, MEDIAL E/E : 6.65, LATERAL E/E : 6.20, TRA GRADIENT : 15MM HG, RVSP : 25MM HG, AR PHT : 541 MS, MR JET AREA : 3.1 SQ CM, RHEUMATIC HEART DISEASE, SEVERE AORTIC REGURGITATION, NO AS, MILD MITRAL REGURGITATION, NO MAS, TRIVIAL TRA, NO PAH, NO CLOT / VEGETATION / EFFUSION.

AORTIC DIMENSIONS:

AORTIC ANNULUS : 21MM
AORTIC SINUS : 32MM
ST JUNCTION : 26 MM
ASCENDING AORTA : 24 MM
ARCH OF AORTA : 17 MM
DESCENDING AORTA : 14 MM
ABDOMINAL AORTA : 12 MM

CXR: PA film, BVM (+), lung fields clear.

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MHI/HOSP/2022/118

NAME : MAST. SIVAGURU.S

UHID : MHI202381075

| | | | |
|------------------|------|---|--|
| PROTHROMBIN TIME | 28.2 | Normal : 0.9 - 1.5 INR Therapeutic Level Myocardial Infarction : 2.0 - 3.0 Deep Vein Thrombosis : 2.0 - 3.0 Pulmonary Embolism : 2.0 - 3.0 Artificial Cardiac Value : 3.0 -4.5 Recur.Systemic Embolism: | |
| INR | 2.35 | 3.0 - 4.5 INR | |

ECG: HR – 72BPM, sinus rhythm, LVH (+), T wave inversion in lead II, III, V1 – V3 leads.

ECHO: S/P AVR WITH 21MM STJUDE MASTER SERIES VALVE, ALL CHAMBERS NORMAL SIZED, PARADOXICAL SEPTUM, ADEQUATE LV SYSTOLIC FUNCTION, EF: 52%, ADEQUATE RV SYSTOLIC FUNCTION. RV TDI:9CM/S, TAPSE: 16MM, THICKENED MITRAL LEAFLETS, OTHER VALVES STRUCTURALLY NORMAL, IAS/IVS INTACT, AORTIC GRADIENT – MAX GRADIENT – 12MMHG, MEAN GRADIENT – 7MMHG, NORMAL FUNCTION OF AORTIC PROSTHESIS, TRIVIAL VALVULAR LEAK, PARADOXICAL SEPTUM, INDETERMINATE DIASTOLIC DYSFUNCTION, MILD ECCENTRIC MR, MILD TR, NO PAH, IVC NORMAL IN SIZE AND NON COLLAPSING, MILD BILATERAL PLEURAL EFFUSION, NO CLOT/ VEGETATION/ PERICARDIAL EFFUSION.

CXR: PA film, sternal wires seen, aortic prosthesis in position, lung fields clear, no effusion.

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

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JCI ACCREDITED



NABH ACCREDITED

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IPNO : IPH202302423

NAME : MAST. SIVAGURU.S

UHID : MHI202381075

ADVICE MEDICATIONS:

| SL. NO. | NAME OF THE DRUGS WITH GENERIC NAME | STRENGTH | DOSAGE | FREQUENCY | | | ROUTE | RELATIONSHIP WITH MEAL | DURATION |
|---------|--|-----------|---------------|-----------|---|---|-------|------------------------|----------------------------|
| | | | | M | A | N | | | |
| 1 | TAB. ACITROM (NICOUMALONE) | 1 TABLET | 1MG/2MG | 0 | 0 | 1 | ORAL | AFTER FOOD | AT 7 PM (ALTERNATE DAYS) |
| 2 | TAB. ECOSPRIN (ASPIRIN) | 1 TABLET | 75MG | 0 | 1 | 0 | ORAL | AFTER FOOD | TO CONTINUE |
| 3 | TAB.LASILACTONE (FURSEMIDE + SPIRONOLACTONE) | 1 TABLET | 50MG/20MG | 1/2 | 0 | 0 | ORAL | AFTER FOOD | X 2 WEEKS |
| 4 | TAB.PARACIP (PARACETAMOL) | 1 TABLET | 500MG | 1 | 0 | 1 | ORAL | AFTER FOOD | SOS (IF PAIN OR FEVER) |
| 5 | CAP. RAZO D (DOMPERIDONE + RABEPRAZOLE) | 1 CAPSULE | 20 MG / 30 MG | 1 | 0 | 1 | ORAL | AFTER FOOD | X 1 WEEK |
| 6 | SYP. CREMAFFIN (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. PHENOXYMETHYL PENICILLIN POTASSIUM | 1 TABLET | 250MG | 1 | 0 | 1 | ORAL | AFTER FOOD | TO CONTINUE |
| 10 | TAB.ANXIT (ALPRAZOLAM) | 1 TABLET | 0.25MG | 0 | 0 | 1 | ORAL | AFTER FOOD | X 5 DAYS |

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IPNO : IPH202302423

NAME : MAST. SIVAGURU.S

UHID : MHI202381075

| DISCHARGE ADVICE | |
|---------------------|--|
| DIET | 1. VITAMIN K RESTRICTED DIET 2. HIGH PROTEIN DIET |
| PHYSICAL ACTIVITIES | RESTRICTED. |
| FLUID RESTRICTION | NIL |
| REVIEW | REVIEW WITH DR. V. RAJESH AFTER 16/12/2023 WITH PT / INR, HB, UREA, CREATININE, SODIUM, POTASSIUM, ECG AND CHEST X RAY |

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

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

Typed by: Kalai

CONSULTANT SIGNATURE

Dr. V. Rajesh, MS, M.Ch (CTVS)

Senior Consultant Cardiothoracic and Vascular Surgery

Dr. V. RAJESH

Reg No : 62794

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

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INPATIENT INITIAL ASSESSMENT

Date: 2-12-23

Time of arrival in ward: 12:30

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 98.8 (°F) | Pulse / HR: 68 (beats/min) | BP: 100/60 (mmHg)

Respiration: 22 (breaths/min) | SpO₂: 98 (%) | Height: 151 (cms) | Weight: 33.7 (kgs) | BMI: 14.9 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

A 18y/m came with H/O palpitation on & off for past 4 days. H/O chest pain on & off for past 2 days. Patient was apparently normal before 4 days, then he developed palpitation which gradual in onset, progressive in nature associated with H/O chest pain which is not radiating. now he got admitted for further evaluation.

PAST MEDICAL HISTORY (with duration of illness):

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

Others:

#10 had fever at the age of 8 yrs.
K/clo Rheumatic heart - diseases X 5yrs
on medication

Past Surgical History:

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. PENICILLIN | 250mg | P/O | 1-0-1 | 01.12.23 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | T. FRUSEMIDE | 40mg | P/O | 1/2-00 | " | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | T. ENALAPRIL | 40mg | P/O | 1/2-00 | " | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Family History:

father is h/o CAD

Personal / Social History (Tick whichever is applicable)

Lifestyle: ☐ Sedentary ☐ Active Occupation: _____

Smoking: ☒ Yes ☐ No

Alcohol: ☐ Yes ☒ No

Recreational Drug Use: ☐ Yes ☐ No

Others: _____

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

General Physical Examination:

Pallor: ☐ Yes ☒ No

Icterus: ☐ Yes ☒ No

Clubbing: ☐ Yes ☒ No

Edema: ☐ Yes ☒ No

Lymphadenopathy: ☐ Yes ☐ No

SYSTEMIC EXAMINATION

CVS:

S1S2 ⊕ murmur ⊕

Respiratory System:

BAE ⊕

Gastrointestinal System:

soft, non-tender

Central Nervous System:

NFND

GCS - 15/15

Urinary / Reproductive / Locomotor System:

normal

Skin / Ophthalmic / ENT

normal

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:

Rheumatic Heart disease / normal LV function

Plan of Care:

Admit ↓ Dr - Rajesh
plan: AVR on Monday
- to get anaesthetic fitness
continue old medication

Investigations Advised:**Diet Advice:**

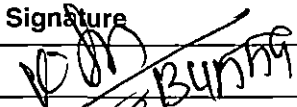
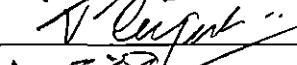

- ☐ Nil per Oral ☐ Clear liquid diet ☐ Normal liquid diet ☐ Diabetic liquid diet
☐ Semisolid diet ☐ Soft solid diet ☐ South Indian normal diet ☐ North Indian normal diet
☐ Neutropenic liquid diet ☐ Others: low salt, low fat, diabetic diet

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

PFE: Patient Family Education

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

Others:

| | Signature | Name | Reg. No. | Date | Time |
|-------------------|---|--------------------------------------|----------|----------|----------|
| Resident Doctor |  | Dr. Anusuya | 134559 | 02.12.23 | 12:30 |
| Consultant |  | Dr. V. Raghav | 62795 | 02/12/23 | 12:30 hr |
| Patient Attendant |  | Relationship SAKTHI (C/o Anusuya) | | 2/12/23 | 12-30 |



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UNIT : INSTITUTE OF CARDIO VASCULAR DISEASES

| | |
|---|--|
| Master.SIVAGURU.S 13/Male/MHI202381075 02/12/2023/1PH202302423 Dr.RAJESH.V UHID No. : | OPERATION NOTES Age : Sex : |
|---|--|

Pre-Operative Diagnosis : RHD, SEV-AR, Good LVF

Post-Operative Diagnosis : -do-

Operation Procedure AVR USING 21mm ST-JUDE MASTER SERIES VALVE

D.O. Operation 07122023

Please tick the type of procedure :

Closed ☐ Open ☒

| | | |
|-----------------------------|-----------------------------|----------------------------|
| Operation Commenced : 10:50 | Operation Completed : 13:30 | Nature of Anaesthetic : GA |
|-----------------------------|-----------------------------|----------------------------|

Surgeons Dr. Rajesh / PA: Sai

Perfusionist Mr. Preethi

Anaesthetist Dr. Praveen

Nurse Mr. Sankumar

Incision Median sternotomy

Cannulation Arterial 18 Venous 34

Oxygenator Median sternotomy. Pericardiotomy. Systemic

Total CPB Time hypothermia. CPB established by aorto-PSVC

Total ACC Time Cannulation. AXC. LA vented through RSPV. Anteq Aortotomy

Total TCA Time done. Antegrade hypothermic debridement given through coronary ostia. Native aortic valve excised. 21mm St-Jude mechanical valve replaced in aortic position. 2-0 PDS interrupted sutures (14 nos) sutured. Aortotomy closed. Rent site closed.

Findings and Relevant Details :
 Aortic valve - Tricuspid.
 rolled up edge.
 Penetration
 AIC retracted
 LCC partially retracted
 Aortic annulus normal
 Corony ostia - normal
 Dr. RAJESH.V
 Heart deaired. AXC released. Heart picked up in SR. Rewarmed fully. Weaned off bypass gradually. Protaminised. Decannulated. Hemostasis secured. Rostic chest closure done & drain tube instl.

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

POST-OPERATIVE INSTRUCTIONS :

- ABG, ACT ~~12~~ 124.

Bleeding - 350 ml.

I.O. Pcv added in Pome.

Drains :

Chest

Mediastinal — 1

Pericardial —

Others — 1

Sponge Count :

Correct

Dr. V. RAJESH

M.S., M.Ch (CTVS)

Senior Consultant

Cardiothoracic and Vascular Surgery

Reg No. 62744

Surgeon :

Dr. Rajesh

Date :

7/12/23.

13 o'clock



Dr.RAJESH.V



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| DATE | NOTES |
|------------------|--|
| 2/12/23 | S/B - Dr. Harri Vignesh (DMD) |
| 10.30PM | PT reviewed |
| Vitals Stable | No fresh complaints |
| | O/E - G ^L feels PT conscious Oriented |
| | S/E - (US - S, I, ⊕) RS - B/L AE ⊕ CAS - NFND PIA - soft NI |
| | ADU - Vitals monitoring - Plan: AVR on Monday - Follow drug chart |
| | N. J. A. J. 12/100 |

DATE
03/12/23

NOTES

S/B Dr. Anusuya

Patient reviewed

stable c/o headache

Patient conscious, oriented

CVS - S1, S2 (+)

RS - BAE (+)

CAB - NEN D

Advice

- monitor vitals

- To add Tab. para 500mg with
continue drugs as per chart
posted for AVR tomorrow pre-op

enclos

S/B - Dr. Hari Vignesh (DNO)

Pt reviewed. No fresh complaints

O/E - Gc fair

Pt conscious, oriented

STE - CVS - S1, S2 (+)

RS - B/L AE (+)

CAB - NEN D

P/A - Soft

NT

Adv

- Plan: AVR tomorrow

- Follow Pre Op orders

- As per drug chart

N. J. J.

18/11/00

DOCTOR

NOTES

DATE

NUMBERS

3/12/23
10pm

S/B Dr. Mohamed Hydoo

A: RHD / Severe AR

Plan: AVR Tomorrow

Patient Status

attended

Afebrile

Vitals

Stable

CVS: S, S2(P)

Res: RA @

PIA: soft, NT

AKO

- NPO from 12Am

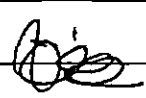
- Monitor vitals

- DO follow drug chart

- Consent obtained

- Patches / Preparation

[Signature]
(15/12/23)

| DATE | NOTES |
|------------------|--|
| 5/12/23 | S/B Dr. Mohamed Hyder |
| 10Am | Δ: RHD / Severe AR |
| | Plan: AVR Tomorrow |
| | Patient current: |
| | oriented |
| | Afebrile |
| vitals Stable | CVS → S1 S2 ⊕ R2 → BA ⊕ P/A → Soft, N1 |
| | Adm |
| | - Monitor vitals |
| | - To follow drug chart |
| |  (Hssot) |



DOCTOR'S PROGRESS NOTES

| DATE | NOTES |
|-----------------|---|
| 6/12/23 | ctd |
| Bin Sam | |
| 06/12/23 | S/B Dr. Anusuya |
| 8:00 PM | Δ - RHD / Severe AR. Platent reviewed. |
| C/O | |
| O/B | Patient Conscious, oriented, Afebrile. |
| S/E | CNS - G152 ⊕. RS - BAB ⊕. CNS - NFND P/A - Soft, non-tender. |
| Vitals | HR - 82b/m BP - 120/80mmHg RR - 18/min SpO2 - 98% RA |
| K. An 134559 | Advice - monitor vitals. - Continue drugs as per chart. |

| DATE | NOTES |
|------------------------|---|
| 8/12/2023 8:00 | S/R Dr. Ambrose / Dr. Rajah / Dr. Praveen |
| | S/P ASR POD #1 |
| | pt Capnious, oriented |
| AB - | Comfortable at rest. |
| Gr - | perfusion warm |
| Cr - | Taking orally. |
| | BP - 100/57 mm Hg |
| pH - 7.42 | HR - 112/min Sinus |
| PO ₂ - 84.8 | SPO ₂ - 97% in RA |
| pO ₂ - 35.8 | |
| AB - 12.3 | |
| NC - 130 | |
| K ⁺ - 2.7 | |
| | <u>Plan</u> |
| I/O - 1741 1831 | - RF 1.5 litres / day |
| | - Remove drains + Act. lv |
| | - Good chest physio + Spiro |
| | - Nebulase |
| | - Mob. lv |
| | - Inj. Cordocaine 150mg iv over 2hrs |
| | - T. METOPROLOL 12.5mg 1-0-1 |
| | - T. ACETAMIN 2mg 0-0-1 |
| | - Shift to ICU II |
| | Praveen 112236 |



Master.SIVAGURU.S

13/Male/MH1202381075

02/12/2023/IPH202302423

Dr.RAJESH.V



2022/041

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DOCTOR'S PROGRESS NOTES

[illegible]

| DATE | NOTES |
|--------------------|--|
| 09-12-23 | S/B DO Anusulyg |
| 11:30 PM | s/p AVR patient reviewed. |
| POD-2 | c/o pain in the surgical site |
| | O/S - patient conscious, oriented |
| | S/E - CUS - 61.52 ⊕ RS - PAE ⊕ CNS - N/PND P/A - soft; non-tender. HR - 82 b/m BP - 110/80 mmHg RR - 18/min SpO2 - 98% RA |
| F-R-15/hr day | Vitals! Advice - monitor vitals - continue the drugs as |
| K.P.M. B.A.N.Y. | Pechoast - Need chest physio & spirometry. |



DOCTOR'S PROGRESS NOTES

| DATE | NOTES |
|------------------------------|-----------------------------|
| 10/12/23 | S/B. Dr. Sujith (Dmo) |
| 11:25 AM | |
| POD-3 | S/P: AVR. |
| | pt. reviewed. |
| | - no pain at surgical site. |
| | S/R - pt. Conscious, |
| | oriented, |
| | Able to. |
| | S/R - Lungs - SS2 (P) |
| | RS - RA13 (P) |
| | PA - SOA |
| | CS - NED |
| Input | 1300 ml. |
| Output | 2100 ml |
| | Adm. |
| | vital monitoring |
| | - cont. drug chart. |
| | - chest physio/spirrometry |
| | - Inform Soc. |
| Bp: 90/60 mmHg. | |
| HR: 99 bpm | |
| SpO ₂ : 95% on RA | |
| | B. Vijay |
| | 183 573 |

| DATE | NOTES |
|-----------------|---|
| 10/12/23 | S/B Dr. Anusuya |
| 11:00pm | S/p AVR Patient reviewed. |
| POD - 3 | C/O: mild pain in the surgical site S/B: CVS - S1 S2 ⊕ RS - BAE ⊕ CVS - MTD P/A - 60/70 |
| Vital stable | A/B: Dressing intact no leakage. |
| | Advice - monitor vitals - continue drugs as per |
| | Chest - w/p feverspikes / desaturation / dehydration |
| 12:00 1345PM | Plan: suture removal tomorrow. - mobilise the patient - Continue Chest Physio & spirometry |

| DATE | NOTES |
|------------------|---|
| 11.12.23 | S/B Dr. Anusuya |
| 11.40PM | S/p BUR |
| POD-3 | Patient reviewed. |
| | C/O: mild pain in the surgical site |
| | O/E: Patient conscious, oriented, afebrile. |
| | S/E: CUS - S1S2 (+) |
| | RS - BAE (+) |
| | CNS - NFD |
| | P/A - soft, non-tender. |
| | Vitals stable |
| | H/E: Dressing removed Sutured removed. |
| | wound healthy & healing. |
| | Advice. |
| | - monitor vitals |
| | - continue the drugs as per chart. |
| | - w/o fever/spikes/desaturation/dehydration |
| K'm (1300hrs) | |

| DATE | NOTES |
|------------|--|
| 12/12/2023 | S/P DR. Anusuya. |
| 09:00 | S/P AUR |
| | - Patient Reviewed. |
| | DE - CVS - S ₁ S ₂ ⊕ |
| | RS - BA ⊕ |
| | ONS - NFND |
| | PA - Soft. |
| | Advice |
| | - Monitor vitals, |
| | - Continue dress as per Chart |
| | - Discharge today. |
| | C. Anusuya 134554 |




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

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

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

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

PRE-OPERATIVE CHECKLIST

| | | | | |
|---|---|---|-------------------------------------|-------------------------------------|
| Master.SIVAGURU.S 13/Male/MH1202381075 02/12/2023/IPH202302423 Dr.RAJESH.V  | | Age : 13 Gender : M UHID No.: 202381075 | | |
| Ward : | | Bed No. : 203 | B.S. | A.S. |
| | Clinical Diagnosis : <p style="text-align: center;">RHD - SEVERE AS</p> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Proposed Procedure : <p style="text-align: center;">AVR</p> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| CHECKLIST | | | | |
| 1. | Identification Band on Hand Checked ? | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | Surgical consent Signed? a. Special Consent signed if required. | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | Anesthetist Consultation (If required?) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | History AND Physical Onchart? a. Height.....151cms..... b. Weight.....33.7kgs..... | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | Allergic to drugs ? NKDA | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Surgical Preparation done ? | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. | Nill by Mouth From12MN..... | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. | Blood Grouping & Rh TypingB POSITIVE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Investigation <input checked="" type="checkbox"/> X - Ray <input checked="" type="checkbox"/> ECG <input type="checkbox"/> LAB | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. | Blood Sugar.....108mg/dl Time.....6:30..... | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. | TPR Chart Pulse.....110..... Temp.....98.6° BP 90/50 RR.....20..... | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. | Time Voided a. Retention <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. | Enema <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | | |
|-----|--|---|---|
| 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 Given a. Time 6:00 b. Nurse Hay Jones | ✓ | ✓ |
| 17. | Blood Transfusion requisition Onchart 20 PCV | ✓ | ✓ |
| 18. | X-Ray 1 No | ✓ | ✓ |
| | ECG / ECHO 1/1 ✓ | ✓ | ✓ |
| | Ultra Sound | | |
| | C.T. Scan..... | | |
| | MRI Scan | | |
| | TMT | | |
| | Medication | | |
| | 6/12/23 TAB. RANTIDINE 150mg | | |
| | TAB. ALPRAX 0.25mg } Given | | |
| | 7/12/23 TAB. ALPRAX 0.25mg | | |
| | | | |
| | | | |
| | Others | | |
| | | | |
| | | | |

verified by
Shy 220

Hay Jones
Nurse Signature

CRP - 0.5.

ESR - 20

Hb - 13.0 - 375.6


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Every heart beat counts

B+ve MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name Master Singgaur S

Age 13/M

UHID MHI02023

81075

Diagnosis Rheumatic Heart Disease / Plan

Aortic valve

replacement

Severe AR / Mild MR / Adequate LV function

(Medical)

Serology

Negative

(EF: 52%)

EURO Score / STS Score

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

RBS: 123.

Diabetes Mellitus (HB1AC) -

Associated Illness -

72.146

Carotid Doppler -

Thyroid Enzymes

74.10.0

754.3.79

Sr. Creatinine 0.56

Any other illness of concern

TNR - 1.0

Allen's Test

Myocardial viability if needed

Varicose Veins

Pulmonologist Clearance -

Nephro Clearance: -

Neurology Clearance: -

Dental Clearance: provisionally fit

Mitral Regurgitation Assessment

Mild MR, No PAH

Nursing:

Billing Clearance:

Physiotherapy

Spirometry taught

Concerns from Surgical Team:

SIGNATURE:

P. Rong (MHI020217)

Master Sivaguru (13/M) a K/C/O Rheumatic Heart disease,
Severe ~~mitral~~ Aortic regurgitation, Mild mitral regurgitation.
Adequate LV systolic function has come for AVR.
Patient was treated for Rheumatic heart disease since he was
8 yrs old. He was doing well with medications ^{associated with} till
27.11.2022 when he developed Palpitations ^{giddiness & nausea} for which he
was taken to Government Thiruvannur Medical College
where his Echo showed Moderate to Severe AR with
holodiastolic flow reversal in descending aorta. He was
managed conservatively. He then came to MHI on
29/11/2022 for further management. His Echo showed R#,
Severe AR, Mild MR with Adequate LV systolic
function. He was advised early AVR.

CXR: PA film, lung fields clear, Bone (+)

| | |
|-----|-------------------------|
| Pat | Master.SIVAGURU.S |
| Nai | 13/Male/MHI202381075 |
| UH | 02/12/2023/IPH202302423 |
| DO | Dr.RAJESH.V |

CONSENT FOR SURGERY

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

- ☒ Read
- ☒ I/We have been explained the current clinical condition of me/my patient
- ☒ Been explained this consent form in English, which I fully understand and understood the information provided about the disease RHEUMATIC.....HEART.....DISEASE/SEVERE...AORTIC...REGURGITATION and about the procedure AORTIC...VALVE...REPLACEMENT...(MECHANICAL)..... (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 includes Re exploration.....

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

- I am aware that I may require administration of blood and / or blood products during or after the operation / procedure as found necessary by the doctor (for which a separate consent shall be obtained).
- I am now also aware that during the course of this operation / procedure the doctor will be assisted by medical and paramedical team and that the doctor may seek consultation / assistance from relevant specialists if the need arises.
- I am also aware of the expected course after the operation / procedure and the care to be provided and understand that sometimes admission to an Intensive Care Unit and or extension of duration of hospitalization may be required and or there may be requirement of extra medicines or treatments thereby leading to increase in the treatment expenses depending upon the body's response to the treatment / procedure.

- Possible risks & complications 1. Bleeding 2. Infection 3. Stroke
- 4. Arrhythmia 5. Prolonged ICU stay 6. Mild risk to life
- 7. Life long anticoagulation
- Benefits Symptom free survival
- Alternatives Not Available
- The likelihood of success of the surgery (Percentage / Other comments) 95%
- Possible results of non-treatment 1. Heart Failure
2. Arrhythmia
- 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>V. JESS</u> |
| Relationship | | <u>Father</u> |
| Signature | | <u>V. JESS</u> |
| Date & Time | | <u>6/12/23 at 18:00</u> |
| Name & Signature of Doctor with Registration No.: <u>Spraveen</u> <u>Dr. PRAVEEN JEYAKUMAR</u> | | |

112236

V. JESS
Dr. PRAVEEN
M.S., M.Ch (CD) 14
Senior Consultant
Cardiothoracic and Vascular Surgery
Reg No: 62794

Doctor Seal

நோயாளி விவரங்கள்: (Affix Label here)

வயது :

UHID :

பிறந்த தேதி :

பாலினம் :

அறுவை சிகிச்சை ஒப்புதல் படிவம்

1. நான்நோயாளி அல்லது நோயாளியின் பிரதிநிதி தயவுசெய்து மேலேயும் கீழேயும் பொருத்தமானதை

தேர்வு செய்யவும்

- ☐ படியங்கள்
- ☐ எனது / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளேன்.

இந்த ஒப்புதல் படிவம் ஆங்கிலத்தில் விளக்கப்பட்டுள்ளது. இந்த ஒப்புதல் படிவத்தில் கொடுக்கப்பட்ட சிகிச்சையின் செயல்பாட்டின் முழுப்பெயர்
மூலமுறை 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 நாடுவாம் என்பதையும் நான் இப்போது அறிவேன்.

- சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்கள் _____

- நன்மைகள் _____

- மாற்றுவழிகள் _____

- அறுவை சிகிச்சையின் வெற்றி வாய்ப்பு (சதவீதம் / பிற கட்டளைகள்) _____

- சிகிச்சையின்றி சாத்தியமான முடிவுகள் _____

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

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

CONSENT FOR ANAESTHESIA SERVICES

I, Master . SIVAGURU . 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 ABRU VACUUM REPLACEMENT

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

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

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

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

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

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

PRENATAL / EARLY CHILDHOOD ANAESTHESIA

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

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

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

| | Signature / Thumb Impression* | Name | Date | Time |
|---|--|--|---------|-------|
| Patient | | | | |
| Surrogate/Guardian (if applicable #) | | (Write name and relationship with patient) | 8/12/23 | 12:30 |
| Reason for surrogate consent | Patient is unable to give consent because: | | | |
| Witness | | A. monisha | 8/12/23 | 12:30 |
| 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 DEWANDAN | 83722 | 8/12/23 | 12:30 |

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

| | | |
|--|-------------------------------|---|
| <input type="checkbox"/> பொது மயக்க மருந்து மாற்று மருந்து <input type="checkbox"/> முதுகெலும்பு <input type="checkbox"/> இவ்விடைவெளி <input type="checkbox"/> மற்றவை | எதிர்பார்க்கப்படும் முடிவுகள் | காற்றுப்பாதையை பராமரிக்க ஒரு குழாயை காற்றாறையில் அமர்த்துவதை உள்ளடக்கிய மொத்த மயக்க நிலை |
| | நுட்பம் | இரத்த ஓட்டத்தில் செலுத்தப்படும் மருந்து, நுரையீரலில் சுவாசித்து அல்லது பிற வழிகள் வழங்கப்படுகின்றன |
| | அபாயங்கள் | தொண்டைப்புண், குரல் வடங்கள், புற்கள், உதடுகள், கண்கள், செயல்முறை, நினைவக செயலிழப்பு, நினைவக இழப்பு, அபிலாஷைகள், நிரந்தர உறுப்பு சேதம், மூளை சேதம் ஆகியவற்றின் போது விழிப்புணர்வு |
| | நன்மைகள் | - ஆரம்ப மீட்பு - பகுட்டத்தின் 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 | ஊசி / வடிவூழாய் 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 சிப்யூவில் பாதுகாப்பாக விடக்கூடிய எபிபிரி வடிவூழாய்களுடன் செயல்பாட்டு வலி நிவாரணம் |
| பெரிய / சிறிய நரம்புத் தொகுதி <input type="checkbox"/> மயக்க மருந்துடன் / பொது மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்று மருந்து <input type="checkbox"/> பொது மயக்க மருந்து <input type="checkbox"/> IV பிராந்திய மயக்கமருந்து <input type="checkbox"/> முதுகெலும்பு / இவ்விடைவெளி மயக்கமருந்து <input type="checkbox"/> மற்றவை | எதிர்பார்க்கப்படும் முடிவுகள் | உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு அல்லது பகுதியின் தற்காலிக இழப்பு |
| | நுட்பம் | செயல்பாட்டின் பகுதிக்கு உணர்வு இழப்பை வழங்கும் நரம்புகளுக்கு அருகில் மருந்து செலுத்தப்படுகிறது |
| | அபாயங்கள் | எலும்பு சேதம், தொடர்ச்சியான வலி, தொற்று, இரத்தப்போக்கு, ஹெமடோமா, உள்ளூர் மயக்க மருந்து, மருத்துவ சேவை காரணமாக நச்சுத்தன்மை, மயக்க மருந்து, மூளை சேதத்திற்கு மாறுதல் |
| | நன்மைகள் | - வலி இலவசம் - சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை |

| | | |
|---|-------------------------------|--|
| <input type="checkbox"/> நரம்பு மண்டலம் மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்றுகள் <input type="checkbox"/> பெரிய / சிறிய நரம்பு தொகுதி <input type="checkbox"/> பொதுவான மயக்க மருந்து <input type="checkbox"/> மற்றவை | எதிர்பார்க்கப்படும் முடிவுகள் | உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு இயக்கத்தின் தற்காலிக இழப்பு |
| | நுட்பம் | ஒரு டிரீனிக்கேயைப் 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"/> மூலகெலும்பு / 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 |

பிறப்புக்கு முந்தைய / ஆரம்பகால குழந்தை பருவ மயக்க மருந்து

★ நினைவாற்றல், நடத்தை மற்றும் சுற்றலில் 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 (கஸ்) எனக்கு தெரிந்துவிட்டது. நான் தானாக முன்வந்து எனது ஒப்புதலை வழங்குகிறேன்

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

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


| | கையொப்பம் / கட்டை விரல் 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 தீட்டமிடப்பட்ட செயல்பாடு / நடைமுறைக்கு சாத்தியமான மாற்றங்கள், நோயாளி / நோயாளி பிரதிநிதிக்கு விளக்கியுள்ளார். இந்த ஆவணத்தில் விவரிக்கப்பட்டுள்ள தகவல்களை அவர் / அவள் முழுமையாகப் புரிந்து கொண்டார் என்று நான் நம்புகிறேன்.

| | கையொப்பம் | பெயர் | புதிவு எண் | தேதி | நேரம் |
|--------------------|-----------|-------|------------|------|-------|
| பெறப்பட்ட ஒப்புதல் | | | | | |
| | | | | | |

6/12/23

Patient: **Master.SIVAGURU.S**
Name: 13/Male/MHI202381075
UHID: 02/12/2023/iPH202302423
DOB: Dr.RAJESH.V
DOA: 
Consultant: _____

Type of Surgery : ☐ Day Care ☒ Elective ☐ Emergency

Blood Group : B+ Height: 51 cms Weight: 33 Kgs

Pre-Operative Diagnosis:

RHD SEVAR

Proposed Surgery:

AVR

Anaesthetic Plan

GA + RA

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

History of Present illness:

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

Palpitation

COMORBIDITY

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

Present Medication :

T. Perind 130

Anti Platelet Stopped on :

Previous Surgery :

- Physical Examination :** WNL
☐ JAUNDICE ☐ PEDEL OEDEMA
☐ CYANOSIS ☐ CAROTID BRUIT
☐ CLUBBING

SYSTEMIC EXAMINATION

CVS: S1+S2+PM2
RS: WBS2

CNS: ANW
Others:

HR: 68 NIBP: 110/72 SPO2: 99+ TEMP: Full

INVESTIGATION

HB: 14.2 T.BILIRUBIN: 0.32 T3: 146 SEROLOGY: negative
PLAT: 412 I.D.: 0.14 T4: 10 Urine: AO
TC: 8.800 D.: 0.23 TSH: 3.76 Others: 1:375
UREA: 22 T-PROTEINS: 7.9 HBA1C: —
CREAT: 0.56 S.ALBUMIN: 4.7 RBS: 138
Na+: 140 PTT/INR: 12.7/1.6 CRP: 0.5
K+: 3.69 APTT: —

ANGIO

ECG: ASR
HR-75/m. LVI

CXR: WNL

ECHO: GBV+ 321
NO RVN
An-21m. LVD D-4/
Sev AR. PIH -54 S-30

AIRWAY

Teeth: N
Mallampatti class: II
Mouth Opening: adrenal
Neck Movement: no
TM Distance: 5.5

CAROTID DOPPLER

Other Opinions:

Pre OP Instruction :

NPO From: 12MN

Pre Medication :

Night Before Surgery: Tham 150mg
T. Apo 0.5mg
Day of Surgery: T. Apo 0.5mg at 6 AM
Special Instruction: WNL

Blood Reservation

PCV: 20

Platelet:

FFP:

CRYO:

Whole Blood:

Remarks:

Dr. JEEVANANDAM

Reg. No: 83722

Anaesthetist Name with Reg.No.:

Dr. JEEVANANDAM

Signature: [Signature]

Date: 11/12/23

Anaesthetist: DR. AJEETHA
DR. PRAVEEN

Surgeon: DR. RAJESH

Anaesthesia Technique
☒ GA ☒ Regional ☐ Others

PRE INDUCTION ANAESTHESIA RECORD

MONITORS AND EQUIPMENTS

GENERAL ANAESTHESIA

Pulse: 92 BP: 100/60 RR: 16 f/min

Sensorium: oriented

Sign-in Completed: ☒ Yes ☐ No

Equipment Checked: ☒ Yes ☐ No

Sign: Aet. No: 86516 Name: PRAVEEN

Time: 9.30

PATIENT SAFETY

Position on Table: supine

Pressure points checked & Padded: ☐ Yes ☐ No

Eye Care: ☒ Yes ☐ No

Safety Belt: ☐ Yes ☒ No

Warming Blanket: ☒ Yes ☐ No

Fluid Warmer: ☐ Yes ☒ No

TED Stockings: ☐ Yes ☒ No

Sequential Compression / Decompression:
☐ Yes ☒ No

☐ NIBP ☐ Left ☐ Right

☒ ECG ☒ Pulse Oximeter ☒ End Tidal CO₂

☐ Gas Analyzer ☐ Oxygen Sensor

☐ Disconnect ☒ Temperature Probe

☒ Foley Catheter ☐ Nerve Stimulator

☒ TEE ☐ Others:

☒ EVC Type: 3 lumen Site: Rt IJV

☒ Standard Asepsis ☐ USG Guidance

☐ Complications: ☐ Yes ☒ No

If Yes, details:

☒ Arterial Line - Type: 26 gauge Site: Rt RA

☒ PVC Type: 16 gauge Site: Rt IJ

☐ PVC Type: Site:

☐ Others:

INDUCTION:

☒ Pre O₂ ☐ Rapid Sequence ☐ IV

☒ Inhalation - Agent used: Propofol

Mode of Ventilation: ☐ Spontaneous ☐ Controlled

AIRWAY MANAGEMENT:

Intubation: Oral Nasal ETT Size: 6.0 Type: WETT

CL Grade: I/II/III/IV Secured at: 18 cm

Any difficulties and accessories:

Throat Pack: ☐ Yes ☒ No ☐ Removed

NG / OG Tube: ☒ Yes ☐ No

OTHER AIRWAY DEVICES:

☐ LMA Type & Size:

☐ Via Tracheostomy ☐ Face Mask ☐ Nasal Prongs

☐ Others:

Antibiotic / Dose / Time

INS. CEFUROXIME 1.1 gm @ 10.15

Reversal of Anaesthesia

DRUGS

PROPOFOL 2

MIDAZOLAM 100

FENTANYL 100

MORPHINE 1

VECURONIUM 2

ETOMIDATE 8

KETAMINE

SUXA/ROCURONIUM

CISATRACURIUM/ATRACURIUM

SEVOFLURANE

Air No 52

Time 9.30 10.00 10.30 11.30 12.30 12.30 14.30

Systolic V 200

Diastolic A 180

Pulse 160

Resp. 120

Operation 100

Temp X 40

SP02 100%

CVP 5

PAP 6

ETCO2 32

Urine Output 200ml

PH 7.42

PCO2 37.8

PO2 100

Na+ 137

K+ 3.8

HCT 44

RBS

LAC

BE 0

HCO3 24.4

| START | | STOP | | FLUID TRANSFUSED | | BLOOD PRODUCTS | |
|------------------------------|--------------|---------|------------------|----------------------------|---------------------------------|----------------|------|
| ANAESTHESIA | 9.45 | 13.40 | CRYSTALLOID | COLLOID | 1 @ PRBC (4277) (Added on pump) | | |
| PROCEDURE | 10.45 | 13.35 | KABILYTE 500 | NIL | | | |
| CPB 11.12 - 12.23 - 81 min | | | | | | | |
| AXC 11.17 - 12.18 - 61 min | | | | | | | |
| CUF: 1200 MUF: | | | | | | | |
| HEPARIN | | | PRESSURE MONITOR | | | | |
| DOSE | TIME | ACT | PRE OP | | | | |
| 125 | 10.56 | 446 sec | PA | RV | PCWP | | |
| | | | ABP | | | | |
| PROTAMINE | | | POST OP | | | | |
| DOSE | TIME | ACT | PA | RV | PCWP | | |
| 150 | 12.50 | 111 | ABP | | | | |
| INOTROPES & INFUSIONS | | | | | | | |
| DRUG | DOSE | START | END | DRUG | DOSE | START | END |
| DILUTION | (RANGE) | TIME | TIME | DILUTION | (RANGE) | TIME | TIME |
| NOR ADRENALINE | 0.02 to 0.05 | 12.20 | 13.00 | | | | |
| 4mg/50cc | mg/kg/min | | | | | | |
| NTG | 0.5mg to 1mg | 12.30 | 12.40 | | | | |
| 25mg/25cc | mg/kg/min | | | | | | |
| REGIONAL ANAESTHESIA YES/NO | | | | IABP: Pre CPB | | | |
| DETAILS: ESPB 20ml + 20ml BL | | | | Post CPB | | | |
| Inj: Ropivacaine 0.25% | | | | Aortic valve - MOD-sev | | | |
| Inj: Dexmedetomidine 50 mcg | | | | ECMO: Eccentric AR ⊕ | | | |
| | | | | annulus 23mm | | | |
| | | | | Sten 31mm | | | |
| | | | | TEE: tri-aspd leaflets | | | |
| | | | | Mitral valve - Thickened | | | |
| | | | | mod Eccentric MR ⊕ | | | |
| | | | | vc 0.3mm | | | |
| | | | | tri-aspd valve - mild/mod | | | |
| | | | | TR max 1.7m/s | | | |
| | | | | 0.4m/s | | | |
| | | | | Aortic coarctation | | | |
| | | | | ⊙ re function | | | |
| REMARKS / CRITICAL EVENTS | | | | Aortic mitral valve | | | |
| | | | | Open well | | | |
| | | | | no paravalvular leak | | | |
| | | | | Grading max 11 | | | |
| | | | | max 5 | | | |
| | | | | Mitral valve - mild MR ⊕ | | | |
| | | | | Tri-aspd valve - mild TR ⊕ | | | |
| | | | | Adequate LV function | | | |
| | | | | ⊙ re function | | | |
| ANAESTHESIOLOGIST NAME : | | | | SIGNATURE | | | |
| REG.NO. | | | | Reg. No. 3017 | | | |

POST OPERATIVE PLAN

Transfer to: ☒ SICU ☐ Others, specify: _____

Arrival in Recovery / ICU Time: 18.45

SpO₂: 100% HR: 96 beats/min Rhythm: SINUS RR: 12 breaths/min

ABP: 113/67 mmHg CVP: 4 mmHg PAP: — mmHg C.O.: — L/min

Conscious state: sedated Pain score: —

VENTILATOR SETTINGS: (SIMV + PS)

TV: 30

RR: 12

FiO₂: 50

PEEP: 5

IONOTROPES:

nil

POST OP ORDERS:

TO DO ACT, ABG

* TO DO chest - x-ray

* wean and extubate patient getting 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 | <u>1</u> |
| | No | <u>0</u> |
| Breathing | Able to breath deeply and cough freely | <u>2</u> |
| | Dyspnea, shallow or limited breathing | <u>1</u> |
| | Apnea | <u>0</u> |
| Consciousness | Fully awake | <u>2</u> |
| | Arousable on calling | <u>1</u> |
| | unresponsive | <u>0</u> |
| Circulation (Blood Pressure) | +20% of pre-anaesthesia level | <u>2</u> |
| | +20% to 49% of pre-anaesthesia level | <u>1</u> |
| | +50% of pre-anaesthesia level | <u>0</u> |
| SPO ₂ | Maintains SPO ₂ >92% in ambient air | <u>2</u> |
| | Maintains SPO ₂ >90% with O ₂ | <u>1</u> |
| | Maintains SPO ₂ <90% with O ₂ | <u>0</u> |

Total Score: 10

Patient fit for discharge:

☒ YES ☐ NO

Anaesthetist Name & Reg.No.:

DR. ALBERTA R.K.
Reg. No. 6397

Signature

OPERATION NOTES

| | | | |
|----------------------|-----------------------|---------------|----------------------------|
| NAME: | MAST. SIVAGURU.S | AGE/GENDER: | 13 Years / MALE |
| UHID NO: | MHI202381075 | IP NO: | IPH202302423 |
| DOA: | 02/12/2023 | DOS: | 07/02/2023 |
| SURGEON: | DR. RAJESH | ANESTHETIST: | DR. SYLVESTER/DR. PRAVEEN |
| ASSISTED BY: | DR. PRAVEEN JEYAKUMAR | PERFUTIONIST: | MS. SAI PREETHI/MS. DHIVYA |
| PHYSICIAN ASSOCIATE: | MS. SAIKUMARI | SCRUB NURSE: | MR. SASIKUMAR |

DIAGNOSIS:

RHEUMATIC HEART DISEASE

SEVERE AORTIC REGURGITATION.

MILD MITRAL REGURGITATION.

ADEQUATE LEFT VENTRICULAR FUNCTION.

SINUS RHYTHM

CLASS II ANGINA

SURGERY DONE:

AORTIC VALVE REPLACEMENT USING 21MM ST. JUDE MASTER SERIES VALVE.

FINDINGS:

Aortic valve : Trileaflet, thickened, rolled up edges, especially RCC,LCC, Eccentric regurgitation

Aortic annulus : Normal

No evidence of infection.

Supra annular placement – pledgets on LVOT side



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

PROCEDURE:

Median sternotomy. Pericardium marsupialised. Systemic heparinisation. Cardiopulmonary bypass established by aortic and double staged single venous cannulation.

Aorta cross clamped. Left ventricle vented through right superior pulmonary vein. Transverse aortotomy done. Antegrade hypothermic delnido cardioplegia given through coronary ostia.

Native aortic valve inspected and excised.. 21mm St.Jude Master series valve replaced in aortic position with 2-0 Ticron interrupted pledgetted mattress sutures. Aortotomy closed in two layers with 5-0 prolene sutures. Left atrial vent site closed. Hot shot given through aortic root. . Heart deaired with aortic root vent.

Aortic cross clamp released. Heart picked up in sinus rhythm. Rewarmed fully. Weaned off bypass gradually. TEE showed no paravalvar leak with good prosthesis function. Protamine administered. Hemostasis secured. Pericardium reapproximated partially. Routine chest closure done with one drain tube insitu.

CPB- 81mins

ACC- 61mins

Supports:

He was shifted to ICU nil supports.

CONSULTANT SIGNATURE

Dr. V. Rajesh, MS, M.Ch (CTVS)

Senior Consultant Cardiothoracic and Vascular Surgery

Dr. V. RAJESH

Reg No : 62791

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

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



94457 94457
1800 572 3003

Medway Group of Hospitals

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

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

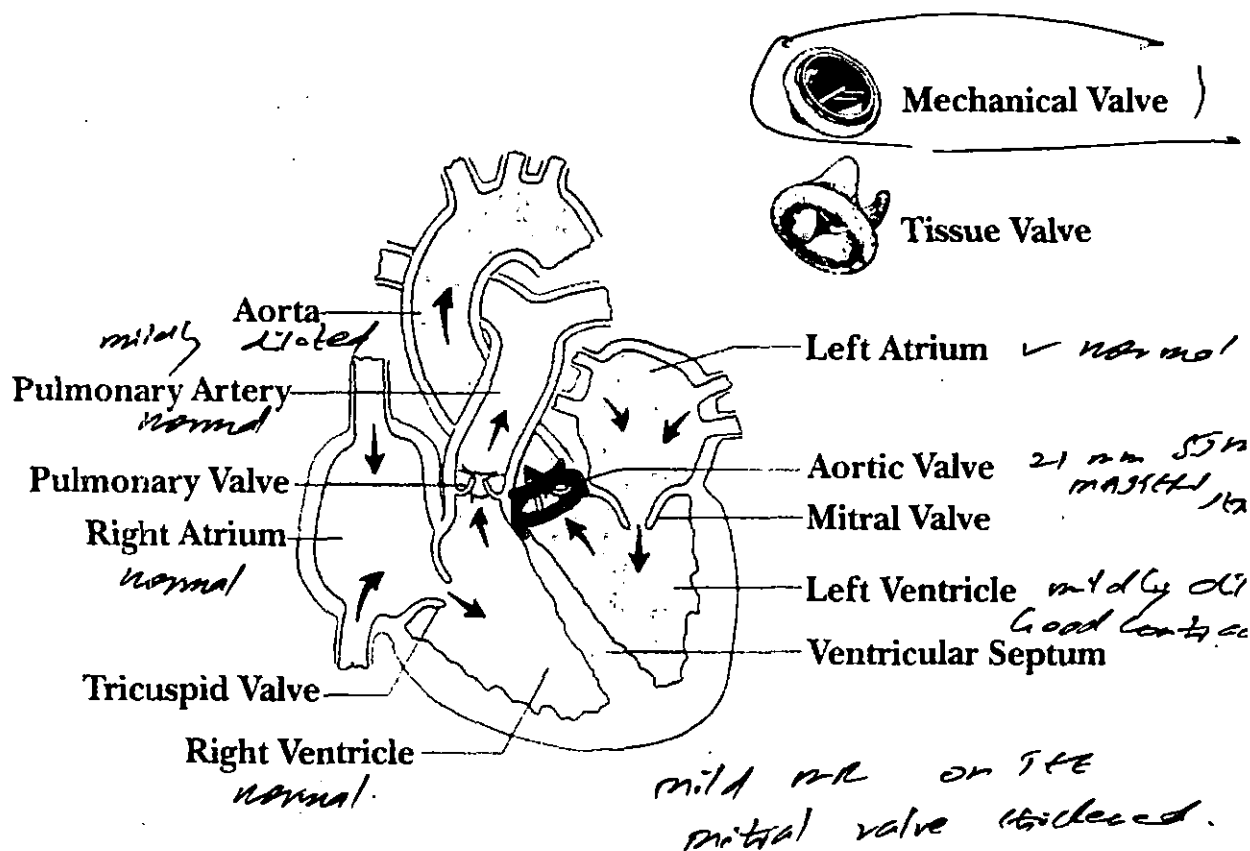
Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118

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

11: Rheumatic Heart Disease / Severe Aortic Regurgitation,
mild mitral Regurgitation /
Adequate LV systolic function
Normal rhythm / MHA done



Aortic valve - bicuspid, thickened,
rolled-up edges especially RHC, LCC
Aortic regurgitation.

- Aortic annulus normal.

- No evidence of infection.

- Regurgitant placement - pledget on LV side

Name MARIN. S. SIVAGURU 13/M UHID. No. MM 202387075


Operation Performed Median Sternotomy, Aortic valve

Replacement using 21 mm B. Jude Medical

MARIN done mechanical valve

✓

Implantation Record

Master: SIVAGURU.S
13/Male/MHI202381075
02/12/2023/IPH202302423
Dr. RAJESH.V


Date of Procedure / Surgery : 7/12/2022 - AVR (open heart)

Nature of Procedure / Surgery : AVR (open heart)

Name of the Implant : SJM masters series

Site of Implantation : Aortic

Name of the Consultant / Surgeon : Dr. RAJESH



Size : 21mm

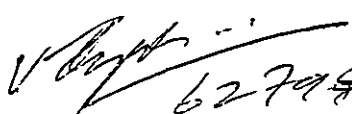
Batch No. : 21438841

Manufacturer Date : 2022/09/10

Expiry Date : 2028/09/08

Implantation Stickers :

SJM™ Masters Series Mechanical Heart Valve 

(01)35414734053884(17)280408(21)31438841
REF 21AECJ-602 SN 31438841 2028 01 08


62794

Signature of the Doctor with Registration No.


Name of the Patient / Relative :

Signature :

Date :

Time :

PATIENT'S INFORMATION SHEET

| | | | | | | |
|-----------------------------------|---|--|------------|---------------------------|--------------|-----------------|
| NAME | Master.SIVAGURU.S | | AGE / SEX | 13/m | UHID NO | 202381075 |
| | 13/Male/MHI202381075 02/12/2023/IPH202302423 | | | | | |
| | Dr.RAJESH.V | | SURGEON | Dr. RAJESH | ANAESTHETIST | Dr. JEEVANANDAM |
| |  | | | | | |
| DIAGNOSIS (In Capital Letters) | | | 1. | RHD / SEVERE AR. | | |
| | | | 2. | NORMAL LV FUNCTION EF-52% | | |
| | | | 3. | MILD MR / TRIVIAL TR | | |
| | | | 4. | | | |
| | | | 5. | | | |
| | | | 6. | | | |
| | | | 7. | | | |
| | | | 8. | | | |
| PRESENT PROCEDURE/ SURGERY | | | AVR & GA | | | |
| PREVIOUS PROCEDURE/ SURGERY | | | | | | |
| CONTACT NO. & RELATIONSHIP | | | 1. | SAKTHI (FATHER) | | 2. |
| | | | 994392003A | | | |

MEDICATION HISTORY

| S.No | STARTED ON | PAST MEDICATION (On Admission) | Dose | Route | Frequency | STOPPED ON |
|------|------------|-----------------------------------|---------|-------|-----------|------------|
| 1 | 20/11/23 | T. PENICILLIN | 250mg | P/O | 1-0-1 | - |
| 2 | 2/12/23 | T. LASILACTONE | 20/50mg | P/O | 1/2-0-0 | - |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

| S.No | STARTED ON | CURRENT MEDICATION (After Admission) | Dose | Route | Frequency | STOPPED ON |
|------|------------|---|---------|-------|-----------|------------|
| 1 | 20/11/23 | T. PENICILLIN | 250mg | P/O | 1-0-1 | Continue |
| 2 | 2/12/23 | T. LASILACTONE | 20/50mg | P/O | 1/2-0-0 | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

ANY RELEVANT INFORMATION:


| | | | |
|--|--|----------------------------|--------------------------|
| Admission / OT Receipt Date and Time : 2/12/23 From : Admission To : 202 | 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 : 7/12/23 From : 203 To : CTOT | 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 |
| 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 / EJL | 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>5/12/22</p> <p>20 per reservation done confirmed in blood bank stuff.</p> <p>OK 6/11/22</p> | | | |

Master.SIVAGURU.S
13/Male/MHI202381075
02/12/2023/IPH202302423

T'S INFORMATION SHEET

| | | | |
|-----------------------------------|---|--------------|---------|
| NAME | Dr. RAJESH.V  | AGE / SEX | UHID NO |
| CONSULTANT | SURGEON | ANAESTHETIST | |
| DR. RAJESH | DR. RAJESH | DR. AJEETHA | |
| DIAGNOSIS (In Capital Letters) | 1. RHD SEVERE AR | | |
| | 2. NORMAL LV FUNCTION | | |
| | 3. MILD MR TRIVIAL TR | | |
| | 4. EF - 50% | | |
| | 5. | | |
| | 6. | | |
| | 7. | | |
| | 8. | | |
| PRESENT PROCEDURE/ SURGERY | AVR Z 21mm ST. JUDE MASTER SERIES VALVE | | |
| PREVIOUS PROCEDURE/ SURGERY | — | | |
| CONTACT NO. & RELATIONSHIP | 1. Mrs. SUBU (WIFE) 8526820775 | | |
| | | 2. | |

N.NO:- 6/545

CMS (CAT)

MEDICATION HISTORY

| S.No | STARTED ON | PAST MEDICATION (On Admission) | Dose | Route | Frequency | STOPPED ON |
|------|------------|-----------------------------------|---------|-------|-----------|------------|
| 1 | 8/12/23 | TAB. FROSEMIDE | 40mg | P/O | 1/2-0-0 | 31/12/23 |
| 2 | 2/12/23 | TAB. ENALAPRIL | 2.5mg | P/O | 1-0-1 | 2/12/23 |
| 3 | 2/12/23 | TAB. LABILACTONE | 20/50mg | P/O | 1/2-0-0 | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

| S.No | STARTED ON | CURRENT MEDICATION (After Admission) | Dose | Route | Frequency | STOPPED ON |
|------|------------|---|--------|-------|-----------|------------|
| 1 | 7.12.23 | Syr. SUCRALFATE | 15ml | P/O | 1-1-1 | |
| 2 | 7.12.23 | INJ. LEVULIN | 0.63mg | IN/H | 96H | |
| 3 | 8.12.23 | T. FROSEMIDE | 40mg | P/O | 1-1-0 | |
| 4 | 8.12.23 | T. BEPLEX FORTE | 1TAB | P/O | 1-0-0 | |
| 5 | 8.12.23 | T. ASPIRIN | 75mg | P/O | 0-1-0 | |
| 6 | 8.12.23 | T. PARACETAMOL | 500mg | P/O | 1-0-1 | |
| 7 | 8.12.23 | T. METOPROLOL | 12.5mg | P/O | 1-0-1 | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

ANY RELEVANT INFORMATION:

| | | | |
|---|---|--------|------|
| Admission / OT Receival Date and Time : 07/12/23 @ From : OT To : SDW | Condition of the Patient : <div style="text-align: right; margin-right: 50px;">ON VENT</div> 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated | | |
| Transfer Out Date and Time : 9/12/23 From : SDW 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 | Year | Months | Days |
| | — | | |
| | — | | |
| | — | | |
| 4) Known Case Of Others | — | | |
| Denture | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent | | |
| Allergic Reaction : Drugs/Food | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Drug / Food Name : | | |
| Pressure Ulcer Present | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Grade : 1 / 2 / 3 / 4 & Site: | | |

ANY RELEVANT INFORMATION:

| | | | Sign With Date |
|--|---|---|--|
| Peripheral Cannulation | 1. Site: <u>RT CUBITAL</u> 2. Site: 3. Site: | 1. Inserted Date and Time <u>07/12/23 @ 9.30</u> 2. Inserted Date and Time 3. Inserted Date and Time | 1. Removed on : <u>11/12/23 @ 18.30</u> 2. Removed on : 3. Removed on : |
| Neck Line : IJL / EIJL | Site: <u>RT IJV</u> | Inserted Date and Time <u>07/12/23 @ 9.40</u> | Removed on <u>07/12/23 at 12.40</u> |
| Arterial Line : Right/Left | Site: <u>RT RADIAL</u> | Inserted Date and Time <u>07/12/23 @ 10.00</u> | Removed on <u>08/12/23 at 9.30</u> |
| 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 <u>07/12/23 @ 13.00</u> 2. Pleural Right / Left : Inserted Date and Time | Removed on <u>08/12/23 @ 9.20</u> Removed on | <u>02/20</u> |
| Urinary Catheterization | Inserted Date and Time <u>07/12/23 @ 9.50</u> | Removed on <u>09/12/2023 at 04.45</u> | <u>02/26</u> |
| Nasal / Oral Gastric Tube | Inserted Date and Time <u>07/12/23 @ 12.45</u> | Removed on <u>07/12/23 @ 15.00</u> | <u>02/20</u> |
| Intubation Date and Time <u>07/12/23 @ 12.30</u> | Extubation Date And Time <u>07/12/23 @ 15.00</u> | Reintubation Date And Time | |
| Other Information | <p>PATIENT CAME WITH THE COMPLAINTS OF PALPITATION ON 07/12, CHEST PAIN (W) FURTHER MEDICATION</p> <p>* ECG DONE ON 02/12/23</p> <p>* CXR DONE ON 29/11/23</p> <p>* ECHO DONE ON 29/11/23</p> | | |

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

Master.SIVAGURU.S

13/Male/MHI202381075

02/12/2023/IPH202302423

Dr. RAJESH.V



Name of the Procedure : AVR (open heart) Location : CT-OT - II Date & Time : 7/12/23 @ 13:40

Does the Procedure involve Procedural Sedation : ☒ Yes ☐ No

| | | | | | |
|---|--|--|---|--|---|
| SIGN IN <u>9:30</u> Before Induction of Procedural Sedation | | TIME OUT <u>10:45</u> After procedural Sedation and before procedure | | SIGN OUT <u>13:40</u> When Doctor indicates that the Procedure is completed | |
| (Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure) | | (Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure) | | | |
| Patient Confirmation | | All team members introduce themselves by Name and Role | | To be done for each procedure in case of multiple procedures | |
| Identity by two identifiers | <input checked="" type="checkbox"/> Yes | Identity by two identifiers | <input checked="" type="checkbox"/> Yes | Name of the Procedure done written down | <input checked="" type="checkbox"/> Yes |
| Procedure | <input checked="" type="checkbox"/> Yes | Procedures | <input checked="" type="checkbox"/> Yes | Name and site of all specimens / investigations | <input type="checkbox"/> Yes <input type="checkbox"/> NA |
| Side | <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA <u>Chest</u> | Side | <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA | confirms labeling and sent to lab | |
| Consent | <input checked="" type="checkbox"/> Yes | Position | <input checked="" type="checkbox"/> Yes <u>supine</u> | Any recovery concerns : If Yes, Pls. specify : | <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 | | |
| | | 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 | <u>Prophylaxis</u> | Any Equipment / instrument problem that needs to be addressed : If Yes, Pls. specify : | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None |
| | | Venous Thromboembolism Prophylaxis Provided | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA | | |
| All concerned anesthesia equipment and medication check complete | <input checked="" type="checkbox"/> SpO2 <input checked="" type="checkbox"/> NIBP <input type="checkbox"/> Others pls. specify | Anticipated duration briefed | <input checked="" type="checkbox"/> Yes | | |
| Pre OP medication taken | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Anticipated blood loss briefed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA | | |
| | | Adequate fluids and blood available | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA | | |
| Required equipment for procedure available | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA | Team briefed on any critical or unexpected steps | <input checked="" type="checkbox"/> Yes | | |
| | | For procedural sedation cases | | | |
| | | Any patient specific concerns : | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None | | |
| | | Intra procedure glycemic control | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | | |
| | | Any concerns about sterility | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None | | |

| | | | | |
|---|---|--|--|---|
| Anaesthetist / Doctor giving Procedural Sedation <u>Dr. AJ</u> | Doctor performing the Procedure <u>Dr. RAJESH</u> Senior Consultant | Nurse : <u>R/N SANKUMAR</u> | Technician : <u>Dr. SATHYA</u> | Others Please Specify : <u>Dr. INC. CHRISTINA</u> |
| Date : <u>7/12/23</u> Time : <u>13:40</u> | Date : <u>7/12/23</u> Time : <u>13:40</u> | Date : <u>7/12/23</u> Time : <u>13:40</u> | Date : <u>7/12/23</u> Time : <u>13:40</u> | Date : <u>7/12/23</u> Time : <u>13:40</u> |



CONSENT FORM - PHYSIOTHERAPY

I, Master - Sivaguru the ☒ Patient or ☐ representative of patient have (please tick the correct option above and below):

☐ Read

☒ 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:

DBES, Chest percussion,
Spirometry, AROM Ex's, Mobilization

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

TO Improve IPROM, TO Improve Chest Expansion,
TO Clear out Lung Secretion, TO Improve ADL

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

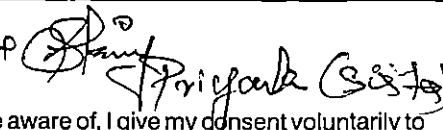
Pain

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

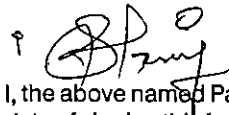
Nil

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.

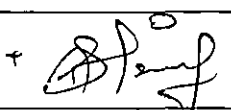
Signature of Patient / Patient's Relative (only if Patient is unable to sign):


Priyanka (Sister)

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

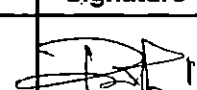
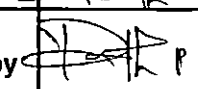


I, the above named Patient / named patient's representative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

| | Signature / Thumb Impression* | Name | Date | Time |
|---|---|---|---------|-------|
| Patient | | | | |
| Surrogate/Guardian (if applicable #) |  | Priyanka's (Sister) (Write name and relationship with patient) | 7/12/23 | 15:50 |
| Reason for surrogate consent | Patient is unable to give consent because: | | | |
| Witness | D. Sheeba | D. Sheeba | 7/12/23 | 15:00 |
| Interpreter (if applicable) | | | | |

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

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

| | Signature | Name | Reg. No. | Date | Time |
|------------------------|---|--------------|----------|---------|-------|
| Consent obtained by |  | Ramanathan P | 0260 | 7/12/23 | 15:00 |
| Procedure performed by |  | Ramanathan P | 0260 | 7/12/23 | 15:00 |



IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

Chief Complaints:

H/o Palpitation on L abd x 4 days
H/o chest pain. on R abd x 3 days

Occupation: ☐ Heavy Activity ☒ Moderate Activity ☐ Light Activity

Past Medical / Surgical History:

H/o Fever at the age of 8 yrs
H/o Rheumatic heart disease x 5 yrs on medication

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 NA

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: NA

☐ 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): NA

☐ Traumatic ☐ Non Traumatic

☐ Mild ☐ Moderate ☐ Severe

☐ Conscious ☐ Unconscious

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

Spine Injury: ☐ Present ☒ Absent

AIS:ISNCSCI SCALE:

☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx

Associated Injuries: Speech impaired: ☐ Yes ☒ No

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

ASHWORTH SCALE:

☐ Tightness ☐ Contracture ☐ Deformity ☐ Sensory Deficit

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

Functional Activities

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

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

FIM Score:

Breathlessness (If applicable):

Dyspnoea Grading Scale: _____

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

Abnormal Breathing Pattern: _____

Pain Assessment: Pain: ☒ Yes ☐ No

Pain Score: *Nil*

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

☒ Pain Scale ☐ Critical Care Pain Observation Tool ☐ FLACC

Location: *Chest/abdomen* Duration: *3 days* Frequency: *on & off* Character: *Intermittent*

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

☒ Sharp ☐ Cramping ☐ Stabbing ☐ Crushing

Aggravating Factors:

on exertion

Relieving Factors:

at rest

Examination (Please tick and mention abnormal findings only):

☐ Range of Motion:

Normal

☐ Muscle Strength:

Normal

☐ Reflexes:

Normal.

Plantar Response: ☐ Diminished ☒ Brisk ☐ Clonus

Biceps: ☐ Diminished ☒ Brisk ☐ Clonus

Triceps: ☐ Diminished ☒ Brisk ☐ Clonus

Supinators: ☐ Diminished ☒ Brisk ☐ Clonus

Knee: ☐ Diminished ☒ Brisk ☐ Clonus

Ankle: ☐ Diminished ☒ Brisk ☐ Clonus

Sensation: Good.

Investigation & Findings:

RH D, severe AR, Normal LV function, mild MR,
Trivial TR, EF - 52%.

Physiotherapy Management Plan:

- J3 R1 Pericarditis due
- chest pain due to ple chest wall
- Spontaneously enlarged
- Allergic to ple ulcer
- To improve ADL

| | Signature | Name | Emp. No. | Date | Time |
|-----------------|-----------|-----------------|----------|----------|-------|
| Physiotherapist | J. Vign | J. VIGNAYARAGAN | 2102 | 07/12/23 | 19:00 |

RE-ASSESSMENT FORM

Date &
Time

Fall Risk Score: —

Pain Score: 3/10

9/12/23
&
10:00

- Instruct Site pain encouraged
- Sprometry su encouraged
- Ins: brace Bxpr brace
- Chest percussion to Bk chest wall
- Aron to Bk neck
- Mobilization
- To improve Joint Rom
- To improve lung capacity & function
- To improve breathing
- To clear out lung secretion

Post Intervention Pain Score: 3/10

Treatment Care & Plan:

Post operative cardiac Pulmonary
Rehabilitation

Physiotherapist

Signature

G. B. Arab

Name

ARASH G.B

Emp. No.

0056



PHYSIOTHERAPY TREATMENT CHART

| DATE | TIME | PHYSIOTHERAPY TREATMENT | REMARKS |
|---------|-------|--|---|
| 7/12/23 | 15:20 | <p><u>S/B Apash</u></p> <ul style="list-style-type: none"> - ET / Oral / Nasal Suctioning done yielded thick Secretions - Pt Extubated and Connected to O₂ mask - (5L - O₂) - Pt voice clear & Audible - DBE's encouraged - Chest percussion to B/c Chest wall - ABOM G's to B/c U & L - Spirometry G's encouraged In: 6000 Sp: 6000 | <p><u>PHI</u> MH10260</p> |
| 7/12/23 | 21:00 | <p><u>S/B J. V. DAYARAGAN</u></p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion due to B/c Chest wall - Spirometry B/c encouraged In: 6000 RR: 6000 - Active B/c to B/c U & L | <p><u>J. V. Dayaragan</u> MH10260</p> |



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Master.SIVAGURU.S

13/Male/MHI202381075

02/12/2023/IPH202302423

Dr.RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

| DATE | TIME | PHYSIOTHERAPY TREATMENT | REMARKS |
|---------|-------|--|-------------------------------------|
| 8/12/23 | 6:00 | <p><u>S/B J. V. JAYARAGAN</u></p> <ul style="list-style-type: none"> - DB's encouraged - Chest percussion over to BL chest wall - Spirometry enl encouraged - Ins: 600cc Exp: 600cc - Active ex's to BL UL & LL | <p>J. V. J.</p> <p>MHI-262</p> |
| 8/12/23 | 9:00 | <p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> - DB's encouraged - Spirometry enl encouraged - Ins: 600cc Exp: 600cc - Chest percussion to BL chest wall - ARM to BL UL & LL | <p>G. K. Akash</p> <p>MHI0256</p> |
| 8/12/23 | 17:00 | <p><u>S/B Ramarathan . I</u></p> <ul style="list-style-type: none"> - DB's encouraged - Chest percussion to BL chest wall - ARM to BL UL & LL - Spirometry enl encouraged - Ins: 600cc Exp: 600cc - Pt Chair mobilised | <p>S. Ramarathan</p> <p>MHI0265</p> |



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13/Male/MHI202381075

02/12/2023/IPH202302423

Dr.RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

| DATE | TIME | PHYSIOTHERAPY TREATMENT | REMARKS |
|----------|-------|--|-------------------------------|
| 08/12/23 | 21:00 | <p><u>S/B J. VIJAYARAGHAVAN</u></p> <ul style="list-style-type: none"> - DSE's encouraged - chest percussion done to BL chest wall - Spirometry ex's encouraged Ins-600cc Exp-600cc - Active ex's to BL UL & LL | <p>Family</p> <p>MMC-2102</p> |
| 09/12/23 | 6:00 | <p><u>S/B J. VIJAYARAGHAVAN</u></p> <ul style="list-style-type: none"> - DSE's encouraged - chest percussion done to BL chest wall - Spirometry ex's encouraged Ins-600cc Exp-600cc - Active ex's to BL UL & LL | <p>Family</p> <p>MMC-2102</p> |
| 9/12/23 | 9:30 | <p><u>S/B ALAN</u></p> <ul style="list-style-type: none"> - encouraged encouraged - Spirometry ex's encouraged Ins: 600cc Exp: 600cc - chest percussion to BL chest wall - from to BL UL & LL | <p>Gr. </p> <p>MHI0256</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:

- | | |
|-----------------|--|
| ✓ Red Cells | 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
Date

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

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

Time: 18:00

Date: 6/12/23

Doctors 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 |
| நட்டணுக்கள் | 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, வாங்கி இரத்தம்தான் பயன்படுத்தப்பட வேண்டியிருக்கும். நேரம் கிடைக்கும் பட்சத்தில் சுய தானமளிப்பதற்கு வாய்ப்புள்ளது.
2. தேசிய விதிமுறைகளுக்கேற்ப கவனத்துடன் முன்சோதனை செய்யப்பட்டிருந்தாலும், உயிருக்கு ஆபத்தை விளைவிக்கக்கூடிய தொற்றுக்கான எய்ட்ஸ் ஹெபடைடிஸ் 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 இறப்பு 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 இருப்பதினாலும் அபாயங்கள், பயன்படுத்தவிருக்கும் செயல்முறைகள், மற்றும் இதிலுள்ள இடர்கள் மற்றும் அபாயங்கள் ஆகியவை பற்றிய கேள்விகள் கேட்பதற்கு எனக்கு வாய்ப்பிருந்தது. மேலும் தகவலறிந்த நிலையில் முடிவெடுப்பதற்கு ஏற்ப எனக்கு போதிய விவரங்கள் தெரிந்திருந்தன என்று நான் நம்புகிறேன்.
5. முறையான மருத்துவ பராமரிப்பின் பொருட்டு, இரத்தம் மற்றும் / அல்லது அதன் பாகங்கள் செலுத்தப்படுவதற்கு நான் ஒப்புக்கொள்வதுடன், எனது கையொப்பத்தின் மூலம் எனக்கு அல்லது நோயாளிகளுக்கு இரத்தப் பொருட்கள் செலுத்தப்படுத்துவதற்கு என் ஒப்புதலை அளிக்கிறேன். இதே நோய் தொடர்பாக, இரத்தப் பொருட்கள் செலுத்தப்படுவதற்கான எதிர்காலத் தேவைக்கு வாய்ப்புள்ளது மற்றும் அது தொடர் அடிப்படையில் இருக்கலாம் என்று எனக்குத் தெரிவிக்கப்பட்டிருக்குமானால், இந்த மருத்துவமனை சேர்ப்பின் குறிப்பிட்ட காலத்தில் முடிவடையும் வகையில் அல்லது இந்நோயின் முழுமையான காலகட்டத்திற்கும் தேவையான கூடுதல் இரத்தப் பொருட்கள் செலுத்தப்படுவதற்குரிய ஒப்புதலையும் இத்தகவலறிந்த ஒப்புதல் மூலம் வழங்குவதற்கு நான் ஒப்புக் கொள்கிறேன்.

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

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

நேரம் :

நோயாளியின் பெயர் :

மருத்துவரின் கையொப்பம்.....

தேதி :

இந்த ஒப்புதல் படிவம் கையெழுத்திடப்பட்ட நேரத்திலிருந்து 72 மணி நேரத்திற்கு மட்டும் செல்வதற்காகும் ;

MEDWAY HOSPITALS BLOOD CENTRE

(A Unit of United Alliance Healthcare Pvt. Ltd.)

Patroned by RYA COSMO UGTA FOUNDATION

Ground Floor, New No. 8, Old No. 22, 4th Cross Street, Trustpuram, Kodambakkam, Chennai - 24. Ph : 72990 57877

LICENCE NO : 473 / 28C

BLOOD DONOR SCREENING & CROSS MATCHING REPORT

Recipient's Name : MASTER SIVAGURU S

Age / Sex : 13y/M

I.P. Number : 2423

Hospital : MEDWAY HEART INSTITUTE

Ref. by Dr. : DR. RAJESH V

Date : 07/12/2023

DONOR

| | |
|----|----------|
| B' | POSITIVE |
| | NEGATIVE |

Blood Group / Sub Group
Rh Type

RECIPIENT

| | |
|----|----------|
| B' | POSITIVE |
| | NEGATIVE |

UNIT PARTICULARS

Blood Bag No. : 4277

D.O. Collection : 06/12/2023

D.O. Expiry : 17/01/2024

CROSS MATCHING

Saline Cross Matching

☒

Bovine Albumin Cross Matching

☐

Coombs Cross Matching

☒

Gel Method

☒

COMPONENT

1. Whole Human Blood I.P.

☐

2. Fresh Frozen Plasma BP 93

☐

3. Packed Red Blood Cell I.P.

☒

4. Platelet Concentrate I.P.

☐

Apheresis

5. Plateletpheresis

☐

6. Leucapheresis

☐

7. Plasmapheresis

☐

BLOOD IS CHECKED FOR

ABO Grouping / Sub Grouping

☒

Rh Typing

☒

Haemoglobin Content

☒

PCV Determination

☒

BLOOD IS NEGATIVE FOR

HIV 1 & 2

☒

Hepatitis B Surface Antigen (Hbs Ag)

☒

Hepatitis C Virus (HCV)

☒

Malarial Parasite (MP) & MF)

☒

Serological Test for Syphilis (VDRL)

☒

COMPATIBILITY

Compatible

☒

Incompatible

☐

UNIT PARTICULARS

Number of Units issued :

Active substance ml :

Issued on :

Issued time :

NONE OF THE ABOVE TEST HAVE BEEN DONE FOR THE RECIPIENT

N. Laxman

Blood Bank medical Officer / Technician

PRE TRANSFUSION CHECK

(For use of Hospital Staff Only)

(TO BE FILLED WITH PATIENT'S CASE RECORDS)

Transfused on : 07/12/2023

To Patient : MASTER SIVAGURU

Transfused by : SATHYA

Blood Group / Rh Type : B' POSITIVE

Blood Bag Number : 4277

Remarks :

Added on pump

DR. AJEETHA P.K
Reg. No: 74617

Time :

Started at : 11-00

Completed at : 11-10

Signature of M.O.

PLEASE AVOID RETURN OF THIS BLOOD UNIT

MEDWAY HOSPITALS BLOOD CENTRE

(A Unit of United Alliance Healthcare Pvt. Ltd.)

Patroned by RYA COSMO UGTA FOUNDATION

Ground Floor, New No. 8, Old No. 22, 4th Cross Street, Trustpuram, Kodambakkam, Chennai - 24.

CONCENTRATED HUMAN RED BLOOD CORPOSCLES IP

Drug Licence No: 473/28C

Volume: 293ml

(Prepared from 450/350ml of whole blood collected in 63/49ml)

Anticoagulant CPDA, Solution U.S.P)(Additive Solution Added)

INSTRUCTIONS:

1. Store the bag continuously at +4°C (Range between +2°C and +6°C).
2. DO NOT use if there is any visible evidence of deterioration like Haemolysis, Clotting or Discolouration.
3. DO NOT add any medication.
4. DO NOT vent.
5. Use a fresh, clean, sterile transfusion set with filter.
6. Mix well before use.
7. Administer without heating.
8. DONOT dispense without prescription.
9. CONFIRM THE BLOOD GROUP ON THE LABEL AND RECIPIENT'S BLOOD GROUP ARE SAME BEFORE TRANSMISSION.

'B'

Rh Positive

| Bag No. | Date of Collection | Date of Expiry |
|---------|--------------------|----------------|
| 4277 | 06/12/2023 | 17/01/2024 |

No unexpected antibodies found when tested by multiple techniques for HIV I & II, and HCV, Non-reactive for HbsAg and Syphilis by mandatory tests. No malarial parasites or Micro Filariae

Donor : ☒ Voluntary / ☐ Replacement

Dr. AJEETHA.P.K

Reg. No: 74617



| | | | | | | |
|------------|---------|------|----|------|------|-----|
| INDICATION | SURGERY | UNIT | OT | AICU | PICU | CCU |
|------------|---------|------|----|------|------|-----|

B" POSITIVE

[illegible]

Note: **IF REACTION YES**, Report to Blood Bank and collect Reaction form, Fill and send along with 5ml plain sample, 2 ml **EDTA** sample, Urine Sample and remaining Blood bag with IV - Administration set.

IF NO REACTION Please send this feed back form to Blood Bank without delay.

S.No. : 20

Dr.RAJESH.V



MICROBIOLOGY SHEET

| | | | |
|------------------|-------------|--|--|
| DATE | 29/11/23 | | |
| COLOUR | pale yellow | | |
| REACTION | | | |
| SPECIFIC GRAVITY | 1.010 | | |
| APPEARANCE | clear | | |
| ALBUMIN | | | |
| SUGAR | | | |
| ACETONE | | | |
| BILE SALT | | | |
| BILE PIGMENT | | | |
| UROBILINOGEN | normal | | |
| PUS CELLS | 2-3 | | |
| EPITHELIAL CELLS | 1-2 | | |
| RBC | NT | | |
| CASTS | NT | | |
| CRYSTALS | NT | | |
| OTHERS | NT | | |
| | | | |

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

Abstract

ACTUAL WEIGHT 33.7 kg HbA_{1c} 1

PREVIOUS DIABETIC MEDICATIONS

[illegible]

INSTRUCTIONS FOR INSULIN INFUSIONS

| | BLOOD SUGAR mg / dl | INSULIN INFUSION |
|---|------------------------|--|
| * Mix 40u short acting Insulin in 40 ml. of normal Saline (1u - 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. |
| | 351-400 | Adjust Infusion rate to 10u / hr. |
| * To monitor K+ separately. | >400 | Adjust Infusion rate to 20u / hr. |
| Urine Acetone <input type="text"/> | | |



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



Every heart beat counts

Master.SIVAGURU.S

13/Male/MHI202381075

02/12/2023/IPH202302423

Dr.RAJESH.V



BLOOD GROUP

B⁺ positive

INVESTIGATION SHEET

| | | | | | | |
|------------------------|-----------|--|--|--|--|--|
| Date | 29/11/23 | | | | | |
| HAEMATOLOGY | | | | | | |
| Hb | 14.2 | | | | | |
| P.C.V | 41.3 | | | | | |
| Platelets | 366000 | | | | | |
| TLC | 8300 | | | | | |
| Polymorphs | 43.0 | | | | | |
| Lymphocytes | 45.0 | | | | | |
| Eosinophils | 7.9 | | | | | |
| Mono / Basophils | 3.6 / 0.5 | | | | | |
| E.S.R | 20 | | | | | |
| BIO-CHEMISTRY | | | | | | |
| Urea | 22 | | | | | |
| Creatinine | 0.56 | | | | | |
| Sodium | 140 | | | | | |
| Potassium | 3.69 | | | | | |
| Bicarbonate | 26 | | | | | |
| Chloride | 98.2 | | | | | |
| Magnesium | | | | | | |
| Calcium | | | | | | |
| Phosphorus | | | | | | |
| LFT | | | | | | |
| T.Bilirubin | 0.37 | | | | | |
| D.Bilirubin | 0.14 | | | | | |
| I.Bilirubin | 0.23 | | | | | |
| S.G.O.T | 20 | | | | | |
| S.G.P.T | 11 | | | | | |
| ALP | 292 | | | | | |
| GGT | 11 | | | | | |
| Total Protien | 7.9 | | | | | |
| S.Albumin | 4.7 | | | | | |
| CARDIAC ENZYMES | | | | | | |
| Troponin I | | | | | | |
| CKNAC - CPK | | | | | | |
| CK - M.B. MASS | | | | | | |
| LDH | | | | | | |
| Ntpro bnp | | | | | | |

[illegible]

BLOOD GROUP

B +ve

INVESTIGATION SHEET

Master.SIVAGURU.S

13/Male/MHI202381075

02/12/2023/IPH202302423

Dr.RAJESH.V

Pat
Na
UH
DO



| Date | 29/11/23 | 31/12/23 | 9/12/23 | | | |
|------------------------|-----------|----------|---------|--|--|--|
| HAEMATOLOGY | | | | | | |
| Hb | 14.2 | 11.6 | 10.7 | | | |
| P.C.V | 41.3 | | | | | |
| Platelets | 366000 | | | | | |
| TLC | 8300 | | | | | |
| Polymorphs | 43.0 | | | | | |
| Lymphocytes | 45.0 | | | | | |
| Eosinophils | 4.9 | | | | | |
| Mono / Basophils | 3.6 / 0.5 | | | | | |
| E.S.R | 20 | | | | | |
| BIO-CHEMISTRY | | | | | | |
| Urea | 22 | 15 | 31.0 | | | |
| Creatinine | 0.56 | 0.59 | 0.56 | | | |
| Sodium | 140 | | 132 | | | |
| Potassium | 3.69 | | 3.71 | | | |
| Bicarbonate | 26 | | | | | |
| Chloride | 98.2 | | | | | |
| Magnesium | | | | | | |
| Calcium | | | | | | |
| Phosphorus | | | | | | |
| LFT | | | | | | |
| T.Bilirubin | 0.37 | | | | | |
| D.Bilirubin | 0.14 | | | | | |
| I.Bilirubin | 0.23 | | | | | |
| S.G.O.T | 40 | | | | | |
| S.G.P.T | 11 | | | | | |
| ALP | 292 | | | | | |
| GGT | 11 | | | | | |
| Total Protein | 7.9 | | | | | |
| S.Albumin | 4.7 | | | | | |
| CARDIAC ENZYMES | | | | | | |
| Troponin I | | | | | | |
| CK-MB - CPK | | | | | | |
| LDH | | | | | | |
| Ntpro bnp | | | | | | |

[illegible]

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LICENCE NO : 473 / 28C

BLOOD DONOR SCREENING & CROSS MATCHING REPORT

Recipient's Name : MASTER SIVAGURU S

Age / Sex : 13y/M

I.P. Number : 2423

Hospital : MEDWAY HEART INSTITUTE

Ref. by Dr. : DR. RAJESH V

Date : 07/12/2023

DONOR

| | |
|----|----------|
| B' | POSITIVE |
| | NEGATIVE |

Blood Group / Sub Group
Rh Type

RECIPIENT

| | |
|----|----------|
| B' | POSITIVE |
| | NEGATIVE |

UNIT PARTICULARS

Blood Bag No. : 4277

D.O. Collection : 06/12/2023

D.O. Expiry : 17/01/2024

CROSS MATCHING

Saline Cross Matching

☒

Bovine Albumin Cross Matching

☐

Coombs Cross Matching

☒

Gel Method

☒

COMPONENT

1. Whole Human Blood I.P.

☐

2. Fresh Frozen Plasma BP 93

☐

3. Packed Red Blood Cell I.P.

☒

4. Platelet Concentrate I.P.

☐

Apheresis

5. Plateletpheresis

☐

6. Leucapheresis

☐

7. Plasmapheresis

☐

BLOOD IS CHECKED FOR

ABO Grouping / Sub Grouping

☒

Rh Typing

☒

Haemoglobin Content

☒

PCV Determination

☒

BLOOD IS NEGATIVE FOR

HIV 1 & 2

☒

Hepatitis B Surface Antigen (Hbs Ag)

☒

Hepatitis C Virus (HCV)

☒

Malarial Parasite (MP) & MF)

☒

Serological Test for Syphilis (VDRL)

☒

COMPATIBILITY

Compatible

☒

Incompatible

☐

UNIT PARTICULARS

Number of Units issued :

Active substance ml :

Issued on :

Issued time :

NONE OF THE ABOVE TEST HAVE BEEN DONE FOR THE RECIPIENT

N. Laxman

Blood Bank medical Officer / Technician

PRE TRANSFUSION CHECK

(For use of Hospital Staff Only)

(TO BE FILLED WITH PATIENT'S CASE RECORDS)

Transfused on : 07/12/2023

To Patient : MASTER SIVAGURU S

Transfused by : SATHYA

Blood Group / Rh Type : B' POSITIVE

Blood Bag Number : 4277

Remarks :

Added on pump

Time :

Started at : 11-00

Completed at : 11-10

Signature of M.O.

Dr. AJEETHA P.K
Reg. No: 74617

PLEASE AVOID RETURN OF THIS BLOOD UNIT



DOB: 01/22/1971



MHI/IP/2022/074



Every heart beat counts

| | |
|-------------|--------|
| BLOOD GROUP | B FIVE |
|-------------|--------|

ON ADMISSION

Height in CM

Weight in Kg.

151 cm

33 by.

Diagnosis: RHD, SEV AR, EF-52%

Procedure :

AVR \overline{C} 21mm ST-JUDE MASTER
SERIES VALVE

| NO. OF DAYS | DOS | POD-I | POD-II | POD-III | POD IV | POD V |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| DATE | 07/12/23 | 08/12/23 | 9/12/23 | 10/12/23 | 11/12/23 | 12/12/23 |
| HOUR | 2 6 10 2 6 10 | 2 6 10 2 6 10 | 2 6 10 2 6 10 | 2 6 10 2 6 10 | 2 6 10 2 6 10 | 2 6 10 2 6 10 |
| PULSE | 98mt | 98mt | 103bt | 99. | 104 | 96 80 94 |
| RESP | 20bt | 20mt | 20bt | 20. | 20 | 20 20m 20 |
| B.P. | 100/60 | 124/80 | 103/64 | 94/80 | 80/67 | 88/65 100/70 |
| SPO2 | 100% | 100. | 100. | 97. | 95. | 97. 97. 98 |
| DAILY WEIGHT | Bedfast | Bedfast | Bedfast | | | |
| 24 HRS INTAKE | 1311ml | 1761ml | 1300ml | 1800ml | 1950ml | |
| 24HRS OUTPUT | 1831 ml | 2140 ml | 2100ml | 2000ml | 2000ml | |
| BALANCE | -89.3. ml | -377 ml | -800ml. | -200ml | | |
| MOTION | x | x x. | x | x | x | |



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13/Male/MHI202381075

02/12/2023/IPH202302423

Dr.RAJESH.V



MHI/IP/2022/074



Every heart beat counts

VITAL INFORMATION SHEET

BLOOD GROUP B *Positive*

ON ADMISSION

Height in CM

Weight in Kg.

151 cm

23-714

Diagnosis: sen AR, RHD

Procedure :

| NO. OF DAYS | DO A | DAY-1 | DAY-2 | DAY-3 | DAY-4 | DAY-5 |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| DATE | 2/12/23 | 3/12/23 | 4/12/23 | 5/12/23 | 6/12/23 | 7/12/23 |
| HOUR | 2 6 10 2 6 10 | 2 6 10 2 6 10 | 2 6 10 2 6 10 | 2 6 10 2 6 10 | 2 6 10 2 6 10 | 2 6 10 2 6 10 |
| PULSE | 68 | 72 58 | 66 78 | 84 71 | 110 99 | 94% |
| RESP | 20 | 20 20 | 20 20 | 20 20 | 20 20 | 20 |
| B.P. | 109/60 | 101/72 98/60 | 100/80 90/60 | 104/62 100/80 | 90/50 100/60 | 95/60 |
| SPO2 | 96% | 99% 98 | 99% 97+ | 98+ 96 | 97+ | 97+ |
| DAILY WEIGHT | | | | | | |
| 24 HRS INTAKE | 600ml | 2100ml | 1200ml | 1400ml | 1300ml | |
| 24HRS OUTPUT | 750ml | 1850ml | 1300ml | 1350ml | 1850ml | |
| BALANCE | | -250ml | -100ml | 50ml | -550ml | |
| MOTION | | x | x ✓ | x ✓ | x ✓ | x |



EARLY WARNING SCORE MONITORING CHART

Name: _____

Age/Sex:

Patient Id No:

| NEWS key | | DATE | |
|---|----------------|----------------------|---|
| 0 | 1 | 2 | 3 |
| A+B | Respirations | 21-24 | 2 |
| Breath/ min | 18-20 | 1 | |
| | 15-17 | 1 | |
| | 12-14 | 1 | |
| | 9-11 | 1 | |
| | <8 | 3 | |
| A+B | SPO2 Scale 1 | >96 | 1 |
| Oxygen Saturation (%) | 94-95 | 1 | |
| | 92-93 | 2 | |
| | <91 | 3 | |
| 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 ction of qualified cian | >96 on oxygen | 1 | |
| | 95-96 on o2 | 2 | |
| | 93-94 on O2 | 1 | |
| | >93 on air | 1 | |
| | 88-92 | 1 | |
| | 86-87 | 2 | |
| | 84-85 | 3 | |
| | <83% | 3 | |
| Air or Oxygen ? | A= Air | 2 | |
| | O2litre/ min | 2 | |
| | Device | | |
| C | Blood Pressure | >220 | 3 |
| | 201-219 | 2 | |
| | 181-200 | 2 | |
| | 161-180 | 2 | |
| | 141-160 | 2 | |
| | 121-140 | 2 | |
| | 111-120 | 2 | |
| | 91-100 | 2 | |
| | 81-90 | 2 | |
| | 71-80 | 3 | |
| | 61-70 | 3 | |
| | 51-60 | 3 | |
| | <50 | 3 | |
| Diastolic BP | mmHg | 60 | |
| C | alse | >131 | 3 |
| ats / min | 121-130 | 2 | |
| | 111-120 | 2 | |
| | 101-110 | 1 | |
| | 91-100 | 1 | |
| | 81-90 | 1 | |
| | 71-80 | 1 | |
| | 61-70 | 1 | |
| | 51-60 | 1 | |
| | 41-50 | 1 | |
| | 31-40 | 3 | |
| | <30 | 3 | |
| D | Consciousness | Alert | 1 |
| Score for New onset of confusion (no score if chronic) | Confusion | 3 | |
| | V | 3 | |
| | P | 3 | |
| | U | 3 | |
| E | Temperature | >39.1 degree Celsius | 2 |
| Degree Celsius | 38.1-39.0 | 1 | |
| | 37.1-38.0 | 1 | |
| | 36.1-37.0 | 1 | |
| | 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:

[illegible]

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

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

EARLY WARNING SCORE MONITORING CHART

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

| NEWS key | | DATE | TIME | NEWS key | DATE | TIME | |
|--|--------------|------|------|----------|------|------|--|
| 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| A+B | Respirations | | | | | | A+B |
| Breath/ min | | | | | | | 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 |
| >96 | | | | | | | >96 |
| SPO2 Scale 1 | | | | | | | SPO2 Scale 1 |
| 94-95 | | | | | | | 94-95 |
| Oxygen Saturation (%) | | | | | | | Oxygen Saturation (%) |
| 92-93 | | | | | | | 92-93 |
| <91 | | | | | | | <91 |
| SpO2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % eg: in hypercapnic respiratory failure only use scale 2 under the direction of qualified clinician | | | | | | | SpO2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % eg: in hypercapnic respiratory failure only use scale 2 under the direction of qualified clinician |
| >96 on oxygen | | | | | | | >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 ? | | | | | | | Air or Oxygen ? |
| A= Air | | | | | | | A= Air |
| O2litre/ min | | | | | | | O2litre/ min |
| Device | | | | | | | Device |
| C | | | | | | | C |
| Blood Pressure | | | | | | | 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 | | | | | | | Diastolic BP |
| mmHg | | | | | | | mmHg |
| >131 | | | | | | | >131 |
| 121-130 | | | | | | | 121-130 |
| 111-120 | | | | | | | 111-120 |
| 101-110 | | | | | | | 101-110 |
| 91-100 | | | | | | | 91-100 |
| 81-90 | | | | | | | 81-90 |
| 71-80 | | | | | | | 71-80 |
| 61-70 | | | | | | | 61-70 |
| 51-60 | | | | | | | 51-60 |
| 41-50 | | | | | | | 41-50 |
| 31-40 | | | | | | | 31-40 |
| <30 | | | | | | | <30 |
| D | | | | | | | D |
| Consciousness | | | | | | | Consciousness |
| Score for New onset of confusion | | | | | | | Score for New onset of confusion |
| (no score if chronic) | | | | | | | (no score if chronic) |
| Alert | | | | | | | Alert |
| Confusion | | | | | | | Confusion |
| V | | | | | | | V |
| P | | | | | | | P |
| U | | | | | | | U |
| E | | | | | | | E |
| >39.1 degree Celsius | | | | | | | >39.1 degree Celsius |
| 38.1-39.0 | | | | | | | 38.1-39.0 |
| 37.1-38.0 | | | | | | | 37.1-38.0 |
| 36.1-37.0 | | | | | | | 36.1-37.0 |
| 35.1-36.0 | | | | | | | 35.1-36.0 |
| <35.0 | | | | | | | <35.0 |
| NEWS Total | | | | | | | NEWS Total |
| Monitoring Frequency | | | | | | | Monitoring Frequency |
| Escalation of Care Y/N | | | | | | | Escalation of Care Y/N |
| Initials by RN | | | | | | | Initials by RN |
| Initials by Sr. 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: 2/12/23 | To: 3/12/23 | Bed No: 207 | INTAKE & OUTPUT CHART | | | | | | | | | | | | | |
|-------------------------------|---------------|----------------------|----------------------|----------------------------------|-----------------------|-------|-----------------------|-------|-------|--------------|------------|--------|-------|----------|-------------|--|--|
| 24 Hrs : Started Time : 12:30 | | Ended Time : 7:00 | | | | | | | | | | | | | | | |
| NPO Started at : | | NPO Over at : | | | | | | | | | | | | | | | |
| SHIFT | Morning | | Afternoon | Night | Restricted Fluid (RF) | | | | | | | | | | | | |
| INTAKE | | | 200 ml | 400 ml | | | | | | | | | | | | | |
| OUTPUT | | | 200 ml | 500 ml | | | | | | | | | | | | | |
| Total Intake: 600 ml | | Total Output: 700 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 | | | | | | | | | | | | |
| 6:00 | 100 | | | | | 100 | 6:30 | 150 | | | | | 150 | | | | |
| 6:30 | 100 | | | | | 200 | 17:30 | 100 | | | | | 250 | | | | |
| 19:30 | 150 | | | | | 350 | 22:45 | 150 | | | | | 400 | | | | |
| 22:10 | 150 | | | | | 500 | 2:30 | 150 | | | | | 550 | | | | |
| 4:30 | 100 | | | | | 600 | 6:00 | 200 | | | | | 750 | | | | |
| | | | | | | | TOTAL INTAKE - 600 ml | | | | | | | | | | |
| | | | | | | | TOTAL OUTPUT - 700 ml | | | | | | | | | | |
| New | | | | | | | | | | | | | | | | | |
| way | | | | | | | | | | | | | | | | | |



| Date | From: 8/12/23 | To: 4/12/23 | Bed No: 202 | INTAKE & OUTPUT CHART | | | | | | | | | | | | |
|-----------------------------|---------------|----------------------|----------------------|----------------------------------|--------|-------|-----------------------|-------|---------|--------------|------------|--------|-------|-----------------------|-------------|--|
| 24 Hrs : Started Time : 7am | | Ended Time : 4am | | | | | | | | | | | | | | |
| NPO Started at : | | NPO Over at : | | | | | | | | | | | | | | |
| SHIFT | Morning | Afternoon | Night | | | | | | | | | | | Restricted Fluid (RF) | | |
| INTAKE | 1100 ml | 700ml | 300ml | | | | | | | | | | | | | |
| OUTPUT | 950 ml | 500ml | 450 ml | | | | | | | | | | | | | |
| Total Intake: 2100ml | | Total Output: 1850ml | | Difference: 250ml | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 8.00 | 500 | | | | | 500ml | 7.40 | 100 | | | | | 100 | | | |
| 10.40 | 500 | | | | | 1000 | 8.50 | 200 | | | | | 300 | | | |
| 11.45 | 100 | | | | | 1100 | 10.15 | 200 | | | | | 500 | | | |
| 12.30 | 100 | | | | | 1200 | 10.40 | 150 | | | | | 650 | | | |
| 13.00 | 200 | | | | | 1400 | 11.30 | 300 | | | | | 950 | | | |
| 15.15 | 100 | | | | | 1500 | 12.30 | 100 | | | | | 1050 | | | |
| 15.30 | 100 | | | | | 1600 | 14.15 | 100 | | | | | 1150 | | | |
| 16.30 | 100 | | | | | 1700 | 17.30 | 300 | | | | | 1450 | | | |
| 17.40 | 100 | | | | | 1800 | 22.00 | 200 | | | | | 1600 | | | |
| 21.00 | 150 | | | | | 1950 | 6.30 | 250 | | | | | 1850 | | | |
| 22.30 | 150 | | | | | 2100 | | | | | | | | | | |
| | | | | | | | Total Intake - 2100ml | | | | | | | | Nao | |
| | | | | | | | Total Output - 1850ml | | | | | | | | 224 | |
| | | | | | | | Balance - 250ml | | | | | | | | | |

| Date | From: 4/12/23 | To: 5/12/23 | Bed No: 203 | 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 | 300 ml | | 500 ml | | 400 | | | | | | | | | | | | |
| OUTPUT | 150 ml | | 550 ml | | 600 ml | | | | | | | | | | | | |
| Total Intake: 1200 ml | | Total Output: 1300 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 | | | | | | | | | | | | |
| 09:00 | 200 | | | | | 200 | 09:30 | 150 | | | | | 150 | | | | |
| 11:00 | 100 | | | | | 300 | 12:30 | 200 | | | | | 350 | | | | |
| 12:40 | 100 | | | | | 400 | 16:20 | 200 | | | | | 600 | | | | |
| 14:30 | 200 | | | | | 600 | 17:48 | 150 | | | | | 750 | | | | |
| 16:45 | 100 | | | | | 700 | 20:30 | 200 | | | | | 900 | | | | |
| 17:45 | 100 | | | | | 800 ml | 22:00 | 150 | | | | | 1050 | | | | |
| 18:30 | 150 | | | | | 950 | 6:30 | 250 | | | | | 1300 | | | | |
| 22:00 | 100 | | | | | 1050 | | | | | | | | | | | |
| 22:30 | 150 | | | | | 1200 | | | | | | | | | | | |
| | | | | | | | Total Intake - 1200 ml | | | | | | | | | | |
| | | | | | | | Total Output - 1300 ml | | | | | | | | | | |
| | | | | | | | Balance - 100 ml | | | | | | | | | | |
| | | | | | | | | | | | | | | | | Hay | 2023 |
| | | | | | | | | | | | | | | | | 0105 | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

[illegible]



Master.SIVAGURU.S
13/Male/MH1202381075
02/12/2023/1PH202302423
Dr.RAJESH.V



MH/IP/2022/066



Every heart beat counts

[illegible]




| Date | From: 09/12/23 | To: 10/12/23 | Bed No: 202-A | 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 | 500 ml | | 300 | | 450 ml | | 1-5 Gt / Day | | | | | | | | | |
| OUTPUT | 400 ml | | 400 | | 1300 ml | | | | | | | | | | | |
| Total Intake: 1300 ml | | | Total Output: 2100 ml | | | Difference: 800 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 | | | | | | | | | | | |
| 11.20 | 250 | | | | | 250 | 11.20 | 400 | | | | | 400 | | | |
| 12.00 | 200 | | | | | 550 | 15.10 | 60 | | | | | 500 | | | |
| 13.50 | 100 | | | | | 650 | 17.50 | 300 | | | | | 800 | | | |
| 14.00 | 50 | | | | | 700 | 18.30 | 500 | | | | | 1300 | | | |
| 16.00 | 50 | | | | | 750 | 23.30 | 600 | | | | | 1900 | | | |
| 17.40 | 100 | | | | | 850 | 6.30 | 200 | | | | | 2100 | | | |
| 19.30 | 100 | | | | | 950 | | | | | | | | | | |
| 21.15 | 200 | | | | | 1150 | | | | | | | | | | |
| 22.00 | 150 | | | | | 1300 | | | | | | | | | | |
| | | | | | | | Total Intake - 1300 | | | | | | | | | |
| | | | | | | | Total Output - 2100 | | | | | | | | | |
| | | | | | | | Balance - 800 ml | | | | | | | | | |
| | | | | | | | | | | | | | | | May | 11/02/23 |
| | | | | | | | | | | | | | | | 010 | |

| Date | From: 10/12/23 | To: 11/12/23 | Bed No: 202(CD) | INTAKE & OUTPUT CHART | | | | | | | | | | | |
|------------------------------|----------------|-----------------------|----------------------|----------------------------------|--------|-------|--------------------|--------|-------|--------------|------------|--------|---------|----------|-------------|
| 24 Hrs : Started Time : 7:00 | | Ended Time : 7:00 | | | | | | | | | | | | | |
| NPO Started at : | | NPO Over at : | | | | | | | | | | | | | |
| SHIFT | Morning | Afternoon | Night | | | | | | | | | | | | |
| INTAKE | 600 ml | 650 ml | 500 ml | | | | | | | | | | | | |
| OUTPUT | 100 | 1100 ml | 700 ml | | | | | | | | | | | | |
| Total Intake: 1800 ml | | Total Output: 2000 ml | | Difference: - 200 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 | | | | | | | | | | |
| 7:00 | 100 | | | | | 100 | 7:15 | 100 | | | | | 100 | | |
| 7:45 | 200 | | | | | 300 | 12:45 | 600 | | | | | 700 | | |
| 8:45 | 100 | | | | | 400 | 17:15 | 500 | | | | | 1200 ml | | |
| 9:30 | 100 | | | | | 500 | 19:45 | 250 ml | | | | | 1450 | | |
| 9:45 | 100 | | | | | 600 | 23:30 | 300 ml | | | | | 1750 | | |
| 12:40 | 150 | | | | | 750 | 2:00 | 250 ml | | | | | 2000 | # | |
| 14:00 | 200 | | | | | 950 | | | | | | | | | |
| 15:00 | 200 | | | | | 1150 | | | | | | | | | |
| 17:00 | 100 | | | | | 1250 | | | | | | | | | |
| 21:00 | 150 | | | | | 1400 | | | | | | | | | |
| 2:00 | 200 | | | | | 1600 | | | | | | | | | |
| 5:30 | 200 ml | | | | | 1800 | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

TOTAL INTAKE - 1800 ml
TOTAL OUTPUT - 2000 ml

Dr. Rajesh V
11/12/23

| | | | | | | | | | | | | | | | | |
|------------------------------|----------------|--------------|----------------------|-----------------------|--------|--------|-----------------------|-------------|-------|-----------------------|------------|--------|--------|----------|-------------|--|
| Date | From: 12/12/23 | To: 12/12/23 | Bed No: 202 (A) | 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 | 160 | | | 700 | | | 500ml | | | 1.5 lit/day | | | | | | |
| OUTPUT | 300 | | | 900 | | | 900ml | | | | | | | | | |
| Total Intake: | | 1950ml | | Total Output: | | 2100ml | | Difference: | | -150ml | | | | | | |
| 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 | | | | | | | | | | | |
| 7:10 | 100 | . | | | | 100 | 7:35 | 300 | | | | | 300 | | | |
| 8:20 | 60 | | | | | 160 | 17:20 | 600 | | | | | 900 | | | |
| 9:22 | 100 | | | | | 260 | 18:10 | 300 | | | | | 1200 | | | |
| 9:40 | 200 | | | | | 460 | 19:30 | 250ml | | | | | 1450ml | | | |
| 10:30 | 200 | | | | | 660 | 22:30 | 250ml | | | | | 1700ml | | | |
| 11:00 | 100 | | | | | 760 | 2:00 | 150ml | | | | | 1850ml | | | |
| 12:30 | 200 | | | | | 960 | 5:45 | 250ml | | | | | 2100ml | | | |
| 14:20 | 200 | | | | | 1160 | | | | | | | | | | |
| 14:44 | 100 | | | | | 1260 | | | | | | | | | | |
| 16:00 | 100 | | | | | 1360 | | | | | | | | | | |
| 17:30 | 100 | | | | | 1460 | | | | | | | | | | |
| 22:00 | 200ml | | | | | 1650 | | | | | | | | | | |
| 2:00 | 150ml | | | | | 1800 | | | | | | | | | | |
| 6:00 | 150ml | | | | | 1950 | | | | | | | | | | |
| | | | | | | | TOTAL INTAKE - 1950ml | | | | | | | | | |
| | | | | | | | TOTAL OUTPUT - 2100ml | | | | | | | | | |

| | |
|--------------------------|---|
| Master.SIVAGURU.S | |
| Name : | 13/Male/MHI202381075 |
| UHID / IP No. : | 02/12/2023/1PH202302423 |
| Consultant : | Dr.RAJESH.V |
| |  |

Age / Sex :
Ward Unit : SICU - (2)
Diagnosis : RHD, SEVERE AR.

Date : 8/12/23

Time

Name of Surgery : AVR C 21mm ST-JUDE

Date of Surgery : 7/12/23

[illegible]

[illegible]

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Master.SIVAGURU.S

13/Male/MHI202381075

02/12/2023/IPH202302423

Dr.RAJESH.V



Diagnosis: RAD / AVR - Mechanical Valve / EF-52%

Height: 151 cms Weight: 33.2 Kgs Food allergies: Yes/No; If yes, specify: _____

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

Diet Prescription: 1600 calories, low fat, low salt, high protein diet

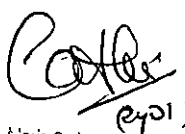
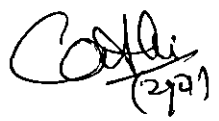
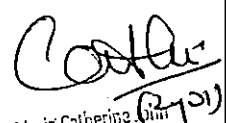
SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

| | | | | | |
|--|----------------------------|--|--|--|------------|
| (A) Patient's related Medical History | | | | | |
| 1) Weight Change (overall change in past 6 months) | | | | | |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| No weight change/gain | <5% | 5 - 10% | 10 - 15% | >15% | |
| 2) Dietary Intake | | | | | |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| Oral | No change | Sub-optimal solid diet | Full liquid diet/moderate overall decrease | Hypo-caloric liquid diet | Starvation |
| Enteral / Parenteral Nutrition | Adequate / Excessive | Sub-optimal | Inadequate | Typo-caloric feeds | Starvation |
| 3) Gastrointestinal Symptoms Duration: | | | | | |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| No symptoms | Nausea | Vomiting / moderate GI symptoms | Diarrhoea | severe anorexia | |
| 4) Functional Capacity (Nutrition related functional impairment) 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 | |
| 8) Physical examination | | | | | |
| 1) Decreased fat stores or loss of subcutaneous fat | | | | | |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| Normal | Mild | Moderate | | Severe | |
| 2) Sign of muscle wasting | | | | | |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| Normal | Mild | Moderate | | Severe | |
| Total Score = Sum of above 7 components | | | | | |
| Nutritional Status : Based on this patient is | | | | | |
| Well Nourished | | <input checked="" type="checkbox"/> (7 to 14) | | | |
| Moderately Malnourished | | <input type="checkbox"/> (15 to 18) | | | |
| Severely Malnourished | | <input type="checkbox"/> (19 to 35) | | | |
| Nutrition Intervention: | | | | | |
| <input type="checkbox"/> Oral | | <input type="checkbox"/> Enteral | | <input type="checkbox"/> Parenteral | |
| Diet counselling provided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Frequency of re-assessment: <input type="checkbox"/> Fort-night <input type="checkbox"/> Monthly | | Calorie count: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Enteral / Parenteral <input checked="" type="checkbox"/> Daily | | | | | |

Dietitian Signature / Name / Date / Time:

Mania Catherine
Senior Dietitian

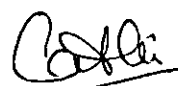
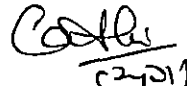
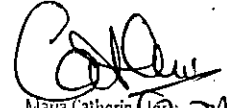
21/12/23, 12:40

| DATE AND TIME | DIETITIAN NOTES | SIGNATURE |
|----------------------------|---|--|
| <p>2/10/24 13:40</p> | <p>A 13 year old boy came 2 clo shortness of breath was assessed to be well rounded as evident by SUA.</p> <p>12/10 - RHD.</p> <p>Educated the patient and family on 1600 calories, low fat, low salt, high protein diet. Emphasized on small frequent meals.</p> | <p> (27/21) Maria Catherine John Senior Dietitian</p> |
| <p>7/12/24, 14:00.</p> | <p>Patient shifted to OT for surgery (AUR) and kept on NBM. Patient <u>will</u> to start. Will initiate on liquid diet as per doctor's advice.</p> | <p> (27/21) Maria Catherine John Senior Dietitian</p> |
| <p>8/12/24, 12:00</p> | <p>NBM over. Patient tolerated liquid well. Can initiate on high protein, soft solid diet. Motivated to eat well initiated on avoid interminable diet. (Attentional delay)</p> <p>Patient <u>will</u> to step down to.</p> | <p> (27/21) Maria Catherine John Senior Dietitian</p> |



Department of Dietetics

①
CARE PLAN FORM - A

| DATE AND TIME | DIETITIAN NOTES | SIGNATURE |
|-------------------|---|---|
| 21/12/23 13:00 | <p>Nonverbal. Patient <u>resisted</u> to sound. Reemphasized on the diet instructions. Motivated to eat well.</p> |  Maria Catherine John Senior Dietitian |
| 21/12/23 10:00 | <p>Diet intake is good. Diet modification and clarification done. Motivated to eat well.</p> |  Maria Catherine John Senior Dietitian |
| 22/12/23 10:00 | <p>Diet intake is good. Educated the patient and family on 1600 calories, low fat, low salt, high protein, avoid vitamin K diet on <u>discharge</u>. Emphasized on small frequent meals - avoidance of importance of vitamin K diet. Diet modification and clarification done. <u>Diet chart</u> given on discharge.</p> |  Maria Catherine John Senior Dietitian |

INTRAOPERATIVE NURSING RECORD

Master.SIVAGURU.S

13/Male/MHI202381075

02/12/2023/IPH202302423

Dr.RAJESH.V



Consultant: Dr. Rajesh

Name of Surgery: AVR (open heart)

Date of Surgery: 7/12/23

Mode of Transfer to OR ☒ Bed ☐ Stretcher ☐ Other ☐Anaesthesia Type : ☐ Epidural ☐ Spiral ☐ LOC ☐ MAC☒ GEN ☐ RegionalPosition : ☐ Lithotomy ☐ Prone ☒ Supine ☐ Right Down ☐ Left down☐ Lateral ☐ Other ☐

Pressure Protection Pad :

☒ Headrest ☐ Sand Bag ☐ Pillow ☐ Axillary roll☒ Shoulder roll ☒ Eye protection ☐ Chest roll ☐ Cysto/Gyn☐ Sling ☐ Boot ☐ Stirrups/Leg Holder☐ L arm rest padded / Secured ☒ R Arms tucked / padded☐ Nil ☐ R ☐ L ☐ Other (Specify)-----

Skin preparation in OT

☒ Chlorhexidine Prep ☒ Providone Iodine ☒ Lodophor scrub☐ Alcohol Prep ☐ Others (specify)-----

Electrocautery :

☒ Monopolar ☒ Pad Location: Left leg ☒ Bipolar

Tourniquet

☐ Location -----☐ Applied Time ----- ☐ Released Time -----☐ Applied Time ----- ☐ Released Time -----☐ Applied Time ----- ☐ Released Time -----

Other equipment used :

Personal

☒ Surgeon: Dr. Rajesh ☐ Asst. -----☒ Anaesthetist: Dr. Ajitha ☐ Asst. -----

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 |
|----------|-------|-------------------|------|------|--------|-----------|
| Pomson's | 24 Fr | Right mediastinum | - | - | - | Sheel 280 |
| | | | | | | |
| | | | | | | |

Urinary Catheterization done by Dr. Haritharan using 16Fr 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 | Sheel 0104 | Sheel 31 |
| Change over count | Correct | Correct | | | | | | Correct | Sheel 0104 | Sheel 31 |
| First closure count | Correct | Correct | | | | | | Correct | Sheel 280 | Sheel 031 |
| Final closure count | Correct | Correct | | | | | | Correct | Sheel 280 | Sheel 031 |

☒ Count Correct

Corrective action taken

Surgeon informed

~~Dressing~~ / Cast Immobilizer

Chest Dressing done with primapone.

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

Transferred to : ☐ Patient Room ☐ CCU ☐ Recovery Room

Scrub Nurse Signature

Name : R/W Sankumar

Date & Time : 7/12/23 @ 13:40

Circulating Nurse Signature

Name : R/W Christina / 0104 Abir

Date & Time : 7/12/23 @ 13:40



Master.SIVAGURU.S

13/Male/MHI202381075

02/12/2023/PH202302423

Dr.RAJESH.V

e)
S

PSYCHOLOGICAL WELLBEING REPORT

Date: 06/12/23

Time: 3.30pm.

Unit: 203 - A

Clinical diagnosis: RHD, sev AR

Surgery/ Procedure:

Impression: Functioning well

- sleep & appetite (N)
- calm affect
- oriented, responsive.

Employee ID: MH10271754

Attal B.
Signature of the Psychologist:



NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 2/12/23 Time of Arrival: 11.50 Mode of Admission: ☒ Walking ☐ Wheelchair ☐ Stretcher

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

Relationship with Patient: _____ Contact Person's Name: SAKTHI Relationship: FATHER

Contact No.: 9943920034 Primary language spoken: ☒ Tamil ☐ English ☐ Indian ☐ International

Interpreter needed: ☐ Yes ☒ No

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

Menstrual History : LMP : _____ Menopause: _____

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

Drugs History : Antiplatelet _____ (Specify)

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

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

If Yes, specify details: _____

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

Vital Signs: Temp: 96.8 (°F) | Pulse / HR: 100 (beats/min) | BP: 100/70 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 96 (%) | CBG: 135 (mg/dl) | Height: 151 (cms) | Weight: 33.7 (kgs)

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

If Yes, specify: _____

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

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

Duration: _____ Location: _____

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

Nutritional Screening:

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

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

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

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

Orient Patient if: ☒ Conscious

Orient Patient Attendant if: ☐ Unconscious ☐ Disoriented

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

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

Functional Assessment:

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

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

Pressure Injury Risk Assessment: Braden Scale

| Sensory Perception | Score | Moisture | Score | Degree of Activity | Score |
|---------------------|---------------------------------------|----------------------|---------------------------------------|---------------------|---------------------------------------|
| No Impairment | <input checked="" type="checkbox"/> 4 | Rarely Moist | <input checked="" type="checkbox"/> 4 | Walks Frequently | <input checked="" type="checkbox"/> 4 |
| Slightly Limited | 3 | Occasionally Moist | 3 | Walks Occasionally | 3 |
| Very Limited | 2 | Very Moist | 2 | Chair Fast | 2 |
| Completely Limited | 1 | Constantly Moist | 1 | Bed Fast | 1 |
| Mobility | Score | Nutrition | Score | Friction & Shear | Score |
| No Limitation | <input checked="" type="checkbox"/> 4 | Excellent | <input checked="" type="checkbox"/> 4 | No apparent problem | <input checked="" type="checkbox"/> 3 |
| Slightly Limited | 3 | Adequate | 3 | Potential Problem | 2 |
| Very Limited | 2 | Probably In-Adequate | 2 | Problem Present | 1 |
| Completely immobile | 1 | Very Poor | 1 | | |

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13;

High Risk: 12 - 10; Severe Risk: 9 - 6

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

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

Witnessed by: _____ Signature: _____ Relationship: _____

MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)

Fall Risk Assessment (Modified Morse Scale):

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

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk Interventions (25 - 44)

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

High-risk interventions (above 45)

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

Initial Assessment to Special Needs and Vulnerability of Patient:

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

DVT RISK ASSESSMENT

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

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

Risk Score Interpretation (Probability of DVT):

Final Score

Tick the score obtained (✓)

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

Personal Belongings / Valuables:

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

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

| Patient / Patient's Attendant | Sign. | Name | Emp. No. | Date | Time |
|-------------------------------|----------|---------------|----------|---------|-------|
| | V. S. S. | SAKTHI | FATHER | 2/12/23 | 13:30 |
| Nurse | M. D. | M. D. Ravathi | 0025 | 2/12/23 | 12:30 |
| Unit In-Charge | U. S. | S. Nalini | 0024 | 2/12/23 | 13:00 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 2/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: seel AR

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day:

Day:

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: -

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: not known

On room air / oxygen: on room air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 96 (%) | Height: 151 (cms) | Weight: 33.7 (kgs) | BMI: 14.9 kg/m²

Others: -

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

Fall Risk Score: 0 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: N/A

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>A. monisha</u> | <u>0141</u> | <u>2/12/23</u> | <u>19:30</u> |
| Handover taken by | <u>[Signature]</u> | <u>A. Albinus</u> | <u>0088</u> | <u>2/12/23</u> | <u>19:30</u> |
| Document endorsed | <u>[Signature]</u> | <u>S. Nalini</u> | <u>0024</u> | <u>2/12/23</u> | <u>20:00</u> |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 2/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: Sev AR

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day:

Day:

Day:

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: NDA

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: 130/70 (mmHg) | SpO₂: 97 (%) | Height: 151 (cms) | Weight: 32.7 (kgs) | BMI: 14.9 g/m²

Others: Nil

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

Fall Risk Score: 0 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: -

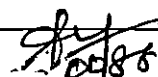
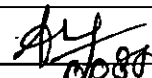
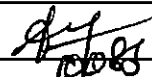



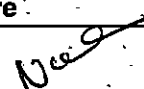
Critical value alert and its corrections: -

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>[Signature]</u> | <u>A. ALBINUS</u> | <u>0088</u> | <u>3/12/23</u> | <u>7:00</u> |
| Handover taken by | <u>[Signature]</u> | <u>E. Cathrine</u> | <u>0207</u> | <u>3/12/23</u> | <u>7:30</u> |
| Document endorsed | <u>[Signature]</u> | <u>E. Nalini</u> | <u>0084</u> | <u>3/12/23</u> | <u>8:00</u> |

| NURSES PROGRESS NOTES | | | | | |
|-----------------------|--|--------------------|------------------|--|-------------|
| Date & Time | Observations / Action | | | Signature with Emp. No. | |
| 2/12/23 | <u>NIGHT DUTY NOTES</u> | | | | |
| 19:00 | Patient handover taken from the evening duty staff. Patient is stable | | |  0088 | |
| 20:00 | Due medications are given to the patient | | |  0088 | |
| 22:00 | vital signs is checked & recorded | | |  0088 | |
| 6:00 | Monitored vitals signs and recorded | | |  | |
| 7:00 | Patient and patient report was handed over morning duty staff | | |  0129  0129 | |
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| Document endorsed by | Signature  | Name S - Nalini | Emp. No. 0084 | Date 3/12/23 | Time 8:0 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 3/12/23 Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: Ser AR

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: 0/5

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: NKDA

On room air / oxygen: —

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 98.8°F | Pulse / HR: 80 (beats/min) | Respiration: 22 (breaths/min)

BP: 110/40 (mmHg) | SpO₂: 98 (%) | Height: 151 (cms) | Weight: 337 (kgs) | BMI: 14.8 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: 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 | E. Cathrine | E. Cathrine | 0207 | 3/12/23 | 12:30 |
| Handover taken by | N. Romithi | N. Romithi | 0225 | 3/12/23 | 12:30 |
| Document endorsed | N. Nalin | N. Nalin | 0004 | 3/12/23 | 13:00 |

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date:

3/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: bow AR

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: -

Ryle's Tube: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Barrier nursing: ☐ Yes ☒ No

Left: -

Day: -

Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 015

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: not known

On room air / oxygen: on room air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 98.6°F | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 96 (%) | Height: 151 (cms) | Weight: 33.7 (kgs) | BMI: 14.9 kg/m²

Others: -

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

Fall Risk Score: 15 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: nil

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|--------------|----------|---------|-------|
| Handover given by | | A. monPShe | 0141 | 3/12/23 | 19:20 |
| Handover taken by | | Hannah Grace | 0105 | 3/12/23 | 19:30 |
| Document endorsed | | S. Ralini | 0084 | 3/12/23 | 20:20 |

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 3/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: sever RHD, AR

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: —

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: 97.8°F | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 98 (%) | Height: 1 (cms) | Weight: 33.7 (kgs) | BMI: 14.8 kg/m²

Others: —

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

Fall Risk Score: 15 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: 2 OPR Reservation done, Plam AVR.

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|------------|---------------------|-------------|----------------|-------------|
| Handover given by | <u>Hay</u> | <u>Hannah Grace</u> | <u>0105</u> | <u>4/12/23</u> | <u>7:30</u> |
| Handover taken by | <u>WY</u> | <u>P. monisha</u> | <u>0021</u> | <u>4/12/23</u> | <u>7:30</u> |
| Document endorsed | <u>WY</u> | <u>S. Nalini</u> | <u>0024</u> | <u>4/12/23</u> | <u>8:00</u> |

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 4/12/23 Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: fever

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15

POD: -

Central line days: -

VIP Score: -

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: not known

On room air / oxygen: on room air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 99.6°F | Pulse / HR: 88 (beats/min) | Respiration: 20 (breaths/min)

BP: 100/80 (mmHg) | SpO₂: 96 (%) | Height: 151 (cms) | Weight: 33.7 (kgs) | BMI: 14.9 (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: nil

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|--------------------|----------------------|-------------|----------------|--------------|
| Handover given by | <u>[Signature]</u> | <u>A. monpshu.</u> | <u>0141</u> | <u>4/12/23</u> | <u>09:30</u> |
| Handover taken by | <u>[Signature]</u> | <u>Hannah Lizale</u> | <u>0105</u> | <u>4/12/23</u> | <u>19:30</u> |
| Document endorsed | <u>[Signature]</u> | <u>E. Nalini</u> | <u>0004</u> | <u>4/12/23</u> | <u>20:00</u> |

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 4/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: RHD, SEVAR

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Yes ☒ No

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: ☐

Day:

Day:

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 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: 97.8 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 98 (%) | Height: 151 (cms) | Weight: 33.7 (kgs) | BMI: 14.9 kg/m²

Others: -

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

Fall Risk Score: 15 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: Plan ARR tomorrow

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-------------|---------------------|-------------|----------------|-------------|
| Handover given by | <u>Hay</u> | <u>Hannah Grace</u> | <u>0105</u> | <u>5/12/23</u> | <u>7:30</u> |
| Handover taken by | <u>aw</u> | <u>A. monisha</u> | <u>0101</u> | <u>5/12/23</u> | <u>7:30</u> |
| Document endorsed | <u>area</u> | <u>E. Nalini</u> | <u>0084</u> | <u>5/12/23</u> | <u>8:00</u> |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/12/23 Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: Seel An

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☐ Yes ☒ No Day: —

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

GCS: 5/5

POD: —

Central line days: —

VIP Score: —

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: not known

On room air / oxygen: on Room air

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 98.4°F | Pulse / HR: 60 (beats/min) | Respiration: 20 (breaths/min)

BP: 100/60 (mmHg) | SpO₂: 96 (%) | Height: 151 (cms) | Weight: 33.7 (kgs) | BMI: 14.9 kg/m²

Others: —

Pain Score: 4/2 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale (NRS) / CPOT

Fall Risk Score: 15 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: nil

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: —

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|--------------------|--------------------|-------------|----------------|--------------|
| Handover given by | <u>[Signature]</u> | <u>A. monder</u> | <u>0081</u> | <u>5/12/23</u> | <u>19:00</u> |
| Handover taken by | <u>[Signature]</u> | <u>[Signature]</u> | <u>220</u> | <u>5/12/23</u> | <u>19:30</u> |
| Document endorsed | <u>[Signature]</u> | <u>E. Nalini</u> | <u>0084</u> | <u>5/12/23</u> | <u>20:00</u> |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/12/23 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: Lab. New AR
NEWS / PEWS Score: —
Ventilator day: —
Peripheral line day: Right: — Left: —
Ryle's Tube: ☐ Yes ☒ No Day: —
Urinary Catheter: ☐ Yes ☒ No Day: —
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism: —

GCS: 15/15

POD: —

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: —
Allergies if any: not known
On room air / oxygen: —
Complaints / New Symptoms in last shift: —

Date of surgery: —

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 98.4 (°F) | Pulse / HR: 64 (beats/min) | Respiration: 22 (Breaths/min)

BP: 110/70 (mmHg) | SpO₂: 98 (%) | Height: 157 (cms) | Weight: 32.2 (Kgs) | BMI: 14.9 kg/m²

Others: —

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

Fall Risk Score: Low 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>[Signature]</u> | <u>[Signature]</u> | <u>5266</u> | <u>6/12/23</u> | <u>7:00</u> |
| Handover taken by | <u>[Signature]</u> | <u>[Signature]</u> | <u>0072</u> | <u>6/12/23</u> | <u>7:30</u> |
| Document endorsed | <u>[Signature]</u> | <u>S. Nalini</u> | <u>0024</u> | <u>6/12/23</u> | <u>8:00</u> |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. |
|----------------------|--|-------------------------|
| 8/12/23 9:15-10 | night duty hours patient handed over to day evening duty staff patient on war + anti patient vitals checked and recorded - vitals are stable patient has wound dress as drugs given as per chart | Subler |
| 20:30 | patient mobilised with the chart maintained there is no complaint patient sleep well the chart maintained there is no present complaint patient sleep well patient comfortable there is no present complaint | Subler |
| 22:40 | patient mobilised with the chart maintained there is no complaint patient sleep well the chart maintained there is no present complaint patient sleep well patient comfortable there is no present complaint | Subler |
| 6:00 | patient vital signs checked & Recorded The chart Maintained | Hay 0005 |
| 7:00 | patient handing over given to morning duty staff | Hay 0105 |
| Document endorsed by | Signature Nee | Name E. Nalini |
| | | Emp. No. 0084 |
| | | Date 6/12/23 |
| | | Time 8:00 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 6/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: RHD / Severe AA
NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☐ Yes ☒ No

Left: ☐ Yes ☒ No

Ryle's Tube: ☐ Yes ☒ No

Day: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Day: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15/15

POD:

Central line days:

VIP Score:

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: NKA

On room air / oxygen: RA

IV fluids on flow: —

Complaints / New Symptoms in last shift: Nil

A

ASSESSMENT

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 60 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 96 (%) | Height: 157 (cms) | Weight: 83.7 (kgs) | BMI: 14.9 kg/m²

Others: —

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

Fall Risk Score: 15 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: Nil

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|------------|------------------|-------------|----------------|--------------|
| Handover given by | <u>Pd</u> | <u>Pavithra</u> | <u>0022</u> | <u>6/12/23</u> | <u>13:00</u> |
| Handover taken by | <u>Di</u> | <u>A. Anitha</u> | <u>0222</u> | <u>6/12/23</u> | <u>13:10</u> |
| Document endorsed | <u>Nes</u> | <u>S. Nalini</u> | <u>0024</u> | <u>6/12/23</u> | <u>13:20</u> |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 6/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: RHD/severe AR

NEWS / PEWS Score: 0

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: —

Day: —

Day: —

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: —

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: NKDA

On room air / oxygen: Room Air

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 98.6°F | Pulse / HR: 64/m (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 98 (%) | Height: 157 (cms) | Weight: 23.3 (kgs) | BMI: 14.9 kg/m²

Others: —

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

Fall Risk Score: 15 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: ① 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 | Di | A. Smitha | 0222 | 6/12/23 | 19.00 |
| Handover taken by | me | Lucy | 2208 | 6/12/23 | 19.30 |
| Document endorsed | noe | Nalini | 0002 | 6/12/23 | 10.00 |

[illegible]

NURSES PROGRESS NOTES

[illegible]

| | | | |
|--|--|--|---|
|  Medway Hospitals <small>The way to better health</small> <small>(A Unit of United Alliance Healthcare Pvt Ltd)</small> |  <small>ACCREDITED</small> | Master.SIVAGURU.S 13/Male/MHI202381075 02/12/2023/IPH202302423 Dr.RAJESH.V  | MHI/NUR/2022/048  Medway Heart Institute Every heart beat counts |
|--|--|--|---|

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

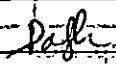


Date: 7/12/23 Shift: ☒ Morning ☐ Evening ☐ Night

| | |
|----------|---|
| S | SITUATION Diagnosis: <u>RHD, SEVERE AR</u> GCS: <u>15/15</u> NEWS-/PEWS Score: <u>0</u> POD: _____ Ventilator day: _____ Central line days: _____ Peripheral line day: Right: _____ Left: _____ Ryle's Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: _____ VIP Score: _____ 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 checked="" type="checkbox"/> No. If Yes, specify organism: _____ |
|----------|---|

| | |
|----------|--|
| B | BACKGROUND Type of surgery: _____ Date of surgery: _____ Allergies if any: <u>NKDA</u> On room air / oxygen: <u>RA</u> IV fluids on flow: _____ Complaints / New Symptoms in last shift: <u>Nil</u> |
|----------|--|

| | |
|----------|---|
| A | ASSESSMENT Vital Signs: Temp: _____ (°F) Pulse / HR: _____ (beats/min) Respiration: _____ (breaths/min) BP: _____ (mmHg) SpO ₂ : _____ (%) Height: <u>151</u> (cms) Weight: <u>33.7</u> (kgs) BMI: <u>14.9</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>15</u> Fall Risk Protocol: <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input 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 checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA Wound Dressing done: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA Current diet: <u>NPO</u> Drains: _____ |
|----------|---|

| | |
|----------|---|
| R | RECOMMENDATION Referral doctors: _____ Pending medications: _____ Pending medication indent: <u>Nil</u> 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 |  | Poojitha | 0072 | 7/12/23 | 10.00 |
| Handover taken by |  | Nalini | 0024 | 7/12/23 | 10.00 |
| Document endorsed |  | Nalini | 0024 | 7/12/23 | 10.00 |

NURSES PROGRESS NOTES

[illegible]



NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp No. | | | |
|----------------------|---|------------------------|----------|---------|-------|
| | CTOT RECEIVAL REPORT | | | | |
| | Patient Received From 203 To CTOT With Blue Op File And Case Sheet | | | | |
| | ECG: ECHO: X-RAY: ANGIO CD: with Attender | | | | |
| 7/12/23 | CT FILE: - | | | | |
| @ 9.30 | Patient Posted For Procedure: AVR (open heart) | | | | |
| | Under Anesthesia: JGA | glet 280 | | | |
| | Allergy Status: Not known | | | | |
| | Known Case Of: - | | | | |
| | Past Surgical History: - | | | | |
| | VITAL SIGN: TEMP: 98.7 HR: 72b/m SPO2: 99% BP 110/70mmhg | | | | |
| | CTOT SHIFTING REPORT | | | | |
| | Patient Shifted From CTOT To SICU With Blue Op File And Case Sheet Along With | | | | |
| | *Surgery Safety Check List | | | | |
| | *Intra Operative Record | | | | |
| | *Nurses' Record | | | | |
| | * Implantation Record | | | | |
| | ECG: ECHO: X-RAY: ANGIO CD: with Attender | | | | |
| | CT FILE: - | | | | |
| 7/12/23 | Patient Posted And Underwent For Procedure: AVR (open heart) | | | | |
| @ 13.40 | Under Anesthesia: JGA | glet 280 | | | |
| | Procedure: AVR (open heart) | | | | |
| | Drain tube size and placement: 24 Fr - Right mediastinum | | | | |
| | Pacing wire placement: Present/Absent Site: | | | | |
| | Implants: 2/mm - PPTIC | | | | |
| | Cautery burn/skin peeling/towel clip mark: Present/Absent Site: | | | | |
| | VITAL SIGN: TEMP: 97.7 HR: 100b/m SPO2: 99% BP: 90/50mmhg | | | | |
| | Notes: 2/mm ST. Jole master screws implant | | | | |
| Document endorsed by | Signature | Name | Emp. No. | Date | Time |
| | glet 280 | Elizabeth | 0280 | 7/12/23 | 13.40 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 07/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: RHD : SEV. AR.

NEWS / PEWS Score: —

Ventilator day: 0

Peripheral line day: Right: 0 Left: 0

Ryle's Tube: ☒ Yes ☐ No Day: 0

Urinary Catheter: ☒ Yes ☐ No Day: 0

Barrier nursing: ☒ Yes ☐ No

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

GCS: ET VET M

POD: 000

Central line days: 0

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Date of surgery: 07/12/23

Allergies if any: NKA

On room air / oxygen: ON VENT

IV fluids on flow: 0ABLYTE

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 96.9 (°F) | Pulse / HR: 96 bpm (beats/min) | Respiration: 26 bpm (breaths/min)

BP: 106/60 (mmHg) | SpO₂: 100 (%) | Height: 151 (cms) | Weight: 33 (kgs) | BMI: 14.4 m²

Others: Crp = 7 mmHg, BSA = 1.6m²

Pain Score: 0/2 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPO

Fall Risk Score: 35 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 ☒ N/A

Current diet: NPO

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

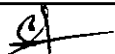
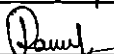

Pending lab reports / Investigations: —

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 |  | D. Sheeba | 0276 | 07/12/23 | 19.30 |
| Handover taken by |  | D. RAVEENA | 0131 | 07/12/23 | 19.30 |
| Document endorsed |  | Dr. Rajesh | 0003 | 08/12/23 | 9.0 |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. |
|----------------------|--|-------------------------|
| #11263 | Evening duty Reports on #11263 | |
| @ 13.45 | * patient received from OT to ICU @ 13.45, patient is on ventilator support. mode SIMV with no support. chest drain tube present. continue monitoring. | sheel 0270 |
| 14-00 | * ABG @ ACT was done. chest x-ray was done. weaning was started. 2v - fluids 75ml/hr on going. | |
| 15-00 | * put on CPAP @ 15-00. pt on extubated. 2v - sit up a facemask. | sheel 0270 |
| 16-00 | * do medications given after chart. provided comfortable position. | sheel 0270 |
| 17-00 | * mouth care given, 2v chart maintained. spirometry and DBE was done. | |
| 18-00 | * 2v - Fentanyl 25ml/hr started. on going. | |
| 19-00 | * patient fluids and reports handed over given to night duty staff. | |
| | → x | sheel 0270 |
| | | |
| | | |
| Document endorsed by | Signature | Name |
| |  | Shweta |
| | | Emp. No. |
| | | 0003 |
| | | Date |
| | | 8/12/23 |
| | | Time |
| | | 11.00 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 7/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: RHD, SEV AR.

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: WB Left: D1

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: D1

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

GCS: 15/15

POD: Dos

Central line days: D1

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AUR

Allergies if any: NKDA

On room air / oxygen: on Nasal cannula 2L/min

Complaints / New Symptoms in last shift: -

Date of surgery: 7/12/23

IV fluids on flow: KABWTE

A

ASSESSMENT

Vital Signs: Temp: 99°F | Pulse / HR: 120/min (beats/min) | Respiration: 28/min (breaths/min)

BP: 124/74mmHg (mmHg) | SpO₂: 100 (%) | Height: 151 (cms) | Weight: 33 (kgs) | BMI: 14.59 m²

Others: CNP-7mmHg, BSA-1.1m²

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

Fall Risk Score: 35 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: MEDIASTINAL

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

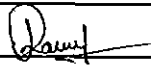

Pending lab reports / Investigations:

Critical value alert and its corrections:

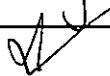
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: Nil

Pending follow-up orders:

Special instructions if any:

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|---|------------------|-------------|----------------|-------------|
| Handover given by |  | <u>D. RAJESH</u> | <u>0121</u> | <u>7/12/23</u> | <u>7.13</u> |
| Handover taken by | <u>Ai</u> | <u>A. Anitha</u> | <u>0222</u> | <u>7/12/23</u> | <u>7.30</u> |
| Document endorsed |  | <u>A. Anitha</u> | <u>0222</u> | <u>7/12/23</u> | <u>9.00</u> |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. |
|----------------------|--|-------------------------|
| 7/12/23 19.30 | <u>NIGHT DUTY REPORT</u> | |
| | * Patient had taken over from Evening duty Staff. Vital Signs are haemodynamically Stable. | P/N RANEEM 0171 |
| | * Dose medication are given as per day chart | |
| 20.00 | * Patient had oral diet and tolerated well. | |
| 21.00 | * Neb, Chest Physio & Sputum had given. Back care given. | |
| 22.00 | * Vital Signs are haemodynamically Stable | |
| 24.00 | * Vital Signs are haemodynamically Stable. I/O chart maintained. * Patient was Sleeping comfortably. | Pam 0181 |
| 1.30 | * Blood Investigation had Sent. | |
| 5.00 | * Bed Bath, oral care & Back care had given. Skid - Tutub | |
| 6.00 | * Neb, Chest Physio & Sputum had given. Positioning done. | |
| 6.30 | ABU- | |
| 7.30 | Patient details handed over to the morning duty Staff | |
| Document endorsed by | Signature  | Name Dr. Main |
| | | Emp. No. 0003 |
| | | Date 8/12/23 |
| | | Time 9.00 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 8/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: RHD, Severe AR

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: CURITAL Left: D2

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☒ Yes ☐ No Day: D2

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

GCS: 15/15

POD: DOD - I

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NKDA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: -

Date of surgery: 7/12/23

IV fluids on flow: KABLYTE

A

ASSESSMENT

Vital Signs: Temp: 100 (°F) | Pulse / HR: 130 (beats/min) | Respiration: 28/m (breaths/min)

BP: 100/54 (mmHg) | SpO₂: 100 (%) | Height: 151 (cms) | Weight: 33 (kgs) | BMI: 14.5 kg/m²

Others: COP - 7 mmHg BSA - 1.1m²

Pain Score: 2/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NB8 / CPOT

Fall Risk Score: 35 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: MEDIASTINAL

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: nil

Pending follow-up orders:

Special instructions if any:

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|---|-------------------|----------|---------|-------|
| Handover given by |  | A. Anitha | 0222 | 8/12/23 | 12:00 |
| Handover taken by |  | SURYA K. M. S. P. | 0232 | 8.12.23 | 12:20 |
| Document endorsed |  | Manu | 0203 | 8/12/23 | 7:00 |



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 8.12.23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: RHD - SEVAR

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left:

Day:

Day:

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

GCS: 15/15

POD: 1

Central line days: 2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NOT KNOWN

On room air / oxygen:

Complaints / New Symptoms in last shift:

Date of surgery: 07.12.23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97 (°F) | Pulse / HR: 102 (beats/min) | Respiration: 14 (breaths/min)

BP: 90/59 (mmHg) | SpO₂: 95(%) | Height: 157 (cms) | Weight: 33 (kgs) | BMI: 14.5 kg/m²

Others:

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

Fall Risk Score: 35 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:

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|--------------|----------|----------|------|
| Handover given by | | Sunayana A. | 0232 | 08.12.23 | 1930 |
| Handover taken by | | meena sesham | 0086 | 8/12/23 | 1900 |
| Document endorsed | | Dr. An. | 0005 | 8/12/23 | 9.00 |

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 8/12/2023

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: RHD - SEVERE

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right: CUBITAL D2 Left:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☒ Yes ☐ No

Barrier nursing: ☒ Yes ☐ No

Day:

MDR: ☐ Yes ☒ No

If Yes, specify organism: —

GCS: 15/15

POD: I

Central line days: 2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NKDA

On room air / oxygen: on Pu

Complaints / New Symptoms in last shift:

Date of surgery:

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 97.2°F | Pulse / HR: 124 (beats/min) | Respiration: 30 (breaths/min)

BP: 90/56 (mmHg) | SpO₂: 95% | Height: 151 (cms) | Weight: 33 (kgs) | BMI: 14.5 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Soft Diet

Drains: —

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

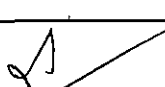
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: —

Pending follow-up orders:

Special instructions if any: Reports to collect.

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|--------------------|---------------------|-------------|-----------------|-------------|
| Handover given by | <u>S. Meena</u> | <u>Meena Selvan</u> | <u>0276</u> | <u>9/12/23</u> | <u>0730</u> |
| Handover taken by | <u>[Signature]</u> | <u>D. Jeeba</u> | <u>0270</u> | <u>09/12/23</u> | <u>7:30</u> |
| Document endorsed | <u>[Signature]</u> | <u>[Signature]</u> | <u>0003</u> | <u>09/12/23</u> | <u>9:00</u> |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. |
|----------------------|--|-------------------------|
| 9/12/22 | Patient hand over taken. | |
| 1930. | HR: 118 beats/min. R.R: 26 B/min. | |
| | BP: 90/60 mmHg. Patient complaints of nausea. | S. Meena 0226 |
| 20:00. | DR. Praveen seen The patient advised to give Tab. Diclofenac 25mg oral for pain. T. Razo. D advised to given. | S. Meena 0226 |
| 20:30 | Patient vitals monitored. | Meena 0226. |
| 21:00 | Patient has nausea. Dinner strongly refused. | Meena 0226. |
| 22:00 | Patient vomited once. Informed to DR. Praveen advised to give Ty. Ondansetron. IV given. advised to give Tab. Atpram 0.25mg P/O given. | S. Meena 0226. |
| 00:50' | HR: 140 B/min. going Intermittently. Informed to DR. Praveen advised to give Ty. Cardorone 150 mg IV Bolus. given. | S. Meena 0226. |
| 01:00. | Temp: 100°F Ty. Paracetamol 500 mg IV Bolus given. | S. Meena 0226 |
| 02:00 | Vitals monitored. | Meena 0226 |
| 03:00 | Patient is sleeping | |
| 04:30 | Blood samples sent | |
| 05:00 | morning care. lines care given. | |
| 06:00. | Vitals monitored. | Meena 0226 |
| 06:30 | DR. Praveen seen the patient | |
| 07:30 | Hand over given to assigned staff. | S. Meena 0226 |
| | | |
| | | |
| Document endorsed by | Signature | Name |
| |  | S. Meena |
| | | Emp. No. |
| | | 0003 |
| | | Date |
| | | 9/12/22 |
| | | Time |
| | | 9:00 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 09/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: RHD, BEV AR

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: 02/12/23 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: POD-II

Central line days: D3

VIP Score: 0.15

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NDA

On room air / oxygen: ON Room Air

Complaints / New Symptoms in last shift: -

Date of surgery: 07/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98.7 (°F) | Pulse / HR: 110 (beats/min) | Respiration: 24 (breaths/min)

BP: 90/60 (mmHg) | SpO₂: 99% | Height: 151 (cms) | Weight: 33 (kgs) | BMI: 14.5 kg/m²

Others: B8A 1.1m²

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

Fall Risk Score: 35 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: soft diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|---------------------|----------|----------|-------|
| Handover given by | | D. Shreeb | 0070 | 09/12/23 | 7.40 |
| Handover taken by | | P. S. Thiruvalluvar | 0070 | 09/12/23 | 10.30 |
| Document endorsed | | P. S. Thiruvalluvar | 0003 | 09/12/23 | 9.00 |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. |
|----------------------|--|-------------------------|
| 9/12/23 7.30 | morning duty reports on 9/12/23 * Taken over the patient from night duty staff. pt is conscious and oriented. vitals monitoring. pt is on Room air. inadequate urine output | shel 0270 |
| 8.30 | * patient had food and water. due medications given as per chart. | |
| 9.00 | * pt voiding urine. provided comfortable position | |
| 10.00 | * spirometry @ DBF were done. 2 lo chart were maintained. | shel 0270 |
| 11.00 | * plan for shifting. <u>shifting notes</u> | |
| 11.20 | * pt is conscious @ oriented. vitals monitored. 2 lo chart were maintained. patient shifted to 2nd floor R-No:- 202 @ 11.20 | sh 0270 |
| | <u>Receiving Note</u> | |
| 11.30 | - Patient received from SDICU - post AVR on T. Aciflon 2mg | patn |
| 13.00 | - patient handed over to evening duty staff | patn |
| Document endorsed by | Signature see | Name Nalini |
| | | Emp. No. 002A |
| | | Date 9/12/23 |
| | | Time 10.00 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: RHD, SEVAR.
NEWS / PEWS Score:
Ventilator day:
Peripheral line day: Right: Cubital 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: POD-II
Central line days: .
VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR
Allergies if any: NKDA
On room air / oxygen: on Room Air
Complaints / New Symptoms in last shift:

Date of surgery: 7/12/23
IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 108 (beats/min) | Respiration: 20 (breaths/min)
BP: 94/80 (mmHg) | SpO₂: 97 (%) | Height: 151 (cms) | Weight: 83 (kgs) | BMI: 14.5 kg/m²
Others :
Pain Score: 2/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT
Fall Risk Score: 35 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: Acid from diet Drains: -

R

RECOMMENDATION

Referral doctors:
Pending medications:
Pending medication indent:
Pending lab reports / Investigations: Nil
Critical value alert and its corrections:
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -
Pending follow-up orders:
Special instructions if any: To do PT. INR Tomorrow.

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|--------------|----------|---------|-------|
| Handover given by | | A. Manohini | 0170 | 9/12/23 | 19:30 |
| Handover taken by | | Hannah Grace | 0105 | 9/12/23 | 19:30 |
| Document endorsed | | Nalini | 0024 | 9/12/23 | 20:00 |

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/12/23 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: RHD, SER AR

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ D3 Left:

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

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

GCS: 15/15

POD: II

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Date of surgery: 7/12/23

Allergies if any: NKA

On room air / oxygen: on room air

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 100 (beats/min) | Respiration: 20 (breaths/min)

BP: 100/70 (mmHg) | SpO₂: 98 (%) | Height: 151 (cms) | Weight: 33 (kgs) | BMI: 14.5 kg/m²

Others: —

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

Fall Risk Score: 38 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: Ad libitum 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 do PTENR tomorrow

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|------------------|----------|----------|-------|
| Handover given by | Hay | Hannah Coase | 0105 | 10/12/23 | 7:30 |
| Handover taken by | S. Di | S. Dhanaprasanth | 0212 | 10/12/23 | 7:30 |
| Document endorsed | nee | Nalini | 0024 | 10/12/23 | 10:00 |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: P40, 3rd AB
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: 3rd POD
Central line days:
VIP Score: 0

B

BACKGROUND

Type of surgery: ABR
Allergies if any: Nik DA
On room air / oxygen: RA
Complaints / New Symptoms in last shift: Nil

Date of surgery: 7/12/23
IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 92 (°F) | Pulse / HR: 99 (beats/min) | Respiration: 20 (breaths/min)
BP: 100/80 (mmHg) | SpO₂: 98 (%) | Height: 151 (cms) | Weight: 33 (kgs) | BMI: 14.5 kg/m²
Others: -

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

Fall Risk Score: 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>[Signature]</u> | <u>Parth</u> | <u>0072</u> | <u>10/12/23</u> | <u>13:00</u> |
| Handover taken by | <u>[Signature]</u> | <u>M. Devika</u> | <u>0082</u> | <u>10/12/23</u> | <u>13:20</u> |
| Document endorsed | <u>[Signature]</u> | <u>Nalini</u> | <u>0024</u> | <u>10/12/23</u> | <u>14:00</u> |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. |
|----------------------|---|-------------------------|
| 10/12/23 7.30 | Morning Duty Notes | |
| | - Patient taken over from night duty staff | Pdfr |
| | - while take over patient is hemodynamically stable | |
| | - on T. Acitcan 2mg | |
| 8.30 | - Due medications given as per chart | Pdfr |
| 9.00 | - pt SpO ₂ Dr Pearson SR | |
| 10.00 | - Nebulization given | Pdfr |
| 11.00 | - pt mobilized well | |
| 13.00 | - patient handed over to evening duty staff | Pdfr |
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| Document endorsed by | Signature <i>[Signature]</i> | Name Nalini |
| | Emp. No. 0024 | Date 10/12/23 |
| | | Time 10.00 |



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 10/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: PFO + Seizure

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: Nil

GCS: 15/15

POD: 7/1

Central line days: 0

VIP Score: 0

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NDDA

On room air / oxygen: On room

Complaints / New Symptoms in last shift: Nil

Date of surgery: 7/12/23

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 96°F | Pulse / HR: 104 (beats/min) | Respiration: 20 (breaths/min)

BP: 92/73 (mmHg) | SpO₂: 95 (%) | Height: 151 (cms) | Weight: 33 (kgs) | BMI: 14.5 kg/m²

Others: —

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

Fall Risk Score: 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 | | Dr. Desai | 0182 | 10/12/23 | 19:40 |
| Handover taken by | | A. ALBINO | 0088 | 10/12/23 | 19:40 |
| Document endorsed | | Nalini | 0024 | 10/12/23 | 16:00 |

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 10/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: RHD Severe AS

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: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Date of surgery: 7/12/23

Allergies if any: N/A

On room air / oxygen: ON ROOM AIR

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

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

BP: 110/70 (mmHg) | SpO₂: 97 (%) | Height: 151 (cms) | Weight: 83 (kgs) | BMI: 24.3 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. ALBINO S | 0088 | 10/12/23 | 7:00 |
| Handover taken by | | Pauline | 0072 | 11/12/23 | 7:30 |
| Document endorsed | | Malini | 0024 | 11/12/23 | 10:00 |

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: RHD, Scurvy AS

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 pop

Central line days:

VIP Score: 0

B

BACKGROUND

Type of surgery: AVR

Date of surgery: 7/12/23

Allergies if any: NKA

On room air / oxygen: RA

IV fluids on flow:

Complaints / New Symptoms in last shift: Nil

A

ASSESSMENT

Vital Signs: Temp: 97.2°F | Pulse / HR: 96 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 97% | Height: 151 (cms) | Weight: 33 (kgs) | BMI: 24.3 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: T. Anticoag 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 | | Ravitha | 002 | 11/12/23 | 13:00 |
| Handover taken by | | B. Vanishini | 0105 | 11/12/23 | 13:00 |
| Document endorsed | | Nalini | 002A | 11/12/23 | 10:00 |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | | | Signature with Emp. No. | |
|----------------------|---|--------|----------|-------------------------|-------|
| 11/12/23 | <u>Morning Duty Notes</u> | | | | |
| 7.30 | | | | | |
| | - Patient taken over from night duty staff | | | Poffin | |
| | - while take over patient is hemodynamically stable | | | | |
| | - on P. Acetaminophen 2mg | | | | |
| 8.00 | - Suture removal done | | | | |
| | - wound site healthy | | | Poffin | |
| 8.30 | - patient s/p Dr. Ambroseu s/s | | | | |
| 9.00 | - give medications given as per chart | | | Poffin | |
| 10.00 | - Nebulization done | | | Poffin | |
| 13.00 | - Patient handed over to evening duty staff | | | Poffin | |
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| Document endorsed by | Signature | Name | Emp. No. | Date | Time |
| | nee | Nalini | 0081 | 11/12/23 | 10.00 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: RHD; SEVERE AS

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right: ☐ Left: ☐

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

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

GCS: S15

POD: POD-IV

Central line days:

VIP Score: —

B

BACKGROUND

Type of surgery: AVR

Date of surgery: 7/12/23

Allergies if any: NKOA

On room air / oxygen: on Room Air

IV fluids on flow: —

Complaints / New Symptoms in last shift:

A

ASSESSMENT

Vital Signs: Temp: 96.4 (°F) | Pulse / HR: 80b/m (beats/min) | Respiration: 20b/m (breaths/min)

BP: 88/65 (mmHg) | SpO₂: 97 (%) | Height: 151 (cms) | Weight: 83 (kgs) | BMI: 24.3 kg/m²

Others: —

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

Fall Risk Score: 15 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: —

Acidrom diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: To do CBC, Urea, Creat, Na⁺, K⁺, PT/INR. Tomorrow

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|--------------------|-----------------------|-------------|-----------------|--------------|
| Handover given by | <u>[Signature]</u> | <u>A. Manohari</u> | <u>0170</u> | <u>11/12/23</u> | <u>19:32</u> |
| Handover taken by | <u>[Signature]</u> | <u>ALBINUS AMARIN</u> | <u>0088</u> | <u>11/12/23</u> | <u>19:30</u> |
| Document endorsed | <u>[Signature]</u> | <u>Nalin</u> | <u>0024</u> | <u>11/12/23</u> | <u>16:00</u> |

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: RHD, SEVERE AS

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: 0/5

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NKDA

On room air / oxygen: ON ROOMY AIR

Complaints / New Symptoms in last shift: -

Date of surgery: 7/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/90 (mmHg) | SpO₂: 97 (%) | Height: 51 (cms) | Weight: 83 (kgs) | BMI: 24.3 kg/m²

Others: N2

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>[Signature]</u> | <u>A. ALBINUS</u> | <u>0088</u> | <u>12/12/23</u> | <u>7:00</u> |
| Handover taken by | <u>[Signature]</u> | <u>Hannah Grace</u> | <u>0105</u> | <u>12/12/23</u> | <u>7:30</u> |
| Document endorsed | <u>[Signature]</u> | <u>Nalini</u> | <u>0024</u> | <u>12/12/23</u> | <u>10:00</u> |

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: RHD, SEVER AS

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: —

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NKDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift: —

Date of surgery: 7/12/23

IV fluids on flow: —

A

ASSESSMENT

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

BP: 120/80 (mmHg) | SpO₂: 97 (%) | Height: 157 (cms) | Weight: 38 (kgs) | BMI: 24.3 kg/m²

Others: —

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

Fall Risk Score: 00 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: 2

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|--------------------|--------------------|-------------|-----------------|--------------|
| Handover given by | <u>[Signature]</u> | <u>[Signature]</u> | <u>0984</u> | <u>12/12/23</u> | <u>8:00</u> |
| Handover taken by | <u>[Signature]</u> | <u>Discharged</u> | <u>—</u> | <u>—</u> | <u>—</u> |
| Document endorsed | <u>[Signature]</u> | <u>[Signature]</u> | <u>0024</u> | <u>12/12/23</u> | <u>10:00</u> |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. |
|----------------------|--|-------------------------|
| 12/12/23 | <u>MORNING DUTY NOTES:</u> | |
| 8.00 | → Patient handing over taken from Night duty staff. → Patient conscious and oriented. | Jen 0024 |
| 10.00 | → Patient Vitals signs are stable → Medication given as per drug chart. | Jen 0024 |
| 11.00 | - Today Plan for discharge → P/O chart Monitored. → Pt Vital signs are checked and recorded. | Jen 0024 |
| 12.30 | → Patient handing over given to the evening duty staff. | Jen 0024 |
| | <u>Discharge notes</u> | |
| 12.30 | → Pt is taken over from my duty staff. | Jul 0105 |
| 14.00 | → Pt had a food. Due medication was given as per doctor order. | |
| 16.30 | → Pt today Plan Discharge closed | |
| 18.00 | → Pt discharge summary explained to the pt attenders. → ID band removed | Jul 0105 |
| Document endorsed by | Signature Jen | Name Nalini |
| | | Emp. No. 0024 |
| | | Date 12/12/23 |
| | | Time 10.00 |

ADULT NURSING CARE PLAN

Master, SIVAGURU.S
13/Male/MHI202381075
02/12/2023/IPH202302423
Dr. RAJESH.V



| Initial Date: 2/12/23 Time: 12:30 | | Modified Date: Time: | | |
|---|---|---|--|--|
| Reason for Modification: | | Diagnosis: <i>Bev AR</i> | | |
| 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 | M E <i>pt had normal diet</i> N <i>pt had normal diet</i> | <i>[Signature]</i> <i>[Signature]</i> |
| OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAR / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing | <input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | M E <i>SpO₂ - 98%</i> N <i>SpO₂ - 97%</i> | <i>[Signature]</i> <i>[Signature]</i> |
| 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 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 type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes | M E <i>Elbow chest monitored</i> N <i>No chest monitored</i> | <i>[Signature]</i> <i>[Signature]</i> |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|---|--|---|------------------------------------|
| MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will mobilize freely <input checked="" 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 checked="" type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature) | M E pt mobilized well N pt mobilized well | [Signature] [Signature] |
| ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns | <input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as toley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenc / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M E elimination pattern @ N elimination pattern @ | [Signature] [Signature] |
| 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 E pt groomed well N pt groomed well | |
| 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 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 ⊕ N ID Band ⊕ | |
| 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 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 stable N vitals was stable | |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern | <input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance | M E — N — | |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|------------|---|--|---|-----------------|
| COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input checked="" 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 <i>pt communicating well</i> N <i>pt communicating well</i> | |
| 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 E N | |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | <i>Nae</i> | <i>R. Nalini</i> | <i>0004</i> | <i>2/2/23</i> | <i>18:00</i> |

ADULT NURSING CARE PLAN

Pa **Master.SIVAGURU.S**
N 13 / Male / MHI202381075
UI 02 / 12 / 2023 / IPH202302423
D Dr.RAJESH.V
DI
C
C

| Initial Date: 31/12/23 Time: | | Modified Date: Time: | | |
|---|--|---|---|---------------------------|
| Reason for Modification: | | Diagnosis: Severe AR | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
| NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs | <input checked="" type="checkbox"/> Provide Prescribed diet on time <input checked="" type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed | M Pt had diet E Pt had normal diet N Pt had normal diet | P S Hay 01/05 |
| OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal O ₂ saturation <input 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 on Room air E SpO ₂ - 98% N Pt was stable on room air | P 27/2 Hay 01/05 |
| FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have balanced fluid and electrolytes balance | <input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input 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/O Monitored E I/O chart monitored N I/O chart Maintained | P 5/1 Hay 01/05 |

| 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-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 Mobilized well | P 5/3/22 |
| | | | E pt mobilized well | MD 5/3/22 |
| | | | N Pt Mobilized well | Hay 05/05 |
| ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns | <input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hematemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M Elimination pattern | P 2/3/22 |
| | | | E elimination pattern vomit | MD 5/3/22 |
| | | | N Pt had normal elimination pattern | Hay 05/05 |
| 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 Maintain normal skin integrity | MD 02/15 |
| | | | N Pt had normal skin integrity | Hay 05/05 |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|---|--|--|-----------------|
| HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs | <input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution | M groomed well E — N Pt groomed well | P Hay dos |
| 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 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 ⊕ N ID band present | P Hay dos |
| 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 type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal range of vital parameters | <input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order | M VS & stable E vital signs stable N Pt vital signs are stable | P Hay dos |
| 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 Good communication E pt communicate well N Pt Communicated well | P 2332 P 6h1 Hay 0105 |
| 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 Medication was given E — N Due drugs are given | P 533 Hay 0108 |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | Nas | S. Nalini | 0024 | 3/12/23 | 18:00 |

ADULT NURSING CARE PLAN

Master.SIVAGURU.S
13/Male/MHI202381075
02/12/2023/UPH202302423
Dr.RAJESH.V



MHI/NUR/2022/044



Every heart beat counts

| Initial Date: 4/12/23 Time: 8:00 | | Modified Date: Time: | | |
|---|--|---|---|-----------------------------|
| Reason for Modification: | | Diagnosis: Sel An | | |
| 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 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 had diet E Pt had normal diet N Pt had normal diet | [Signature] Hay 01/05 |
| OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal O ₂ saturation <input 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 SpO ₂ - 98% E SpO ₂ - 98% N Pt was stable on room air | [Signature] Hay 01/05 |
| 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 I/O chest monitored E I/O chest monitored N I/O chest Maintained | [Signature] Hay 01/05 |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|---|--|-------------------------------------|-----------------|
| MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input 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 | OH/ |
| | | | E pt mobilized well | OH/ah |
| | | | N Pt Mobilized well | Hay/ob |
| ELIMINATION <input checked="" type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-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 / consistenc / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M elimination pattern well | OH/ah |
| | | | E elimination pattern well | OH/ah |
| | | | N pt had normal elimination pattern | Hay/ob |
| 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 pt groomed well E pt groomed well N pt groomed well | [Signature] [Signature] Hay 01/05 |
| 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 ID band present E ID band present N ID band present | [Signature] [Signature] Hay 01/05 |
| COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep | <input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy | M — E — N — | |
| OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal range of vital parameters | <input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order | M vital signs stable E vital signs stable N pt vital signs are stable | [Signature] [Signature] Hay 01/05 |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern | <input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance | M — E — N — | |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|-------------|--|---|---|---|
| COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others: | | <input 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 communicate well E pt communicate well N Pt Communicated well | [Signature] [Signature] Hay otos |
| 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 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 medrx fpon very given E medrx fpon ves given N Due drugs are Given | [Signature] [Signature] Hay otos |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | [Signature] | E. Nalini | 0024 | 4/12/23 | 18:00 |

ADULT NURSING CARE PLAN

Master.SIVAGURU.S

13/Male/MHI202381075

02/12/2023/IPH202302423

Dr.RAJESH.V



MHI/NUR/2022/044



Every heart beat counts

| Initial Date: 5/12/23 | | Time: 8:00 | | Modified Date: | | Time: | |
|--|--|---|----------------------------|------------------------|--|-------|--|
| Reason for Modification: | | | | Diagnosis: RHD, SEV AR | | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials | | | |
| NUTRITION <input checked="" type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others: | <input 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 had Normal diet | Jen 02/12/23 | | | |
| | | | E pt had Normal diet | Jen 02/12/23 | | | |
| | | | N pt had @ diet | M 02/12/23 | | | |
| 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 Room air | Jen 02/12/23 | | | |
| | | | E Room air | Jen 02/12/23 | | | |
| | | | N pt on Room air | M 02/12/23 | | | |
| 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 I/O chart was monitored. | Jen 02/12/23 | | | |
| | | | E I/O chart was monitored. | Jen 02/12/23 | | | |
| | | | N I/O chart maintained | M 02/12/23 | | | |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|--|--|----------------------------------|-----------------|
| MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-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 mobilized well | Ju |
| | | | E pt mobilized well | Jen 02/24 |
| | | | N pt mobilized acc | ll Met |
| ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-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 / consistenc / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M elimination pattern was normal | Jen 02/24 |
| | | | E elimination pattern was normal | Jen 02/24 |
| | | | N pr an sct would | ll Met |
| 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 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 groomed well | Jen |
| | | | E pt groomed well | Jen |
| | | | N pt groomed well | Al |
| SAFETY <input type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV <input type="checkbox"/> 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 ID Band Present | Jen |
| | | | E ID Band Present | Jen |
| | | | N ID Band Present | Al |
| 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 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 Vitals is stable | Jen |
| | | | E Vitals was stable | Jen |
| | | | N pt vitals checked regularly | Al |
| 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 communication on was well. E pt communication was well. N pt communication well | Fen Fen ll |
| 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 drugs are given E Due drugs are given N Due drugs given | Fen Fen ll |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | Nce | S. Nalin | 0024 | 5/12/23 | 18:00 |

ADULT NURSING CARE PLAN

Master.SIVAGURU.S
13/Male/MHI202381075
02/12/2023/IPH202302423
Dr.RAJESH.V



MHI/NUR/2022/044



Every heart beat counts

| Initial Date: 6/12/23 Time: 8:40 | | Modified Date: Time: | | |
|--|---|--|---|-----------------|
| Reason for Modification: | | Diagnosis: PAB - Sec AR | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
| NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs | <input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed | M Takes normal diet E pt had @ diet N pt had @ diet | PAB AR AR |
| 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 checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing | <input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | M Patient is on room air E pt is on room air N pt is on room air | PAB AR AR |
| 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 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 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 Takes adequate oral fluids E I/O chart monitored N I/O chart maintained | PAB AR AR |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|---|---|---|---------------------------------|
| MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-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 Patient mobilized well E Pt mobilized well N Pt mobilized well | Postn A's OLL R Not |
| ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns | <input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenc / volume / Hemetemeses as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M self voiding E Pt self voided N self voided. | Postn A's OLL R Not |
| SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity | <input checked="" type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care | M Bed Preparation done E maintain normal skin integrity N To maintained normal skin integrity | Postn A's OLL R Not |

| 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 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 well groomed E Pt well groomed N Pt well groomed | Poffn Ai OLL 12/22/08 |
| 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 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 ⊕ N ID band ⊕ | Poffn Ai OLL 12/22/08 |
| 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 — | |
| 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 Vital signs checked & recorded E V/S checked & recorded N V/S checked & recorded | Poffn Ai OLL 12/22/08 |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input checked="" type="checkbox"/> Identify Stressors <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs <input checked="" 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 checked="" 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 Provided Psychological Support E provided comfortable position N Encourage to pray | Poffn Ai OLL 12/22/08 |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|------------|---|---|---|-------------------------------|
| COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input 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 effective verbal communication E Pt good communicated N Pt communicated well | Jashn A OLL |
| SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others: | | <input type="checkbox"/> To manage on time | <input 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 medications given as per E medication given as per drug chart N DVT drugs given | Jashn A OLL A OLL |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | <i>Nee</i> | R. Nalini | 0024 | 6/12/23 | 10:00 |

ADULT NURSING CARE PLAN

Master.SIVAGURU.S
13 / Male / MHI202381075
02 / 12 / 2023 / IPH202302423
Dr.RAJESH.V

| Initial Date: 7/12/23 | | Time: 8:00 | | Modified Date: | | Time: | |
|--|---|---|--------------------------|--------------------|--|-------|--|
| Reason for Modification: | | | | Diagnosis: GERD AS | | | |
| 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 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 NPO | Rajesh V | | | |
| | | | E | | | | |
| | | | N | | | | |
| 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 checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing | <input 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 Patient is on room air | Rajesh V | | | |
| | | | E | | | | |
| | | | N | | | | |
| 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 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 NPO | Rajesh V | | | |
| | | | E | | | | |
| | | | N | | | | |

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

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|---|--|--|------------------|
| HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs | <input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution | M Pt well groomed E N | Pdlm |
| SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have no life-threatening situations | <input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed) | M ID band (P) E N | Pdlm |
| 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 checked="" type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy | M — E 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 Vital signs checked & recorded E N | Pdlm |
| 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Provide empathy and reassurance | M Provided Psychological Support E N | Pdlm |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|------------|---|---|---|------------------------|
| COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence | M effective verbal communication E N | <i>psm</i> |
| SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> To manage on time | <input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order | M — E N | <i>psm</i> |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | <i>see</i> | <i>Nalini</i> | 0084 | 7/12/23 | 10.00 |

ADULT POST-OPERATIVE NURSING CARE PLAN

| Initial Date: 01/12/23 Time: 14-00 | | Modified Date: — Time: — | | |
|--|--|---|---|----------------------|
| Reason for Modification: | | Diagnosis: RHD, Svt AR. | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
| PAIN <input type="checkbox"/> Comfortable Position <input checked="" type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have less pain | <input type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy | M E Administer medication as per chart N Patient had decreased level of pain - 1/10 | 01/12/23 Rajesh V |
| 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 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 E ON VENTILATOR SUPPORT N Patient is on Room air - SpO2 - 98% | 01/12/23 Rajesh V |
| 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 NA | 01/12/23 Rajesh V |
| 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 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 Immobile. N Patient is on Bed rest | 01/12/23 Rajesh V |

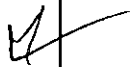
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|---|--|-------------------------------------|-----------------|
| FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have balanced fluid and electrolytes balance | <input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes | M | |
| | | | E monitored I/O chart | Sh 0270 |
| | | | N No chart maintained | David 0174 |
| RISK OF INFECTION <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others: | <input type="checkbox"/> The patient will be discharged with no hospital acquired infection | <input type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons | M | |
| | | | E used aseptic precautions followed | Sh 0270 |
| | | | N Aseptic precautions are followed | David on |
| 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 kept bed in low position | Sh 0270 |
| | | | N Safety precautions are followed | David on |
| 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 no oozing in the surgical site | Sh 0270 |
| | | | N Skin - Intact | David on |
| DIET & NUTRITION <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds | <input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting | <input type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor | M | |
| | | | E NPO | Sh 0270 |
| | | | N Patient is on liquid diet | David on |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | | Sign & Initials |
|---|-----------|--|--|------------|---|-----------------|
| CARE OF CATHETERS, DRAINS, ETC. | | <input type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc | <input type="checkbox"/> Check the catheters, drains etc frequently <input type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing | M | | |
| | | | | E | maintained patency @ output chart | dh |
| | | | | N | observe i/o chart | dh |
| DISTURBED BODY IMAGE | | <input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image | <input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility | M | | |
| | | | | E | | |
| | | | | N | | |
| OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others: | | <input type="checkbox"/> Patient will have normal range of vital parameters | <input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient | M | | |
| | | | | E | monitored vital signs regularly | dh |
| | | | | N | vital signs are stable | dh |
| HEALTH EDUCATION <input type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others: | | <input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications | <input type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment | M | | |
| | | | | E | Explained about the pt condition @ ICU stay | dh |
| | | | | N | Explained about the treatment | dh |
| ANY OTHER NEEDS | | | | M | | |
| | | | | E | | |
| | | | | N | | |
| Endorsed by | Signature | Name | Emp. ID | | Date | Time |
| | dh | Nalini | 0024 | | 7/12/03 | 10.00 |

ADULT POST-OPERATIVE NURSING CARE PLAN

| Initial Date: 8/12/23 | | Time: 8.00 | | Modified Date: _____ | | Time: _____ | |
|--|--|--|--|--|--|-------------|--|
| Reason for Modification: | | | | Diagnosis: RHD SEV AR | | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials | | | |
| PAIN <input type="checkbox"/> Comfortable Position <input checked="" type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others: | <input checked="" 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 administer medication as per drug chart E administered drugs as per order N Pain medication given. | Ai 022L Jy 022L R mean 0286 | | | |
| 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 checked="" 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 type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present | M pt is on Room Air E patient on NA SpO2: 96% N Patient is on Room. | Ai 022L Jy 022L R mean 0286 | | | |
| ANXIETY <input type="checkbox"/> Increased Pulse Rate <input checked="" type="checkbox"/> Anxious Look | <input checked="" 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 checked="" 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 Explained all procedure to the patient N Psychological support given | Jy 022L R mean 0286 | | | |
| MOBILITY <input type="checkbox"/> Mobile / Immobile <input checked="" type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will mobilize freely <input checked="" type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input checked="" type="checkbox"/> Apply Anti-Embollic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input 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 is on Bed mobilized E provided safe environment N Safety Environment provided | Ai 022L Jy 022L R mean 0286 | | | |

| 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 monitored I/O chart | As 02/22 |
| | | | E monitored I/O chart checked IV sites | |
| | | | N I/O chart monitored. | R-meow 02/26. |
| 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 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 used aseptic precaution followed | As 02/22 |
| | | | E used aseptic technique during care | dy 02/26 |
| | | | N Aseptic technique maintained. | R-meow -286. |
| 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 Bed is lowest and locked properly | R-meow 02/26 |
| 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 no oozing in the surgical site | As 02/22 |
| | | | E checked drains | dy 02/26 |
| | | | N | |
| DIET & NUTRITION <input type="checkbox"/> NPO <input checked="" type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting | <input type="checkbox"/> Encourage patient to consume prescribed diet <input checked="" type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor | M pt is on liquid diet | As 02/22 |
| | | | E patient on liquid diet | dy 02/26 |
| | | | N On Soft Diet | R-meow 02/26. |

| 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 checked="" type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input checked="" type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing | M monitored intake output chart | |
| | | | | E maintained I/O chart | dforn |
| | | | | N #10 chart monitored | mean 2/28 |
| 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 checked="" type="checkbox"/> Patient will have normal range of vital parameters | <input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient | M monitored vital signs regularly | As 02/28 |
| | | | | E maintained vital signs | df 02/28 |
| | | | | N Vitals monitored | R-mean 02/28 |
| HEALTH EDUCATION <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Family / Guardian <input checked="" 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 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 Explained about the pt condition @ ICU stay | As 02/28 |
| | | | | E explained the condition to the patient & family | df 02/28 |
| | | | | N Health Education given | R-mean 02/28 |
| ANY OTHER NEEDS | | | | M | |
| | | | | E | |
| | | | | N | |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| |  | Dr. A. M. | 0003 | 7/12/25 | 9.00 |

ADULT POST-OPERATIVE NURSING CARE PLAN

| Initial Date: 09/12/23 Time: 8-00 | | Modified Date: Time: | | |
|--|---|---|--|-------------------------------------|
| Reason for Modification: | | Diagnosis: RHD, SEV AR | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
| PAIN <input type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have less pain | <input checked="" type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input 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 provided comfortable -ble position E pt provided comfortable position N Pt had dull pain | Sm 02/10 Cool 02/10 Hay 02/10 |
| 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 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 room air 2PO2 - 99% E pt on room air N Pt was stable on room air | Sm 02/10 Cool 02/10 Hay 02/10 |
| 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 checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input checked="" type="checkbox"/> Apply Anti-Embolic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature) | M mobilized to chair E mobilized to chair N Pt mobilized well | Sm 02/10 Cool 02/10 Hay 02/10 |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|---|---|--|-----------------|
| FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have balanced fluid and electrolytes balance | <input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes | M monitored 260 Chart | el 0270 |
| | | | E pt 260 chart maintained | el 0270 |
| | | | N Patient encouraged to take adequate intake | Hay 0105 |
| RISK OF INFECTION <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others: | <input type="checkbox"/> The patient will be discharged with no hospital acquired infection | <input type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons | M used aseptic precautions followed | el 0270 |
| | | | E used aseptic precaution followed | el 0105 |
| | | | N — | |
| 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 kept bed in low position | el 0270 |
| | | | E kept in side rails | el 0105 |
| | | | N — | |
| SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell | <input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge | <input type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor | M no oozing in to surgical site | el 0270 |
| | | | E — | |
| | | | N — | |
| DIET & NUTRITION <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds | <input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting | <input type="checkbox"/> Encourage patient to consume prescribed diet: <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor | M soft diet | el 0270 |
| | | | E pt had a Soft Diet | el 0105 |
| | | | N pt had Asitson diet | Hay 0105 |

| 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 checked="" type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input checked="" type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input checked="" type="checkbox"/> Maintain adequate cleaning and dressing | M <i>monitored 2 to chart</i> | <i>sl</i> 0510 | |
| | | | E <i>2 to chart maintained</i> | <i>sl</i> 0510 | |
| | | | N <i>2 to chart maintained</i> | <i>Hay</i> 0510 | |
| 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 <i>-</i> | | |
| | | | E <i>-</i> | | |
| | | | N <i>-</i> | | |
| OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal range of vital parameters | <input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient | M <i>monitored vitals signs regularly</i> | <i>sl</i> 0510 | |
| | | | E <i>vitals were checked</i> | <i>sl</i> 0510 | |
| | | | N | | |
| 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 checked="" type="checkbox"/> Insist on importance of hand hygiene <input checked="" type="checkbox"/> Explore action, reactions and adherence about medication <input checked="" 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 <i>Explained about the pt condition @ 2 to stay</i> | <i>sl</i> 0510 | |
| | | | E <i>-</i> | | |
| | | | N <i>Health education was given</i> | <i>Hay</i> 0510 | |
| ANY OTHER NEEDS | | | M <i>-</i> | | |
| | | | E <i>-</i> | | |
| | | | N <i>-</i> | | |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | <i>[Signature]</i> | <i>sl</i> | <i>0003</i> | <i>9/12/23</i> | <i>9.00</i> |

ADULT NURSING CARE PLAN

Mast r. SIVAGURU.S
13/Mai /MHI202381075
02/12/23/PH202302423
Dr. RAJESH



MHI/NUR/2022/044




Every heart beat counts

| Initial Date: 10/12/23 | | Time: 8:20 | | Modified Date: | | Time: | |
|--|---|--|---|------------------------------|--|-------|--|
| Reason for Modification: | | | | Diagnosis: SEVERAS | | | |
| 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 type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs | <input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed | M pt had diet. E pt had diet N pt had diet | Sen 0204 S 0204 S 0204 | | | |
| 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 checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing | <input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | M pt on room air E pt on room air N SpO ₂ - 95% | Sen 0204 S 0204 S 0204 | | | |
| 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 pt I/O chart monitored. E pt I/O chart monitored N pt I/O chart monitored | Sen 0204 S 0204 S 0204 | | | |

| 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 checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature) | M pt mobilized well. | Sen 0208 |
| | | | E pt mobilized well | Sen |
| | | | N pt mobilized well | Sen 001 |
| ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continece or urinary retention, control of bowel incontinence, and regular elimination patterns | <input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemeses as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M pt Normal elimination pattern | Sen 0204 |
| | | | E pt @ elimination well | Sen |
| | | | N pt @ elimination pattern | Sen 0008 |
| SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity | <input 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 Normal skin Integrity. | Sen 0204 |
| | | | E pt normal skin Integrity | Sen |
| | | | N skin is intact | Sen |

| 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 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 groomed well E pt groomed well N pt Groomed well | Sen Sen Sen |
| SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have no life-threatening situations | <input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed) | M pt ID Band Present E pt ID Band present N pt ID Band (+) | Sen Sen Sen |
| 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 pt vitals are stable E pt vitals are Stable N pt vitals are stable | Sen Sen Sen |
| 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 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 communication well. E pt communication well. N Pt COMMUNICATION well | Jan 08/24 Jan 08/24 Jan 08/24 |
| 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 type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order | M pt due drugs are given. E pt due drugs are given. N due drugs are given | Jan 08/24 Jan 08/24 Jan 08/24 |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| |  | Nalini | 0024 | 10/12/23 | 10:00 |



ADULT NURSING CARE PLAN

Master.SIVAGURU.S
13/Male/MHI202381075
02/12/2023/1PH202302423
Dr. RAJESH.V

| Initial Date: 11/12/23 Time: 7:00 | | Modified Date: Time: | | |
|---|---|--|---|-----------------------|
| Reason for Modification: | | Diagnosis: AVR | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
| NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs | <input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed | M Pt had Normal Diet. E Pt had @ Diet N PT had @ Diet | Jey @ Jey 00/80 |
| OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remains within established limits <input type="checkbox"/> Patient will indicates, 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 maintain on Room air. E. pt on Room air N SPO ₂ - 95% | Jey @ Jey 00/80 |
| FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have balanced fluid and electrolytes balance | <input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes | M pt I/O chart Monitor E I/O chart maintained N I/O chart maintained | Jey @ Jey 00/80 |

| 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 checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input type="checkbox"/> Encourage regular ambulation ROM exercise <input checked="" type="checkbox"/> Apply Anti-Embolic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature) | M | |
| | | | E pt well mobilized | Ref 20/8 |
| | | | N pt well mobilized | Ref 20/8 |
| ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns | <input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hematemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M | |
| | | | E self voided | Ref 20/8 |
| | | | N pt is self voided | Ref 20/8 |
| SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity | <input checked="" type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care | M | |
| | | | E pt (M) skin intact | Ref 20/8 |
| | | | N pt skin is intact | Ref 20/8 |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|---|---|-------------------------|-----------------|
| HYGIENE <input type="checkbox"/> Bed-Bath <input checked="" type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs | <input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution | M | |
| | | | E pt well groomed | Adf 5/15/18 |
| | | | N pt well groomed | df 5/15/18 |
| SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV <input type="checkbox"/> CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have no life-threatening situations | <input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed) | M | |
| | | | E checked ID band | Adf 5/15/18 |
| | | | N ID Band (+) | df 5/15/18 |
| 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 checked="" 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 provided comfortable | Adf 5/15/18 |
| | | | N pt sleep pattern good | df 5/15/18 |
| 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 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 vitals are checked | Adf 5/15/18 |
| | | | N vitals is checked | df 5/15/18 |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern | <input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance | M | |
| | | | E — | |
| | | | N — | |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|---|---|---|--|-------------------|
| COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence | M pt communication well. E pt well communicated N pt well communication | Jen Ash Ash |
| 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 pt due drugs are given. E Due medication was given N Due drugs are given | Jen Ash Ash |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| |  |  | 0024 | 11/12/23 | 10.00 |

ADULT NURSING CARE PLAN

Pat Master.SIVAGURU.S
Na 13/Male/MHI202381075
UH 02/12/2023/IPH202302423
DO Dr.RAJESH.V
DO
Co

| Initial Date: 12/12/23 Time: 7.00 | | Modified Date: Time: | | |
|---|---|---|--|-------------------------|
| Reason for Modification: | | Diagnosis: S/P AVR | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
| NUTRITION <input checked="" type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others: | <input 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 had Normal diet. E pt had (N) Diet N - | Jen 0224. Raj adr |
| OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing | <input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | M pt on Room air. E pt on Room air N | Jen 0224. Raj adr |
| 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 pt I/O chart monitored. E I/O chart maintained N | Jen 0224. Raj adr |

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

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|---|--|-------------------------|-----------------|
| HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others: | <input 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 groomed well | Jen 0204 |
| | | | E pt well groomed | AL 0145 |
| | | | N | |
| 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 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 pt ID Band Present | Jen 0204 |
| | | | E pt ID Band (+) | AL 0145 |
| | | | N | |
| 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 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 stable | Jen 0204 |
| | | | E pt vitals are checked | AL 0145 |
| | | | N | |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern | <input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance | M — | |
| | | | E — | |
| | | | N | |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|-----------|---|---|---|----------------------------|
| COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence | M pt communication well E Pt well communicated N | Jen 0224 Alp 2/25 |
| 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 pt due drugs are given E pt due medication given as per doctor N | Jen 0224 Alp 2/25 |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | nee | Walini | 0024 | 12/12/23 | 10:00 |

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

| | | | | | | | |
|--|---|--|---|--|---|----|----|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | | 4 | A |
| 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 | A |
| 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 | A |
| 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 | 23 |
| | | | | | Initial & Emp. No. of Staff Nurse: | 24 | 24 |
| | | | | | Initial & Emp. No. of Sr. Staff Nurse: | 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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

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 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 | 4 | 4 |
| FRICION & SHEAR | 1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction | 2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down | 3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair | | 3 | 3 | 3 |
| TOTAL SCORE | | | | | 23 | 23 | 28 |
| Initial & Emp. No. of Staff Nurse: | | | | | 24 | 24 | 24 |
| Initial & Emp. No. of Sr. Staff Nurse: | | | | | 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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

| | | | | | | | |
|--|---|--|--|--|----------|----------|----------|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | 4 | 4 | 4 |
| MOISTURE degree to which skin is exposed to moisture | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals | 4 | 4 | 4 |
| ACTIVITY degree of physical activity | 1. Bedfast Confined to bed | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours | 4 | 4 | 4 |
| MOBILITY ability to change and control body position | 1. Completely Immobile Does not make even slight changes in body or extremity position without assistance | 2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently | 4. No Limitation Makes major and frequent changes in position without assistance | 4 | 4 | 4 |
| NUTRITION usual food intake pattern | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation | 4 | 4 | 4 |
| FRICTION & SHEAR | 1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction | 2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down | 3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair | | 3 | 3 | 3 |
| TOTAL SCORE | | | | | 23 | 23 | 23 |
| Initial & Emp. No. of Staff Nurse: | | | | | 10/11/23 | 10/11/23 | 10/11/23 |
| Initial & Emp. No. of Sr. Staff Nurse: | | | | | 10/11/23 | 10/11/23 | 10/11/23 |

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

| | | | | | | | |
|--|---|--|---|--|---|-----|--|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | 4 | | |
| 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. Barely Moist Skin is usually dry, linen only requires changing at routine intervals | 4 | | |
| ACTIVITY degree of physical activity | 1. Bedfast Confined to bed | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours | 4 | | |
| MOBILITY ability to change and control body position | 1. Completely Immobile Does not make even slight changes in body or extremity position without assistance | 2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently | 4. No Limitation Makes major and frequent changes in position without assistance | 4 | | |
| NUTRITION usual food intake pattern | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation | 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 | | |
| | | | | | TOTAL SCORE | 23 | |
| | | | | | Initial & Emp. No. of Staff Nurse: | 88 | |
| | | | | | Initial & Emp. No. of Sr. Staff Nurse: | 150 | |

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 | 2 | 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 | 2 | 1 | 1 |
| 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 | 2 | 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 | 2 | 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 | 1 |
| TOTAL SCORE | | | | | 10 | 6 | 9 |
| Initial & Emp. No. of Staff Nurse: | | | | | [Signature] | [Signature] | [Signature] |
| Initial & Emp. No. of Sr. Staff Nurse: | | | | | [Signature] | [Signature] | [Signature] |

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



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

| | | | | | | | |
|--|---|--|---|--|----|----|----|
| 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 | 3 | 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 | 3 | 3 | 3 |
| ACTIVITY degree of physical activity | 1. Bedfast Confined to bed | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours | 2 | 2 | 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 | 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 | 3 | 2 | 2 |
| FRICTION & SHEAR | 1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction | 2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down | 3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair | | 2 | 2 | 2 |
| TOTAL SCORE | | | | | 16 | 14 | 14 |
| Initial & Emp. No. of Staff Nurse: | | | | | 14 | 14 | 14 |
| Initial & Emp. No. of Sr. Staff Nurse: | | | | | 14 | 14 | 14 |

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 | 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 | 4 | 3 | |
| ACTIVITY degree of physical activity | 1. Bedfast Confined to bed | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours | 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 | 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 | 3 | 3 | |
| 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 | | | | | 20 | 20 | |
| Initial & Emp. No. of Staff Nurse: | | | | | 01/12/23 | 01/12/23 | |
| Initial & Emp. No. of Sr. Staff Nurse: | | | | | 01/12/23 | 01/12/23 | |

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 meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | 4 | 4 | 4 |
| MOISTURE degree to which skin is exposed to moisture | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals | 3 | 3 | 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 | 3 | 3 | 4 |
| MOBILITY ability to change and control body position | 1. Completely Immobility Does not make even slight changes in body or extremity position without assistance | 2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently | 4. No Limitation Makes major and frequent changes in position without assistance | 4 | 4 | 4 |
| NUTRITION usual food intake pattern | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation | 3 | 3 | 4 |
| 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 | 3 | 3 |
| TOTAL SCORE | | | | | 20 | 20 | 23 |
| Initial & Emp. No. of Staff Nurse: | | | | | Flora 24 | 24 | 24 |
| Initial & Emp. No. of Sr. Staff Nurse: | | | | | 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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

| | | | | | | | |
|--|---|--|---|--|---|---------|---------|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | | 4 | 4 |
| MOISTURE degree to which skin is exposed to moisture | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals | | 4 | 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 | | 3 | 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 | | 3 | 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 | | 3 | 4 |
| 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 | 3 |
| | | | | | TOTAL SCORE | 20 | 23 |
| | | | | | Initial & Emp. No. of Staff Nurse: | 001/010 | 001/009 |
| | | | | | Initial & Emp. No. of Sr. Staff Nurse: | 001/021 | 001/024 |

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

Date: 12/12/23
Time: 17:15

| | | | | | | | | |
|--|---|--|---|--|---|-------------|-------------|--|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | 4 | 4 | | |
| MOISTURE degree to which skin is exposed to moisture | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals | 4 | 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 | 3 | 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 | 3 | | |
| | | | | | TOTAL SCORE | 23 | 22 | |
| | | | | | Initial & Emp. No. of Staff Nurse: | Ray 2023 | Ray 2023 | |
| | | | | | Initial & Emp. No. of Sr. Staff Nurse: | Ray 2023 | Ray 2023 | |

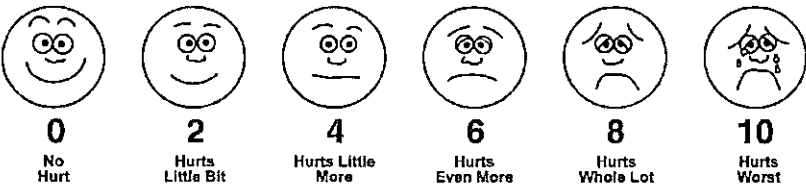
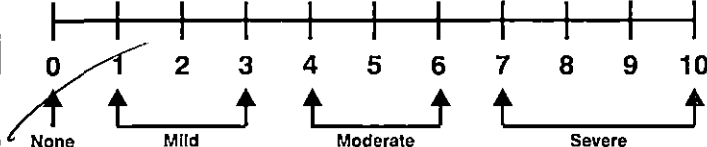
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time | Pain Score | Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|-------------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 21/12/23 12:30 | 0/10 | no pain | - | - | - | Dr. Rajesh V 0088 | Nae 024 |
| 16:00 | 0/10 | no pain | - | - | - | Dr. Rajesh V 0088 | Nae 024 |
| 20:00 | 0/10 | No Pain | - | - | - | Dr. Rajesh V 0088 | Nae 024 |
| 21/12/23 0:00 | 0/10 | No Pain | - | - | - | Dr. Rajesh V 0088 | Nae 024 |
| 4:00 | 0/10 | No Pain | - | - | - | Dr. Rajesh V 0088 | Nae 024 |
| 8:00 | 0/10 | No pain | - | - | - | Dr. Rajesh V 0088 | Nae 024 |
| 12:00 | 0/10 | no pain | - | - | - | Dr. Rajesh V 0088 | Nae 024 |
| 16:00 | 0/10 | NO pain | - | - | - | Dr. Rajesh V 0088 | Nae 024 |
| 20:00 | 0/10 | No pain | - | - | - | Dr. Rajesh V 0088 | 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. |
|------------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| | | | | Pt was sleeping | | | |
| 11/12/23 6:00 | 0/10 | No pain | — | — | — | Hay 0105 | Nae 0224 |
| 10:20 | 0/10 | no pain | — | — | — | Hay 0104 | Nae 0224 |
| 11:10 | | no pain | — | — | | Hay 0104 | Nae 0224 |

PAIN SCALES


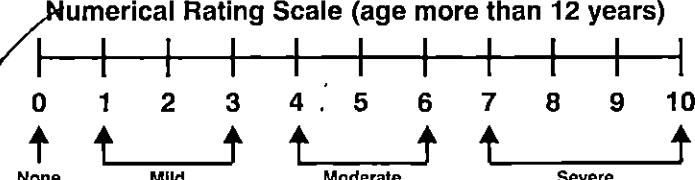
| | |
|--|---|
| PIPPS (28 weeks to ≤ 38 weeks) | 6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention |
| CRIES (38 weeks - 2 months) | The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal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

PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time | Pain Score | Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|-------------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 11/12/23 10:00 | 0/10 | No pain | - | - | - | Dr. Rajesh V 01/11 | Nee 024 |
| 22:00 | 0/10 | No pain | - | - | - | Hay 0105 | Nee 024 |
| 5/12/23 6:00 | 0/10 | No pain | - | - | - | Hay 0105 | Nee 024 |
| 8:00 | 0/10 | No pain | - | - | - | Jun 0224 | Nee 024 |
| 10:00 | 0/10 | No pain | - | - | - | Jun | Nee 024 |
| 11:00 | 0/10 | No pain | - | - | - | Jun 0224 | Nee 024 |
| 13:00 | 0/10 | No pain | - | - | - | Jun 0224 | Nee 024 |
| 22:00 | 0/10 | No pain | - | - | - | Jun 0224 | Nee 024 |
| 6:00 | 0/10 | No pain | - | - | - | Jun 0224 | Nee 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. |
|-------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 13:00 | 0/10 | No pain | - | - | - | CPM/203 | ALL 21 |
| 14:00 | 0/10 | No pain | - | - | - | CPM/203 | ALL 21 |
| 18:00 | 0/10 | No pain | - | - | - | CPM/203 | ALL 21 |
| 22:00 | 0/10 | No pain | - | - | - | CPM/203 | ALL 21 |

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) |  <div> <p>Numerical Rating Scale (age more than 12 years)</p>  </div> |
| Critical care Pain Observation Tool (CPOT) (ventilator / comatose) | FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (intubated patients): 0 - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain |
| Non-pharmacological Interventions | Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counseling: K - Individual Counseling; L - Family counseling |
| Pharmacological Interventions as per doctor's prescription | |



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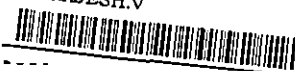


Master.SIVAGURU.S

13/Male/MHI202381075

02/12/2023/IPH202302423

Dr. RAJESH.V



MHI/NUR/2022/052



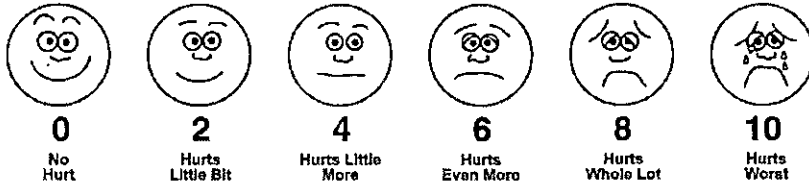
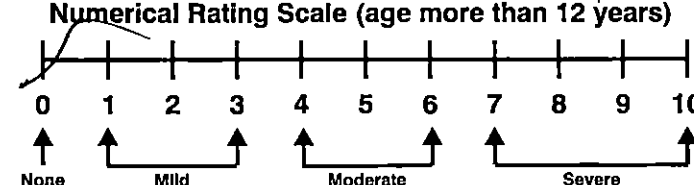
Every heart beat counts

PAIN RE-ASSESSMENT & MONITORING CHART

[illegible]

| 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. |
|-------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 | | | | | | |
| Non-pharmacological Interventions | Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counseling | | | | | | |

Pharmacological Interventions as per doctor's prescription

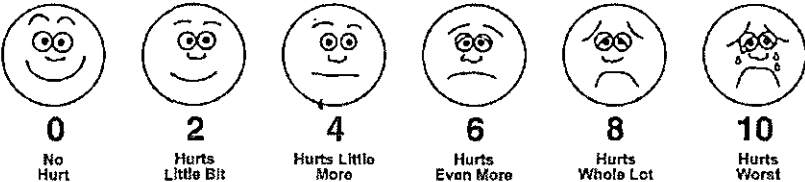
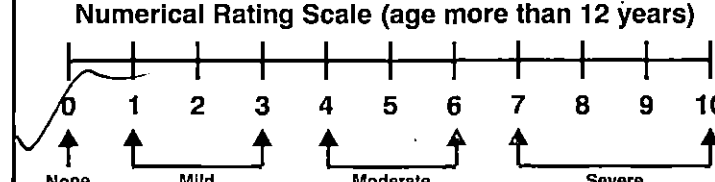
Pharmacological Interventions as per doctor's prescription

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. |
|-------------------|------------|---|------------|-----------------|---|--------------------------|---------------------------------|
| 07/12/23 12.00 | 0/10 | - | - | - | C-POT | SL 0270 | K 0005 |
| 16.00 | 1/10 | Dull pain | <10 sec | surgical site | provided comfortable position | SL 0270 | K 0005 |
| 18.00 | 1/10 | Dull pain | <10-15 sec | sternum | non-pharmacological intervention done | SL 0270 | K 0005 |
| 20.00 | 1/10 | Achy pain | <10 sec | SURGICAL SITE | Pharmacological Intervention are followed | Dam 0174 | K 0005 |
| 22.00 | 2/10 | Dull PAIN | <10-15 sec | STERNUM. | Non- Pharmacological Interventions are followed | Dam 0174 | K 0005 |
| 24.00 | - | - | - | - | Patient was Sleeping comfortably | Dam 0174 | K 0005 |
| 2.00 | - | - | - | - | Patient was Sleeping comfortably | Dam 0174 | K 0005 |
| 4.00 | - | - | - | - | Patient was Sleeping comfortably | Dam 0174 | K 0005 |
| 6.00 | 1/10 | Achy PAIN | <10 sec | SURGICAL SITE | Pharmacological Interventions are followed | Dam 0174 | K 0005 |

| Date & Time | Pain Score | Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|-------------|------------|---|----------|-----------------|--|--------------------------|---------------------------------|
| 8.00 | 1/10 | dull pain | 10-5 sec | sternum | non pharmacological intervention | Ai 0212 | R 0001 |
| 10.00 | 1/10 | dull pain | 5sec | sternum | To give comfortable position to the pt | Ai 0212 | R 0002 |
| 12.00 | 1/10 | dull pain | 10sec | sternum | Non pharmacological intervention given | Ai 0212 | R 0003 |
| 14.00 | 1/10 | dull pain | 40sec | sternum | pharmacological intervention done | Ai 0212 | R 0004 |

PAIN SCALES

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| 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 Mild, 2 Mild, 3 Mild, 4 Moderate, 5 Moderate, 6 Moderate, 7 Severe, 8 Severe, 9 Severe, 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-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counseling: K - Individual Counseling; L - Family counseling | |

Pharmacological Interventions as per doctor's prescription

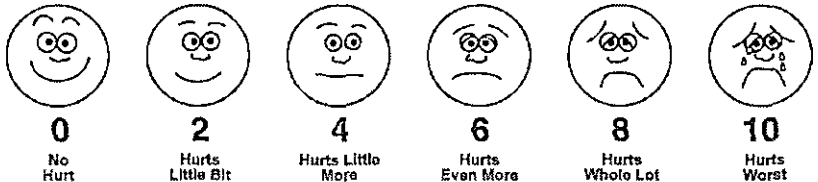
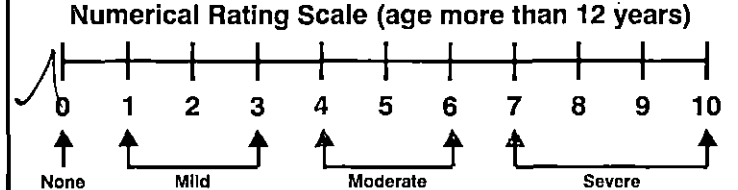


PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time | Pain Score | Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|------------------|------------|---|-----------|-----------------|--|--------------------------|---------------------------------|
| 16:00 | 1/10 | dull pain | 5-10 sec | Sternum | non pharmacological intervention done. | Shaf 0276 | ✓ 0276 |
| 18:00 | 1/10 | dull pain | 5-10 sec | Sternum | non pharmacological intervention done. | Shaf 0276 | ✓ 0276 |
| 20:00 | 2/10 | Achy pain | 5-10 sec | Sternum | Comfortable position given. | meen 0276 | ✓ 0276 |
| 22:00 | 1/10 | Achy pain | 10 sec | Sternum | Comfortable position given. | meen 0276 | ✓ 0276 |
| 9/12/23 00:00 | 1/10 | Achy pain | 5 sec | Sternum | Comfortable position given. | meen 0276 | ✓ 0276 |
| 02:00 | - | Sleeping | - | - | - | meen 0276 | ✓ 0276 |
| 04:00 | - | Sleeping | - | - | - | meen 0276 | ✓ 0276 |
| 06:00 | - | Sleeping | - | - | - | meen 0276 | ✓ 0276 |
| 8:00 | 1/10 | Dull pain | 10-15 sec | Sternum | non-pharmacological intervention done. | Shaf 0276 | ✓ 0276 |

| 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. |
|-------------|------------|---|----------|-----------------|---------------------------------------|--------------------------|---------------------------------|
| 10:00 | 1/10 | Dull pain | < 10 sec | Surgical site | non-pharmacological intervention done | ghn 0240 | ✓ 0005 |
| 14:00 | 1/10 | Dull pain | < 10 sec | Surgical site | provided comfortable position | ghn 0240 | |
| 18:00 | 1/10 | Dull pain | < 10 sec | Surgical site | provided comfortable position | ghn 0240 | |
| 22:00 | 1/10 | Dull pain | on & off | Surgical site | pharmacological intervention given | ghn 0005 | |

PAIN SCALES

| | | |
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| 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 | |
| Non-pharmacological Interventions | Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counseling: K - Individual Counseling; L - Family counseling. | |

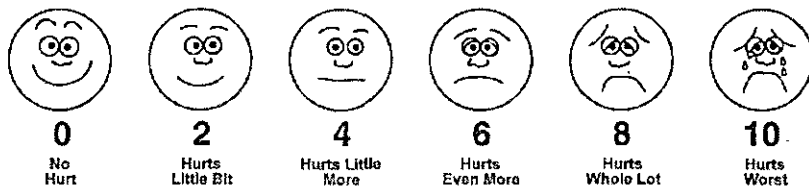
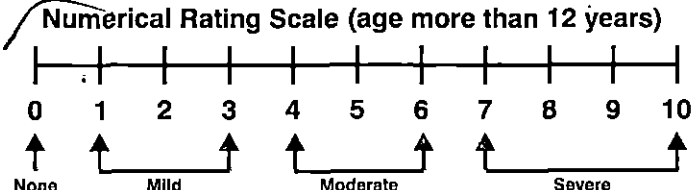
Pharmacological Interventions as per doctor's prescription

PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time | Pain Score | Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|------------------|------------|---|----------|---------------------|--|--------------------------|---------------------------------|
| | | | | Patient is sleeping | | | |
| 10/12/22 6:00 | 1/10 | Dull pain | on & off | Surgical site | non-Pharmalogical intereention Given | Hay 0105 | Rel 24 |
| 8:00 | 1/10 | Dull pain | on & off | surgical site | non pharmalogical Intervention vike | Jen 0105 | Rel 24 |
| 10:00 | 1/10 | Dull pain | on & off | surgical site | provided comfortable position | Jen 0105 | Rel 24 |
| 14:00 | 1/10 | Dull pain | on & off | Surgical site | provided comfortable position of the patient | Jen 0105 | Rel 24 |
| 18:00 | 1/10 | Dull pain | on & off | surgical site | provided comfortable position of the patient | Jen 0105 | Rel 24 |
| 22:00 | 0/10 | No Pain | - | - | - | Jen 0105 | Rel 24 |
| 2:00 | 0/10 | No Pain | - | - | - | Jen 0105 | Rel 24 |
| 6:00 | 0/10 | No Pain | - | - | - | Jen 0105 | Rel 24 |

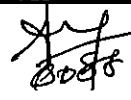
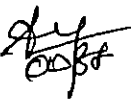
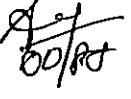
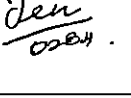
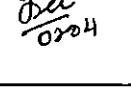
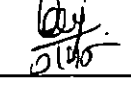
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|-------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 8:30 | 0/10 | No pain | - | - | - | Jem 0204 | Lee 2A |
| 10:00 | 0/10 | No pain | - | - | - | Jem 0204 | Lee 2A |
| 14:00 | 0/10 | No pain | - | - | - | QJ 0110 | Lee 2A |
| 18:00 | 0/10 | No pain | - | - | - | Jy 0080 | Lee 2A |

PAIN SCALES

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| 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 | | |

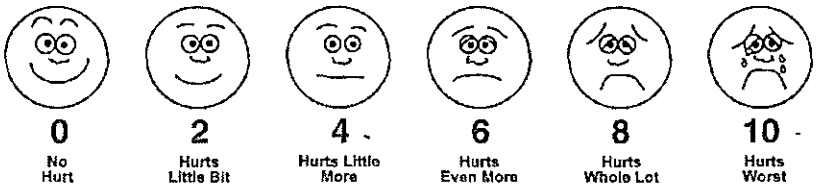
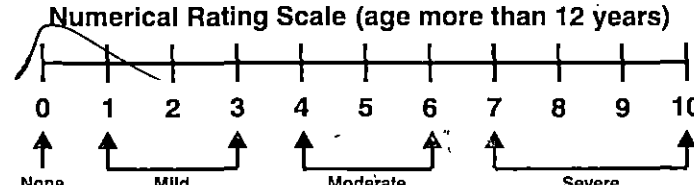


PAIN RE-ASSESSMENT & MONITORING CHART

| 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. |
|------------------|------------|---|----------|-----------------|---------------|---|---------------------------------|
| 22:00 | 0/10 | No Pain | - | - | - |  | Nee 24 |
| 12/12/23 2:00 | 0/10 | No Pain | - | - | - |  | Nee 24 |
| 6:00 | 0/10 | No Pain | - | - | - |  | Nee 24 |
| 8:00 | 0/10 | No Pain | - | - | - |  | Nee 24 |
| 12:00 | 0/10 | No Pain | - | - | - |  | Nee 24 |
| 16:00 | 0/10 | No Pain | - | - | - |  | Nee 24 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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










PAIN SCALES

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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 | 09/12/23 | 31/12/23 | 01/12/23 | 10/12/23 | 11/12/23 | 12/12/23 |
|---|---|------|---|---|---|---|---|---|
| | | Time | 14:00 | 6:00 | 14:00 | 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 |
| 2 | Bedridden recently >3 days or major surgery within four weeks | | +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 |
| 4 | Collateral (nonvaricose) superficial veins present (Assess for both legs) | | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Entire leg swollen (Assess for both legs) | | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Localized tenderness along the deep venous system (Assess for both legs) | | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Pitting edema, greater in the symptomatic leg (Assess for both legs) | | 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 |
| 9 | Previously documented DVT (Assess for both legs) | | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESKD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture. | | 0 | 0 | 0 | 0 | 0 | 0 |
| FINAL SCORE | | | +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 |
| DVT prophylaxis started | | | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Signature & Emp. No. of RN | | |  |  |  |  |  |  |
| Signature & Emp. No. of Sr. RN | | |  |  |  |  |  |  |

2023
 2023
 2023
 2023
 2023
 2023

**Medway Hospitals***The way to better health*

(A Unit of United Alliance Healthcare Pvt Ltd)

**Master.SIVAGURU.S**

13/Male/MHI202381075

02/12/2023/IPH202302423

Dr.RAJESH.V



MHI/NUR/2022/046



Where heart beat never stops...















MODIFIED MORSE FALL RISK ASSESSMENT CHART

| Variables | Date | 2/12/23 | 2/12/23 | 3/12/23 | 3/12/23 | 3/12/23 | 4/12/23 | 4/12/23 | 4/12/23 | 5/12/23 |
|---|------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | Time | 12:30 | 8:00 | 8:00 | 12:30 | 20:00 | 8:30 | 12:00 | 20:00 | 8:00 |
| History of falling (immediate or within 6 months) | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Yes | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| Secondary diagnosis (≥ 2 medical diagnosis) | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Yes | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Intravenous Therapy / Heparin Lock / Tubes Insitu | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Yes | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| AMBULATORY AID | | | | | | | | | | |
| None / Bed Rest / Nurse Assist | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Crutches / Cane / Walker | | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Furniture | | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| GAIT | | | | | | | | | | |
| Normal / Bed Rest / Wheel Chair | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Weak | | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| Impaired | | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| MENTAL STATUS | | | | | | | | | | |
| Oriented to own stability | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Overestimated or forgets limitations | | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Yes | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Total Score | | 0 | 0 | 0 | 15 | 15 | 15 | 15 | 15 | 15 |
| Low Risk (0 - 24) | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medium Risk (25 - 44) | | | | | | | | | | |
| High Risk (45 or above) | | | | | | | | | | |
| Signature & Emp. No. of RN | | | | | | | | | | |
| Signature & Emp. No. of Sr. RN | | | | | | | | | | |

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

[illegible]



















MODIFIED MORSE FALL RISK ASSESSMENT CHART

| Variables | Date | Time | 5/12/23 | 6/12/23 | 6/12/23 | 6/12/23 | 7/12/23 | | | |
|---|------|---|---|---|---|---|---|---|----|----|
| | | | 11.15 AM | 20.30 | 8.00 | 14.00 | 20.00 | 8.30 | | |
| History of falling (immediate or within 6 months) | No | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 0 | 0 |
| | Yes | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| AMBULATORY AID | | | | | | | | | | |
| None / Bed Rest / Nurse Assist | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 0 | 0 |
| Crutches / Cane / Walker | | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Furniture | | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| GAIT | | | | | | | | | | |
| Normal / Bed Rest / Wheel Chair | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 0 | 0 |
| Weak | | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| Impaired | | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| MENTAL STATUS | | | | | | | | | | |
| Oriented to own stability | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 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 | | 15 | 18 | 15 | 15 | 15 | 15 | 15 | | |
| Low Risk (0 - 24) | | <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"/> | | |
| Medium Risk (25 - 44) | | | | | | | | | | |
| High Risk (45 or above) | | | | | | | | | | |
| Signature & Emp. No. of RN | |  |  |  |  |  |  |  | | |
| Signature & Emp. No. of Sr. RN | |  |  |  |  |  |  |  | | |

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

| INTERVENTIONS <i>Tick as per the Risk Score</i> | Date | Time | | | | | | | |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------|--|--|
| | 6/12/12 | 5:12 | 6/12/12 | 6/12 | 6/12 | 6/12 | 6/12/12 | | |
| | 12:00 | 2:00 | 8:00 | 1:00 | 2:00 | 8:00 | | | |
| Low Risk Interventions (0 - 24) | | | | | | | | | |
| Familiarize the patient with the immediate surroundings | / | / | / | / | / | / | | | |
| Remind the patient to use call bell before getting out of bed | / | / | / | / | / | / | | | |
| Keep the two side rails in the raised position at all times for all patients regardless of age | / | / | / | / | / | / | | | |
| Keep the call bell, bedside table, water, glasses within the patient's easy reach | / | / | / | / | / | / | | | |
| Remove excess equipment or furniture to make a clear path | / | / | / | / | / | / | | | |
| Keep the patient's bed in the low position at all times except during procedure | / | / | / | / | / | / | | | |
| Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed | / | / | / | / | / | / | | | |
| Bed wheels should be locked | / | / | / | / | / | / | | | |
| Encourage family participation in the patient's care | / | / | / | / | / | / | | | |
| Ensure that floor of the bathroom is dry and not slippery | / | / | / | / | / | / | | | |
| Review medications for potential side effects that can promote falls | / | / | / | / | / | / | | | |
| Use safety belts during movement in wheelchair | / | / | / | / | / | / | | | |
| The patients are not ambulated by themselves. They are to be ambulated only with assistance | / | / | / | / | / | / | | | |
| Medium risk interventions (25 - 44) | | | | | | | | | |
| Apply all the low risk interventions | | | | | | | | | |
| Tie yellow fall risk tag in the bed and Wheel chair / Stretcher | | | | | | | | | |
| Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat | | | | | | | | | |
| Use restraints and bed monitors as ordered by the doctor | | | | | | | | | |
| Allow the patient to ambulate only with assistance | | | | | | | | | |
| Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care | | | | | | | | | |
| Do not leave patients unattended in diagnostic or treatment areas | | | | | | | | | |
| Accompany the patient while going to bathroom | | | | | | | | | |
| Advise the patient to use grab bars near the toilet, bathtub, and shower | | | | | | | | | |
| Make sure the family and other visitors understand the restrictions mentioned above | | | | | | | | | |
| High-risk interventions (45 or above) | | | | | | | | | |
| Apply all the low and medium risk interventions | | | | | | | | | |
| Tie red fall risk tag in the bed, wheel chair and stretcher | | | | | | | | | |
| Locate the high-risk patients in a room close to the nurses' station | | | | | | | | | |
| Answer these patients call bells as quickly as possible | | | | | | | | | |
| Provide a commode at bedside (if appropriate) | | | | | | | | | |
| Urinal/bedpan should be within easy reach (if appropriate) | | | | | | | | | |
| Encourage family members or other visitors to stay with them | | | | | | | | | |
| If appropriate, consider using protection devices: safety belts | | | | | | | | | |
| Signature & Emp. No. of RN | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | | | |
| Signature & Emp. No. of Sr. RN | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | | | |

MODIFIED MORSE FALL RISK ASSESSMENT CHART

| Variables | Date | 07/12/23 | 7/12/23 | 8/12/23 | 8-12-23 | 8/12/23 | 9/12/23 | 9/12 | 10/12/23 | 10/12/23 |
|---|------|---|---|---|--|---|---|---|---|---|
| | Time | 14:00 | 20:00 | 8:00 | 14:00 | 19:00 | 8:00 | 14:00 | 20:00 | 8:00 |
| History of falling (immediate or within 6 months) | No | (0) | 0 | 0 | 0 | (0) | (0) | (0) | 0 | 0 |
| | Yes | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| Secondary diagnosis (≥ 2 medical diagnosis) | No | (0) | 0 | 0 | 0 | (0) | (0) | (0) | 0 | 0 |
| | Yes | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Intravenous Therapy / Heparin Lock / Tubes Insitu | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Yes | (20) | 20 | 20 | 20 | (20) | (20) | (20) | 20 | 20 |
| AMBULATORY AID | | | | | | | | | | |
| None / Bed Rest / Nurse Assist | | (0) | 0 | 0 | 0 | (0) | (0) | (0) | 0 | 0 |
| Crutches / Cane / Walker | | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Furniture | | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| GAIT | | | | | | | | | | |
| Normal / Bed Rest / Wheel Chair | | (0) | 0 | 0 | 0 | (0) | (0) | (0) | 0 | 0 |
| Weak | | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| Impaired | | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| MENTAL STATUS | | | | | | | | | | |
| Oriented to own stability | | 0 | 0 | 0 | 0 | (0) | (0) | (0) | 0 | 0 |
| Overestimated or forgets limitations | | (15) | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics | No | (0) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Yes | 15 | 15 | 15 | 15 | (15) | (15) | (15) | 15 | 15 |
| Total Score | | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 |
| Low Risk (0 - 24) | | | | | | | | | | |
| Medium Risk (25 - 44) | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| High Risk (45 or above) | | | | | | | | | | |
| Signature & Emp. No. of RN | |  |  |  |  |  |  |  |  |  |
| Signature & Emp. No. of Sr. RN | |  |  |  |  |  |  |  |  |  |

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

| INTERVENTIONS <i>Tick as per the Risk Score</i> | Date | 7/12/23 | 8/12/23 | 8/12/23 | 8/12/23 | 8/12/23 | 8/12/23 | 8/12/23 | |
|---|------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | Time | 13:45 | 20:00 | 8:00 | 14:00 | 19:00 | 8:00 | 14:00 | 20:00 |
| Low Risk Interventions (0 - 24) | | | | | | | | | |
| Familiarize the patient with the immediate surroundings | | | | | - | | ✓ | ✓ | - |
| Remind the patient to use call bell before getting out of bed | | | | | - | | ✓ | ✓ | - |
| Keep the two side rails in the raised position at all times for all patients regardless of age | | | | | - | | ✓ | ✓ | - |
| Keep the call bell, bedside table, water, glasses within the patient's easy reach | | | | | - | | ✓ | ✓ | - |
| Remove excess equipment or furniture to make a clear path | | | | | - | | ✓ | ✓ | - |
| Keep the patient's bed in the low position at all times except during procedure | | | | | - | | ✓ | ✓ | - |
| Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed | | | | | - | | ✓ | ✓ | - |
| Bed wheels should be locked | | | | | - | | ✓ | ✓ | - |
| Encourage family participation in the patient's care | | | | | - | | ✓ | ✓ | - |
| Ensure that floor of the bathroom is dry and not slippery | | | | | - | | ✓ | ✓ | - |
| Review medications for potential side effects that can promote falls | | | | | - | | ✓ | ✓ | - |
| Use safety belts during movement in wheelchair | | | | | - | | ✓ | ✓ | - |
| The patients are not ambulated by themselves. They are to be ambulated only with assistance | | | | | - | | ✓ | ✓ | - |
| Medium risk interventions (25 - 44) | | | | | | | | | |
| Apply all the low risk interventions | | | | ✓ | - | ✓ | ✓ | ✓ | - |
| Tie yellow fall risk tag in the bed and Wheel chair / Stretcher | | | | ✓ | - | ✓ | ✓ | ✓ | - |
| Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat | | | | ✓ | - | ✓ | ✓ | ✓ | - |
| Use restraints and bed monitors as ordered by the doctor | | | | ✓ | - | ✓ | ✓ | ✓ | - |
| Allow the patient to ambulate only with assistance | | | | ✓ | - | ✓ | ✓ | ✓ | - |
| Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care | | | | ✓ | - | ✓ | ✓ | ✓ | - |
| Do not leave patients unattended in diagnostic or treatment areas | | | | ✓ | - | ✓ | ✓ | ✓ | - |
| Accompany the patient while going to bathroom | | | | ✓ | - | ✓ | ✓ | ✓ | - |
| 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 | NA | NA | NA | | | | ✓ | ✓ | - |
| Provide a commode at bedside (if appropriate) | NA | NA | NA | | | | ✓ | ✓ | - |
| Urinal/bedpan should be within easy reach (if appropriate) | NA | NA | NA | | | | ✓ | ✓ | - |
| Encourage family members or other visitors to stay with them | NA | NA | NA | | | | ✓ | ✓ | - |
| If appropriate, consider using protection devices: safety belts | NA | NA | NA | | | | ✓ | ✓ | - |
| Signature & Emp. No. of RN | | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> |
| Signature & Emp. No. of Sr. RN | | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> |

[Handwritten notes and signatures at the bottom of the page, including dates like 8/12/23 and 8/13/23, and names like Mary, Amy, and others.]



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

Master.SIVAGURU.S
13/Male/MHI202381075
02/12/2023/IPH202302423
Dr.RAJESH.V



MHI/NUR/2022/046



MODIFIED MORSE FALL RISK ASSESSMENT CHART

| Variables | Date | 10/12/23 | 10/12/23 | 11/12/23 | 11/12 | 11/12 | 12/12/23 | 12/12 | | |
|--|------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----|----|
| | Time | 14:00 | 22:00 | 8:00 | 16:00 | 22:00 | 8:00 | 14:00 | | |
| History of falling (immediate or within 6 months) | No | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 0 | 0 |
| | Yes | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| AMBULATORY AID None / Bed Rest / Nurse Assist Crutches / Cane / Walker Furniture | | <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"/> | 0 | 0 |
| | | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| | | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| 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 |
| GAIT Normal / Bed Rest / Wheel Chair Weak Impaired | | <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"/> | 0 | 0 |
| | | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| | | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| MENTAL STATUS Oriented to own stability Overestimated or forgets limitations | | <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"/> | 0 | 0 |
| | | 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 | | 35 | 35 | 35 | 35 | 35 | 35 | 35 | | |
| Low Risk (0 - 24) | | | | | | | | | | |
| Medium Risk (25 - 44) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| High Risk (above 45) | | | | | | | | | | |
| Signature & Emp. No. of RN | | | | | | | | | | |
| Signature & Emp. No. of Sr. RN | | | | | | | | | | |

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

[illegible]

MHI/IP/2022/055

 **Medway
Heart
Institute**

Every heart beat counts

| 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 | OW | | | P | OW | | | | | <i>[Signature]</i> Catherine, J. |
| <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) - R-Patient, M - Mother, F-Father, S-Spouse Other _____ (State Relationship)

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

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

Written Material given and explained (if any)

Reports Given :

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

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse

Signature :

MHI/IP/2022/055

 **Medway
Heart
Institute**

Every heart beat counts

[illegible]



Master.SIVAGURU.S
 Patient: 13/Male/MHI202381075
 Name: 02/12/2023/IPH202302423
 UHID: Dr.RAJESH.V
 DOB:
 DOA:
 Consultant: -----

MHI/IP/2022/055



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>08/12/23</u> Time <u>8:00</u> | | Nurse Signature : <u>[Signature]</u> |

Learning Record

| Need | Date | Visit 1 | | | Date | Visit 2 | | | Date | Visit 3 | | | Signature |
|--|----------|---------|----|---|----------|---------|----|---|---------|---------|----|---|----------------|
| | 07/12/23 | L | P | O | 08/12/23 | L | P | O | 9/12/23 | L | P | O | |
| Disease | | - | - | - | | | | | | | | | Doctor |
| <input type="checkbox"/> Information on Disease / Diagnostics | | S | OD | V | | F | OD | V | | F | OD | V | |
| <input type="checkbox"/> Treatment | | S | OD | V | | F | OD | V | | F | OD | V | |
| Medications | | S | OD | V | | F | OD | V | | F | OD | V | Doctor / Nurse |
| <input type="checkbox"/> Information on Safe and Effective use of medicines | | - | - | - | | | | | | | | | M |
| <input type="checkbox"/> Information on drug / drug and drug / food interactions | | - | - | - | | | | | | | | | |
| <input type="checkbox"/> Discharge Medications | | S | OD | V | | F | OD | V | | F | OD | V | |
| Surgical Instructions | | S | OD | V | | F | OD | V | | F | OD | V | Nurse |
| <input type="checkbox"/> Pre - Operative Instructions | | - | - | - | | | | | | | | | H |
| <input type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care) | | S | OD | V | | F | OD | V | | F | OD | V | |
| Pain Management | | S | OD | V | | F | OD | V | | F | OD | V | Nurse |
| <input type="checkbox"/> Reporting of pain | | - | - | - | | | | | | | | | J |
| <input type="checkbox"/> Pain Management | | - | - | - | | - | - | - | | | | | |
| Safe and effective use of medical Equipment (if required) | | - | - | - | | - | - | - | | - | - | - | Doctor / Nurse |
| Name of Equipment | | - | - | - | | | | | | | | | A |
| Rehabilitation Techniques | | - | - | - | | - | - | - | | - | - | - | |

| Need | Date | Visit 1 | | | Date | Visit 2 | | | Date | Visit 3 | | | Signature |
|--|----------|---------|----|---|------|---------|----|---|----------|---------|----|---|--|
| | | L | P | O | | L | P | O | | L | P | O | |
| Nutritional Guidance | 07/12/05 | | | | 8/12 | | | | 01/12/02 | | | | Dietician |
| <input type="checkbox"/> Diet Instruction for patients at Nutritional risk | | S | on | V | | S | on | V | | P | on | V | <i>[Signature]</i> Senior Dietician |
| <input type="checkbox"/> Diet advice for home | | - | - | - | | - | - | - | | - | - | - | Nurse |
| Discharge Planning | | | | | | | | | | | | | |
| <input type="checkbox"/> Self care | | | | | | | | | | | | | |
| <input type="checkbox"/> Follow up | | | | | | | | | | | | | |
| <input type="checkbox"/> Reporting Concerns Immunizations | | | | | | | | | | | | | |
| <input type="checkbox"/> Parenting education | | | | | | | | | | | | | |
| <input type="checkbox"/> Others | | | | | | | | | | | | | |
| Risk Factor Reduction | | | | | | | | | | | | | |
| <input type="checkbox"/> Smoking Cessation | | | | | | | | | | | | | Doctor |
| <input type="checkbox"/> Weight Control | | | | | | | | | | | | | |
| <input type="checkbox"/> Exercise | | | | | | | | | | | | | |
| <input type="checkbox"/> Hypertension | | | | | | | | | | | | | |
| <input type="checkbox"/> Other Risks | | | | | | | | | | | | | |

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

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

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

Written Material given and explained (if any)

NLV

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 : _____

[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 type="checkbox"/> Diet Instruction for patients at Nutritional risk | | | | | | | | | | | | | |
| <input checked="" 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 | <input checked="" type="checkbox"/> | | | Diet Advice | <input checked="" type="checkbox"/> | | |
| ECG Report | <input checked="" type="checkbox"/> | | | CT Scan Report | | | |
| Doppler Report | | | | CT Scan Film | | | |
| X-Ray Report | <input checked="" type="checkbox"/> | | | ECHO Report | | | |
| X-Ray Film | <input checked="" type="checkbox"/> | | | Ultrasound Report | | | |
| Compact Disk | | | | Any Other Report | | | |

Name of Attendant / Patient : V. SAKTHI Signature : V. SAKTHI

Name of Discharge Nurse Dhanarani Signature : [Signature]


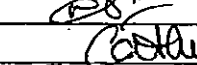
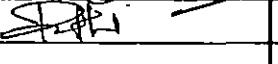



Inter Disciplinary Team Rounds (IDTR) Checklist

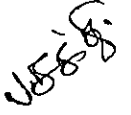
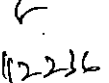
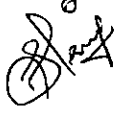
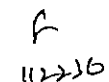
Date: 2/12/23 Time: 12:30

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

Inter Disciplinary Team Members

| | Signature | Name | Reg. / Emp. No. | Date | Time |
|----------------------------|---|--|-----------------|---------|-------|
| Doctor |  | S. Srinivasan | 155732 | 2/12/23 | 12:30 |
| Nursing Staff |  | A. Monica | 0141 | 2/12/23 | 12:30 |
| Dietician |  | Maria Catharine John Senior Dietitian | 2421 | 2/12/23 | 12:40 |
| Physiotherapist |  | Ram Prasad | 0260 | 7/12/23 | 14:00 |
| Patient Care Service Staff | | | | | |

FAMILY COUNSELLING FORM

| CONSULTANT- DR. RAJESH | | | DIAGNOSIS- RHD, SEV AR | | | |
|------------------------|------------------|---------------------|--|------------------|---|--|
| DATE | HOSPITAL MEMBERS | FAMILY MEMBERS | MEDICAL UPDATE | FINANCIAL UPDATE | PATIENT REP-SIGN | DOCTOR SIGN |
| 07/12/23 | D. SHEEBA | (SISTER) | * Explained about patient condition, how stay @ hospital policy. | - |  |  11/2/26 |
| 09/12/23 | DR. RAJESH | Priganka S (SISTER) | Explains to family regarding patient condition & about ward shifting | - |  |  11/2/26 |
| | | | | | | |
| | | | | | | |



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Every heart beat counts

Dr. RAJESH.V

[illegible]

WOUND ASSESSMENT CHART

| | | | | | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| EXUDATE AMOUNT | | | | | | | | |
| none | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| evidence of some moisture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| evidence of significant flow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXUDATE | | | | | | | | |
| serous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| sero - sanguinous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Purulent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ODOUR | | | | | | | | |
| none | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| some evidence of odour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| significantly malodorous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PAIN AT WOUND SITE (nil) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (max) | | | | | | | | |
| | 1/10 | 1/10 | | | | | | |
| INFECTION SUSPECTED* | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SWAB SENT | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ANTIBIOTIC THERAPY | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BLOOD GLUCOSE / URINE ANALYSIS | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PATIENT / CARER TO DO DRESSING | | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SIGNATURE | | | | | | | | |
| | Jan 2011 | May 2011 | | | | | | |

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

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

***SUSPECT WOUND INFECTION IF :**

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

Additional Details (if any):

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

| | Sign. | Name | Reg. No. | Date | Time |
|---------------------|----------|------------------|---------------|-----------------|--------------|
| Transferring Doctor | <i>S</i> | <i>DR. Pawar</i> | <i>132236</i> | <i>09/12/23</i> | <i>11:40</i> |
| Receiving Doctor | <i>R</i> | <i>DR. Arora</i> | <i>163268</i> | <i>09/12/23</i> | <i>11:45</i> |

Part C (to be filled by Nurses)

| Check for | Transferring Nurse | Receiving Nurs |
|----------------------------|---|---|
| Drains | <input type="checkbox"/> Chest <input type="checkbox"/> Abdominal <input type="checkbox"/> Others: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Respiratory | Air Way Type: <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: _____ 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>35</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: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Handover Details | Medication Administration Record explained: <input type="checkbox"/> Yes <input type="checkbox"/> No Lab & Diagnostic Reports handed over: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Patient Attendant Informed | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, give details: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N |

Additional Details (if any):

NIL

| | Sign. | Name | Emp. No. | Date | Time |
|--------------------|--------------------|-----------------|-------------|-----------------|--------------|
| Transferring Nurse | <i>[Signature]</i> | <i>D. Deeba</i> | <i>0270</i> | <i>09/12/23</i> | <i>11:20</i> |
| Receiving Nurse | <i>[Signature]</i> | <i>Pawithra</i> | <i>0072</i> | <i>9/12/23</i> | <i>11:30</i> |

HOME MEDICATION USAGE FORM

Master.SIVAGURU.S

13/Male/MHI202381075

02/12/2023 / IPH202302423

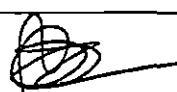
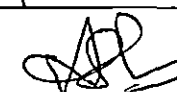
Dr.RAJESH.V



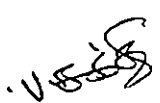
Allergies: NKDA.

Diagnosis: RHD / (N) LV function


| Prescribed drug name | Medication name brought by Patient/ Attender | Dose | Freq. | Qty. | Batch No. & Expiry date |
|----------------------|--|-------|-------|------|-------------------------|
| T. Furosemide | T. Furosemide | 40mg | 1-0-0 | 8 | A3446 12/25 |
| T. Methyl penicillin | T. Methyl penicillin | 250mg | BD | 10 | 22482009 9/24 |
| | | | | | |
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| | Signature | Name | Emp. No. | Date & Time |
|---------------------|---|--------------------|----------|-------------------|
| Doctor |  | Dr. Mohamed Hydros | 16538 | 2/12/23 at 5pm |
| Clinical Pharmacist |  | Anisha | 0151 | 2/12/23 at 3:50pm |

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 | | | | |
| Guardian |  | Shakti (Father) <small>(Name and Relationship with the Patient)</small> | 2/12/23 | 3:50pm |

Reason for Guardian consent:

| | Signature/ Thumb impression | Name | Date | Time |
|----------------|---|---------|---------|--------|
| Assigned Staff |  | A- monu | 2/12/23 | 3:50pm |

PERFUSION DATA SHEET

O.T.No 2
HLM Maquet
Date 07/10/23 Category CMS Risk Factors ✓

| | | | |
|--|------------------------|---|-------------------------------------|
| Age/Sex <u>15</u> <u>M/F</u> | <u>3</u> <u>3.54</u> | Surgeon: <u>Dr. Rajesh</u> | Heparinisation time |
| Height <u>151</u> cms. | <u>2.4</u> <u>2.83</u> | Anaesthetist: <u>Dr. Anetha/Dr. Praveen</u> | Pump on: <u>11:12</u> |
| Weight <u>33</u> Kgs. | <u>2.0</u> <u>2.36</u> | Perfusionist: <u>Ms. NSP/Ms. Hani</u> | Pump off: <u>12:23</u> |
| Surface area: <u>1.18</u> m ² | <u>1.8</u> <u>2.12</u> | Oxygenator: <u>AFFINITY NT</u> | Total Pump Time: <u>81min</u> |
| Haemoglobin <u>14.2</u> IU/min | <u>1.6</u> <u>1.88</u> | Arterial Filter: <u>EURO SET</u> | Aortic occlusion time: <u>61min</u> |
| Haematocrit <u>41.3</u> | <u>0.5</u> <u>0.59</u> | Haemofilter <u>SORTIN</u> | TCA time <u>—</u> |
| | | CP Device <u>SPTCTRA</u> | |

RHD, Severe AR, Normal LV function, EF-58%.
Prediagnosis: Mild MR, Tricuspid Procedure AVR (21 mm STM mechanical Valve)
Cannulation (Can type and size): RA - 34R SVC DSSVC: Aortic 18Fr - Fem Art Fem Vein — LSVc: —

| TIME | BYPASS | PRESSURES MM.Hg. | | | FLOWS LPM | | | TEMPERATURES | | | BLOOD GAS ANALYSIS AND CHEMISTRY | | | | | | | |
|-------|--------|------------------|-----|------|-----------|-----|------------------|--------------|-----|-----|----------------------------------|------------------|-----------------|------|--------------------|------|-----|-----|
| | | AMP | CVP | Line | Blood | Gas | FiO ₂ | NAS REC | ART | VEN | PH | PCO ₂ | PO ₂ | BE | O ₂ SAT | K+ | Na | Hct |
| | Pre | | | | | | | | | | | | | | | | | |
| 11:12 | ON | 47 | — | 110 | 1.33 | 2.5 | 60% | 33.6 | | | | | | | | | | |
| 11:32 | — | 60 | — | 150 | 2.3 | 2 | 50% | 33 | | | 7.3 | 35.4 | 229 | -3.2 | 99.5 | 4.40 | 135 | 30 |
| 11:52 | — | 55 | — | 113 | 2.3 | 2 | 50% | 32.9 | | | | | | | | | | |
| 12:12 | — | 50 | — | 103 | 2.6 | 2 | 50% | 35.6 | | | 7.3 | 34.6 | 243 | -4.1 | 99.8 | 3.52 | 138 | 32 |
| 12:23 | Off | 70 | — | — | — | — | — | 36.5 | | | | | | | | | | |

CARDIO PLEGIA BLOOD/CRYSTALLOID TIME 11:25 RBS 122mg/dl
Cardi Delivda DOSE (cc) 500ml 300ml

| FLUID LOSS OR GAIN | |
|--------------------|-------------------|
| Prime | <u>1498.5 ml.</u> |
| Pump add Blood | |
| Fluid | <u>300 ml.</u> |
| Bicarb | |
| Mannitol: | |
| Heparin: | <u>1.5 ml.</u> |
| Potassium | |
| Others | |
| Others | |
| Others | |
| Total Gain | <u>1800ml</u> |
| Post perf pump vol | <u>300 ml</u> |
| O.R. Loss Bleeding | |
| Urine | <u>100 ml</u> |
| CUF / MUF: | <u>1200 ml</u> |
| Blood Samples | |
| Others | |
| Total loss | <u>1600ml</u> |
| Fluid loss/gain | <u>(+200 ml)</u> |

| OXYGENERATOR PRIME | |
|--------------------|-------------------|
| Blood | <u>297 ml</u> cc |
| Others | <u>1200 ml</u> cc |
| Bicarb | |
| Heparin | <u>1.5 ml.</u> |
| Mannitol: | |
| Ahmin: | |
| Others: | |
| Total (cc) | <u>1498.5 ml.</u> |

| BLOOD ADDED | | |
|--------------|--------------|------------|
| Type | <u>B+PR</u> | |
| Unit No | <u>427F</u> | |
| Product Type | <u>PRBC</u> | |
| Time | <u>11:00</u> | |
| HEP | TIME | ACT |
| | <u>11:32</u> | <u>446</u> |

| URINE | PRE | DURING | POST |
|-------|--------------|--------------|------|
| | <u>200ml</u> | <u>100ml</u> | |
| OTHER | | | |

VALVES STM MASTERS SERIES MECHANICAL
Size 21 S.No 3143834 HEART VALVE

Comments
A X C
11:17 - 12:18
61min

PERFUSION SIGNATURE
SAI PREETHI
MHI0010

VIP SCALE (VISUAL INFUSION PHLEBITIS)

PATIENT NAME : **Master.SIVAGURU.S**
13/Male/MH1202381075
02/12/2023/IPH202302423
AGE / SEX : **Dr.RAJESH.V**

IP No. / UHID No

Ward / Bed No.

ICU 1 Bed - ②

ANY SCORE > 0 SHOULD BE MONITORED IN EVERY SHIFT

| DATE | TIME | SITE | SCORE | DESCRIPTION | ACTION | FOLLOW UP | S / N EMP No. |
|----------|-------|---------------|-------|-----------------|---------|-----------------------|------------------|
| 07/12/23 | 14:00 | RT CUBITAL | 0/5 | PATIENT | FLUSHED | OBSERVATION | 8/12/23 |
| | 20:00 | RIGHT CUBITAL | 0/5 | IN LINE PATIENT | FLUSHED | NO SIGNS OF PHLEBITIS | ② Down on. |
| 8/12/23 | 8:00 | RT CUBITAL | 0/5 | PATIENT | FLUSHED | OBSERVATION | 8/12/23 |
| | 14:00 | RIGHT CUBITAL | 0/5 | PATIENT | FLUSHED | NO SIGNS OF PHLEBITIS | 8/12/23 |
| | 19:00 | RIGHT CUBITAL | 0/5 | Patient | FLUSHED | NO sign of Phlebitis. | 8 noon 02/12/23 |
| 9/12/23 | 8:00 | RT CUBITAL | 0/5 | PATIENT | FLUSHED | OBSERVATION | 9/12/23 |
| | 14:00 | RT CUBITAL | 0/5 | patent | Flushed | observation | 9/12/23 |
| | 20:00 | RT CUBITAL | 0/5 | Patent | flushed | - | Haylow |
| 10/12/23 | 8:00 | RT CUBITAL | 0/5 | patent | flushed | - | 10/12/23 |
| | 14:00 | RT CUBITAL | 0/5 | patent | flushed | - | 10/12/23 |
| | 22:00 | RT CUBITAL | 0/5 | Patent | Flushed | - | 10/12/23 |
| 11/12/23 | 8:00 | RT CUBITAL | 0/5 | patent | Flushed | - | 11/12/23 |
| | 14:00 | RT CUBITAL | 0/5 | patent | Flushed | - | 11/12/23 |
| | 20:00 | RT CUBITAL | 0/5 | Patent | Flushed | - | 11/12/23 |
| 12/12/23 | | | | IV Line | Removed | | |

[illegible]

| REGULAR PRESCRIPTIONS To be filled in by Doctors only | | | Date → | To be filled by Nursing Staff only. Sign and time given | | | | | | |
|--|--------------|---------------------------------------|--------|---|------|------|------|------|------|--|
| | | | Time ↓ | 2/12 | 3/12 | 4/12 | 5/12 | 6/12 | 7/12 | |
| DRUG NAME T. FROSEMIDE | | | 8am | | | | | | | |
| Dose 40mg | Route P/O | Frequency 1/2-0-0 | | | | | | | | |
| Dr. Sign & Reg. No. / Seal N. M. BU559 | | Start Date & Time 2-12-23 8am | | | | | | | | |
| | | Stop Date & Time | | | | | | | | |
| Additional Info: | | | | | | | | | | |
| DRUG NAME T. ENALAPRIL | | | 8am | | | | | | | |
| Dose 2.5mg | Route P/O | Frequency 1-0-1 | | | | | | | | |
| Dr. Sign & Reg. No. / Seal N. M. BU559 | | Start Date & Time 2-12-23 8pm | 8pm | | | | | | | |
| | | Stop Date & Time | | | | | | | | |
| Additional Info: | | | | | | | | | | |
| DRUG NAME T. LASILACTONE | | | 8am | | | | | | | |
| Dose 20/50mg | Route P/O | Frequency 1/2-0-0 | | | | | | | | |
| Dr. Sign & Reg. No. / Seal N. M. BU559 | | Start Date & Time 2/12/23 at 16:00 | | | | | | | | |
| | | Stop Date & Time | | | | | | | | |
| Additional Info: | | | | | | | | | | |
| DRUG NAME | | | | | | | | | | |
| Dose | Route | Frequency | | | | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time | | | | | | | | |
| | | Stop Date & Time | | | | | | | | |
| Additional Info: | | | | | | | | | | |
| DRUG NAME | | | | | | | | | | |
| Dose | Route | Frequency | | | | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time | | | | | | | | |
| | | Stop Date & Time | | | | | | | | |
| Additional Info: | | | | | | | | | | |
| Area In-charge Nurse Signature: | | | | | | | | | | |

Nurse
2/12/23
Nurse
3/12/23
Nurse
4/12/23
Nurse
5/12/23
Nurse
6/12/23
Nurse
7/12/23

ANTIMICROBIALS
To be filled in by Doctors only

Date →

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

Time ↓

2/12/12 4/12/12 5/12/12 6/12/12 7/12/12

DRUG NAME

T. PENICILLIN

Dose 250mg

Route

P/O

Frequency

1/2 - 0-0

Dr. Sign & Reg. No. / Seal

[Signature]
BUNN

Start Date & Time

03.12.23 08.00

Stop Date & Time

Additional Info:

DRUG NAME

T. PENICILLIN

Dose

250mg

Route

P/O

Frequency

1-0-1

8am

Dr. Sign & Reg. No. / Seal

[Signature]
165308

Start Date & Time

2/12/23 at 16.00

Stop Date & Time

20.00

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:

Area In-charge

Nurse Signature:

[Signatures]
Nurse

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

DIET ORDERS (to be prescribed by Doctors only)

| Date | Time | Diet | Signature | Reg. No. | Date | Time | Diet | Signature | Reg. No. |
|------|-------|---------------|--------------------|----------|------|------|------|-----------|----------|
| 2/12 | 14.00 | Normal diet | <i>[Signature]</i> | 165302 | | | | | |
| 3/12 | 8.00 | Normal diet | <i>[Signature]</i> | 165302 | | | | | |
| 4/12 | 12Am | NPO from 12Am | <i>[Signature]</i> | 165302 | | | | | |
| 5/12 | 8am | Normal diet | <i>[Signature]</i> | 165302 | | | | | |
| 6/12 | 12am | NPO from 12am | <i>[Signature]</i> | 165302 | | | | | |
| | | | | | | | | | |

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 |
|---------|---------|---------------|----------|----------|---------|---------|---------------|----------|----------|
| 2/12/23 | Morning | | | | 6/12/23 | Morning | Pavithra | 0072 | P |
| 2/12/23 | Evening | A. monisha | 0141 | A | 6/12/23 | Evening | A. Anitha | 0222 | S |
| 2/12/23 | Night | A. Anitha | 0088 | A | 6/12/23 | Night | Intula | 0208 | |
| 3/12/23 | Morning | Pavithra | 2333 | P | 7/12/23 | Morning | Pavithra | 0072 | P |
| 3/12/23 | Evening | A. monisha | 0141 | A | | Evening | | | |
| 3/12/23 | Night | Hannah Grace | 0105 | H | | Night | | | |
| 4/12/23 | Morning | Devalachari | 0212 | S | | Morning | | | |
| 4/12/23 | Evening | Devalachari | 0212 | S | | Evening | | | |
| 4/12/23 | Night | Hannah Grace | 0105 | H | | Night | | | |
| 5/12/23 | Morning | A. monisha | 0141 | A | | Morning | | | |
| 5/12/23 | Evening | A. monisha | 0141 | A | | Evening | | | |
| 5/12/23 | Night | Intula | 0208 | I | | Night | | | |

[illegible]

| REGULAR PRESCRIPTIONS To be filled in by Doctors only | | | Date → | To be filled by Nursing Staff only. Sign and time given | | | | |
|--|-------------|---------------------------------------|--------|---|---------|----------|----------|----------|
| | | | Time ↓ | 8/12/23 | 9/12/23 | 10/12/23 | 11/12/23 | 12/12/23 |
| DRUG NAME TAB. ASPIRIN | | | | | | | | |
| Dose 75 | Route PO | Frequency 0-1-0 | 14.00 | 14.00 | 14.00 | 14.00 | 14.00 | |
| Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236 | | Start Date & Time 8/12/23 at 14.00 | | | | | | |
| | | Stop Date & Time | | | | | | |
| Additional Info: | | | | | | | | |
| DRUG NAME T. PARACETAMOL | | | 8.00 | 8.30 | 8.30 | 8.45 | 9.00 | |
| Dose 500mg | Route PO | Frequency 1-0-1 | | | | | | |
| Dr. Sign & Reg. No. / Seal 8/112236 | | Start Date & Time 8/12/23 9.00 | 20.00 | 20.00 | 20.30 | 20.30 | | |
| | | Stop Date & Time | | | | | | |
| Additional Info: | | | | | | | | |
| DRUG NAME T. NEROPHOL (BETALOC) | | | 8.00 | 8.30 | 8.30 | 8.44 | 9.00 | |
| Dose 12.5mg | Route PO | Frequency 1-0-1 | | | | | | |
| Dr. Sign & Reg. No. / Seal 8/112236 | | Start Date & Time 8/12/23 9.00 | 20.00 | 20.00 | 20.30 | 20.30 | | |
| | | Stop Date & Time | | | | | | |
| Additional Info: | | | | | | | | |
| DRUG NAME T. RASO D | | | 07:30 | 07:00 | 07:00 | 7.30 | 8.4 | |
| Dose 1 tab | Route PO | Frequency 1-0-1 | | | | | | |
| Dr. Sign & Reg. No. / Seal 8/ | | Start Date & Time 8/12/23 20.00 | 19:30 | 20:30 | 19:30 | 19:30 | | |
| | | Stop Date & Time | | | | | | |
| Additional Info: | | | | | | | | |
| DRUG NAME T. CORDARONE | | | 8.00 | 8.30 | 10.30 | 8.40 | 9.00 | |
| Dose 100mg | Route PO | Frequency 1-0-1 | | | | | | |
| Dr. Sign & Reg. No. / Seal 8/ | | Start Date & Time 8/12/23 8.00 | | | | | | |
| | | Stop Date & Time | | | | | | |
| Additional Info: | | | 20.00 | 20.00 | 20.00 | 20.30 | | |
| Area In-charge Nurse Signature: | | | | | | | | |

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

9/12/23 10/12/23 11/12/23 12/12/23

DRUG NAME

T. DICLOFENAC

9.00

10.30 8.30 10.20 9.30

Dose

25mg

Route

PO

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

Start Date & Time

9/12/23 9.00

Stop Date & Time

Additional Info:

DRUG NAME

T. FRUSEMIDE

8.00

8.30 8.40 9.00

Dose

40mg

Route

PO

Frequency

1-0-0

Dr. Sign & Reg. No. / Seal

Start Date & Time

10/12/23 9.00

Stop Date & Time

Additional Info:

DRUG NAME

T. SPIRONOLACTONE

10.00

10.20 10.00

Dose

25mg

Route

PO

Frequency

1-0-0

Dr. Sign & Reg. No. / Seal

Start Date & Time

10/12/23 9.00

Stop Date & Time

Additional Info:

DRUG NAME

T. ENESET

7.30

7.40 7.30

Dose

4mg

Route

PO

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

Start Date & Time

10/12/23 9.00

Stop Date & Time

Additional Info:

DRUG NAME

T. BE PLEX FORTE

8.00

8.40 9.00

Dose

1tab

Route

PO

Frequency

1-0-0

Dr. Sign & Reg. No. / Seal

Start Date & Time

10/12/23 @ 17.00

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

10.30 8.30 10.20 9.30

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

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute



| ANTIMICROBIALS To be filled in by Doctors only | | | Date → | To be filled by Nursing Staff only. Sign and time given | | | | | |
|---|-------------|---------------------------------------|----------|---|-------|--|--|--|--|
| Time ↓ | | | 07/12/23 | | | | | | |
| DRUG NAME INJ. CEFOROXIME SODIUM | | | 6.15 | 6.15 | | | | | |
| Dose 1.5g | Route IV | Frequency Q12H | | | | | | | |
| Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236 | | Start Date & Time 07/12/23 @ 10.15 | | D1 | D2 | | | | |
| | | Stop Date & Time 07/12/23 at 19.15 | | | | | | | |
| Additional Info: | | | 18.15 | 18.15 | 18.15 | | | | |
| DRUG NAME | | | | | | | | | |
| Dose | Route | Frequency | | | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | | | | | | | |
| DRUG NAME | | | | | | | | | |
| Dose | Route | Frequency | | | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | | | | | | | |
| DRUG NAME | | | | | | | | | |
| Dose | Route | Frequency | | | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | | | | | | | |
| DRUG NAME | | | | | | | | | |
| Dose | Route | Frequency | | | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | | | | | | | |
| DRUG NAME | | | | | | | | | |
| Dose | Route | Frequency | | | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | | | | | | | |
| DRUG NAME | | | | | | | | | |
| Dose | Route | Frequency | | | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | | | | | | | |
| DRUG NAME | | | | | | | | | |
| Dose | Route | Frequency | | | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | | | | | | | |
| Area In-charge Nurse Signature: | | | | | | | | | |

[illegible][illegible]

PARENTERAL INFUSION PRESCRIPTION AND ADMINISTRATION RECORD


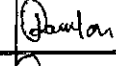
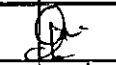






[illegible]

DIET ORDERS (to be prescribed by Doctors only)

| Date | Time | Diet | Signature | Reg. No. | Date | Time | Diet | Signature | Reg. No. |
|----------|-------|-------------|---|----------|------|------|------|-----------|----------|
| 07/12/23 | 14.00 | NPD. |  | 112236 | | | | | |
| 7/12/23 | 19.00 | LIQUID DIET |  | 112236 | | | | | |
| 8/12/23 | 13.00 | LIQUID DIET | | | | | | | |
| 8/12/23 | 19.00 | Soft Diet | | | | | | | |
| 9/12/23 | 9.00 | Soft diet | | | | | | | |
| | | | | | | | | | |

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 | | | | 11/12/23 | Morning | Pavithra | 0072 | Pav |
| 07/12/23 | Evening | D. SHEEBA | 0270 |  | 11/12/23 | Evening | A. Nandhini | 0172 | A |
| 7/12/23 | Night | D. RAVEENA | 0171 |  | 10/12/23 | Night | Shweta | 2202 | Shw |
| 8/12/23 | Morning | KRISHNA / SATHYA | 0219 |  | 12/12/23 | Morning | Hannah Grace | 0105 | HG |
| 8/12/23 | Evening | SONYAKAIA. J.P | 0232 |  | | Evening | | | |
| 8/12/23 | Night | meena swam | 0276 | meen | | Night | | | |
| 9/12/23 | Morning | Sheeba | 0270 |  | | Morning | | | |
| 9/12/23 | Evening | A. Nandhini | 0172 |  | | Evening | | | |
| 9/12/23 | Night | M. Datta | 0171 |  | | Night | | | |
| 10/12/23 | Morning | Genipriya | 0281 |  | | Morning | | | |
| 10/12/23 | Evening | B. Katarin | 0195 |  | | Evening | | | |
| 10/12/23 | Night | M. Shweta | 2202 | Shw | | Night | | | |

AVR C 21 mm ST-JUDE
MASTER SERI- VALVE



Master.SIVAGURU.S
13/Male/MHI202381075
02/12/2023/IPH202302423
Dr.RAJESH.V

MHI/ICU/2022/076

| | | |
|-----------|--|--|
| Sheet No. | | |
| ① | | |

| | |
|--------|--------|
| Age | Sex |
| Height | Weight |
| BSA | |

Bue 161cm 33kg 1.1m² A

SURGICAL PROCEDURE:

DATE OF SURGERY: 07/12/2023

POST-OP DAY: D05

| DATE | TIME | VENTILATORS PARAMETERS | | | | | | | | | | | BLOOD GAS | | | | | |
|---------|-------|--|------|---------------|------------|------|------------|-----|-----|-----|------------------|--|-----------|------------------|-----------------|------------------|------|------|
| | | MODE | RATE | PRESS SUPPORT | PEAK PRESS | PEEP | MEAN PRESS | MV | ITV | ETV | FI _{O2} | | pH | PCO ₂ | PO ₂ | HCO ₂ | SAT% | BE |
| 7/12/23 | 13:45 | S.MVT | 15 | 20 | 14.0 | 6.0 | 7.0 | 4.4 | 300 | 296 | 0.5 | | 7.385 | 29.3 | 281.5 | 23.0 | 99.6 | 2.0 |
| | 14:30 | | 12 | 16 | | | | | | | | | | | | | | |
| | 15:00 | PS/CPP | | 10 | | 5.0 | | | | | 50% | | 7.251 | 54.6 | 951.4 | 23.4 | 99.4 | -3.8 |
| | 15:22 | PATIENT EXTUBATED C O ₂ - F.MASK. | | | | | | | | | | | | | | | | |
| | 16:30 | | | | | | | | | | 5LT | | 7.341 | 41.0 | 173.1 | 23.2 | 99.1 | -2.1 |
| | 17:00 | | | | | | | | | | 2LT | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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CRITICAL CARE FLOWCHART

PATIENT NOT RECEIVED AT : 13:45
OT URINE : 300ml.

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

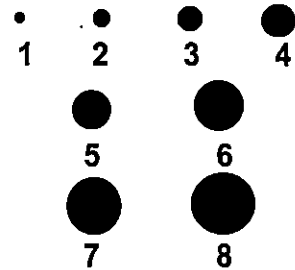
MOTOR

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

SECRECTIONS

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

AVR C 21mm ST-JUDE
MASTER SERIES VALVE



| | | | | | |
|-------------|--------|---|-------------------|---|--|
| Name | | Master.SIVAGURU.S | | MHI/ICU/2022/076 | |
| UHID No. | | 13/Male/MHI202381075 02/12/2023/IPH202302423 | | Sheet No. | |
| Age | | Sex | |  A | |
| Dr.RAJESH.V | | | | | |
| Blood Group | Height | Weight | BSA | | |
| B+ve | 151cm | 33 kg | 1.1m ² | | |

SURGICAL PROCEDURE:

DATE OF SURGERY: 07/12/2023

POST-OP DAY:

| DATE | TIME | VENTILATORS PARAMETERS | | | | | | | | | | | BLOOD GAS | | | | | |
|---------|-------|------------------------|------|---------------|------------|---------|------------|----|-----|-----|------------------|--|-----------|------------------|-----------------|------------------|------|------|
| | | MODE | RATE | PRESS SUPPORT | PEAK PRESS | PEEP | MEAN PRESS | MV | ITV | ETV | FI _{O2} | | pH | PCO ₂ | PO ₂ | HCO ₂ | SAT% | BE |
| | 23:30 | | | | | | | | | | | | | | | | | |
| 8/12/23 | 23:30 | | | ON | NASAL | CANNULA | | | | | 21% | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | 5:00 | | | ON | Room | AIR | | | | | | | | | | | | |
| | | | | | | | | | | | | | 7.40 | 7.428 | 35.8 | 84.8 | 23.1 | 96.7 |
| | | | | | | | | | | | | | | | | | | 1.2 |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

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

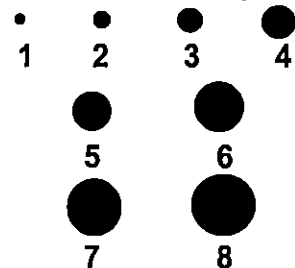
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CAPILLARY REFILL

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EDEMA

D-Dependent
G-Generalised
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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

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+Present
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So-Soft
F-Firm
Tn-Tender
Ob-Obese
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GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

MASTER SERIES VALVE



Master.SIVAGURU.S

13/Malc/MHI202381075

02/12/2023/IRH202302423

Dr.RAJESH.V

Name

UHID No.

Age

Sex

MHI/ICU/2022/076

Sheet No.

③

Blood Group

Btre

| Height

15cm

Weight

33 kg

BSA

 $1 \cdot 10^2$

A

SURGICAL PROCEDURE:

DATE OF SURGERY: 07/12/2023

POST-OP DAY: 1st POD

[illegible]

CRITICAL CARE FLOWCHART

NEURO

EYES

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

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Oriented-5
Confused/Disoriented-4
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No response-1

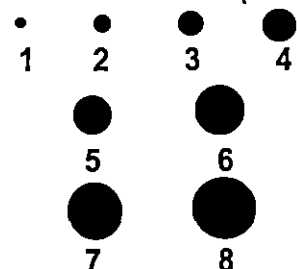
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GASTRIC RESIDUAL

G-Green B-Bleeding
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LIVERSIZE

N-Normal
E-Enlarged

| | | | | |
|-----------------------|---|------------------------|-----------------------|--------------------------------|
| Sheet No. ① | Master.SIVAGURU.S 13/Male/MHI202381075 02/12/2023/1PH202302423 Dr.RAJESH.V  | | | |
| | Age Sex | | | |
| B | Blood Group BNe | Height 151cm | Weight 83kg | BSA 1.1m² |




| DATE | TIME | BIOCHEMISTRY | | | | | VITAL PARAMETERS | | | | | | | | CARDIAC ASSIST DEVICE | | | | |
|---------|-------|--------------|-----|------|-------------------------|-------|------------------|-------------------|------------------|------------------|------------|------|--------|---------------------|-----------------------|-------|----------|-------------------|------|
| | | Hb | Na | K | Ca SUGAR | BLOOD | TIME | ETCO ₂ | BREATH SOUNDS | Sao ₂ | RR/MT | N,BP | TEMP°F | Abd ^{mm} G | TIME | IABP | | PACEMAKER SETTING | |
| | | | | | | | | | | | | | | | | RATIO | DURATION | RATE | MODE |
| #10/123 | 13:45 | 11.3 | 137 | 3.46 | 1.12 1.18 | | 13:45 | | CL | 100% | vw 12 | | 93°F | | | | | | |
| | | | | | | | 14:30 | | CL | 100% | 9mmv 14 | | | | | | | | |
| | 15:00 | 12.8 | 136 | 3.72 | 1.14 | | 15:30 | | CL | 100% | 22bht | | | | | | | | |
| | | | | | | | 16:30 | | CL | 100% | 26bht | | | | | | | | |
| | 16:30 | 11.9 | 136 | 3.62 | 1.14 | | 17:30 | | CL | 100% | 29bht | | 97°F | | | | | | |
| | | | | | | | 18:30 | | CL | 100% | 24bht | | | | | | | | |
| | | | | | | | 19:30 | | CL | 99% | 26bht | | | | | | | | |
| | | | | | | | 20:30 | | CL | 100% | 22mm | | 99°F | | | | | | |
| | | | | | | | 21:30 | | CL | 100% | 19mt | | | | | | | | |
| | | | | | | | 22:30 | | CL | 100% | 20mt | | 99°F | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

CRITICAL CARE FLOWCHART

| | SHIFT | DAY | | EVENING | | NIGHT | |
|-------------------|-------------------|-----|--------|---------|--------|-------|--|
| NEURO | TIME | | 13:40 | | 16:00 | 20:00 | |
| | EYES | | CP | | 4 | 4 | |
| | VERBAL | | B1 | | 5 | 5 | |
| | MOTOR | | CP | | 6 | 6 | |
| | ARMS R/L | | CP | | ST | ST | |
| | LEGS R/L | | CP | | ST | ST | |
| PUPILS | R.SIZE/REACTION | | CP | | 3/BR | 3/BR | |
| | L.SIZE/REACTION | | CP | | 3/BR | 3/BR | |
| CARDIO-VASCULAR | HEART SOUNDS | | S1S2 | | S1S2 | S1S2 | |
| | VALVE CLICK | | - | | - | - | |
| | CAPILLARY REFILL | | OK | | BR | BR | |
| | EDEMA | | 0 | | 0 | 0 | |
| | NECK VEINS | | N | | N | N | |
| PULMONARY | WORK OF BREATHING | | TA | | TA | TA | |
| | SUCTION | | RS/D/N | | - | - | |
| | SECREATIONS | | N/D | | - | - | |
| GASTRO INTESTINAL | BOWEL SOUNDS | | + | | + | + | |
| | ABDOMINAL TONE | | Soft | | Soft | Soft | |
| | N/G POSITION | | normal | | normal | - | |
| | GASTRIC RESIDUAL | | CL | | CL | - | |
| | LIVER | | N | | N | N | |

| | SHIFT | DAY | | EVENING | | NIGHT | |
|---------|--------------------|-----|------------|---------|------------|------------|--|
| G.U. | DESCRIP.OF URINE | | 13:40 | | CL | CL | |
| | PD - FUNCTION | | CL | | - | - | |
| | DRAINAGE | | - | | - | - | |
| | PD - SITE | | - | | - | - | |
| | | | | | | | |
| SKN | COLOUR | | - | | - | - | |
| | Sx WOUND-CHEST | | CL | | CL | CL | |
| | LEG | | CL | | CL | CL | |
| | DRESSING | | OT | | OT | OT | |
| | PRESSURE SORE-SITE | | NIL | | NIL | - | |
| | AREA | | - | | - | - | |
| | DRESSING CONDITION | | - | | - | - | |
| MISCELL | POSITION CHANGE | | Q2H | | Q2H | Q2H | |
| | CHEST-PHYSIO | | NBB SPW | | SPR DBE | NBB SPR | |
| | ACTIVITY | | PE | | PE | PE | |
| | | | ABP AP | | ABP CVP | ABP CVP | |
| | S/N NAME | | John | | John | John | |
| | TIME | | 13:40 | | 16:00 | 20:00 | |
| | SIGNATURE | | John | | John | John | |



| | | | | |
|-----------------------|-------------|--|----------------|--------------|
| Sheet No. 2 | Name | Master.SIVAGURU.S 13/Male/MHI202381075 02/12/2023/IPH202302423 | | |
| | UHID N° | Dr.RAJESH.V  | | |
| B | Blood Group | Age | Sex | |
| | Bare | Height 151cm | Weight 83kg | BSA 1.1m² |

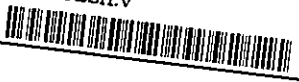


| DATE | TIME | BIOCHEMISTRY | | | | | VITAL PARAMETERS | | | | | | | | CARDIAC ASSIST DEVICE | | | | |
|---------|------|--------------|-----|------|-------------|-------|------------------|-------------------|------------------|------------------|-------|------|--------|---------------------|-----------------------|-------|----------|-------------------|------|
| | | Hb | Na | K | Ca SUGAR | BLOOD | TIME | ETCO ₂ | BREATH SOUNDS | Sao ₂ | RR/MT | N,BP | TEMP°F | Abd ^{cm} G | TIME | IABP | | PACEMAKER SETTING | |
| | | | | | | | | | | | | | | | | RATIO | DURATION | RATE | MODE |
| | | | | | | | 23:30 | | cl | 100% | 34/m | | 99°F | | | | | | |
| 8/12/23 | | | | | | | 24:30 | | cl | 100% | 38/m | | | | | | | | |
| | | | | | | | 1:30 | | cl | 100% | 28/m | | | | | | | | |
| | | | | | | | 2:30 | | cl | 100% | 18mt | | | | | | | | |
| | | | | | | | 3:30 | | cl | 100% | 26mt | | 98°F | | | | | | |
| | | | | | | | 4:30 | | cl | 100% | 21mt | | | | | | | | |
| | | | | | | | 5:30 | | cl | 100% | 30mt | | | | | | | | |
| | 6:46 | 12.3 | 130 | 3.72 | 1.09 | | 6:30 | | cl | 100% | 28/m | | 98°F | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

CRITICAL CARE FLOWCHART

| | SHIFT | DAY | | EVENING | | NIGHT | |
|-------------------|-------------------|-----|--|---------|--|-------|------|
| NEURO | TIME | | | | | 24.00 | 4.00 |
| | EYES | | | | | 4 | 4 |
| | VERBAL | | | | | 5 | 5 |
| | MOTOR | | | | | 6 | 6 |
| | ARMS R/L | | | | | ST | ST |
| | LEGS R/L | | | | | ST | ST |
| PUPILS | R.SIZE/REACTION | | | | | 2/BR | 2/BR |
| | L.SIZE/REACTION | | | | | 2/BR | 2/BR |
| CARDIO-VASCULAR | HEART SOUNDS | | | | | S1S2 | S1S2 |
| | VALVE CLICK | | | | | | |
| | CAPILLARY REFILL | | | | | BR | BR |
| | EDEMA | | | | | 0 | 0 |
| | NECK VEINS | | | | | N | N |
| PULMONARY | WORK OF BREATHING | | | | | TA | TA |
| | SUCTION | | | | | | |
| | SECREATIONS | | | | | | |
| GASTRO INTESTINAL | BOWEL SOUNDS | | | | | + | + |
| | ABDOMINAL TONE | | | | | S | S |
| | N/G POSITION | | | | | | |
| | GASTRIC RESIDUAL | | | | | | |
| | LIVER | | | | | N | N |

| | SHIFT | DAY | | EVENING | | NIGHT | |
|---------|--------------------|-----|--|---------|--|---|---|
| G.U. | DESCRIP.OF URINE | | | | | CL 00.00 | CL 04.00 |
| | PD - FUNCTION | | | | | | |
| | DRAINAGE | | | | | | |
| | PD - SITE | | | | | | |
| | | | | | | | |
| SKN | COLOUR | | | | | | |
| | Sx WOUND-CHEST | | | | | CL | CL |
| | LEG | | | | | CL | CL |
| | DRESSING | | | | | OT | OT |
| | PRESSURE SORE-SITE | | | | | AI | AI |
| | AREA | | | | | | |
| | DRESSING CONDITION | | | | | | |
| MISCELL | POSITION CHANGE | | | | | Q2H | Q2H |
| | CHEST-PHYSIO | | | | | 2EB SPIRO | 2EB SPIRO |
| | ACTIVITY | | | | | PE | PE |
| | | | | | | ABP CVP | ABP CVP |
| | S/N NAME | | | | | ARUN | ARUN |
| | TIME | | | | | 00.00 | 04.00 |
| | SIGNATURE | | | | |  |  |

| | | | |
|--|-----------------------------|--------------------------------|-----------------------|
| Sheet No. (2) | Name Dr. RAJESH.V | | |
| B | Blood Group B+ve | Height 161cm | Weight 33kg |
| UHID N. | | Age | Sex |
| Master.SIVAGURU.S 13/Male/MHI202381075 02/12/2023/IPH202302423  | | BSA 1.1m² | |



| 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 |
| 8/12/23 | | | | | | | 7:30 | | cl | 99% | 38/mt | | 100.4°F | | | | | | |
| | | | | | | | 8:30 | | cl | 99% | 32/mt | | | | | | | | |
| | | | | | | | 9:30 | | cl | 100% | 30/mt | | 99°F | | | | | | |
| | | | | | | | 10:30 | | cl | 100% | 35/mt | 96/66(76) | | | | | | | |
| | | | | | | | 11:30 | | cl | 100% | 32/mt | | | | | | | | |
| | | | | | | | 12:30 | | cl | 100% | 30/mt | | | | | | | | |
| | | | | | | | 13:30 | | cl | 99% | 28/mt | | 97.6°F | | | | | | |
| | | | | | | | 14:30 | | cl | 98% | 22/mt | 93/66(73) | | | | | | | |
| | | | | | | | 15:30 | | cl | 97% | 20/mt | 90/53(63) | | | | | | | |
| | | | | | | | 16:30 | | cl | 98% | 22/mt | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

CRITICAL CARE FLOWCHART

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

| | SHIFT | DAY | | EVENING | | NIGHT | |
|---------|--------------------|---------------|---------------|---------|--|-------|--|
| G.U. | DESCRIP.OF URINE | C | C | | | | |
| | PD - FUNCTION | | | | | | |
| | DRAINAGE | | | | | | |
| | PD - SITE | | | | | | |
| | | | | | | | |
| SKN | COLOUR | | | | | | |
| | Sx WOUND-CHEST | C | C | | | | |
| | LEG | | | | | | |
| | DRESSING | DT | DT | | | | |
| | PRESSURE SORE-SITE | NIL | NIL | | | | |
| | AREA | | | | | | |
| | DRESSING CONDITION | | | | | | |
| MISCELL | POSITION CHANGE | Q2H | Q2H | | | | |
| | CHEST-PHYSIO | Neb epi100 | Neb spi100 | | | | |
| | ACTIVITY | PE | PE | | | | |
| | | ABP CVP | ABP CVP | | | | |
| | | | | | | | |
| | S/N NAME | Sathya | Sathya | | | | |
| | TIME | 8:00 | 12:00 | | | | |
| | SIGNATURE | R. | b. | | | | |

Master.SIVAGURU.S
13/Male/MHI202381075
02/12/2023/IPH202302423
Dr.RAJESH.V

MHI/ICU/2022/076

Blood Group

B+ve

Height

161cm

Weight

83kg

BSA

1.1m²

Sheet No.

①

C

| DATE | TIME | URINE | | CHEST DRAINAGE | | | | | | GASTRIC | | LAB SAMPLE | | TOTAL OUTPUT | VOLUME | | INFUSIONS | | | |
|----------|-------|-------|-------|----------------|--------|-----|-------|------|------|---------|-------|------------|-------|--------------|--------|-------|-----------|--------------|--|--|
| | | AMT | TOTAL | RT.PL. | LT.PL. | MED | PERIC | HR.T | G.T. | AMT. | TOTAL | AMT. | TOTAL | | AMT | TOTAL | | | | |
| 11/12/23 | 13:45 | | | | | | | | | | | | | | | | | | | |
| | 14:30 | 150 | 150 | | | - | | | | | | 5.0 | 5.0 | 155 | 75 | 75 | KCL 20MEQ | | | |
| | 15:30 | 150 | 300 | | | 20 | | 20 | 20 | | | | 5.0 | 325 | 75 | 150 | 25 | | | |
| | 16:30 | 100 | 400 | | | 20 | | 20 | 40 | | | | 5.0 | 445 | 75 | 225 | - | | | |
| | 17:30 | 75 | 525 | | | 10 | | 10 | 50 | | | | 5.0 | 520 | 75 | 300 | | 17.5mg | | |
| | 18:30 | 100 | 625 | | | - | | - | 50 | | | | 5.0 | 630 | 75 | 375 | | FEMTA 500/50 | | |
| | 19:30 | 75 | 700 | | | 10 | | 10 | 60 | | | | 5.0 | 715 | 75 | 450 | | 0.7 | | |
| | 20:30 | 80 | 780 | | | 10 | | 10 | 70 | | | | 5.0 | 805 | 75 | 525 | | 0.7 | | |
| | 21:30 | 70 | 850 | | | 10 | | 10 | 80 | | | | 5.0 | 935 | 75 | 600 | | 0.7 | | |
| | 22:30 | 130 | 980 | | | 20 | | 20 | 100 | | | | 5.0 | 1085 | 75 | 675 | | 0.7 | | |

SPECIFIC OBSERVATIONS/PROBLEMS

| DATE | TIME |
|------|------|
| | |

10pw TRANSFUSED IN OT

ACT:- 110 sec

CRITICAL CARE FLOWCHART

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

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN**COLOUR**

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE**SITE**

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

| | | | | | |
|---|--|-----------|--------|-------------------|-----------|
| Master.SIVAGURU.S 13/Male/MHI202381075 02/12/2023/IPH202302423 | | | | MHI/ICU/2022/076 | |
| Name | | UHID No. | | Sex | |
| Dr.RAJESH.V | | [Barcode] | | Age | |
| Blood Group | | Height | Weight | BSA | Sheet No. |
| B+ve | | 151cm | 33kg | 1.1m ² | C |

| DATE | TIME | URINE | | CHEST DRAINAGE | | | | | | GASTRIC | | LAB SAMPLE | | TOTAL OUTPUT | VOLUME | | INFUSIONS | | | |
|---------|-------|-------|-------|----------------|--------|-----|-------|------|------|---------|-------|------------|-------|--------------|--------|-------|-------------|--|--|--|
| | | AMT | TOTAL | RT.PL. | LT.PL. | MED | PERIC | HR.T | G.T. | AMT. | TOTAL | AMT. | TOTAL | | AMT | TOTAL | PENNA 500ml | | | |
| 7/12/23 | 23.30 | 100 | 1080 | | | | | | 100 | | | | 5.0 | 1185 | 75 | 750 | 0.7 | | | |
| 8/12/23 | 24.30 | 75 | 1155 | | | 20 | | 20 | 120 | | | | 5.0 | 1280 | 75 | 825 | 0.7 | | | |
| 8/12/23 | 1.30 | 75 | 1230 | | | | | | 120 | | | | 5.0 | 1355 | 75 | 900 | 0.7 | | | |
| | 2.30 | 80 | 1310 | | | 20 | | 20 | 140 | | | | 5.0 | 1455 | 75 | 975 | 0.7 | | | |
| | 3.30 | 100 | 1410 | | | | | | 140 | | | | 5.0 | 1555 | 75 | 1050 | 0.7 | | | |
| | 4.30 | 90 | 1500 | | | 20 | | 20 | 160 | | | | 5.0 | 1665 | 75 | 1125 | 0.7 | | | |
| | 5.30 | 70 | 1570 | | | 10 | | 10 | 170 | | | | 5.0 | 1745 | 75 | 1200 | 0.7 | | | |
| | 6.30 | 70 | 1640 | | | 10 | | 10 | 180 | | | 6.0 | 11.0 | 1831 | | 1200 | - | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

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

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

Mast IVAGURU.S
13/Male/MHI202331075
02/12/2023/1PH202302423

MHI/ICU/2022/076

| | | | | | | | | |
|-------------|---|--------|-------|--------|------|----------------|-------------------|---|
| Name | Dr. RAJESH.V | | | Age | Sex | Sheet No. 3 | | |
| UHID No. |  | | | | | | | |
| Blood Group | B+ve | Height | 151cm | Weight | 33kg | BSA | 1.1m ² | C |

| DATE | TIME | URINE | | CHEST DRAINAGE | | | | | | GASTRIC | | LAB SAMPLE | | TOTAL OUTPUT | VOLUME | | INFUSIONS | | | |
|---------|-------|-------|-------|----------------|--------|-----|-------|------|------|---------|-------|------------|-------|--------------|--------|-------|-----------|--|--|--|
| | | AMT | TOTAL | RT.PL. | LT.PL. | MED | PERIC | HR.T | G.T. | AMT. | TOTAL | AMT. | TOTAL | | AMT | TOTAL | | | | |
| 8/12/23 | 7:30 | 100 | 100 | | | | | | | | | | | 100 | | | | | | |
| | 8:30 | 50 | 150 | | | | | | | | | | | 150 | | | CORDA | | | |
| | 9:30 | 50 | 200 | | | R. | | | | | | | | 200 | | | 50 | | | |
| | 10:30 | 60 | 260 | | | | | | | | | | | 260 | | | | | | |
| | 11:30 | 50 | 320 | | | | | | | | | | | 320 | | | | | | |
| | 12:30 | 50 | 370 | | | | | | | | | | | 370 | | | | | | |
| | 13:30 | 150 | 520 | | | | | | | | | | | 520 | | | | | | |
| | 14:30 | 200 | 720 | | | | | | | | | | | 720 | | | | | | |
| | 15:30 | 150 | 870 | | | | | | | | | | | 870 | | | | | | |
| | 16:30 | 100 | 970 | | | | | | | | | | | 970 | | | | | | |

SPECIFIC OBSERVATIONS/PROBLEMS 9:20 REMOVED MEDIASTINAE DRAIN } DR. PRAVEEN.
9:20 REMOVE RIGHT ARTERIAL RADIAL LINE }

| DATE | TIME |
|------|------|
| | |

CRITICAL CARE FLOWCHART

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

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN**COLOUR**

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

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

PATIENT NOT AWAKE AND MOVED
IN THE LIMBS @ 14.15

Master.SIVAGURU.S

13/Male/MHI202381075

Name 02/12/2023/1PH202302423

Dr.RAJESH.V

UHID No. 

Sheet No.

Age

Sex

D

Blood Group

B+ve

Height

161cm

Weight

33kg

BSA

1.1m²



MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

| DATE | TIME | INFUSIONS (contd.) | | | | | TOTAL | N/G/ORAL | | TOTAL INTAKE | TOTAL BALANCE | HR/mt | RHYTHM | ST | ABP | MAP | RAP | LAP/ RAP | PERI | PP R/L | CO | CI | SVR |
|-------|------|--------------------|--|--|--|------|-------|----------|-------|--------------|---------------|-------|--------|------|--------|-----|-----|----------|------|--------|----|----|-----|
| | | | | | | Misc | | AMT. | TOTAL | | | | | | | | | | | | | | |
| 13.45 | | | | | | | | | | | | 96 | sinus | 0.01 | 113/67 | 80 | 7 | | 1001 | 7/7 | | | |
| 14.30 | | | | | | 2.0 | 2.0 | | | 77 | 78 | 98 | sinus | 0.01 | 120/77 | 90 | 7 | | 1001 | 7/7 | | | |
| 15.30 | | | | | | 2.0 | 2.0 | | | 179 | 146 | 100 | sinus | 0.01 | 126/75 | 93 | 6 | | 1001 | 7/7 | | | |
| 16.30 | | | | | | 2.0 | 2.0 | | | 256 | 131 | 98 | sinus | 0.02 | 121/66 | 71 | 6 | | 1001 | 7/7 | | | |
| 17.30 | | | | | | 2.0 | 2.0 | | | 333 | 133 | 96 | sinus | 0.01 | 113/66 | 71 | 7 | | 1001 | 7/7 | | | |
| 18.30 | | | | | | 2.0 | 2.0 | | | 410 | 220 | 94 | sinus | 0.02 | 112/60 | 72 | 6 | | 1001 | 7/7 | | | |
| 19.30 | | | | | | 2.0 | 2.0 | 50 | 50 | 537.7 | 177.3 | 96 | sinus | 0.01 | 124/76 | 60 | 8 | | 1001 | 7/7 | | | |
| 20.30 | | | | | | 2.0 | 2.7 | 50 | 100 | 590.4 | 214.6 | 114 | sinus | 0.02 | 114/64 | 72 | 8 | | 1001 | 7/7 | | | |
| 21.30 | | | | | | 2.0 | 2.7 | 50 | 150 | 718.1 | 216.9 | 116 | sinus | 0.01 | 120/66 | 81 | 7 | | 1001 | 7/7 | | | |
| 22.30 | | | | | | 2.0 | 2.7 | | 150 | 795.8 | 289.2 | 120 | sinus | 0.01 | 117/61 | 79 | 8 | | 1001 | 7/7 | | | |

CRITICAL CARE FLOWCHART

STAT DRUGS @ 15.20. DNT. AVIL 1cc IV GIVEN @ 18.30. PREVIOUS DAY HRS

TIME

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

| | | | | | | | | | | | |
|-------------|--|-------------------|--|----------------------|--|--------------------------|--|-------------|--|-----------|--|
| Name | | Master.SIVAGURU.S | | 13/Male/MHI202381075 | | 02/12/2023/IIPH202302423 | | Dr.RAJESH.V | | Sheet No. | |
| UHID No. | | | | Sex | | | | | | 2 | |
| Blood Group | | B+ve | | Height | | 151cm | | Weight | | 33kg | |
| | | | | BSA | | 1.1m ² | | | | D | |



MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

| DATE | TIME | INFUSIONS (contd.) | | | | | TOTAL | N/G/ORAL | | TOTAL INTAKE | TOTAL BALANCE | HR/mt | RHYTHM | ST | ABP | MAP | RAP | LAP/RAP | PERI | PP R/L | CO | CI | SVR |
|---------|-------|--------------------|--|--|--|-----|-------|----------|-------|--------------|---------------|-------|--------|------|--------|-----|-----|---------|------|--------|----|----|-----|
| | | | | | | | | AMT. | TOTAL | | | | | | | | | | | | | | |
| | | | | | | Nil | | | | | | | | | | | | | | | | | |
| 7/12/23 | 23:30 | | | | | 2.0 | 2.7 | | 150 | 873.5 | 311.5 | 119 | SINUS | 0.02 | 110/80 | 76 | | 7 | Warm | ++ | | | |
| 8/12/23 | 21:30 | | | | | 2.0 | 2.7 | 50 | 200 | 1001.2 | 278.8 | 122 | SINUS | 0.01 | 110/60 | 78 | | 7 | Warm | ++ | | | |
| | 1:30 | | | | | 2.0 | 2.7 | 50 | 250 | 1128.9 | 226.1 | 115 | SINUS | 0.01 | 96/59 | 73 | 7 | | Warm | ++ | | | |
| | 2:30 | | | | | 2.0 | 2.7 | | 250 | 1206.6 | 248.4 | 113 | SINUS | 0.02 | 96/53 | 70 | 5 | | Warm | ++ | | | |
| | 3:30 | | | | | 2.0 | 2.7 | | 250 | 1284.3 | 270.7 | 115 | SINUS | 0.00 | 98/56 | 68 | 6 | | Warm | ++ | | | |
| | 4:30 | | | | | 2.0 | 2.7 | 100 | 350 | 1462 | 203 | 117 | SINUS | 0.01 | 95/57 | 67 | 6 | | Warm | ++ | | | |
| | 5:30 | | | | | 2.0 | 2.7 | 100 | 450 | 1639.7 | 205.3 | 120 | SINUS | 0.01 | 108/60 | 74 | 7 | | Warm | ++ | | | |
| | 6:30 | | | | | 2.0 | 2.0 | 100 | 550 | 1741.7 | 89.3 | 120 | SINUS | 0.02 | 120/60 | 82 | 6 | | Warm | ++ | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

Master.SIVAGURU.S
13/Male/MHI202381075
02/12/2023/IPH202302423

| | | | | | | | |
|-------------|-------------|--------|-------|--------|-----------|-----|-------------------|
| Name | Dr.RAJESH.V | | | | Sheet No. | 3 | |
| UHID No. | | | | | Sex | | |
| Blood Group | B+ve | Height | 151cm | Weight | 33kg | BSA | 1.1m ² |
| | | | | | D | | |



MHI/ICU/2022/076



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 |
|---------|-------|--------------------|--|--|--|-----|-------|----------|-------|--------------|---------------|-------|-------------|------|--------|-----|-----|----------|------|--------|----|----|-----|
| | | | | | | Mix | | AMT. | TOTAL | | | | | | | | | | | | | | |
| 8/12/23 | 7:30 | | | | | 2.0 | 2.0 | 50 | 50 | 52 | 48 | 151 | SINUS TACHY | 0.01 | 109/51 | 71 | 7 | | warm | ++ | | | |
| | 8:30 | | | | | 2.0 | 2.0 | 50 | 100 | 104 | 46 | 136 | SINUS TACHY | 0.02 | 101/58 | 71 | 6 | | warm | ++ | | | |
| | 9:30 | | | | | 2.0 | 2.0 | 40 | 140 | 196 | 44 | 132 | SINUS TACHY | 0.01 | 102/61 | 74 | 4 | | warm | ++ | | | |
| | 10:30 | | | | | 2.0 | 2.0 | 65 | 205 | 261 | 41 | 119 | SINUS TACHY | 0.01 | - | - | - | | warm | ++ | | | |
| | 11:30 | | | | | 2.0 | 2.0 | 50 | 255 | 311 | 39 | 107 | SINUS TACHY | 0.00 | | | | | warm | ++ | | | |
| | 12:30 | | | | | 2.0 | 2.0 | 50 | 305 | 361 | 39 | 109 | SINUS TACHY | 0.00 | | | | | warm | ++ | | | |
| | 13:30 | | | | | 2.0 | 2.0 | 305 | 361 | 361 | 39 | 110 | SINUS TACHY | 0.01 | | | | | warm | ++ | | | |
| | 14:30 | | | | | 2.0 | 2.0 | 100 | 405 | 461 | 39 | 97 | SINUS TACHY | 0.01 | | | | | warm | ++ | | | |
| | 15:30 | | | | | 2.0 | 2.0 | 100 | 505 | 561 | 39 | 102 | SINUS TACHY | 0.01 | | | | | warm | ++ | | | |
| | 16:30 | | | | | 2.0 | 2.0 | 505 | 561 | 561 | 39 | 99 | SINUS TACHY | 0.01 | | | | | warm | ++ | | | |

CRITICAL CARE FLOWCHART

STAT DRUGS TIME

PREVIOUS DAY 16hrs 30mins HRS

DRAINAGE: 180ml TOTAL INTAKE: 1771.7ml

URINE: 160ml TOTAL OUTPUT: 1831ml

TOTAL BALANCE: - 89.3 ml

P.T.O.

Master.SIVAGURU.S
13/Male/MHI202381075
02/12/2023/IPH202302423

Dr.RAJESH.V



INTERMEDIATE CARE FLOWCHART

A

UHID NO :

AGE :

SEX :

SURGICAL PROCEDURE : AVR c 21mm ST JUDGE
MASTER SERIES VALVE

POSTOP DAY : 1

FLUID REQUIREMENT : 1.5 Litres

| 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. | | Labile | Inf | Calder | H.T. | H.T. | G.T. | | |
| 17:30 | 150 | 1120 | | | | | 1120 | | | | | 50 | 555 | 611 | 509 |
| 18:30 | 100 | 1220 | | | | | 1220 | | | | | 100 | 655 | 711 | 509 |
| 19:30 | 75 | 1295 | | | | | 1295 | | | | | 50 | 705 | 761 | 534 |
| 20:30 | 100 | 1395 | | | | | 1395 | | | | | 50 | 755 | 811 | 584 |
| 21:30 | 100 | 1495 | | | | | 1495 | 75 | | | | 50 | 805 | 936 | 559 |
| 22:30 | 150 | 1645 | | | | | 1645 | 75 | | | | | 805 | 1011 | 634 |
| 23:30 | 100 | 1745 | | | | | 1745 | 75 | | | | | 805 | 1086 | 659 |
| 00:30 | 100 | 1845 | | | | | 1845 | 75 | | | | | 805 | 1161 | 684 |
| 01:30 | 75 | 1920 | | | | | 1920 | 75 | (50mg) | | | | 805 | 1286 | 634 |
| 02:30 | 70 | 1990 | | | | | 1990 | 75 | | | | | 805 | 1361 | 629 |
| 03:30 | 75 | 2065 | | | | | 2065 | 75 | | | | | 805 | 1436 | 629 |
| 04:30 | 75 | 2140 | | | | | 2140 | 75 | | | | 50 | 855 | 1561 | 579 |
| 05:30 | Rem | 2140 | | | | | 2140 | 75 | | | | | 855 | 1636 | 504 |
| 06:30 | | 2140 | | | | | 2140 | 75 | | | | 50 | 905 | 1761 | 379 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |


SPECIFIC OBSERVATIONS/REMARKS

01:00: Patient HR: 140 B/min.
Intermittent. Informed to DR. Praveen.
advised to give Inf-calcidone 150mg IV
Bolus given.
04:45: Catheter Removed.

MEDICATION / DRUGS

01:00: Inf-calcidone 150mg IV Bolus given
01:00: Inf-paracetamol 500mg IV given.

Master.SIVAGURU.S
 13/Male/MHI202381075
 02/12/2023/1PH202302423
 Dr.RAJESH.V



INTERMEDIATE CARE FLOWCHART

B

UHID NO :

AGE :

SEX :

BLOOD GROUP : B +ve

HEIGHT : 151cm

WEIGHT : 38kg

B.S.A : 1.1m².

| HAEMODYNAMICS | | | | | | | | RESP. PARAMETERS | | | INVESTIGATIONS / OTHER DATA |
|---------------|------|-------------|------|--------|--------|-------|------|----------------------|--------|------|-----------------------------|
| TEMP | H.R. | RHY. | ST. | B.P. | R.A.P. | PERI. | P.P. | RR | BREATH | SPO2 | |
| 98.7 | 110 | Sinus tachy | 0.02 | 93/60 | 75 | 100mm | ++ | 28 | CL | 99% | on room air. |
| | 112 | Sinus | 0.01 | 96/71 | 98 | 100mm | ++ | 26 | CL | 99% | |
| | 115 | Sinus | 0.01 | 97/60 | 76 | 100mm | ++ | 24 | CL | 99% | |
| | 120 | Sinus Tachy | 0.01 | 100/60 | 71 | 100mm | ++ | 22 | CL | 98% | |
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| | | | | | | | | PREVIOUS DAY - HOURS | | | |
| DRAINAGE - | | | | | | | | TOTAL INTAKE 1761ml | | | |
| URINE 2140 ml | | | | | | | | TOTAL OUTPUT 2140ml | | | |
| | | | | | | | | BALANCE -379 ml | | | |