

### MRD CHECKLIST

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





#### Mr.RAJASINGH P

59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





Every heart beat counts

# Medway Hospitals The way to better health (A Unit of United Alliance Healthcare Pyt Ltd) ADMISSION SLIP

| ADIVISSION SEIF  |
|--|
| Admitting Doctor: As - Anharasa Mahanray Speciality: CVV)  |
| Advised Date & Time: 👝 ' Z ' 4 0 '   |
|  |
| CORONARY ARTERY DISCASE, CORONARY ANGIOGRAM DONE   |
| OPONIARY ARTERY DISCASE, CORONARY ANGIOGRAM DONE  ON 29/12/23 DISTAL IN AND TRIPLE VESSEL DISCASE. |
| 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):   |
| CABQ '   |
| Blood Product Requirement: No Yes (Kindly specify details of components required in space below)   |
|  |
|  |
| Expected Duration of Stay: 1-7 days  |
| Expected Cost of Treatment (as per Financial Counseling Form):                                     |
| Payer: Self Insurance Others:  |
| Instructions to Nurse (if any)   |
| Instructions to Nurse (if any):  |
|  |
|  |
| ; <del></del>  |
|  |
|  |
| Any other Instructions (if any):   |
| Dr. Anbarasu Mohanraj<br>Reg No: 55476   |
|  |
| Doctor's Signature Name & - Ahman Reg. No. Date Time   |
| 55476. 18/1/24 08:40   |
| 91816 (Jan)  |

| For admission desk staff o   | only:   |                            | •             | ,      |
|------------------------------|---|----------------------------|---------------|--------|
|                              | General Ward Single Room Twin Sharing Deluxe Room Suite Room Others |                            | , ,           |        |
| Admission intimation         | Receipt Details   | Admission                  | n Time in HIS |        |
| Date                         | Time  | Date                       | Time          | )      |
| ७४।।५                        | 3-36pm  | 8/1/27                     | 9.36 p        | ?~     |
| To be filled only if Blood   | OPD ER Direct requirement specified by the                          |                            | s 🗌 No        |        |
| Front office Staff Signature | Name<br>S.v. ignest   | Emp. No.                   | 8/1/24        | 7 36 × |
|                              |   | rasu Mohanraj<br>No: 55476 | Dr. Anba      |        |

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# Medway Hospitals The way to better health (A Unit of United Alliance Modelshare Totalshare)

(A Unit of United Alliance Healthcare Pvt Ltd)



#### Mr.RAJASINGH P

59/Malc/MHJ202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj



# Medway

MHI/HOSP/2022/129

## **ADMISSION FORM**

| Marital Statu | s Full Address              | Street Pariouthing                        |                 | Telephone Number    |
|---------------|-----------------------------|---|-----------------|---------------------|
| Occupation    | Typa protte                 | Street, Paromipultur,<br>1, Chennii-60012 | 7 .             | 3994061775          |
| 201           |                             |   |                 | 177700.778          |
| Referred from |                             | sion Date & Time of Discharge             | Total           | No. of Days         |
| De House      | 1 2/1/124 3.261             | en 15/1/24                                | & da            | YS                  |
| UNIT          | HON OS C TENAL DIAG         | □ No If Yes AR                            | -<br>No.:       |                     |
| Do A          | Bothan 1120                 | <u> </u>                                  |                 |                     |
|               | FINAL DIAG                  | NOSIS                                     |                 | ICD Code            |
| TRIPL         | E VESSEL CORDNARY           | ARTERY DICEAGE                            | :               | J25.1               |
| LEFT          | MAIN DUFFILE , EX           | ERTTONAL ANGIN                            | (A)             | T21.0               |
|               | IAL LY CYCTOLIC EI          | · · · · · · · · · · · · · · · · · · ·     |                 | T20.8               |
| eves          | TEMIC HYPERTENS             | lov                                       |                 | Tro.1               |
|               |                             |   |                 | T10_                |
|               | _                           |   |                 |                     |
|               |                             |   |                 | _                   |
| DATE          | OPERATIO                    | N / PROCEDURES                            |                 | ICPM Code           |
|               | OFF PUMP CORONARY           | ARTERY BYPASS UR                          | A FTINLY        |                     |
| 10/1/24       | SURVERY OP CAB) X 3         | SURAFTS! LIMATO                           | 0110            | 36.13               |
|               | SYMTO OM, AND PD            | A (SEQUENTIAL)                            | JONET -         | 99.00               |
|               | ON (10./1/24)               | T T TO THE INTE                           | אוטעני          | ,                   |
| DATE          | ТУРЕ О                      | F ANESTHESIA                              |                 |                     |
| 10/1/24       | 1☐ GENERAL ☐ SPINAL         | ☐ LOCAL [                                 | REGIONAL        | ☐ EPIDURAL          |
| 10(1,500)     |                             | DISCHARGE STATUS                          | <u>.</u>        |                     |
| ☐ Cured       | ☐ Discharge at              | Request                                   | <u></u>         | pired < 48 hours    |
| _ /           | ☐ Against Medic             | al Advice                                 | <del></del>     | •                   |
| √ Improve     | d ☐ Absconded               |   | □ Ex            | pired > 48 hours    |
| ☐ Unchan      | ged Transferred to          |   | Pc              | ost-Operative Death |
| . (           | Dy Albarasu Mohan           | rai                                       | (Ab)            |                     |
| Signature     | of the Consultang No: 55476 | •   | nature of Medic | cal Records Officer |
|               |                             |   |                 | _                   |

| AUTHO   | RISATION FOR TRI   | EAIMENTIPAYMENT   |               |
|---|--|---|---------------|
| administer such drugs as may be ne  | ecessary and to perform such<br>le in the diagnosis and treatn | Paramedical, Staf f of the Hospital Investigate of operation under anaesthesia or other wise ment of my illness / patient | as may be -   |
| I hereby under take to settle all the basis. In any case, I shall pay all the |  | es related to me/the patient named overleaf or<br>ged from the hospital.  | on a periodic |
| • •   | •  | agreed above, I hereby authorise the hospitant as deemed fit and proper by the hospital a                                 |               |
|   | ent or theis attendants have b                                 | nd Regulations of the Hospital and that all ca<br>seen removed to a place of safety / handed o<br>gard to any loss.       |               |
| l have read out and explained the co<br>சிகீச்சை, பணம் செலுத்துதல் முதலியன    |  | <del>-</del> ,  |               |
| · · · · · · · · · · · · · · · · · · ·   | · · ·  | ப ஊழியர்கள் எனக்கு-/ நோயாளி   |               |
|   | அறுவை சிகீச்சை செய்யவும் அ                                     | . சோதனைகளை செய்து மருந்துகளை கொடுக்<br>தீகாரம் வழங்குகிறேன். நான் / இதீல் குறித்துள்ள<br>நேன்.                            |               |
| • •   | =, = , , ,   | வுகளை கட்டத் தவறினால் என்னை நோயாளில<br>ஒப்புதலை எனது உறவினர்கள் மூலமாக பெற ந  |               |
| மருத்துவமனையின் பொது சட்ட தீட்டங்   | கள் பற்றி தெரிவிக்கிப்பட்டிருக்கி                              | றேன்.   |               |
| •   | டுள்ளது. இந்த மருத்துவமனை                                      | கள் யாவும் பாதுகாப்பான இடத்திற்கு மாறுபட்டுவி<br>ா எனது/நோயாளியின் எந்தவித நஷ்டத்திற்கு பெ                                | _             |
| மேற்குறிப்பிட்ட அனைத்தும் எனக்கு வி   | வரிக்கப்பட்ட பிறகுதான் கையெ                                    |   |               |
| <b>17.6</b>   | •  |   |               |
| செவிலியர் கையொ <b>்</b> பம்   | தேதி   | எனது/உறவினர்/காப்பாளர் கையொ   | ம்பம்         |

Signature of Admitting Nurse

எனது/உறவினர்/காப்பாளர் கையொப்பம்

Date 08/01/2024 Signature of the Patient / Relative / Gurdian

R.HARISH PONSINGH

உறவுமுறை

Nature of Relationship



discharge.





# Mr.RAJASINGH P 59/Malc/MHI202381562 08/01/2024/IPH2024000068 Dr.ANBARASU MOHANRAJ



#### **GENERAL CONSENT FOR ADMISSION**

| Ι, <u>.</u><br>(p | RAJA SINGH P the Pattent or  Representative of patient have lease tick the correct option above and below) Read   |
|-------------------|---|
| Ē                 | Been explained this consent form in English, which I fully understand.  |
|                   |   |
| •                 | I give my full consent and authorization for admission and treatment at this hospital. The proposed treatment plan has been explained to me.  |
| •                 | I consent and authorize the hospital, treating doctors, nursing, technical and paramedical staff to provide relevant care and to conduct diagnostic as deemed necessary by the treating doctor/team.  |
| •                 | I also consent to use of assistants such as resident doctors, other doctors, nurses, and other healthcare workers by the hospital and treating doctor/ team.  |
| •                 | I consent for clinical consultation, admission, disclosure of information required for clinical management (under confidence), routine medical examination (physical examination, palpation, percussion, auscultation), routine lab and imaging investigations, general nursing care, diet and physiotherapy assessment and counselling.  |
| •                 | I have been explained about the proposed care plan, expected result(s), possible outcome(s) and expected cost of treatment/ hospital stay.  |
| •                 | I understand that the hospital will take due care of me / my patient but, that there is always a possibility of an unexpected complication(s) which may necessitate longer stay and / or use of intensive care services. In such cases, procedure different from those contemplated and other intervention(s) may sometimes be needed.  |
| •                 | I declare that, I have and will inform the doctor of my medical history including previous illnesses, allergies, drug reaction(s), surgical procedure, relevant medical family history and all other facts relevant to my treatment. I shall not hold the hospital/ doctor responsible for any consequences which may arise due to non-disclosure of relevant information on my part. |
| •                 | I declare that I have been explained about my rights and responsibilities.  |
| •                 | I have been made aware of the rules and regulations of the hospital including those related to security and I promise to abide by them.   |
| •                 | I understand that in case of some unexpected event occurring during the course of my stay I may be suggested a transfer to another hospital / healthcare organization, as considered appropriate by my treating doctor.   |
| •                 | I understand that, drugs, consumables and devices will be charged on an 'as actual' basis as per the hospital tariff. I have been informed and I understand that there can be usage of certain reprocessed items during the   |

course of the treatment. I also understand that only full strips of medicines shall be issued and returned. I declare that I take full responsibility of settling the bill before leaving the hospital premises at the time of

- I further declare that I have been given an opportunity to ask question(s) related to my admission, care plan and proposed hospital stay, and that such questions have been answered to my satisfaction.
- I declare that I have received and fully understood the information provided in this consent form, that I have been given an opportunity to ask questions relating to my admission, care plan and proposed hospital stay, and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my signing this form.
- I, the above-named Patient / named patient's representative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

|   | Signature / Thumb Impression*       | Name  | Date    | Time   |
|---|-------------------------------------|---|---------|--------|
| Patient                                 | FOR RAL.                            | RAJA SINGH P  | 08/1/24 | 3.36   |
| Surrogate/Guardian<br>(if applicable #) | AA.:                                | HARISH PONSINGH R<br>(Write name and relationship with patient) | Blilar  | 3.91/  |
| Reason for surrogate consent            | Patient Is unable to give consent I | because:  |         |        |
| Witness                                 | RM>:                                | HARISH PONSINGHR  | وأرام   | 3.36pm |
| Interpreter<br>(if applicable)          |                                     |   |         |        |

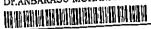
<sup>\*</sup> Right Hand for Males & Left Hand for Females | # Only if Patient is a minor or unable to give consent



MT.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





**ADMISSION CRITERIA FOR INTENSIVE CARE UNIT** 

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

| S.<br>No. |   | PARAMETERS |            |          |         |      |
|-----------|---|------------|------------|----------|---------|------|
| 8         | Biabetic 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 |            |            |          |         |      |
|           | Signature Name Reg. No. Di  |            |            |          |         | Time |
|           |   | 8          | Dr. praven | 112-2-36 | 10/1/24 | 15-  |
|           |   |            |            |          | ,       |      |

# DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

| S.<br>No. | PARAMETERS   | MARK < AS<br>APPROPRIATE |  |
|-----------|--|--------------------------|--|
| 1         | Stable hemodynamic parameters  | 1 4                      |  |
| 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                        |  |
| 7         | No signs of bleeding and hematoma at puncture site   |                          |  |
| 8         | End of life care pathway chosen  |                          |  |
|           | <del>^~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>   | <del></del>              |  |

| Doctor                |        | Signature | Name        | Reg. No. | Date    | Time |
|-----------------------|--------|-----------|-------------|----------|---------|------|
| br. parameer 112/121/ | Doctor | 8         | Dr. Jornuer | 112236   | 12/1/24 |      |







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

#### **DISCHARGE SUMMARY**

IP No.

: IPH2024000068

D.O.A

: 08/01/2024

UHID

: MHI202381562

D.O.D

15/01/2024

- 3

Name

: Mr. RAJASINGH.P

Room No. :

201

Age / Gender Consultant

Age / Gender : 59Years / MALE

. (1) 20

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

D.O.S: 10.01.2024

#### **DIAGNOSIS:**

TRIPLE VESSEL CORONARY ARTERY DISEASE LEFT MAIN DISEASE EXERTIONAL ANGINA NORMAL LV SYSTOLIC FUNCTION – EF: 62% SYSTEMIC HYPERTENSION

#### **SURGERY:**

OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3 GRAFTS: LIMA TO LAD, SVG TO OM AND PDA (SEQUENTIAL) DONE ON 10.01.2024.

#### **BRIEF HISTORY:**

Mr. Rajasingh.P, 59 years old male, a known case of Systemic hypertension, exertional angina, CAG – Left main + Triple vessel disease, Normal LV systolic function, has come for CABG. Patient was apparently normal till 3 months ago when he developed chest pain on exertion which relieved at rest. H/o breathlessness on exertion NYHA class II. Initially, he went Dr. Narendran's clinic where he was advised Coronary angiogram. He then came to Medway Heart Institute and underwent Coronary angiogram on 29.12.2023 which showed left main + Triple vessel disease. He was advised early CABG. During the waiting period for surgery, he again developed one episode of chest pain with profuse sweating. He was brought to Medway Heart Institute ER where he was advised admission for further management. Currently, he is getting admitted for the same. No H/O Palpitations, Syncope or Swelling of Legs.

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

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

Villupuram

₹ @MedwayHospitals

@medwayhospitals

Chengalpattu

**In** @medway-hospitals

Kumbakonam

medwayhospitals

Kakinada

94557 94557 1800 572 3003

Medway Centre of Excellence (Chennai)

Medway Group of Hospitals

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

044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367 | E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665





(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: MR. RAJASINGH.P UHID: MHI202381562 IPNO: IPH2024000068

#### **ON EXAMINATION:**

Patient Conscious, Oriented and afebrile.

**TEMP** 97.8° F HR 80bpm

BP 120/70mmHg 98% in room air SPO<sub>2</sub>

**CVS** S1S2 (+) RS **BAE** (+) Abdomen Soft, BS (+)

**CNS NFND** 

#### **BLOOD INVESTIGATIONS:**

| Test Name        | Result | Reference Value     | Units      |
|------------------|--------|---------------------|------------|
| HAEMOGLOBIN      | 14.4   | Male: 13.7 - 17.5   | gms%       |
|                  |        | Female: 11.2 - 15.7 |            |
| HAEMATOCRIT      | 42.5   | 39-52               | %          |
| TWBC             | 6680   | 4000 - 10000        | Cells/Cumm |
| NEUTROPHILS      | 68     | 40-70               | %          |
| LYMPHOCYTES      | 23.6   | 20 - 40             | %          |
| EOSINOPHILS      | 3.6    | 0-6                 | %          |
| MONOCYTES        | 4.4    | 0 - 6               | %          |
| BASOPHILS        | 0.4    | 0-2,                | %          |
| PLATELET         | 298000 | Male: 1.5 - 3.5     | Cells/Cumm |
|                  | ,      | Female: 1.5 - 3.7   |            |
| Urea             | 19     | 14 - 40             | mgs/dl     |
| Creatinine       | 1.10   | Male: 0.7 - 1.2     | mgs/dl     |
|                  |        | Female: 0.5 - 1.0   |            |
|                  |        | Child: 0.2 - 0.8    |            |
| Sodium (Na+)     | 141    | 135 - 145           | mmol/l     |
| Potassium ( K+ ) | 4.65   | 3.4 - 5.5           | mmol/l     |
| T. Bilirubin     | 0.46   | 0.2-1.0             | mg/dl      |
| D. Bilirubin     | 0.21   | 0.00 - 0.4          | mg/dl      |
| I. Bilirubin     | 0.25   | 0.4-0.6             | mg/dl      |
| S.G.O.T          | 18     | <38                 | U/L        |
| S.G.P.T          | 17     | . <41               | U/L        |
| ALP              | 98     | Adult: 42 - 141     | U/L        |
| GGT              | 45     | Male: 10 - 45       | U/L        |
|                  |        | Female : 5 - 32     |            |
| Total Protein    | 6.8    | 6.0 - 8.0           | gm/dl      |
| S. Albumin       | 4.6    | 3.5 - 5.0           | gm/dl      |

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

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**Medway Group of Hospitals** 

Medway Centre of Excellence (Chennai)

Kodambakkam Mogappair Chengalpattu

Villupuram

Kumbakonam Kakinada 044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-23333367

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

MHI/HOSP/2022/118





(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: MR. RAJASINGH.P. UHID: MHI202381562 IPNO: IPH2024000068

| PROTHROMBIN TIME | 12.1 | Normal: 0.9 - 1.5 INR                          |   |
|------------------|------|--|---|
|                  |      | Therapeutic Level Myocardial Infarction: 2.0 - |   |
|                  |      | 3.0 Deep Vein Thrombosis:                      | ĺ |
|                  |      | 2.0 - 3.0 Pulmonary                            |   |
| INR              | 1.0  | Embolism : 2.0 - 3.0                           |   |
|                  |      | Artificial Cardiac Value : 3.0                 | İ |
|                  |      | -4.5 Recur.Systmic                             |   |
|                  |      | Embolism: 3.0 - 4.5 INR                        | ļ |

| Ť.S.H | 2.310 | Adult: 0.25 - 5.0 New born-<br>4days: 1.0-39.0 Child upto<br>14yrs: 1.0-9.0                                | ulU/ml |
|-------|-------|--|--------|
| T3    | 125   | "Adult : 60 - 152<br>New born - 4 days : 96 - 730<br>1 - 11 Months : 102 - 243<br>1 - 9 yrs: 89 - 237      | ug/dl  |
| T4    | 7.75  | "Adult: 4.6 - 9.3<br>New born - 4 days: 11.0 - 21.3<br>1 - 11 months: 5.8 - 16.1<br>1 - 9 yrs: 6.3 - 13.16 | ug/dl  |

**ECG:** HR – 78bpm, sinus rhythm, No significant ST –T changes.

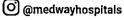
ECHO: EF CALCULATED BY SIMPSON'S METHOD: LV EDV: 108ML, ESV: 39ML, EF: 64% AORTIC GRADIENT - MAX GRADIENT - 6 MM HG, MEAN GRADIENT - 3 MM HG, SIGMOID SEPTUM, ALL CHAMBERS NORMAL SIZED, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION, GRADE I DIASTOLIC DYSFUNCTION, NORMAL RV SYSTOLIC FUNCTION, IAS / IVS INTACT, AORTIC VALVE SCLEROSIS, NO AS / AR, OTHER 🤛 VALVES ARE STRUCTURALLY NORMAL, TRIVIAL MR, TRIVIAL TR, NO PAH, IVC NORMAL IN SIZE AND COLLAPSING, NO CLOT / VEGETATION / EFFUSION.

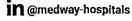
CAROTID DOPPLER: INCREASED INTIMA MEDIA THICKNESS, NO FLOW LIMITING DISEASE, OTHERWISE NORMAL BILATERAL CAROTID AND VERTEBRAL DOPPLER STUDY.

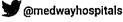
CXR: PA film, lung fields clear

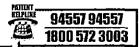
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@MedwayHospitals









**Medway Group of Hospitals** 

Medway Centre of Excellence (Chennai)





(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: MR. RAJASINGH.P

UHID: MHI202381562

IPNO: IPH2024000068

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

Mr. Rajasingh.P, 59 years old male, was admitted with above mentioned complaints. He was admitted in the ward and was treated with LMWH, antianginals and other supportive medications. After stabilization, he then underwent OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3 GRAFTS: LIMA TO LAD, SVG TO OM AND PDA (SEQUENTIAL) ON 10.01.2024. He was shifted to SICU with stable hemodynamics and Inj. Nor adrenaline 0.05µg/kg/min, Inj. Dopamine 5µg/kg/min supports. He was extubated on the same day (10/01/2024) at 19.45 pm Drains were removed on POD1 (11/01/2024). He was shifted to ward on POD 2 (12/01/2024). Suture removal was done on POD3 (13/01/2024). Patient course in the hospital was uneventful. His medications are optimized and he is being discharged in a stable clinical status.

#### CONDITION ON DISCHARGE:

HR

88/min

BP

110/80mmHg

SPO<sub>2</sub>

94% in room air

#### POST OP INVESTIGATIONS:

ECG: HR: 84bpm, sinus rhythm, Q wave in leads III

ECHO: ALL CHAMBERS NORMAL IN SIZE, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION, EF: 61%, NORMAL RV SYSTOLIC FUNCTION, RV TDI: 9CM/S, AORTIC VALVE SCLEROSIS, OTHER VALVES STRUCTURALLY NORMAL, IAS/IVS INTACT, IVC NORMAL IN SIZE AND COLLAPSING, AORTIC GRADIENT - MAX GRADIENT -5MMHG, MEAN GRADIENT - 2MMHG, GRADE I DIASTOLIC DYSFUNCTION, TRIVIAL MR, TRIVIAL TR, NO PAH, MILD LEFT, MINIMAL RIGHT PLEURAL EFFUSION, NO CLOT/ VEGETATION/ PERICARDIAL EFFUSION.

CXR: PA film, sternal wires seen, lung fields clear, Minimal bilateral pleural effusion.

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Medway Centre of Excellence (Chennai)





(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: MR. RAJASINGH.P

UHID: MHI202381562

IPNO: IPH2024000068

#### **ADVICE MEDICATIONS:**

| SI  | NAME OF THE DRUGS   | TERROLLE INDICATED |                | CY  | ROUT | RELATIONSHI | DURATION |            |                                      |
|-----|---|--------------------|----------------|-----|------|-------------|----------|------------|--------------------------------------|
| NO. | WITH GENERIC NAME   |                    |                | N   | E    | P WITH MEAL | DURATION |            |                                      |
| 1   | TAB. CLOPITAB A<br>(CLOPIDOGREL +<br>ASPIRIN)   | 1 TABLET           | 75MG /<br>75MG | 0   | 1    | 0           | ORAL     | AFTER FOOD | TO<br>CONTINUE                       |
| ) 2 | TAB.ROSUVAS<br>(ROSUVASTATIN)   | 1 TABLET           | 40MG           | 0   | 0    | 1           | ORAL     | AFTER FOOD | TO<br>CONTINUE                       |
| 3   | TAB. BETALOC<br>(METOPROLOL)  | 1 TABLET           | 25MG           | 1   | 0    | 1           | ORAL     | AFTER FOOD | TO<br>CONTINUE                       |
| 4   | TAB.LASILACTONE<br>(FURSEMIDE +<br>SPIRONOLACTONE)  | 1 TABLET           | 50MG/<br>20MG  | 1/2 | 0    | 0           | ORAL     | AFTER FOOD | X 2WEEKS                             |
| 5   | TAB.PARACIP<br>(PARACETAMOL)  | 1 TABLET           | 500MG          | I   | 0    | 1           | ORAL     | AFTER FOOD | SOS<br>(IF PAIN<br>OR FEVER)         |
| 6   | SYP. CREMAFFIN (SODIUM PICOSULFATE+ LIQUID PARAFFIN + MILK OF MAGNESIA)                                 | 15ML               |                | 0   | 0    | 1           | ORAL     | AFTER FOOD | BED TIME<br>(IF<br>CONSTIPATI<br>ON) |
| 7   | TAB. BEPLEX FORTE (ANTIOXIDANTS +MULTIVITAMINS+ MULTIMINERALS)  | 1 TABLET           |                | 1   | 0    | 0           | ORAL     | AFTER FOOD | 1 MONTH                              |
| 8   | SYP ALEX PLUS (DEXTROMETHORPHA N HYDROBROMIDE + GUAIFENESIN + PHENYLEPHRINE + CHLORPHENIRAMINE MALEATE) | 10ML               |                | 0   | 0    | 1           | ORAL     | AFTER FOOD | BED TIME<br>(1 WEEK)                 |
| 9   | TAB. ZOLFRESH<br>(ZOLPIDEM)   | 1 TABLET           | 5MG            | 0 . | 0    | 1           | ORAL     | AFTER FOOD | X 5 DAYS                             |

| 44.0 | dek Main Daniel Ha | in all landing Challe | معروبا والمساهر ما مساهر عالم | Channai 60     | 00004 Tol : 044   | 4210 00E0 |
|------|--------------------|-----------------------|-------------------------------|----------------|-------------------|-----------|
|      | 1st Main Road, Un  | itea inaia Colo       | ny kodambakkam                | , Cnennai - ou | JUUZ4. [e]: U44 • | 4310 6959 |

Villupuram

₹ @MedwayHospitals

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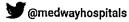
Kodambakkam

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Chengalpattu

in @medway-hospitals

Kumbakonam



Kakinada



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Heart Institute 044 - 4310 8959

Institute of Pulmonology 044-2473 4451





(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: MR. RAJASINGH.P

UHID: MHI202381562

IPNO: IPH2024000068

| DISCHARGE ADVICE    |                                |  |  |
|---------------------|--------------------------------|--|--|
| DIET                | HIGH PROTEIN, LOW SALT AND     |  |  |
|                     | LOW FAT DIET                   |  |  |
| PHYSICAL ACTIVITIES | RESTRICTED.                    |  |  |
| FLUID RESTRICTION   | NIL                            |  |  |
|                     | REVIEW WITH                    |  |  |
| REVIEW              | DR. ANBARASUMOHANRAJ AFTER     |  |  |
|                     | 23/01/2024 WITH HB, UREA,      |  |  |
|                     | CREATININE, SODIUM, POTASSIUM, |  |  |
|                     | CHEST X RAY                    |  |  |

To report: If fever> 101 'F / Difficulty in breathing / Headache / Giddiness/chest pain/ Groin swelling/ bleeding / discharge at operated site/ Any other significant symptoms. In case of emergency Contact: Medway Hospitals @ 044 -43108959.

Typed by: Kalai

CONSULTANT SIGNATURE

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

> Dr. ANBARASU MOHANRAJ Reg. No: 55476

"I understood the Content of the discharge summary."

Phonthe My L.

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Medway Centre of Excellence (Chennai)

MHI/HOSP/2022/118





#### Mr.RAJASINGH P

59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj





#### INPATIENT INITIAL ASSESSMENT

| Date: 8 1 24 Time of arrival in ward: 16:50'  |
|---|
| Allergies (if Yes, specify details):  |
| Drugs ☐ Yes ☐ No  |
| Blood Transfusion   |
| Food Yes No   |
| Others  |
| Vital Signs: Temp.       1/2 - 1/2 (°F)   Pulse / HR:       80 (beats/min)   BP:       1/20 / 1/20 (mmHg)         Respiration:       20 (breaths/min)   SpO₂:       9 (°K)   Height:       1/6 (cms)   Weight:       1/4 (kgs)   BMI:       23 · 4 kg   m ² |
| Pain: Yes No. If Yes, Score: 70  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   |
| by- Come to OPD Rev CABCIBlan-  |
| Ho. chatlain & Ma month.  |
| by. Come to OPD for CABablan.  Hlo. chatfour X We month.  SOBX 1/2 month.   |
| Dyfraa on esection x part 14ean.  |
| · · · · · · · · · · · · · · · · · · ·   |
| PAST MEDICAL HISTORY (with duration of illness):  |
| Diabetes Mellitus: 🗆 Yes 🖾 No. If Yes, duration: Hypertension: 🗹 Yes 🗆 No. If Yes, duration:  |
| Others: a/k/c/o cko/BA/thyropol discorder   |
|   |
| - CON do re on 29/18/23 - Bistal LM. (TUD) Septoplarty - SIP D sided Deviated name Soptimen done.   |

| Pre  | Present Medication (for Medication Reconciliation):   |         |            |           |                             |                                      |  |
|--|---|---------|------------|-----------|-----------------------------|--------------------------------------|--|
| S.<br>No.  | Current Medication  | Dose    | Route      | Frequency | Date & Time<br>of last dose | To be continued during hospital stay |  |
| 1.   | T. ROSEDAY  | 204     | ala        | 7070      | 7 ( lei                     | ☑ Yes ☐ No                           |  |
| 2.   | 7. FLAUBROW ME  | 354     | $\sqrt{g}$ | 1-01.     | 8/1/24                      | ☑ Yes □ No                           |  |
| <u>}.</u>  | T. PROCOMB + XL   | 204     | ala        | 1-00      | Blilzy                      | □⁄Ýes □ No                           |  |
| ч.   | C. CLOPILBY ATE   | 78/1507 | D/O        | 0-9-0     | 5/1/24                      | ☐ Yes ☐ No                           |  |
| 8  | T. GTO SORBITRATE   | 2.64    | ola        | ret       | 8 Wry                       | ⊡ Ýes □ No                           |  |
| b.   | T. RANOZIER   | 8001    | pho        | bot.      | 8 Wes                       | ✓ Yes □ No                           |  |
| 7.   | T- RABLET   | 207     | plo        | Nat       | 8 Why                       | ``                                   |  |
| 8.   | T. SOLRETRATE   | 54      | ph         | (202)     |                             | ∐-Yés □ No                           |  |
| 9.   | In. PONDARED.   | ومحا    | æ{c        | top       | 8+6/2                       | ☑-Yes □ No                           |  |
|  | •   |         | ••         |           |                             | ☐ Yes ☐ No                           |  |
| Lif<br>Sn<br>Ot  | Personal / Social History ( <i>Tick whichever is applicable</i> )  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 Clubbing: ☐ Yes ☐ No  Edema: ☐ Yes ☐ No  Lymphadenopathy: ☐ Yes ☐ No |   |         |            |           |                             |                                      |  |
|  |   |         |            |           |                             |                                      |  |

•

| SYSTEMIC EXAMIN                               | IATION   |                                       |   |
|---|--|---------------------------------------|---|
| CVS:  | -\$ <sub>1</sub>   | SZP) MAS.                             | •   |
| Respiratory System:                           | BAT  | RP, NAS                               |   |
| Gastrointestinal Syster                       | _  | an Tu <sub>j</sub>                    |   |
| Central Nervous System                        |  | Able to a                             | ove ally bu   |
| Urinary / Reproductive                        | / Locomotor System:  |                                       |   |
| Skin / Opthalmic / ENT                        |  |                                       |   |
| Suspected of contagiou<br>Isolation required: | is disease: ☐ Yes ☐ No<br>☐ Yes ☐ No, it   | Immuno comp<br>f yes, □ Contact □ Air | romised status: ☐ Yes ☐ No<br>borne ☐ Droplet             |
| Psychological Evaluation                      | on:  Depressed Dothers:  |                                       |   |
|   | ESPEN Guidelines for Nutr<br>st 3 months? ∐Yes ⊈Ño   |                                       | 2002):<br>ely ill? (e.g. in Intensive Therapy) ☐ Yes ☐ No |
| Interpretation: Yes: If the answ              | n the last week? Yes 11 ver is "YES" to any 2 questions, the payer is "NO" to all questions is the payer is | he patient is at nutritional risk     | _   |
| Provisional Diagnosis:                        | CBD-TUD 1  | NTH 2                                 |   |
|   | -CABh blow   |                                       |   |
| · ,   | - Witali non?<br>- WR Gillar   | /                                     | Dr  |
|   | - Lollow dy  | dud.                                  |   |

|   |                    |  |              |                | ,                 |  |
|---|--------------------|--|--------------|----------------|-------------------|--|
| Investigations Advised:   |                    |  |              |                |                   |  |
| - Investigation   | - afterned         |  | •            |                | *<br>7            |  |
| S   |                    |  |              |                | •                 |  |
|   |                    |  |              |                | ,                 |  |
|   |                    | -  |              |                |                   |  |
|   |                    | ,  |              |                |                   |  |
|   |                    |  |              |                |                   |  |
|   |                    |  |              | •              |                   |  |
| Diet Advice:  |                    |  | -            |                |                   |  |
| ☐ Nil per Oral ☐ Clear liquid diet ☐  | Normal liquio      | l diet   | Diabetic I   | iquid diet     |                   |  |
| ☐ Semisolid diet ☐ Soft solid diet ☐  | South Indian       | normal diet  | ☐ North Ind  | lian normal c  | liet              |  |
| ☐ Neutropenic liquid diet ☐ Others:   | lest due           | -<br>  |              |                |                   |  |
| Early Discharge Planning (fill in those which are ap  | ppropriate at this | stage):  |              | tient Family I | Education         |  |
|   |                    |  |              |                |                   |  |
| Special support needed at home  | ☐ Yes ☐Ño          | If Yes, PFE done   |              |                |                   |  |
| Home equipment anticipated  | □ Yes ☑ Ńo         | If Yes, PFE done and equipment advised   |              |                |                   |  |
| Physiotherapy at home anticipated   | ☐ Yes ☑fNo         | If Yes, educated on physical limitations, if any                               |              |                |                   |  |
| Wound care needs anticipated at home  | ☐ Yes ☑ No         | If Yes, educated on signs on infection   |              |                |                   |  |
| Pain Management   | ☐ Yes ⊡∕No         | If Yes, PFE done and medication advised  |              |                |                   |  |
| Special Dietary needs   | ☐ Yes ☑ Ño         | If Yes, educated on dietary restrictions, food drug interactions and allergies |              |                |                   |  |
| Continuous / ongoing care anticipated   | ☐ Yes ☑Ño          | If Yes, educated on various aspects of ongoing care required                   |              |                |                   |  |
| Other special education need, i.e.:   | ☐ Yes ☑ Ño         | If Yes, PFE done   |              |                |                   |  |
| Nature of post hospital needs like patient safety, infection control, fall risk, etc, addressed | ☐ Yes ☑ No         | If Yes, specific education given   |              |                |                   |  |
| Others:   | ,                  |  | <del>-</del> |                |                   |  |
|   |                    |  |              |                |                   |  |
| aria.   |                    |  |              |                |                   |  |
|   |                    |  |              |                |                   |  |
| Signature   | Name               |  | Reg. No.     | Date           | Time              |  |
| Resident Doctor   | Nr. 1 . 1. D       | · · · · ·  |              | 8/1/24         |                   |  |
| - Dr. Anda asu Mol  | nanra)             | RASU   | 183573       | 08/01/29       | 18:20Pm<br>1.8:00 |  |
|   | Relationship       |  |              | 12             | 1690              |  |

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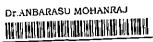
#### Medway Hospitals

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



59/Male/MHI202381562

08/01/2024/IPH2024000068





MHI/IP/2022/041

Medway
Heart

Every heart beat counts

| -                                      | DOCTOR'S PROGRESS NOTES  |
|--|--|
| DATE                                   | NOTES  |
| 08/1/217                               | JB DO-ARUSUNG  |
|  |  |
| 21:30                                  | A case of MAD - TVD SHTN.  |
|  | patient reviewed.  |
|  | co' chartpainon a off  |
| Vitalo stati                           | of patient conscious, oriented   |
| 8/01/                                  | S/E CUS-5,62(F)  |
| 11/010                                 | RS - BASED   |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Cars-notald  |
| ,                                      | P/A-Bottinon-tendes  |
|  | Advice   |
|  | - monitor vitals   |
| ,                                      | - continue to days as porchast.  |
|  | - Plan. CABOT OF Wodnesday.  |
| TIMA                                   |  |
| BUIL                                   | S/B Dr. Mohamed Hydross  |
|  |  |
| 9/1/24                                 | D: CAD- TVD /HTN   |
| lohm.                                  | Plan! CABG Tomorm  |
| - 19/                                  | Parent Congress  |
|  |  |
|  | Vitals Onented   |
|  | PR-82/min  PR-82/min  PR-82/min  CUS-> SISEE  BP-120/86mm/  BP-11.  NS-> BAEE  SPORT  P/A-> SOFT, NT |
|  | Er-20/20/8mm) CUS-2515=A   |
|  | Spor plas Soft, NI   |
|  | Sport Plans Soft, NI   |

| DATE        | NOTES   |
|-------------|---|
|             | Adu   |
|             | - Monitor Vitals  |
|             | - Po follow dry chand   |
|             |   |
|             | (11020)   |
|             |   |
| 9/1/24.     | 8/B. Dr. Sy'th B. (DMD)                                       |
| 3:10pm.     | 1 2 1 The line 1  |
|             | D-CAD-TVD/HTN.  Plan-CABL Tomorrar                            |
| vital, Stal | by reviewed.  |
| N-HO-       | No Complaints   |
| ,           | 8/18- fot conion  |
| ·           | oriented, Afelile   |
|             | of what wontery   |
|             | 122-BARO NAS - Follow dyclast  - Efour Cos.  - Wie desatuster |
|             |   |
|             | n &   |
|             | 188873  |







Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

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<u>мылла/</u>2022/041

t counts

**DOCTOR'S PROGRESS NOTES NOTES** Da witab stable



Mr.RAJASINGH P

- **Mec** 59/Malc/MHJ202381562

7h 08/01/2024/IPH2024000068 (AU

Dr.ANBARASU MOHANRAJ







Every heart beat counts

|            | DUCTOR'S PROGRESS NOTES                         |
|------------|---|
| DATE       | NOTES   |
| بمردارهامر | Mr. Rayasingh 594/10 underwont openex3 grafts   |
| @15.05     |   |
|            | Ho was shifted to sice & following homodynamics |
|            | HR-20 Bpm                                       |
|            | Ap -182   50 mmHg                               |
|            | CVP - lammty                                    |
|            | spo, -90/1000 ventilator                        |
|            | ventilator:                                     |
|            | molo: SIAV Fig. 10.8 poep: 5 mmHg               |
|            | supports in sopramine 2.5 mg/kg/mis             |
|            | in novadrenaline co og reg hoghnis              |
|            | plan:   |
|            | Islaan & Extubate when fully awake              |
|            | · · · · · · · · · · · · · · · · · · ·           |
|            |   |
|            |   |
|            | For en  |
|            | Do Anharasie  Oful  Do Karthikalmen             |
|            | OF Karthikalmerical                             |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |

| DATE         | NOTES  |  |
|--------------|--|--|
| 11/01/24     | SIB: Do. Anbarasu lor Rajest lor praveen   |  |
| 08.10        | I STATE OF THE PROPERTY OF THE |  |
|              | SIP: OPLAB × 3 grafts  |  |
| bobti        | patient comfortable  |  |
| H b - 13.3   | off: conscious, priented. Afebrile   |  |
| u - 15       | · Bp - 120/60 mmttg  |  |
| C2-0.67      | HR - 104 RPM   |  |
| Na - 134     | · spo96%. on paral prongs (4.litros ofta)  |  |
| k - 3.68     | .010 - 2515.5ml / 2684ml ; Bal (-) 168.5ml   |  |
|              | · on weath   |  |
| RBS - 158 mg | de . Adequate wrine output   |  |
|              | · polerating feeds   |  |
| <u>p</u> By  | peripheries warm (+)   |  |
|              | Supports: inj. Dopanine 2. 5 µg/kg/mis   |  |
| pco2-34.7    | rotal drain: 320mL   |  |
| po2-80.8     | plan   |  |
| 4002 - 24.7  | . RF - 2.4 lit res lday  |  |
| BE - 10      | Good chest physis  |  |
|              | · Remove drains byasel  · Drý- popanine Started tappening &  |  |
|              | 1 AL   |  |
|              | . 1010001012   |  |
|              | . Nebalization   |  |
|              | - Spirometry   |  |
|              | · T. MEYOPROLE 25mg 1-0-1  |  |
|              | Ch grander Co.   |  |
| <del></del>  |  |  |
| -            |  |  |
| -            |  |  |
|              |  |  |
| <del>_</del> |  |  |







#### Mr.RAJASINGH P 59/Malc/MHI202381562 08/01/2024/IPH2024000068 Dr.ANBARASU MOHANRAJ

rt Ite

|                | DOCTOR'S PROGRESS NOTES                 |
|----------------|---|
| DATE           | NOTES                                   |
| 12/01/2024     | SBIDO PODAHASILIDO RAJESH / DO . PRAVOD |
| @8.20          | · · · · · · · · · · · · · · · · · · ·   |
|                | Slp: Opens x 3 grafts.                  |
| DOD-#12        | patient comfortable                     |
| 0.11 - dH      | ols conscious, oriented. Alebrile       |
| u -28          | · BP - 118 (82 months)                  |
| 0r - 0.92      | HR-84 Bpm                               |
| Ma - 187       | · Spo 922 on mon au                     |
| <u>k -3.83</u> | 210 -286/m1/2275 m ; Bal 1786mL         |
|                | · u eath romoved                        |
|                | plan                                    |
|                | RF-2.4.litres lday                      |
|                | . and chest physio                      |
|                | mobilize                                |
|                | . Nebulization                          |
|                | - Spirometry                            |
|                | -shift to Ward                          |
|                | Charden                                 |
|                | Shrift                                  |
|                | Dor                                     |
|                | Dr. Anbagam                             |
| -              | Da. Kantarka<br>Keef, (MH10216)         |
|                |   |

|              | · · · · · · · · · · · · · · · · · · ·   |
|--------------|---|
| DATE         | NOTES   |
|              | S/s Dr. Moleane d Hydros.   |
| 12/1/24.     |   |
| 13/1/224.    | Post OP Con of OP CARK 300 Pto  |
| Tobal        | Post of case of OPCABR 3grafts POD. 14  |
| — Tohar      | 100,19  |
|              | Papient Consus.  Oriented  Ofe bule.  |
|              | a region of the |
|              | A J J G   |
|              | Te kule.  |
|              | No.   |
|              | Whats Cuss, sze man BAEA  |
|              | Stable Cuss, SzD  Non BAED  Plan Soft, NT   |
|              | Ma-s Soft, NT   |
|              |   |
|              | Adv   |
|              | monité vitals   |
|              | - no fllme duy  |
|              | dun's-  |
|              | - Plan: Dlc tomos   |
| <del></del>  | Λ   |
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|              | (125m)  |
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eat counts

|  | DOCTOR'S PROGRESS NOTES           |
|--|-----------------------------------|
| DATE   | NOTES                             |
| 14/1/24  | slo Dr. Gr. Labshmi duga.         |
| 101 30AM.                                      | Of granification                  |
|  | no new complains.                 |
|  |                                   |
|  | O/E: Conscious                    |
|  | eriented uitals stable            |
|  | afébrile                          |
|  |                                   |
|  | JE CUS-SIS24                      |
|  | RS-BPE+                           |
|  | PA SOLL.                          |
|  | Adv                               |
| <u>,                                      </u> | Plan de today.                    |
|  |                                   |
|  |                                   |
| 14/124   | S/B Dr. Anbaeasu.                 |
| 10:30AH  |                                   |
|  | DIC today evening                 |
|  | mobilise.                         |
|  | No accignt beauting or driving by |
|  | 2 months                          |
|  |                                   |
|  |                                   |
|  | 12000                             |
|  |                                   |
|  |                                   |
|  |                                   |



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

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

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

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

|        | Mr.RAJASINGH P   | RE-OPERATIVE CHECKLIST                    |              |                 |
|--------|--|---|--------------|-----------------|
| Name : | _ 59/Malc/MHI202381562<br>- 08/01/2024/IPH2024000068<br>- Dr.ANBARASU MOHANRAJ | Age: 1594 Gender: M UF                    | HID No.: 208 | 1381562         |
| Ward : | TEN INTERNAL BUT PER BUILD HAS ERROL HOLD HOLD HOLD SINCE SAIN IN              | Bed No. :                                 | B.S.         | A.S.            |
|        |  | Y DISFASE - LEFT MAIN<br>E VESSEL DISEASE |              | /               |
|        | Proposed Procedure :   | RY BYPASS GIRAFTING                       |              |                 |
|        |  | CHECKLIST                                 |              |                 |
| 1.     | Identification Band on Har   | nd Checked ?                              |              |                 |
| 2.     | Surgical consent Signed?<br>a. Special Consent signed                          | l if required.                            |              |                 |
| 3.     | Anesthetist Consultation (   | if required?)                             | W            |                 |
| 4.     | History AND Physical Onc   | chart?<br>b. Weight                       |              |                 |
| 5.     |  | T. KNOWN .                                |              |                 |
| 6.     | Surgical Preparation done?   |   |              | surgices of the |
| 7.     | Nill by Mouth From5  | 00  |              |                 |
| 8.     | Blood Grouping & Rh Typ  | ing O POSITIVE                            |              |                 |
| 9.     | Investigation  Ray   | G Q-LAB                                   |              |                 |
| 10.    | Blood Sugar(3ン   | ) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |              |                 |
| 11.    | TPR Chart Pulse88  | 98-27 BP (10/40Mm/gra 20.b/m              |              |                 |
| 12.    | Time Voided a. Retention   | s □ No                                    |              |                 |
| 13.    | Enema  |   |              |                 |

|                 | ~  |          |             |
|-----------------|--|----------|-------------|
| 14.             | a. Prosthesis Removed  | •        | - ' - ,     |
|                 | b. Plates present Removed ☐ Yes ☐ No / ☐ Not Applicable        |          | -           |
|                 | c. Contract Lenses Removed ☐ Yes ☐ No / ☐ Not Applicable       |          | •           |
|                 | d. Dentures Removed  |          |             |
| 15.             | Valuables and Jewellery Removed                                |          |             |
|                 | ☐ Yes ☑ No Secured ☐ Yes ☑ No                                  |          | (           |
| 16.             | Pre-Operative Medication Admistered T. PRN ADMS T. PMITD: 25mg |          | ,           |
| 10.             | a. Time 2100 b. Nurse F. Cathrung                              | <i>✓</i> |             |
|                 | a. Time  |          | · ·         |
| 17.             | Blood Transfusion requisition Onchart                          |          |             |
| 40              | YELL 1   | <u> </u> |             |
| 18.             | X-Ray No CAG (D -) (1)   |          | ·           |
|                 | ECG / ECHO   |          |             |
|                 | Ultra Sound  |          |             |
|                 | C.T. Scan  |          |             |
|                 | MRI Scan   |          |             |
| -               | TAAT   |          |             |
|                 | TMT  |          | · · · · · · |
|                 | Medication   |          |             |
| AG/s/           | 7. PAIN 40 MG 2 gwen @ 21.00                                   |          |             |
|                 | T. ANXIT D. 25 MG.   | ·        |             |
| $d \phi / \phi$ | T. ANXIT 0:25 MG & gwen @ 6,00                                 |          |             |
| , ,             |  | _        |             |
|                 |  |          |             |
|                 |  |          |             |
|                 | Others .   |          |             |
|                 | . 1  |          |             |
|                 | <u></u>  |          |             |
|                 |  |          |             |

F Cat Chat
0207
Nurse Signature



#### Mr.RAJASINGH P 59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj



## MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

|   | Name MR-RATASINUTH   | Age F9Y M UHID   |
|---|--|--|
|   | Diagnosis CAD - Right dominant #TVD  NORMAL LY RUNCTION SHTNI  Serology _ Negative   | Plan CABCI   |
| ı | EURO Score / STS Score   | PRE OP DRUGS (ACE/ARB/ANTIPLATELETS):                                      |
|   | Diabetes Mellitus (HB1AC)  | Associated Illness SHTN  |
| + | carotid Doppler increased intima media<br>Picknes phorton limiting diverse<br>Screatinine 17.07 can off all displies<br>Screatinine Sugu | Thyroid Enzymes T3 -125 TSH -2.3   ( T4-7.75  Any other illness of concern |
|   | Allen's Test   | Myocardial viability if needed   |
|   | Varicose Veins   |  |
|   | Pulmonologist Clearance  | Nephro Clearance: —  |
|   | Neurology Clearance :  | Dental Clearance:  |
|   | Mitral Regurgitation Assessment TOWNMR   |  |
|   | Nursing:   | Billing Clearance: _   |
|   | Physiotherapy  | Spirometry taught  |
|   | Concerns from Surgical Team :  | W BOTTEDS  |







Mr.RAJASINGH P
59/Male/MHI202381562
0S/01/2024/IPH2024000068
Dr.ANBARASU MOHANRAJ

writing.

# **CONSENT FOR SURGERY**

| 1. | Mr./Ms./MrsRayaLunghp   |
|----|---|
|    | k correct option and below):  |
|    |   |
|    | ☐ 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 েলেক্ষেণ্ড কিল্লেখ্য ক্রিয়েণ্ড ক্রিয়াল ক্রিয়াল ক্রিয়াল ক্রিয়াল ক্রিয়াল ক্রিয়াল কর্মান কর্মা |
|    | procedureCoത്തവാച്ച இரங்கு  |
| •  | 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  Pa. =.∞plosedlon  |
|    |   |
| )  | 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  |

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

withdraw my consent at any point of time at my own risk and consequence by submitting the withdrawal in

- 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 grises.
- 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 D. Blooding D. Dale ton                       | <u> </u> |
|--|----------|
| 3. Assorbythmias D. stroke 5. prolonged 2cu stay/                            | · -      |
| ventilation (b). mild misk to life   |          |
| Benefits Police from Symptoms  |          |
| · Alternatives profesol management   |          |
| ■ The likelihood of success of the surgery (Percentage / Other commands) マッメ |          |
| * Possible results of non-treatment Myocardial Infarction  Cardiac failure   |          |
| Cardiac failure  |          |

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

DETAILS

PATIENT / RELATIVES

WITNESS

Name (in BLOCK LETTER)

P. RASASIWGLA

Relationship

Signature

Date & Time

Patient

Quida at 18.00

Plus at 18.00

Name & Signature of Doctor with Registration No.:

Reg No: 55476







| நோயாள் வெறங்கள்:(Affix Label here) |                       |  |
|------------------------------------|-----------------------|--|
| សរយាំ :                            |                       |  |
| UHID :                             |                       |  |
| விறந்த தேதி :                      | បកស <b>េ</b> ត្តាធំ : |  |

### அறுவை சிகிச்சை ஒப்புதல் படிவம்

| நான்  | ்நாயாளி அல்லது நோயாளியின்        | r பிரதீநீதீ தயவுசெய்து மேலேட  | ம் கீழேயும் பொருத்தமானதை     |
|---|----------------------------------|-------------------------------|------------------------------|
| தர்வு செய்யவும்                               |                                  |                               |                              |
| படியுங்கள்                                    |                                  |                               |                              |
| எனது / என் நோயாளியின் தற்போதைய                | ப மருத்துவ நிலை குறித்து விளக்   | கப்பட்டுள்ளேன்.               |                              |
| இந்த ஒப்புதல் படிவம் ஆங்கிலத்தில் விளக்கப்ப   | பட்டுள்ளது. இந்த ஒப்புதல் படிவத் | தில் கொடுக்கப்பட்ட சிகிச்சையி | ன் செயல்பாட்டின் முழுப்பெயர் |
| ==<br>സർവത്തെ വന്തിധ ക്കെത്രക്കണ് ന്ദ്രൽ വാധങ | மையாகப் பரிந்து 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 நீர்வாகம் தேவைப்படலாம் என்பதை நான் அறிவேன் ஒரு தனி ஒப்புதல் பெறப்பட வேண்டும்).
- இந்த அறுவை சிகிச்சை / நடைமுறையின் போது மருத்துவர் மற்றும் துணை மருத்துவக் குழுவால் உதவப்படுவார் என்பதையும், தேவை
   ஏற்பட்டால் தொடர்புடைய நிபுணர்களிடமிருந்து மருத்துவர் ஆலோசனை / உதவியை நாடுலாம் என்பதையும் நான் இப்போது
   அறிவேன்.

| • சாத்தியமான அபாயங்கள் மற்றும்  | சிக்கல்கள்  |   |
|---|---|---|
|   |   |   |
|   | <del>-</del>  |   |
|   |   |   |
| • நன்மைகள்  |   |   |
| • மாற்றுவழிகள்  |   |   |
| • அறுவை சிகீச்சையின் வெற்றி வா  | ாய்ப்பு (சதவீதம் / பிற கட்டளைகள்)<br>   |   |
| • சிகீச்சையின்றி சாத்தியமான முடிவ   | வுகள்<br>   |   |
| நேரங்களில் தீவிரமான பராமரிப்  | வழங்கப்பட வேண்டியு கவனிப்புக்குப் பிறகு எதீர்பா<br>பு அலகு மற்றும் / அல்லது மருத்துவமனையில் அ<br>கள் அல்லது சிகீச்சைகளின் தேவை இருக்கலாம். இத   | அனுமதிக்கப்படும் கால அளவு தேவைப்படலா  |
| எந்தவொரு தீசு அல்லது உடல் பகு<br>தகவல்களை நான் பெற்றேன் ம<br>நடைமுறை தொடர்பான கேள்விகள<br>நோக்கம் கொண்ட நன்மைகள் மற | நடத்தும் நோக்கத்திற்காக மற்றும் பொருத்தமான மு<br>தியை அகற்ற மருத்துவமனையை நான் அங்கீகரிக்<br>ற்றும் முழுமையாகப் புரிந்து கொண்டேன் என்று<br>ளைக் கேட்க எனக்கு வாய்ப்பு வழங்கப்பட்டது. அதன்<br>ற்றும் மீட்பு மற்றும் எனது கேள்விகள் அனைத்தும் ம<br>ன்னிலையில் செருகல் மற்றும் நிறைவு செய்ய வேண் | கேறேன். இந்த ஒப்புதல் வடிவத்தில் வழங்கப்பட்<br>அறிவிக்கிறேன். எனது வியாதி, செயல்பாடு<br>ர அபாயங்கள், விளைவுகள், சிக்கல்கள் மற்று!<br>பதிலளிக்கப்படவில்லை. இந்த வடிவத்தில் நாவ |
| விபரங்கள்   | நோயாளி / உறவினர்  | சாட்சியம்   |
| பெயர்   |   |   |
| உறவுமுறை  |   |   |
| கையொப்பம்   |   |   |
| நாள் & நேரம்  |   |   |
| மருத்துவரின் பெயர் மற்றும் பத   | தீவு எண், கையொப்பம்:  |   |



Mr.RAJASINGH P
59/Malc/MHi202381562
08/01/2024/IPH2024000068
Dr.ANBARASU MOHANRAJ



# **CONSENT FOR ANAESTHESIA SERVICES**

| , MR. RAJAS  | rngt .  | □the                     | patient or  | Uthe representative of patient have,                                   |   |  |  |  |  |  |
|--|---|--------------------------|---|--|---|--|--|--|--|--|
| (please tick the correct option above and below) Read  If 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  |   |                          |   |  |   |  |  |  |  |  |
| ·  |   | CTERM                    | R7  | PAS  | GRAFAINA  |  |  |  |  |  |
|  | (full name of operation / procedure given below in this consent form) |                          |   |  |   |  |  |  |  |  |
| <ul> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>It has been may be needed explained to me that the following may be needed as part of anaesthesia during or after surgery</li> <li>Central Venous catheter</li> <li>Arterial Line</li> <li>Lumbar Puncture</li> <li>Tracheostomy</li> </ul> |   |                          |   |  |   |  |  |  |  |  |
| ☐ Transesophageal ☐ Blood & Blood product Transfusion ☐ ICU Admission / Recovery ☐ Others  |   |                          |   |  |   |  |  |  |  |  |
| General Anaesthesia  | Expected Results  | Total unco<br>maintain a | onscious state that may involve placement of a tube into the windpipe to irway  |  |   |  |  |  |  |  |
| Alternatives   | Technique   | Drug injed               | cted into t   | to the blood stream, breathed into the lungs, or given by other routes |   |  |  |  |  |  |
| ☐ Spinal<br>☐ Epidural   | Risks   | memory                   | at, injury to vocal cords, teeth, lips, eyes; awareness during the procedure, dysfunction / memory loss, aspiration pneumonia, permanent organ brain damage |  |   |  |  |  |  |  |
| ☐ Others   | Benefits  | 1                        | Recovery  |  |   |  |  |  |  |  |
| <u> </u>   | <del></del>   | - Relief of              |   |  | 1 7   |  |  |  |  |  |
| ☐ Spinal or Epidural Analgesia / Anaesthesia ☐ With Sedation / GA ☐ Without Sedation  Alternatives ☐ GA ☐ Others   | Expected Results  | Temporar<br>body         | y decrea  | sed or loss  | of feeling and / or movement in the lower half of the   |  |  |  |  |  |
|  | Technique   |                          |   |  | edle / catheter placed either directly into the spinal canal spinal canal   |  |  |  |  |  |
|  | Risks   | hematom                  | a, toxicit  | y due to lo  | sistent back pain, headache, infection, convulsions, bleeding /<br>due to local anaesthetic, chronic pain, medical necessity to<br>naesthesia, brain damage |  |  |  |  |  |
|  | Benefits  |                          | operative pain relief with epidural catheter that can be left in-situ safer under n conditions  |  |   |  |  |  |  |  |
| Major / Minor Nerve Block  | Expected Results  | Temporar                 | y loss of f   | eeling and ,   | or movement of a specific limb or area  |  |  |  |  |  |
| ☐ With Sedation / GA ☐ Without Sedation  Alternatives ☐ GA ☐ IV Regional Anaesthesia ☐ Spinal/Epidural Anesathesia ☐ Others  | Technique   | Drug injed               | ted near  | ear nerves providing loss of sensation to the area of the operation    |   |  |  |  |  |  |
|  | Risks   |                          | damage, persistent pain, infection, bleeding / hematoma, toxicity due to local thetic, medical necessity to convert to general anaesthesia, brain damage    |  |   |  |  |  |  |  |
|  | Benefits  | I _                      | - Pain Free<br>- Safer under certain conditions   |  |   |  |  |  |  |  |

|   |   |   |  |   |                     | i        |  |  |  |  |
|---|---|---|--|---|---------------------|----------|--|--|--|--|
| ☐ Intravenous Regional Anaesthesia ☐ With Sedation / GA ☐ Without Sedation Alternatives ☐ Major/Minor Nerve Block   |   | 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   |   |                     |          |  |  |  |  |
| □ Major/Mind<br>□ GA  | or Nerve Block  | D61-  | - Pain Free  |   |                     |          |  |  |  |  |
| ☐ Others  |   | Benefits  | - Safer under certain conditions   |   |                     |          |  |  |  |  |
| Monitored Ana   | aesthesia care  | Expected Results  | Decreased anxiety and light sedation similar to normal sleep   |   |                     |          |  |  |  |  |
| (with sedation)   |   | Technique   | Drug injected into vein of arm   |   |                     |          |  |  |  |  |
| Alternatives  General and   |   | Risks   | Prolonged sedation, need for airway control  |   |                     |          |  |  |  |  |
| ☐ Spinal / Epidural<br>☐ Others   |   | Benefits  | Anxiety free; Early discharge  |   |                     |          |  |  |  |  |
| Monitored Anaesthesia Care (without sedation) Alternatives  |   | Expected Results  | No changes in the system   |   |                     |          |  |  |  |  |
|   |   | Technique   | None   |   |                     |          |  |  |  |  |
| ☐ General ana   |   | Risks   | Patient may have pain and anxiety  |   |                     |          |  |  |  |  |
| ☐ Mild Sedation ☐ Others  | on  | Benefits  | Early discharge  |   |                     |          |  |  |  |  |
| <ul> <li>PRENATAL/EARLY CHILDHOOD ANAESTHESIA</li> <li>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</li> <li>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</li> </ul> |   |   |  |   |                     |          |  |  |  |  |
| carrying out the risks and com  | he said operation / pro<br>nplications, intended t<br>named Patient / named | ocedure on myse<br>benefits and possible<br>d patient's represent | nat I have been made aware of the form my above named pating alternatives.  Tative, do further hereby declar consent without any fear, three | ent being fully awar<br>are that I am about 1 | e of the nature, po | otential |  |  |  |  |
|   | Signature / Thumb Impression  |   | Name   | Date  | Time                |          |  |  |  |  |
| Patient   | p. Pyuls  |   | P. RA  | 9/1/24  | 18.00               |          |  |  |  |  |
| Surrogate/Guard (if applicable #)   | dian  | A.  | (Write name and relationship with patient)   |   | alilay              | 8.00     |  |  |  |  |
| Reason for surrogate conse  |   | able to give conser   | nt because:  |   |                     |          |  |  |  |  |
| Witness   |   | eul   | R. Eus   | 9/1/84  | 12.00               |          |  |  |  |  |
| Interpreter<br>(if applicable)  |   |   |  |   |                     |          |  |  |  |  |
| I, the unders   | ourse, and possible al  | explained the nature<br>Iternatives to the pla                    | etient is a minor or unable to give<br>to, potential risks and complic<br>inned operation / procedure,<br>fully as described in this docu    | cations, intended b<br>to the patient / pati  |                     |          |  |  |  |  |
|   | Signature   | Name  |  | Reg. No.                                      | Date                | Time     |  |  |  |  |
| Consent obtained by   | d d   |   | Dr. F. PRAVEEN<br>Reg. No: 86510   | 86570   | 9/11/24             | 73 ·r 0  |  |  |  |  |
|   | · · · · · ·   |   |  |   |                     | <u> </u> |  |  |  |  |



| நோயாளி விவரங்கள் | : (Affix Label here) |
|------------------|----------------------|
| คมนก์ :<br>มหาย: |                      |
| பிறந்த தேதி:     | பாலினம்:             |
| சோக்கை தேதி:     |                      |
| மருத்துவர்:      |                      |



# மயக்க மருந்து சேவைகளுக்கான ஒப்புதல்

| 1 நோயாளி<br>மேலேயும் கீழேயும் சரியான விருப்பத்<br>என்னை / என் நோயா<br>விளக்கப்பட்டுள்ளது. இது வழங்கப்பட்  | தைத் தேர்ந்தெடுங்கள்)<br>ளியின் தற்போதைய   | மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளோம். ஆங்கிலத்தீல் இந்த ஒப்புதல் படிவம்   |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| செருராடு/சொல்மியுற்   |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
| இந்த ஒப்புதல் படிவத்தீன் கீழே கொடு  | க்கப்பட்ட செயல்பாட்டு ந  | டைமுறையின் முழு பெயரி   |  |  |  |  |  |  |
| எதிர்பார்க்கப்பட்ட முடிவைப் பற்றி எ   | ான்னிடம் கூறினார். என  | ங்களை விளக்கியுள்ளார் மற்றும் மாற்று சிகிச்சைகளுக்கு எனக்கு அறிவுறுத்தியுள்ளார் மற்றும்<br>எது நிலை சிகிச்சையளிக்கப்படாவிட்டால் என்ன நடக்கும், இந்த செயல்பாட்டிற்கு மயக்க மருந்து<br>எ். இதனால் எனது மருத்துவர் அறுவை சிகிச்சை அல்லது செயல்முறையைச் செய்ய முடியும். |  |  |  |  |  |  |
| <ul> <li>அனைத்து வகையான மயக்க மருந்துகளும் சில அபாயங்களை உள்ளடக்கியதாக எனக்கு விளக்கப்பட்டுள்ளது. மயக்க மருந்துகளுடன் எதிர்பாராத<br/>கடுமையான சிக்கல்கள் ஏற்படலாம். தொற்று நோய், இரத்தப்போக்கு, போதைப்பொருள் எதிர்விணைகள், இரத்த உறைதல், உணர்வு இழப்பு, மூட்டு<br/>செயல்பாடு, பக்கவாதம், மூளை பாதிப்பு அல்லது மரணம் போன்ற தொலைதூர சாத்தியங்களை உள்ளடக்கியிருக்கலாம்.</li> </ul> |  |   |  |  |  |  |  |  |
| அடையாளம் காணப்பட்டுள்ளன<br>விண்ணப்பிக்கலாம். கீழே சரிபார்க்   | அடையாளம் காணப்பட்டுள்ளன என்பதையும் நான் புரிந்து கொள்கிறேன். ஏனெனில் அவை ஒரு குறிப்பிட்ட வகை மயக்க மருந்துக்கு<br>விண்ணப்பிக்கலாம். கீழே சரிபார்க்கப்பட்ட மயக்க மருந்து சேவையின் வகை (கள்) எனது நடைமுறைக்கு பயன்படுத்தப்படும். மயக்க மருந்து நுட்பம் எனது<br>உறவினர் உடல்நிலை, எனது மருத்துவரின் விருப்பங்கள் மற்றும் எனது சொந்த விருப்பம் உள்ளிட்ட பல காரணிகளால் தீர்மானிக்கப்படுகிறது என்பதை   |   |  |  |  |  |  |  |
|   |  | படுத்துவதை உள்ளடக்கீய ஒரு மயக்க மருந்து தொழில் நுட்பத்தை, மயக்க மருந்து இல்லாமல்<br>நந்து உட்பட பயன்படுத்த வேண்டியிருக்கும் என்று எனக்கு விளக்கப்பட்டுள்ளது.<br>  |  |  |  |  |  |  |
| ြ பொது மயக்க மருந்து  | எதிர்பார்க்கப்படும்<br>முடிவுகள்   | காற்றுப்பாதையை பராமரிக்க ஒரு குழாயை காற்றாலையில் அமர்த்துவதை உள்ளடக்கிய<br>மொத்த மயக்க நிலை   |  |  |  |  |  |  |
| மாற்று மருந்து  | நுப்பம்  | இரத்த ஓட்டத்தில் செலுத்தப்படும் மருந்து, நுரையீரலில் சுவாசித்து அல்லது பிற வழிகள்<br>வழங்கப்படுகின்றன   |  |  |  |  |  |  |
| முதுகெலும்பு<br>இவ்விடைவெளி   | அபாயங்கள்  | தொண்டைப்புண், குரல் வடங்கள், பற்கள், உதடுகள், கண்கள், செயல்முறை, நினைவக<br>செயலிழப்பு, நினைவக இழப்பு, அபிலாஷைகள், நிரந்தர உறுப்பு சேதம், மூளை சேதம்<br>ஆகீயவற்றின் போது விழிப்புணர்வு   |  |  |  |  |  |  |
| 🔲 மற்றவை  | நன்மைகள்   | – ஆரம்ப மீப்பு<br>– பதட்டத்தீன் நிவாரணம்  |  |  |  |  |  |  |
| <ul><li> முதுகெலும்பு அல்லது</li><li>இவ்விடைவெளி / மயக்க மருந்து</li></ul>  | எதிர்பார்க்கப்படும்<br>முழுவுகள்   | உடலின் கீழ்பாதீயில் உணர்வு அல்லது இயக்கத்தின் தற்காலிக குறைவு அல்லது இழப்பு   |  |  |  |  |  |  |
| ☐ மயக்க மருந்து / பொது மயக்க மருந்து  | இப்பம்   | ஊசி / வடிகுழாப் வழியாக செலுத்தப்டும் மருந்து நேரடியாக முதுகெலும்பில் அல்லது<br>உடனடியாக முதுகெலும்பு கால்வாயுக்கு வெளியே வைக்கப்படுகிறது.   |  |  |  |  |  |  |
| □ மயக்க மருந்து இல்லாமல்<br>மாற்று மருந்து<br>□ பொது மயக்க மருந்து  | அபாயங்கள்  | எலும்பு சேதம், தொடர்ச்சியான முதுகுவலி, தலைவலி, தொற்று, இரத்தப்போக்கு, இரத்தம்போதல்,<br>ஹெமடோமா, உள்ளூர் மயக்க மருந்து, நாள்பட்ட வலி, மயக்க மருந்து, மூளை சேதத்திற்கு<br>மாற்று மருத்துவ சேவை காரணமாக நச்சுத்தன்மை   |  |  |  |  |  |  |
| ் மற்றவை  | that their manage official finish the region of the control of the |   |  |  |  |  |  |  |
| பெரிய / சிறிய நரம்புத் தொகுதி<br>☑ மயக்க மருந்துடன் / பொது மயக்க மருந்து  | எதிர்பார்க்கப்படும்<br>முடிவுகள்   | உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு அல்லது பகுதியின் தற்காலிக இழப்பு  |  |  |  |  |  |  |
| மயக்க மருந்து இல்லாமல்<br>மாற்று மருந்து  | நுப்பம்  | செயல்பாட்டின் பகுதிக்கு உணர்வு இழப்பை வழங்கும் நரம்புகளுக்கு அருகில் மருந்து<br>செலுத்தப்படுகீறது   |  |  |  |  |  |  |
| □ பொது மயக்க மருந்து □ IV பிராந்தீய மயக்கமருந்து  | அபாயங்கள்  | எலும்பு சேதம், தொடர்ச்சியான வலி, தொற்று, இரத்தப்போக்கு, ஹெமபோமா, உள்ளூர் மயக்க<br>மருந்து,மருத்துவ சேவை காரணமாக நச்சுத்தன்மை, மயக்க மருந்து, மூளை சேதத்தீற்கு மாறுதல்   |  |  |  |  |  |  |
| முதுகெலும்பு /<br>இவ்விடைவெளி மயக்கமருந்து<br>மற்றவை  | நன்மைகள்   | – வலி இலவசம்<br>– சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை  |  |  |  |  |  |  |

| நரம்பு மண்டல                                      | ம் மயக்க மருந்து                                   | எதீர்பார்க்கப்படும்              |                 |  |                           |                             | .,           |
|---|--|----------------------------------|-----------------|--|---------------------------|-----------------------------|--------------|
| 📗 🔲 மயக்க மரு                                     | நந்து  | முடிவுகள்<br>நுட்பம்             | உணாவ            | u மற்றும் ஒரு குறிப்பிட்ட மூட்டு                                     |                           |                             | • • •        |
| மாற்றுகள்   | , 0  |                                  |                 | ளிக்கேயைப் பயன்படுத்தும் போ  |                           |                             |              |
|   | றிய நரம்பு தொகுதி                                  | அபாயங்கள்                        | <del> </del>    | வலிப்பு, தொடர்ச்சியான உணர்<br>                                       | ர்வின்மை, மீதமுள்ள எ      | வலி, இரத்த காயங்க<br>       | ளுக்கு காயம் |
| பொதுவான<br>மற்றவை                                 | ர மயக்க மருந்து                                    | நன்மைகள்                         |                 | இவசம்<br>பந்தனைகளின் கீழ் பாதுகாப்ப                                  | ത്തെക്ക                   |                             | -            |
| கண்காணித்த ப<br>(மயக்கத்துடன்)                    | றயக்க மருந்து கவனிப்பு<br>-                        | எதீர்பார்க்கப்படும்<br>முழவுகள்  | †               | ன தூக்கத்தைப்போன்ற கவகை  |                           | து வருகீறது                 |              |
| மாற்றுகள்   |  | நுபம்                            | கையின்          | நரம்பில் மருந்து செலுத்தப்படு  |                           |                             |              |
| ☐ பொதுவான ப<br>☐ முதுகெலும்பு /                   | மயக்க மருந்து<br>'இவ்விடைவெளி மயக்க மருந்து        | அபாயங்கள்                        | நீண்ட கா        | ால மயக்கம், காற்றுப்பாதை கட்   | டுப்பாடு தேவை             |                             |              |
| 🗌 மற்றவை  |  | நன்மைகள்                         | கவலை ;          | இலவசம், ஆரம்ப கால வெளி(  | <br>பேற்றம்               |                             |              |
| மயக்கம் இல்ல                                      | மயக்க மருந்து கவனிப்பு<br>ாமல்)                    | எதிர்பார்க்கப்படும்<br>முடிவுகள் | ಹಹಣಿಹಣಿ         | யில் மாற்றங்கள் இல்லை  |                           |                             |              |
| மாற்றுகள்   | (NILIZE INJEKT                                     | <u> நி</u> ராற்                  | இல்லை           |  |                           |                             | _            |
| இலேசான ப<br>இலேசான ப                              | மயக்க மருந்து<br>மயக்கம்                           | <b>அ</b> பாயங்கள்                | நோயாளி          | ரிக்கு வலி மற்றும் கவலை இரு  | க்கலாம்                   |                             |              |
| 🗌 மற்றவை  |  | நன்மைகள்                         | ஆரம்ப 6         | வெளியேற்றம்  |                           |                             |              |
| பிறப்புக்கு முந்தை                                | 5ய / ஆரம்பகால குழந்தை                              | பருவ மயக்க மருந்                 | து              |  |                           |                             |              |
|   | றல், நடத்தை மற்றும் கற்றல<br>ஆழமான மயக்கத்துடன் நீ |                                  |                 | களவுகள் பொது மயக்க மருந்த<br>ம் மீண்டும் வெளிப்படுதல்                | ) വിക്കഥവ അനവള <b>ി</b>   | கா்ப்ப காலத்தில் மற்        | றும் ஆரம்ப   |
|   |  |                                  |                 | தே, இந்த வடிவத்தில் கையெழு<br>மேற்பட்டவன் என்று இதன்மூல              |                           | தீயாக ஒலி மற்றும்           | எந்தவொரு     |
|   |  |                                  |                 |  |                           | 0.0                         |              |
| மேறகூறிய செயல                                     | றபாட்டிற்கு (எஸ்) / நடைமுக                         | ற்ற (கள்) எனக்கு தெ              | தரிந்துவிட்ட    | .து. நான் தானாக  முன்வந்து எ   | ഇളി                       | தக்றேன்                     |              |
| டாக்டர் (டாக்டர்) மு.                             | . அல்லது டி-யில் கூறப்பப்                          | ட செயல்பாடு / நக                 | நடமுறைன         | லய செய்வதற்கு) அறுவை சிகிச்  | சை செயல்முறையை            | ச் செய்வதற்கான டா           | க்டர் பெயர், |
| நோயாளியிடம் மு                                    | <b>ுமுமையாக அறிந்திருக்கி</b> ற                    | ரார். சாத்தியமான ஆ               | க்கள்யாபĶ       | ர் மற்றும் சிக்கல்கள் மற்றும் சாத                                    | ந்தியமான மாற்றுகள்        |                             |              |
| மிக்கள்வல் அள்ள                                   | ய சோயாவி / பெயரிப்பா                               | ு வியின்யாவியின் ப               | බැසිසිසි. මැ    | ந்த வடிவத்தில் கையெழுத்திடப்   | பட்ட கேகி. மண ரீகியாக     | s 18 ஆண்டுகள் கோ            | க்காள பரின்  |
|   |  |                                  |                 | ந்த ஃடிவத்தல் வகள் <b>பகு</b> த்தப்ப<br>தல் அளிக்கிறேன் என்று மேலும் |                           |                             | <u> </u>     |
|   |  |                                  |                 |  |                           |                             |              |
|   | கையொப்பம் /  | கட்டை விரல் பதிவு                | * பெயர்         |  |                           | தேதீ                        | நேரம்        |
| நோயாளி  |  |                                  |                 |  |                           |                             |              |
| நோயாளிகளின் பிரத<br>பாதுகாவலர்<br>பொருந்தும் என்ற |  |                                  |                 | (நோயாளியுடன் பெயர் மற்றும்   | ் உறவை எழுதவும்)          |                             |              |
| நோயானிகனின் பிர<br>சம்மதத்திற்கால<br>காரணம்       |  | தல் அளிக்க முடிய                 | ബിல்லை ഉ        | <u>.</u><br>റ്റത്രെങ്ങിல்  |                           |                             |              |
| சாட்சி  | -  |                                  |                 |  |                           |                             |              |
| மொழிபெயர்ப்பாக<br>பொருந்தினால்                    |  |                                  |                 |  | -                         |                             |              |
| * Comment of our flo                              | <br>பியவாக இதந்தால் அல்ல                           | nei einnessons our               | néise di Diouis | ாவிட்டால் மட்டுமே ஆண்களுக்க  | TOTAL SAME AND TRANSPORT  | பெண்களக்கான (               | இர் கட்டதை   |
| ் பெராயன் கிடு கழ்                                | лишанд на жиродного Стого                          | ලේඛ ඇත කත්තිනයක් ගෙයි            | ்.பல முக்கா     | MAZICE TO BE COME CONTROL CONTROL                                    | വേരു വേരു വേരു പ്രവൃത്രിവ | o o i a contro (ii) con i a | മല്യൂ ഡം     |
|   |  |                                  |                 | ும் சிக்கல்கள், நோக்கம் கொன்   |                           |                             |              |
|   |  |                                  |                 | சாத்தியமான மாற்றுகள், நோ<br>ப் புரிந்து கொண்டார் என்று நா            |                           | திநிதிக்கு விளக்கியுள்      | ாளார். இந்த  |
|   | கையொப்பப்  | o ഖ                              | <u></u>         |  | பதிவு எண்                 | தேதி                        | நேரம்        |
| பெறப்பட்ட<br>ஒப்புதல்                             |  |                                  |                 |  |                           |                             |              |
|   |  |                                  |                 |  | _                         |                             |              |
|   |  |                                  |                 |  |                           |                             |              |





# ANAESTHESIA RECORD



veru heart beat counts

| (A Unit of United Alliance Healthcare Pvt Ltd)   | _   | Every heart beat counts                        |
|--|---|--|
| Mr.RAJASINGH P   | Type of Surgery : □   | Day Care ☐ Elective ☐ Emergency                |
| 59/Malc/MHI202381562<br>08/01/2024/iPH202400068  | Blood Group :   | Height: 16] cms Weight: みた Kgs                 |
| Dr.Anbarasu mohanraj   | Pre-Operative Diagn   | Reg. No: 80075 + mJ : sizon                    |
| A TO THE REPORTED BAND A PROTESTAL OF HER DESTRUCTED FROM THE BAND AND | Proposed Surgery:   | Anaesthetic Plan                               |
| ASA Grade: □ I □ II Ū/II □ IV □ V □  |   | ETG A  |
| History of Present Illness:  | COMORBIDITY   | Present Medication :                           |
| ANGINA DYSPNOEA SYNCOPE MI CCF OTHERS Previous Surgery:  | ☐ HT ☐ SMO☐ DM ☐ ALCO☐ ASTHMA / COPD ☐ GERI☐ HYPO THYROID ☐ CKD | OKING<br>OHOL<br>D                             |
| Physical Examination:    JAUNDICE   PEDEL OEDEMA   CYANOSIS   CAROTID BRUIT   CLUBBING   | SYSTEMC EXAMINATION CVS: (2) RS: (2)                            | ON  CNS: (2).  Others:                         |
| HR: 8 NIBP: 130/80   | SPC   | 02: 97 / TEMP:                                 |
| INVESTIGATION  | SEROLOGY  | ANGIO (M + TVD                                 |
| HB : $14.2$ T.BILIRUBIN : $0.4$ T3  PLAT : $2.98$ I.D. : $0.2$ T4  TC : $6680$   | : <u>7.75</u><br>Urine:   | ECG MIR/WML                                    |
| UREA : $\frac{17.9}{1.07}$ D. : $\frac{0.2}{6.8}$ TSH  CREAT: $\frac{1.07}{1.07}$ T-PROTEINS : $\frac{6.8}{4.5}$ HBA   |   | CXR CO.  |
| Na+ : 14   S.ALBUMIN : 4.8<br>K+ : 4.6 PTT/INR 12.1/1.0 RBS  APTT : 30-6   | :   | ECHO EF-63 1.                                  |
| AIRWAY CAROTID   | DOPPLER   |  |
| Teeth  Mallampatti class  Mouth Opening  Adeqvate  | 1 FUS   |  |
| Neck-Movement Ext. Valla Cted  |   | Other Opinions:                                |
| TM Distance (2)  |   | 10 do,   |
| Pre OP Instruction: NPO Fr   | om: SAM   | thood georping Typin                           |
| Pre Medication: T- pm 40 VV  | Hs  | Blood Reservation                              |
| Night Before Surgery :   | PCV : ( O Platelet :  |  |
| Day of Surgery 7- And t 9.25   |   | FFP : CRYO :                                   |
| Special Instruction.:  |   | Whole Blood:                                   |
| Remarks:   |   | <u>,                                      </u> |
| Anaesthetist Name with Reg.No. :   | P. PRAVEEN  | Signature :                                    |

| 10         | ate: Anaesthetist                                 | ATEET  | HA PLA     | NEEN                 | Surgeo           | n AM   | -                       |  |  |                   | Anaesthesia Tech<br>I∕GA ☑Regional □             |           |
|------------|---|--|------------|----------------------|------------------|--|-------------------------|--|--|-------------------|--|-----------|
|            | RE INDUCTION AN                                   |  |            |                      | MONITO           | ORS AND  | EQUIPN                  | MENTS  | GENERAL ANAESTHESIA                              |                   |  |           |
|            | lse: 82 BP: 156                                   |  | R: 16      |                      | □NIBP            | Left   |                         | -  | INDUCTION  |                   |  |           |
|            | nsorium: ALG                                      |  | _          | ļ                    | DECC Q           | Pulse Oxim                                       | eter 🗂 End              | Tidal CO,  | Pre O, ∐<br>☐ Inhalation                         |                   | equence 🗹 IV                                     |           |
| Sig        | n-in Completed: 🛚 🖸                               | ∄Yes 🗆 ı   | No         |                      | Gas Anal         | yzer 📮   | Oxygen Ser              | nsor   |  |                   | n: Spontaneous C                                 | ontrolled |
| Εq         | uipment Checked: E<br>gn: Dr. PR<br>ne: 9. Reg. N | ZYes □ I   | ۷ <u>۵</u> | المم                 | Disconne         | ect 🔲  | Temperatur              | e Probe  | AIRWAY M   | MAGE              | MENT:  | 6.005     |
| Sig        | in: A Reg. N                                      | *Name:<br>o: 8651                                | YKAVE      | <u> </u>             | Foley Ca         | theter 🔲   | Nerve Stimu             | ulator   | Intubation: Ora                                  | al/Nasa<br>Durini | I ETT Size  Type:                                |           |
| lin        | <del></del>                                       |  |            |                      | TEE              | ۵ ـ ۵  | Others:                 |  | Any difficulties                                 | and acc           | ceșsories:                                       |           |
|            | PATIENT   |  |            |                      | <b>Д</b> ÇVС Тур | e: <u>8⋅2, t-</u>                                | Others:<br>Site:_       | ) IIV  | Throat Pack:<br>NG OG Tube                       | Yes .             | ☐ No ☐ Removed                                   |           |
| Po         | sition on Table: SV<br>essure points check        | 91119  | 4-4.57/    |                      | Standard         | Asepsis  | □ usa Gui               | idance   | OTHER AIR  |                   |  |           |
|            | e Care: ☑ Yes ☐ N                                 |  | dea:⊠ fe   | SUNO ]               | ☐ Complica       | ations: Y  | s 🛮 No                  |  | ☐LMA Type  | & Size:           |  |           |
|            | fety Belt: ☐ Yes 🖸                                |  |            |                      | if Yes, de       |  | 2-6                     |  |  | ostomy            | ☐ Face Mask ☐ Nasa                               | al Prongs |
|            | ırming Blanket: □Y                                |  |            | - 1                  |                  |  | کے S <sub>ite:(</sub> ا | _  | Others:<br>Antibiotic / Do                       | naa / Tii         |  |           |
|            | id Warmer: ☐ Yes  <br>D Stockings: ☐ Yes          | — ,  |            | <b>,</b>             | PVC Type         | e: <u>165</u>                                    | Site: <u>(</u>          | CF   |  |                   |  | 210.10    |
|            | o stockings. ☐ res<br>quential Compression        |  | mpressio   | n:                   | PVC Type         | B:   | Site:                   |  |  | 200               | MR 15 Jm (                                       | 2 10-70   |
|            | Yes ☑ No  | , 2000   |            |                      | Others:_         |  |                         |  | Reversal of A                                    | naesthe           | esla   |           |
|            | PROPOFOL MAG                                      | 40   |            | •                    | 45               |  |                         | 40   |  | 4/                | F  |           |
|            | FENTANYL MCA                                      | 200  |            |                      |                  | 50   |                         |  | .50  |                   |  |           |
|            | MORPHINE MA                                       |  |            | 4                    | <b>-</b>         | <del>                                     </del> | ,                       | <del></del>                                      | <del>                                     </del> |                   | E /  |           |
| ဒ္ဌင္      | ETOMIDATE //                                      |  |            | -                    |                  |  |                         |  |  |                   |  |           |
| [<br>절     | KETAMINE<br>BESA/ROCURONIUM                       | 100  |            | _                    |                  | <del></del>                                      | -                       | <del> </del>                                     | + +  |                   | <del>                                     </del> |           |
|            | CISATRACURIUM/ATRACURIUM<br>SEVO(ISOPLURANE       |  |            |                      |                  |  |                         |  | ./ \   |                   |  |           |
|            | Airnio 5  |  | ~          |                      | ~                |  | <u> </u>                | ~  | 2 1  |                   |  |           |
| -          | Time 1949   |  | 11:00      |                      | 12.0             |  | 13-0                    | <u> </u>   | 14.00  | -                 | 12:00  |           |
|            | 200   |  |            |                      |                  |  | 17                      |  |  |                   | 73/2   |           |
| ऻ          | Systolic V  |  |            |                      |                  | ┞╌┟╌┼╌   | ╂╌┼╌┼╌                  |  |  |                   |  |           |
|            | Diastolic Λ                                       |  |            | _                    |                  |  |                         |  |  |                   |  |           |
| ı          | Pulse ●   | <b>Y</b>   |            |                      |                  |  |                         |  |  |                   |  |           |
|            | 140   | -  |            |                      | ++               | ╀┼   | ╀┼                      | <del>                                     </del> | +++  | $\vdash$          | +++++  |           |
| SIGNS      | 120   |  | Y ,        | , , ,                |                  |  |                         |  |  |                   | VVV  |           |
| Sig        | Resp. ★ 100                                       | <del>                                     </del> | +          | <del>       </del> . |                  | ++   |                         | ╂┼┼  | +++  |                   |  |           |
| VITAL      | Operation O                                       | 1  |            |                      | T V V            | 736 6  | /                       |  | ,  | Z                 |  |           |
| =          | 80  |  |            |                      | 1 + + 7          | Y Y  |                         | 144  | Y + Y + Y  |                   | 200  |           |
|            | 60  |  |            |                      |                  | $\Box$   |                         |  |  | ,                 |  |           |
|            | 40  |  |            |                      |                  |  | <b>人</b>                |  |  |                   |  |           |
|            | Temp X 20   |  |            |                      |                  | <del>                                     </del> | ╂┼┼╾                    | <del>                                     </del> | <u> </u>   |                   | <del>▋</del> <del>╏╏╏</del>                      |           |
|            |   |  |            |                      |                  |  |                         |  |  |                   |  |           |
|            | 0   | 18-57  | De!        | 100                  | 105              | 108  | 100                     | 100  | 100 1  | DO                | 100  |           |
| MONITOR    | CVP<br>PAP  | -  | 8          | 9                    | 10               | 11   | 12                      | TI.  |  | ~                 | ,  |           |
| Į          | ETCO,<br>Urine Output                             | 34   | 32         | 28                   | 29               | ደዔ   | 27                      | 28   | .26  | יקינ              | 28/  |           |
| Įĕ         | OTHE GREEK  |  |            |                      |                  | <u> </u>   |                         |  |  |                   |  |           |
| <b>!</b> — | PH  | 7.45   |            |                      |                  |  |                         |  |  |                   | 7.44   |           |
|            | PCO,  | 40.0   | -          |                      |                  |  |                         |  |  |                   | 10.0   |           |
|            | Na K  | 139  |            |                      |                  |  |                         | <u> </u>   |  |                   | 140  |           |
| BG         | нст   | 39   | -          |                      | -                | 11410  | 1,,1                    |  |  |                   | 33   |           |
| A          | LAC BE  | 99   |            |                      | <b>!</b> -       | <del>  _ ' _ </del>                              | 11/21                   |  |  |                   | 176mlk   |           |
|            | HCO,  | 3.4  |            |                      | <u> </u>         |  |                         | <u> </u>   |  |                   | 23.8   |           |
|            |   |  |            |                      | <u> </u>         | <del> </del>                                     | <del> </del>            | ├─-  | <del> </del>                                     |                   | <del>  </del>                                    |           |
| _          |   | -  |            |                      |                  |  |                         |  |  |                   |  |           |

| ,          |   |            | START                |            | STOP                             | FLUID TRA  | NFL              | JSED         | BLOOI | D PF       | RODUCTS      |
|------------|---|------------|----------------------|------------|----------------------------------|------------|------------------|--------------|-------|------------|--------------|
| ANAEST     | HESIA   |            | 9.40                 |            | 15.00                            | CRYSTALOI  | 7                | COLLOID      |       | _          | <del>-</del> |
| PROCE      | OURE  |            | 10.40                |            | 14-45                            | KLX4       |                  |              |       | <u>.</u> . |              |
| CPB        |   |            | AB-                  | •          |                                  |            |                  |              |       |            |              |
| AXC        |   | 011        |                      |            |                                  |            | , ,              |              |       |            |              |
| CUF:       |   |            | MUF:                 |            |                                  |            |                  |              |       |            |              |
|            |   | HEPAR      | IN                   |            | •                                | P          | RES              | SURE MO      | NITOR |            |              |
| DOS        | <del> </del>                                      |            | ME                   |            | ACT                              | PRE OP     |                  | <del></del>  | ı     |            |              |
| 128        | <del></del>                                       | 1212       | +0                   |            | 111 1805                         | PA         |                  | RV           | }     | PC         | WP           |
|            |   |            |                      |            |                                  | ABP        |                  | <del>-</del> | _     |            | _            |
|            |   | PROTA      | <del></del>          |            |                                  | POST OP    |                  |              |       |            | 1            |
| DOS        | E<br>~^/  | 14.2       | ME                   |            | ACT                              | PA         |                  | RV           |       | P(         | :<br>CWP .,  |
| 75         | <del>' {                                   </del> | 14.2       |                      |            | 128                              |            |                  |              | 1     |            |              |
| INOT       | ROPES &   | INFUS      | IONS                 |            |                                  | ABP        |                  | <del></del>  |       |            | ·            |
| DRUG       | DO  |            | START                |            | END                              | DRUG       |                  | DOSE         | START | Γ          | END          |
| DILUTIO    | V (RAN  | IGE)       | TIME                 |            | TIME                             | DILUTION   | (F               | RANGE)       | TIME  |            | TIME         |
| NORAD      | 0.05  | M -        | → 2·A                | ne]        | ₩>RCU                            | DOPAMINE   | Q <sub>.</sub> Λ | S-15 Int     | 14.00 | · -        | ) Icu        |
| Any 50     | <u>~</u>  |            |                      | _          | ·<br>                            | (Dong (OC) |                  | J' J         |       |            |              |
| MIG        |   | _          |                      |            |                                  |            |                  |              | -     |            |              |
| <u>'</u> - |   | <u>m</u> – | > 4 M/               | ~/         | 14.45                            |            |                  |              |       |            |              |
| (scal si   | ~!)   |            |                      |            |                                  |            | •                |              |       | _          |              |
| ľ          |   |            |                      |            |                                  |            |                  |              |       |            |              |
| REGION     | IAL ANAES   | STHES      | IA (ES) NO           | )          |                                  | IABP: —    |                  |              |       |            |              |
| DETAILS    | 3: K/c  | کی _       | rk + D               | f~         | I                                |            |                  |              |       |            |              |
|            |   | 9 . k\     | 1                    |            | 100 m                            | ECMO:      |                  |              |       |            |              |
| `          | 1.2 /. 1  | حر مہ      | months.              | +          | Dexmed                           | TEE:       |                  |              |       |            |              |
|            |   |            |                      |            | 1                                |            |                  |              |       |            |              |
| REMAR      | KS / CRITI  | CAL F\     | /FNTS                |            |                                  | 1          |                  |              |       |            |              |
|            |   |            | _,,,,                |            |                                  |            |                  |              |       |            |              |
| 1          |   |            | _                    |            |                                  |            |                  |              |       |            |              |
| 1          |   |            |                      |            |                                  |            |                  |              |       |            |              |
|            |   |            |                      |            |                                  |            |                  |              |       |            |              |
|            |   |            |                      |            |                                  |            |                  |              |       |            |              |
|            |   | Dr. ]      | PRAVEEN<br>No: 86510 | 1          | RAVEHU<br>No: 865107<br>No: 7218 | 4 mg \     | _                | -            |       |            |              |
|            |   | B          | 410: 88210           | ا<br>کہ ما | Marana<br>William                | - T        |                  |              |       |            |              |

| POST OPERATIVE PLAN  |   |              |                 |                            |  |  |  |
|--|---|--------------|-----------------|----------------------------|--|--|--|
| Transfer to: SICU Others, specify:   |   |              |                 |                            |  |  |  |
| ABP: 130 164 mm  | Time: 5.05  FV beats/min Rhythn  Hg CVP: P mm  Sedated.             | Hg PAP:      | _mmHg           | C.O : L/min                |  |  |  |
| VENTILATOR SETTINGS: MODE-SIMV   | (/r) B  | IONOTROPES:  |                 |                            |  |  |  |
| ra-14<br>pelp-5<br>I:E=1:2   |   | * NORADRONAU | INE-o.          | os ugligint                |  |  |  |
| Fig -0.8   |   |              |                 |                            |  |  |  |
|  | tals monitoring wiew fal  |              |                 | ·, ;                       |  |  |  |
|  | ORE (Score against each criteria)                                   | <del></del>  | Socio           | ,                          |  |  |  |
| CRITERIA  Activity, able to move, voluntarily or on command  | PARAMETER 4 extremities 2 extremities                               |              | Scale 2         | Total Score :              |  |  |  |
| Breathing  | Able to breath deeply and concept Dyspnea, shallow or limited Apnea | <del></del>  | 2 1 0 /         | Patient fit for discharge: |  |  |  |
| Consciousnesss   | Fully awake Arousable on calling unresponsive                       |              | 1 0/            | <u>Д. 120.</u> Шио         |  |  |  |
| Circulation (Blood Pressure)  +20% of pre-anaesthesia level +20% to 49% of pre-anaesthesia level +50% of pre-anaesthesia level  0  |   |              |                 |                            |  |  |  |
| Maintains SPO <sub>2</sub> > 92% in ambient air  SPO <sub>2</sub> Maintains SPO <sub>2</sub> > 90P% with O <sub>2</sub> Maintains SPO <sub>2</sub> < 90% with O <sub>2</sub> 0 |   |              |                 |                            |  |  |  |
|  | 1 ser Dr.   | PRAVEEN OF   | RAKGE<br>NGORGA | Dr. P                      |  |  |  |

Anaesthetist Name & Reg.No. :

Signature



PDA - 1.5 mm, Healthy



# **OPERATION NOTES**

| Post-Operati            | perative D                    | iagnosis: _ c<br>lure opcas<br>Limi<br>Liva         | 2024<br>>> +astom & pood &<br>>> +astom & pood &<br>>> +astom & pood &<br>-> +astom & pood & | la;)                                    | Mr.RAJASINGH P  59/Malc/MHI202381562  08/01/2024/IPH2024000068  Dr.ANBARASU MOHANRAJ  etick the type of procedure: |        |
|-------------------------|-------------------------------|---|--|---|--|--------|
| Operation<br>Commen     |                               | i0.40   | Operation<br>Completed :   | 24.45                                   | Nature of<br>Anaesthetic: よんい  |        |
| Anaestl                 | hetist <i>D</i> っ             | - Afeetha<br>Line Ster                              |  | kwetlika                                | ionist - MS. Sujatha   |        |
| Cannula                 | ation                         |   | Arterial   |   | Venous   |        |
| xygen                   | ator                          |   | Media  | up sternot                              | omy, pericaldiotomy.   | HIMAS  |
| rotal<br>Total<br>Total | CPB<br>ACC<br>TCA             | Time<br>Time<br>Time                                |  | yocardial 81                            | heparinization. Hear<br>Tabilezen (guidant). I   | _      |
| <u>Findings</u>         | s and Rele                    | evant <u>Details</u> :                              | Q21702Q10 1021Q  | LIMA + LA                               | D  |        |
| Good n                  | nyocaxd                       | ial contrac   | Hore   | SVG + La                                | toms poa (sea)   |        |
| HMA-1                   | - 42 mm                       | , good qual   | lit aporta occlud  | ded partial                             | ly. One 4mm hole wa  | e made |
| SV4 →Am                 | m, from<br>2002 q<br>na i amt | left leg, Ev<br>Quality<br>Arramycoardia<br>Healthy | , bo prolene.  | suture. pro                             | I anastomoris dune E<br>taminized. Hemostasi   | L      |
| Lastom-1.               | <b>\$</b> 5mm,                | plagueson   | sarasu Mol   | 111111111111111111111111111111111111111 | reapproximated parts   |        |
| PDA - 15                | mm, He                        | ekt tiy   | Routhie . Teh  | est closure                             | done è two drain +   | ubes   |

ensètre-

| POST-BY PA           | ASS HAEMODY                                 | NAMICS       |                                 |                         |      | 1 Je<br>1 1      | 1 4             |
|----------------------|---|--------------|---------------------------------|-------------------------|------|------------------|-----------------|
| RA                   |   |              | LA                              |                         |      | Cardiac Output   | - 2 · •         |
| RV                   |   |              | LA                              | CI                      | *    |                  |                 |
|                      | svs   |              |                                 | SYS                     |      |                  |                 |
| PA                   |   | MEAN         | ВР                              |                         | MEAN |                  |                 |
|                      | DIAS  |              |                                 | DIAS                    |      |                  |                 |
| PA                   | c w   |              |                                 |                         |      |                  |                 |
| Support:             | Isoprin<br>Dopamine<br>Dobutrex             |              | Adrenaline<br>I A B P<br>Others |                         |      |                  |                 |
| POST-OPER            | RATIVE INSTRU                               | ICTIONS:     |                                 |                         |      |                  |                 |
|                      |   |              |                                 |                         |      |                  |                 |
| Watch to             | r: Bleeding                                 | Heunsten     | u loo                           |                         |      | -                |                 |
|                      | 9   | 7 NS POOD    |                                 |                         |      |                  |                 |
| Blood Lass           |   |              | <del>-,</del>                   |                         |      |                  |                 |
| <u> जिल्ला</u> प्रका | nefusion: r                                 | 111          |                                 |                         |      | <del></del>      |                 |
|                      | <del>-</del>                                |              |                                 |                         |      |                  |                 |
|                      |   |              |                                 |                         |      |                  |                 |
| <del></del>          |   |              |                                 | -                       |      |                  |                 |
|                      |   |              |                                 |                         |      |                  | <del></del> ' - |
|                      |   | <del>_</del> | <u> </u>                        |                         |      |                  |                 |
|                      |   |              |                                 | _                       |      |                  | <del></del>     |
| Me<br>Pe             | est (Jt) —) ediastinal —] ricardial _2 hers |              |                                 |                         |      |                  |                 |
| Sponge Cour          | it: wrect                                   |              | \                               |                         |      |                  |                 |
| Surgeon :            | Do. t                                       | nbarase      | Or Anbarasu                     | l•Mohanr<br>55476······ | aj   | Date : .40.01.12 | ory             |







## **OPERATION NOTES**

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

| NAME: Mr. RAJASINGH.P              | AGE/GENDER: 59Years / MALE                        |
|------------------------------------|---|
| UHID NO: MHI202381562              | IP NO: IPH2024000068                              |
| DOA: 08/01/2024                    | <b>DOS</b> : 10/01/2024                           |
| SURGEON: DR. ANBARASU MOHANRAJ     | ANESTHETIST: DR. AJEETHA                          |
| ASSISTED BY: DR. PRAVEEN JEYAKUMAR | PHYSICIAN ASSOCIATE: MS.<br>SAIKUMARI/MS.KARTHIKA |
| SCRUB NURSE: MS. SUJATHA           |   |

## **DIAGNOSIS:**

TRIPLE VESSEL CORONARY ARTERY DISEASE

LEFT MAIN DISEASE

NORMAL LEFT VENTRICULAR FUNCTION (EF - 62%)

SYSTEMIC HYPERTENSION

**UNSTABLE ANGINA** 

**SURGERY DONE:** 

OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3

LIMA TO LAD

SVG TO OM AND PDA (SEQUENTIAL)

## **FINDINGS:**

Good myocardial contractions

No significant scarring

LIMA – 1.75mm, good flow, good quality

SVG – 4mm, Endoscopically vein harvested from left leg to mid thigh, Good quality

LAD - 2.0mm, Mid LAD deep intramyocardial, Healthy target

OM - 1.8mm, Healthy target

PDA - 1.6mm, mid PDA grafted, Mild plaques (+), Proximal PDA calcified

Good distal run off in all the grafts

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

Villupuram

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Mogappair

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@medwayhospitals

Chengalpattu

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Medway Group of Hospitals

Heart Institute

Institute of Pulmonology 044-2473 4451

044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367 E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665 044 - 4310 8959 044-2473 4451

Medway Centre of Excellence (Chennai)

MHI/HOSP/2022/118





## PROCEDURE:

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

Heart positioned and stabilized with myocardial stabilizer for PDA grafting. Arteriotomy was made and 1.55mm intracoronary shunt was inserted. The end of the saphenous vein was anastomosed to the side of the PDA artery with 7-0 prolene suture. (SVG TO PDA)

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

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

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

## **SUPPORTS:**

He was shifted to ICU with inj. Nor Adrenaline <0.04 μg/kg/min, inj. Dopamine <5 μg/kg/min supports

CONSULTANT SIGNATURE

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

> Dr. ANBARASU MOHANRAJ Reg. No: 55476

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

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Medway Group of Hospitals

Medway Centre of Excellence (Chennai)





#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel: 044 - 4310 8959 · Imple Vessel ironey I day to make Mount to twochen My Morn Distance Cartalle Ingeria The Third II. spendomican **Left Internal Mammary** Aorta -- Left Main Coronary Circumflex Right Coronary -Obtuse Marginal Il cally Long Indiana Janandan - Diagonal Anterior Descending Control port designed 20- Mid LAS Thep introductionalist Thatte tand a hourd proposanded controllies. To England Carriers int labour Manyres , May come ? Health. 1. OAN SINCE P 59/4 Date of Surgery 16/01/3036 UHID. No. 1/1/ 202781562 Operation Performed Total Court College, Sant Carlos Court Carlos By Court Court Carlos By Court 
1 X 2 3 X 2

11 NA ST 140 1

# SAFETY FIRST

**SURGEON** 





MHI/ICU/2022/092

Every heart beat counts

**ANAESTHETIST** 



The way to better health
(A Unit of United Alli Mr. RAJASINGH P

NAME

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

CONSULTANT

| _ |           | ·        |
|---|-----------|----------|
|   | AGE / SEX | ·UHID NO |

| DIAGNOSIS (In Capital Letters)  1. CAD - TVD + DISTAL LEFT MAIN  2. Normal Ly systolic function  3. GIRADE-I DIAGNOLIC DYSPUNCTION  4. AORTIC VALVE SCLEROSIS  5. TRIVIAL MR, TR.  6. EF = 63 %  7.  8.  PRESENT PROCEDURE/ SURGERY  OPCAB × 3 GIRAFTS LIMA -> LAD SVGI -> LAST OM + PDA (GEQUENTIAL)  PREVIOUS PROCEDURE/ | DR. ANBARASU.                  | DR. ANBARASU                           | AHJBBTA KC       |  |
|--|--------------------------------|--|------------------|--|
| NORMAL LY SYSTOLIC FUNCTION  3.  GRADE-I DIASTOLIC DYSFUNCTION  4.  AORTIC VALVE SCLEROSIS  5.  TRIVIAL MR, TR.  6.  EF = 63 %.  7.  8.  PRESENT PROCEDURE/ SURGERY  OPCAB × 3 GRAFTS  LIMA → LAD  SVG1 → LAST OM + PDA (SEQUENTIAL)   |                                | 1. CAD - TVD + DIST                    | AL LEFT MAIN     |  |
| ADRTIC VALVE SCLEROSIS  TRIVIAL MR, TR.  6.  EF = 63 .  7.  8.  PRESENT PROCEDURE/ SURGERY  OPCAB × 3 GRAFTS  LIMA → LAD  SVG → LAST OM + PDA (SEQUENTIAL)   |                                | NORMAL LY SYSTOL                       |                  |  |
| PRESENT PROCEDURE/ SURGERY  OPCAB × 3 GRAFTS  LIMA → LAD SVGL → LAST OM + PDA (SEQUENTIAL)   |                                | AORTIC VALVE SCL<br>5. TRIVIAL MR, TR. |                  |  |
| PRESENT PROCEDURE/ SURGERY  OPCAB × 3 GRAFTS  LIMA → LAD  SVG → LAST OM + PDA (SEQUENTIAL)   |                                | EF=63%                                 |                  |  |
| SURGERY  OPCAB × 3 GRAFTS  LIMA → LAD  SVGL → LAST OM + PDA (SEQUENTIAL)   |                                | 8.                                     |                  |  |
| PREVIOUS PROCEDURE/  | ·                              | 11nn -> 100                            | A (SEQUENTIAL)   |  |
| SURGERY SEPTOPLASTY DONE IS YEARS BACK.  | PREVIOUS PROCEDURE/<br>SURGERY | SEPTOPLASTY DONE                       | E 15 YEARS BACK. |  |
| CONTACT NO. & 1. 9444697755 V.C 2. 9940617755  [MR. BHARPSHI] WIFE [MR. RAJASHWH] SELF  1. 1584688100 V.C) = 000   |                                | [MRJ. BHARASHI] WIFE                   | - ORIE           |  |

N. NO : 14/14

HR. HARISH [SON]

SELF

## **MEDICATION HISTORY**

|      |               | MEDICA                               | MION B | usioki |           | . · ·         |
|------|---------------|--------------------------------------|--------|--------|-----------|---------------|
| S.No | STARTED<br>ON | PAST MEDICATION (On Admission)       | Dose   | Route  | Frequency | STOPPED<br>ON |
| 1    | 08/01/24      | Tab. ROSEDAY                         | 20 mg  | Plo    | 0-0-17    | 1             |
| 2    | 11            | TOB. FLAVEDON MR                     | 35109  | Plo    | 1-0-1     |               |
| 3    | D             | TOB. PROLOMET XL                     | 25109  | Plo    | 1-0-0     |               |
| 4    | ) t           | TOD. GILT SORBITRATE                 | 2.619  | Plo    | 1-0-1     |               |
| 5_   | И             | TOD: RANOZEX                         | 500mg  | Plo    | 1-0-1     | Continue      |
| 6    | N             | TOB. RABLET                          | 20 mg  | plo    | 1-6-1     |               |
| 7    | 11            | INJ FONDARED                         | 2.5 mg | 97     | 1-0-0.    |               |
| 8    |               |                                      | 7      |        | )         | <i>-</i>      |
| 9    |               |                                      |        |        |           |               |
| 10   |               |                                      |        |        |           |               |
| A    | MTIPLATELET   | STOPPED ON 06                        | 01/24. |        |           |               |
| S.No | STARTED<br>ON | CURRENT MEDICATION (After Admission) | Dose   | Route  | Frequency | STOPPED<br>ON |
| 1    | 10/1/24       | SUP-SUCRALFATE                       | tong   | plo    | 1-1-17    |               |
| 2_   | 10/124        | NEB. LEVOSKOLIAMI                    | D-13m  | Ī -    | Q64 7     |               |
| 3    | 11/1/24       | T-FRUSFMIDE                          | your   | Plo.   | 1-1-0     |               |
| 4    | 11/1/24       | T. SIDICANOLACIONE                   | asma   | Plo    | 1-1-0     |               |
| 5    | nlitzy        | T-BEPLEX FORTE                       | ITAB   | plo    | 1-0-0     | Continus      |
| 6    | 11/1/24       | T. CLOPIDOYNEL FASAI                 | 1 1    | Plo    | 0-1-0     |               |
| 7    | 11/1/20       | T' ROSUVASTATIAN                     | Yong   | Plo    | 0-0-/     |               |
| 8    | 11/129        | T. PARACETHANOL                      | brony  | plo    | [-1-]     |               |
|      | [, '          | 1                                    | Ι. `   | ۱ ،    |           |               |

SUP. TACTULOSC 15m

Sing

I- METOPROUL

P)0

P10

0-0-1

1-0-1

9

10

11/1/24

ANY RELEVANT INFORMATION:

| Admission / OT Receival  Date and Time: 10/1/24  At 15:05 pm  From: 07 To: SICU                           | Condition of the Pation  1. Stable / Unstable  3. Conscious / Semication  4. Febrile / A febrile | ON VENT  2. Oriented / Disoriented  5. Intubated / Extubated |           |
|---|--|--|-----------|
| Transfer Out  Date and Time:  8  20  at 11:30  From: Slou To: 801   | Condition of the Pation  1. Stable / Unstable  3. Conscious / Semicon  4. Febrile / A febrile    | Oriented / Disoriented     Intubated / Extubated             |           |
| Transfer In  Date and Time:  From: To:  | Condition of the Pation  1. Stable / Unstable  3. Conscious / Semicon  4. Febrile / A febrile    | 2. Oriented / Disoriented 5. Intubated / Extubated           |           |
| 1) Known Case of Diabetic Mellitus  2) Known Case of Hypertension  3) Known Case of Bronchial Asthma/COPD | Year   | Months  I MoNTH  | Days      |
| 4) Known Case Of Others   |  |  |           |
| Denture   | ☐ Yes ☐ Permanent Fixatio ☐ Temporary Fixatio  | No on: Present / Absent                                      |           |
| Allergic Reaction : Drugs/Food  | ☐ Yes  If you means mention a  | No about Drug /,Food Nam                                     | e:        |
| Pressure Ulcer Present  | Yes  If you means mention a  | No<br>about <b>Grade</b> : 1/2/3/                            | 4 & Site: |

## ANY RELEVANT INFORMATION:

|                            |   | <del></del>                                |             |   | Sign With           |
|----------------------------|---|--|-------------|---|---------------------|
| Peripheral Cannulation     | 1. Site: (RE) CUBITAL 2. Site:  | 1. Inserted Dat 10 1 24 of 2. Inserted Dat | 9:40        | 1. Removed on:  [h[] M af  [6:30]  2. Removed on: | Date                |
|                            | 3. Site:  | 3. Inserted Dat                            | te and Time | 3. Removed on :                                   |                     |
| Neek Line: IJL/EJL         | Site: (H) IJV   | Inserted Date                              |             | Removed on 12/1/24 @9:30                          | Nels                |
| Arterial Line : Right/Left | Site: (RE) RADIAL   | Inserted Date a                            | and Time    | Removed on  | Qu'                 |
| Sheath Arterial / Venous:  | Site:   | Inserted Date                              |             | Removed on  | <del>- 2 2</del> -1 |
| Pressure Bandage           | Site:   | Inserted Date a                            | and Time    | Removed on  |                     |
| Drain Site                 | 1. Mediastinal: Inser  4 2. Pleural Right / Lei   |  | *.•         | Removed on 16:10  Removed on 11/1/24 @ 16:10      | 80.35x              |
| Urinary Catheterization    | Inserted Date and Time Removed on   |  |             | e 5.00  | AR.                 |
| Nasal / Oral Gastric Tube  | Inserted Date and Time Removed on   |  |             |   | Paris 44            |
| Intubation Date and Time   | Extubation Date And   | Time AHR<br>ADULU                          | Reintubatio | n Date And Time                                   | 843                 |
| Other Information          | Clo CHEST   | <u></u>                                    |             | THI AND   |                     |
|                            | CAG DONE ON 29-12-24<br>SCREENING ECHO DONE ON 30-12-23<br>CARDTID DOPPLER DONE ON 30-12-23 |  |             | 624   |                     |
|                            | 1   |  |             | HR= 74 bpm]                                       | ·                   |





| TOH P  | NI'S INFORMATION SHEET   |
|--|--|
| NAM: 59/Mslc/MH1202381562 59/Mslc/MH12023800068 05/01/2024/12024000068 | AGE/SEX 594/M UHID NO 20238/562                                  |
| Dr.ANBARASU MOHANRAJ   | SURGEON ANAESTHETIST   |
| DR. ANBARASU   | DR: ANBARASU DR. PRAVEEN   |
| DIAGNOSIS (In Capital Letters)   | 1. CAD - RIGHT DOMENANT; DISTAL LY                               |
|  | 2. GOOD LY FUNCTION FT - 63-1.                                   |
|  | 3. SICHMOID SEPTUM TRIVIAL MR HR                                 |
| ·  | 4. SHTN  |
|  | 5.   |
| . ,  | 6.   |
| -<br>-   | 7.   |
|  | 8.   |
| PRESENT PROCEDURE/<br>-SURGERY   | CARUT  |
|  |  |
| PREVIOUS PROCEDURE/ SURGERY  | HID CAGI done on 29.12.23 Showed Right dominant distallm of TWD. |
| CONTACT NO. &<br>RELATIONSHIP  | 1.Mr. HARISH (SON). 2. done (                                    |

# **MEDICATION HISTORY**

| S.No | STARTED<br>ON | PAST MEDICATION<br>(On Admission) | Dose   | Route | Frequency | STOPPED<br>ON  |
|------|---------------|-----------------------------------|--------|-------|-----------|----------------|
| 1    | 29.12.23      | C.CLOPETAB -A                     | TUMU   | P/o   | 0-1-0     | <b>万·</b> 1·24 |
| 2    | 11            | T. ROSEDBY                        | 20MG   | P/0   | 0-0-17    |                |
| 3    | 11            | T. PLANEDONIMA                    | 25MU   | P/o   | 1-0-( )   |                |
| 4    | <u>.</u>      | T PROLOMET XL                     | 25MH   | Pp    | 1-0-0     |                |
| 5    | H             | T GINSORBITER                     | E2-bM0 | 1 P/O | 1-0-1     |                |
| 6    | <u> </u>  [7  | T-RANIOZEX                        | 500mb  | P/0   | 1-0-1     | continue       |
| 7    | М             | T. RABLET                         | somor  | Plo   | 1-0-1     |                |
| 8    | . :           | , , ,                             |        |       |           |                |
| 9    |               | <del></del>                       |        |       |           |                |
| 10   |               |                                   |        |       |           |                |

| S.No | STARTED<br>ON | CURRENT MEDICATION<br>(After Admission) | Dose   | Route | Frequency | STOPPED<br>ON |
|------|---------------|---|--------|-------|-----------|---------------|
| 1    | 08-1-24       | T-ROSEDAY                               | 20MG   | P/0   | 0-0-1 7   |               |
| 2    | Ŋ.            | T. FLAVEDON-ME                          | 35mu   | P/0   | 1-0-1     |               |
| 3    | 11            | T. PROLOMETXL                           |        | Plo   | 1-0-0     |               |
| 4    | W             | T. GTDL SOR BUTRE                       | 182.6m | P/0   | 1-0-1     |               |
| 5    | 1\            | T · RAMOYEX                             | 1500m  | n Plo | 1-0-1     | Continue      |
| 6    | _11           | T. RABLET                               | 20M4   | Plo   | 1-0-1     |               |
| 7    | <u> </u>      | DUJ FONDARED                            | 2.5m   | Ph    | 1-11-10   | 08.1.24       |
| . 8  |               |   |        | ·     |           |               |
| 9    | :             |   |        | <br>! |           |               |
| 10   |               |   |        |       |           |               |

## ANY RELEVANT INFORMATION:

| Admission / OT Receival        | Condition of the Patient :                     |                                |                           |  |  |
|--------------------------------|--|--------------------------------|---------------------------|--|--|
| TO (1 3 / T)                   | 1. Stable / Unstable 2. Oriented / Disoriented |                                |                           |  |  |
| Date and Time :                | 3. Conscious / Semice                          | onscious / Unconscious         |                           |  |  |
| From: To:                      | 4. Febrile / A febrile                         |                                | 5. Intubated / Extubated  |  |  |
| Transfer Out                   | Condition of the Patie                         | ent :                          |                           |  |  |
| Date and Time :                | 1. Stable / Unstable                           |                                | 2. Oriented / Disoriented |  |  |
|                                | 3. Conscious / Semice                          | onscious / Unconscious         |                           |  |  |
| From: To:                      | 4. Febrile / A febrile                         |                                | 5. Intubated / Extubated  |  |  |
| Transfer In                    | Condition of the Patie                         | ent:                           |                           |  |  |
| Date and Time :                | 1. Stable / Unstable                           |                                | 2. Oriented / Disoriented |  |  |
| Date and Time.                 | 3. Conscious / Semice                          | onscious / Unconscious         |                           |  |  |
| From: To:                      | 4. Febrile / A febrile                         |                                | 5. Intubated / Extubated  |  |  |
| 1) Known Case of               | Year   | Months                         | Days                      |  |  |
| Diabetic Mellitus              | _  |                                |                           |  |  |
| 2) Known Case of               |  |                                |                           |  |  |
| Hypertension                   | 1 month  |                                |                           |  |  |
| 3) Known Case of               | -  |                                |                           |  |  |
| Bronchial Asthma/COPD          |  |                                |                           |  |  |
| 4) Known Case Of Others        |  |                                |                           |  |  |
|                                |  |                                |                           |  |  |
|                                | ☐ Yes  | П                              |                           |  |  |
| Denture                        | Permanent Fixation                             | in .                           |                           |  |  |
| - V                            | Temporary Fixation: Present / Absent           |                                |                           |  |  |
| , .                            |  |                                | <del>-</del>              |  |  |
|                                | Yes  | No                             |                           |  |  |
| Allergic Reaction : Drugs/Food | If you means mention about Drug / Food Name:   |                                |                           |  |  |
|                                |  |                                |                           |  |  |
|                                | ☐ Yes  | No                             |                           |  |  |
| Pressure Ulcer Present         | If you means mention a                         | about <b>Grade:</b> 1 / 2 /3 / | 4 & Site:                 |  |  |
|                                |  |                                |                           |  |  |

## ANY RELEVANT INFORMATION:

|                            |   |                           |             |                 | Sign With<br>Date |
|----------------------------|---|---------------------------|-------------|-----------------|-------------------|
| Peripheral Cannulation     | 1. Site:  | 1. Inserted Date and Time |             | 1. Removed on:  |                   |
|                            | 2. Site:  | 2, Inserted Da            | te and Time | 2. Removed on : |                   |
|                            | 3. Site:  | 3. Inserted Da            | te and Time | 3. Removed on : | 4.                |
| Neek 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                        |                           | and Time    | Removed on      |                   |
| Drain Site                 | Mediastinal : Inser     Pleural Right / Lef         |                           |             | Removed on      |                   |
| Urinary Catheterization    | Inserted Date and Time Removed on                   |                           |             | 1               |                   |
| Nasal / Oral Gastric Tube  | Inserted Date and Time Removed on                   |                           |             | 1               |                   |
| Intubation Date and Time   | Extubation Date And Time Reintubation Date And Time |                           |             |                 |                   |
| Other Information          | 10 par  | oxed sor                  | ation o     | lone<br>VENTAK  | 911/24<br>Buo     |





# SAFE PROCEDURE CHECKLIST Adapted from WHO Safe Surgery Checklist



Ev Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068



| Name of the Procedure: OPCABIC JOSED HERRY Location: CTOT-01-I           |   |  | Date & Time                               | e: <u>10 01 2024</u> 0 | <u> </u>                                    | 59/Malc/MH12<br>08/01/2024/1<br>Dr.ANBARASU   | PH2024000068         |                        |                        |
|--|---|--|---|------------------------|---|---|----------------------|------------------------|------------------------|
| Does the Procedure involve   |   | d Wa   |   |                        |   |   |                      |                        |                        |
| SIGN IN , 9-25<br>Before Induction of Procedural S                       | edation ·   | TIME OUT /<br>After proce                      | り ソウ<br>dural Sedation and before p       |                        |   | SIGN OUT > \S-60 When Doctor indicates that t |                      |                        | npleted                |
| (Anaesthetist / Qualified Physicia<br>Sedation + Nurse + Technician + Do |   |  | (Anaesthetist or Qu                       | alified Physic         | cian administering Proc<br>performing the P |   | urse + Technician    | + Doctor               |                        |
| Patient Confirmation   |   | All team memb                                  | pers introduce themselves by              | / Name and i           | Role  | To be done procedures                         | for each procedure   | in case of multiple    |                        |
| Identity by two identifiers  | ⊟Y∂s  | Identity by two                                | identifiers                               |                        | El Yes                                      |   | Procedure done v     |                        | ⊟Y#s                   |
| Procedure  | ⊡Yes  | Procedures                                     |   |                        | _ ☐Yes/                                     | Name and s                                    | ite of all specimen: | s / investigations     | □ Yes □ NA             |
| Side   | □Rt ' □Łt /□NA  | Side   |   |                        | □Rt 'DLt                                    | NA confirms lab                               | eling and sent to la | ab                     | . '                    |
|  | chest, log  | Expected Bloc                                  | 000 - 000 _ 200                           | $\overline{w}$         | chese w/                                    | 91  |                      |                        |                        |
| Consent  | D¥68  | Position — S                                   | CUPINE                                    |                        | <u>□</u> ¥98~7                              | U   Any recover                               |                      |                        | Yes <del>□ No</del> ne |
| Known Allergy  | □Yés □₩ØT ŁNOWN   |  | Consent                                   |                        | ⊒Yes)                                       | If Yes, Pis. s                                | specify:             |                        | ′                      |
|  | If yes, plaese specify  | Required equi                                  | Required equipment and implants available |                        | □Y6 □NA                                     |   | 0000-0-              | 22 f7th Q 1000         |                        |
| Difficult airway / aspiration risk                                       | Yes, equipment  | Essential Imaging displayed                    |   | ☐Yes ☐ NA              | <b>─</b> ┤ 14·40 -                          | 71m 702E                                      | HM11 BIOLICE         |                        |                        |
| / dentures   | and assistance available  | Antibiotic prophylaxis within last 60 minutes  |   | DY9s □NA               | .45   | •   |                      |                        |                        |
| Possibility of hypothermia   | ☑ No /☐ Yes, warmer in place  | Name of the Antibiotic given TM. CERVENIME (). |   | 71.54 W.log            | Any Equipm                                  | ent / instrument pr                           | oblem that needs to  | o be                   |                        |
|  | '   | Venous Thromboembolism Prophylaxis Provided    |   | ☐ Yes ☐₩A              | addressed :                                 |   | Ц                    | Yes <del>□ No</del> ne |                        |
| All concerned anesthesia equipment                                       | and medication check complete                                       | Anticipated duration briefed                   |   | ☐¥esy                  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     | poony .                                       |                      | ,                      |                        |
| ☐8po2 ☐MBP ☐Other  | s pls. specify  | Anticipated blo                                | ood loss briefed                          |                        | □Y63 □NA                                    |   |                      |                        |                        |
| Pre OP medication taken  | ⊠Yes/□No  | Adequate fluid                                 | s and blood available                     |                        | ☐Yes ☐NA                                    |   |                      | _                      |                        |
|  | _   | Team briefed                                   | on any critical or unexpected             | steps                  | □Yes, NA                                    | Corrective at                                 | ction :              |                        |                        |
| Required equipment for   | (⊒Yes/□NA   |  | l sedation cases                          |                        |   |   |                      |                        |                        |
| procedure available  | /   |  | ecific concerns :                         |                        | ☐ Yes ☐ None                                | <u>e</u>                                      |                      |                        |                        |
| /  |   | Any concerns                                   | e glycernic control about sterility       |                        | ☐ Yes ☐ NA_<br>☐ Yes ☐ Mone                 | <del>a  </del>                                |                      |                        |                        |
| Anaesthetist / Doctor giving Procedural Sedation DRASEETHA               | Dr. Anbaras<br>Doctor performing the<br>Procedure: NO<br>DR- ANBARA | u Wohar<br>554/76                              | Nurse: 8ASTIWN                            | IAR                    | Technician: BA                              | DOHI<br>DOHI                                  | /                    |                        | 2E90                   |
| Date: 10/01/2024   | Date: 10101  2  | 1027   | Date: 18 101 2021                         | 1/8                    | Date: worl                                  | 2021 1209                                     | /Date:: しんりり         | 12027                  | 1 - Xeg,               |
| Time: \5.00  | Time: \5.00   | ~~ al  | Time: 15.00                               | 0031                   | Time: 1≤'00'                                |   | Time: \Sve           |                        | <b>3</b>   3           |



# edway Hospital Dr.Anbarasu mohanraj

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

## Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068





**Every heart beat counts** 

# CONSENT FOR BLOOD / BLOOD COMPONENTS

| CO:                        | (SENT FOR BEOOD , 222 on he given 'whole' but  |
|----------------------------|--|
|                            | in modical procedure, prescribed by a physician. Blood can be given  |
| A Blood transfusion is lit | saving medical procedure, prescribed by a physician. Blood can be given 'whole' but saving medical procedure, prescribed Among the most common components are: |
| Amonont O                  | combination of component is transfused. Among the most common components are:  |
| more often a component o   | s - Unading or low hemoglobin  |
| _                          | C - Linding of IOW REINURIUM   |

Red cells

for bleeding or low hemoglobin

Platelets

for bleeding or low counts

Plasma

for restoring blood volume or providing clotting factors

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 nontreatment, 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.

| same illness.          | Patients name P. RAJAS W. M. J.                                  |
|------------------------|--|
| _ \                    | Patients name  |
| Witness Doctor         | Patients name  |
| Witness                | Guardians name X: IAR ST   |
| 1 MOUNDS               |  |
| Time 13:06  Date 91124 | or Guardians name.   |
| Time                   | Relationship to patient. 50 N                                    |
| Date 911 24            | Relationship to patients   |
| Date                   | life threatening/emergency medical condition. I have provided th |
|                        | III (III caround and a   |

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-th/catening/emergent medical condition.

|       |       | λ.      |
|-------|-------|---------|
| Time: | Date: | 9/11/24 |

C5876.... Doctors signature...





## Every heart beat counts

(A Unit of United Alliance Healthcare Pvt Ltd)

ஒப்புதல்:இரத்தம் / இரத்தத்தின் பாகங்களை செலுத்துதல்

| இரத்தம் | செலுத்   | துதல் என்பு  | து, மருத்துவரா | ல் பரிந்துவ | ரக்கப்படுக | தேன்ற டுர் ந | .யிர் காக்கு | ம் மருத்துவ  | செயல்முரை    | றாங்டுற். ' | ,ൻൻലാന്ഷങ,    | இரத்துர் |
|---------|----------|--------------|----------------|-------------|------------|--------------|--------------|--------------|--------------|-------------|---------------|----------|
| அளிக்க  | ப்படலாம் | ் என்றாலும், | பெரும்பாலும்   | ஒரு பாகம்   | b அல்லது   | பாகங்களில    | ് ക്കേബ      | சேலுத்தப்படு | கிறது. மிகப் | போதுன       | டை பாகங்களில் | ง        |
| கழ்க்கன | ள்டனவ    | அடங்கும்:    |                |             |            |              |              |              |              |             |               |          |

சிவப்பு அணுக்கள்

இரத்தப்போக்கு அல்லது குறைந்த ஹீமோகுளோபினுக்கு

தட்ட<u>ஹ</u>க்கள்

இரத்தப்போக்கு அல்லது குறைந்த எண்ணிக்கைக்கு

குருதிநீர்

இரத்த கனஅளவை மீட்டமைப்பதற்கு அல்லது உறைவு அம்சங்களை வழங்குவதற்கு

கிரையோப்ரெஸ்ப்டேட்

சிறப்பு உறைவு அம்சங்களுக்காக

எனக்கு /நோயாளிகளுக்கு இரத்தம் செலுத்தப்படுவதன் மூலம் எதிர்பார்க்கப்படும் நன்னமகள் மட்டுமின்றி இடர்களையும் மருத்துவர் வீளக்கியுள்ளார்:

- 1. இரத்தம் செலுத்துவதில் கிடைக்கின்ற விருப்பத்தேர்வு பற்றி எனக்கு தகவலவிக்கப்பட்டுள்ளது, இதில் தன்னாவ் தாகமனிப்பவர்கள் வழங்கியுள்ள வங்கியிலுள்ள இரத்தம் (அலோஜெனிக்) அல்லது சுயமாக தானமனித்தல் (ஆட்டோலோகஸ்) ஆகியவை அடங்கும். ஒர் அவசரநிலையில், வங்கி இரத்தம்தான் பயன்படுத்தப்பட வேண்டியிருக்கும். நேரம் கிடைக்கும் பட்சத்தில் சுய தானமனிப்பிற்கு வாய்ப்புள்ளது.
- 2. தேசிய விதிமுறைகளுக்கேற்ப கவனத்துடன் முன்சோதனை செய்யப்பட்டிருந்தாலும், உயிருக்கு ஆயத்தை விளைவிக்கக்கூடிய தொற்றுக்களான எய்ட்ஸ், ஹெயடைடிஸ் மற்றும் இதர வைரஸ்கள் அல்லது இதுவரை அறியப்படாத நோய்கள் ஏற்பட்டுள்ள அரிதான நிகழ்வுகளும் உள்ளன. எல்லாவிதமான இடர்களையும் நீக்குவது என்பது நடைமுறைக்கு இயலாத ஒன்றுகும் என்பதையும் நான் புரிந்து கொள்கிறேன். கணிக்க முடியாத எதிர்விளைவுகளும் தோன்றலாம், இவை, காய்ச்சல், பொரிப்பு, மூச்சுத்தின்றல், அதிர்ச்சி மற்றும் அரிதான நிகழ்வுகளில் இறப்பு ஆகியவற்றை உள்ளடக்கி, அந்த வரம்புக்குட்படாதனையாகவும்கூட இருக்கலாம் என்பதையும் நான் புரிந்து கொள்கிறேன்.
- 3. இரத்தம் செலுத்துவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள், அதிர்ச்சி, முளை மற்றும் இதர உறுப்புகளுக்கு ஏற்படும் சேதம் குறைக்கப்படுதல், குணமடைதலைத் தரிதப்படுத்துதல் மற்றும் இரத்தம் இழக்கப்படுவதைக் குறைத்தல் ஆகியவற்றை உள்ளடக்கியிருக்கலாம், என்றாலும், எதிர்பார்க்கப்படும் நன்மைகளுக்கு உத்தரவாதம் ஏதும் அளிக்கப்படவில்லை என்பதையும் நான் புரிந்து கொள்கிறேன்.
- 4. இரத்தம் செலுத்துதல், மாற்று சிகிச்சை முறைகள், சிகிச்சை எடுக்காமல் இருப்பதிலுள்ள அபாயங்கள், பயன்படுத்தப்படவிருக்கும் 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 மருத்துவப் பராமரிப்பின் பொருட்டு, இரத்தம் மற்றும் /அல்லது அதன் பாகங்கள் செலுத்தப்படுவதற்கு நான் ஒப்புக்கொள்வதுடன், எனது கையொப்பத்தின் மூலம் எனக்கு அல்லது நோயாளிகளுக்கு இரத்தப் பொருட்கள் செலுத்தப்படுவதற்கு என் ஒப்புதலை அளிக்கிறேன். இதே நோய் தொடர்பாக, இரத்தப் போருட்கள் செலுத்தப்படுவதற்கான எதிர்காலத் தேவைக்கு வாய்ப்புள்ளது மற்றும் அது தொடர் அவுப்படையில் இருக்கலாம் என்று எனக்குத் தெரிவிக்கப்பட்டிருக்குமானால், இந்த மருத்துவமனை சேர்ப்பின் குறிப்பிட்ட காலத்தில் முடிவடையும் வகையில் அல்லது இந்தோயின் முழுமையான காலகட்டத்திற்கும் தேவையான கூடுதல் இரத்தப் பொருட்கள் செலுத்தப்படுவதற்குரிய ஒப்புதலையும் இத்தகலைறிந்த ஒப்புதல் மூலம் வழங்குவதற்கு நான் ஒப்புக்கொள்கிறேன்.

|   | நோபாளியின் பெயர்   |
|---|--|
| சாட்சி                                  | நோயாளியின் கைபெரப்பம்  |
| மருத்துவர்                              | அல்லது பாதுகாவலரின் பெயர்  |
| நேரம்                                   | பாதுக்கவுலரின் கைபெரப்பம்  |
| தேதி                                    | நோயாளியுடனான உறவு  |
| - · ·                                   | ு நிலை 'காரணமாகத் தகவலறிந்த ஒப்புதல் பெறப்படவில்லை. 'தகவலறிந்த ஒப்புதலாகக்     |
| கருதப்படக்கூடிய அளவிற்கு நான் போதிய் க  | ominal தகவலை நோயாளிக்கு வழங்கிவிட்டேன், மேலும் ஓர் உயிருக்கு ஆபத்தான/அவசரக்கால |
| மருத்துவ நிலையை மாற்றுவதற்கு, மேம்படுத் | துவதற்கு, நேர்மாறாக ஆக்குவதற்கான போதிய அளவில் இரத்தப் பொருட்களை வழங்குவதற்கான  |
| உத்தரவை வழங்கும் நடவடிக்கையை நான்       | மேற்கொண்டுள்ளேன்.  |
| <b>0</b>                                |  |
| நேரம்:                                  | ,  |
| நோயாளியின் பெயர்                        | மருத்துவரின் கைபொட்டம்   |
| தேதி:                                   |  |
|   |  |





Patient Details (Affix Label here)

Name:

Mr.RAJASINGH P

UHID:

59/Male/MHI202381562

DOB: DOA: 08/01/2024/IPH2024000068

Consultant:

Dr.Anbarasu mohanraj



# **CONSENT FORM - PHYSIOTHERAPY**

| 1, Rojas Pugh the Patient or representative of patient have (please tick the correct option   |
|---|
| aboye and below):   ✓ Read  |
| ☐ read ☐ I/We have been explained the current clinical condition of me/my patient   |
| Been explained this consent form in TAML (Name of language) which I fully understand and understood   |
| the information provided about Operation / procedure  |
|   |
| Post operation bandiar Rilmonary Rehabilitation   |
| (full name of operation / procedure given below in this consent form)   |
|   |
| Brief description of the Operation / Procedure: DBey, Sprometry 30 Obert planeture  |
| Fo Ble Check wall, AROM to Ble VLRL, Mobile Zation.   |
| · · · · · · · · · · · · · · · · · · ·   |
| I understand the intended benefits of undergoing the procedure .The intended benefits from this procedure are:  |
|   |
| To Angrow breathing, To dear out lung sevelin   |
| I understand that all procedures carry certain risks. The potential risks and complications from this procedure   |
| Park  |
|   |
| I have been explained the implications of not undergoing this procedure and the alternative methods of treatment like:  |
| Neil  |
|   |
| <del></del>   |
| 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.  |

| For the above mender.  Dr. A KASH  procedure on Emintended benefits a  I, the above named | tioned operation(s) / procedure(s) that  (name of doctor performs above named patient and possible alternatives)  Patient / named patient's representatives  | I have been made aware of, I give my consent forming the operation / procedure) for carrying being fully aware of the nature, potential rice, do further hereby declare that I am above to onsent without any fear, threat or false miscond | out the said ope<br>sks and complic<br>8 years of age as | ations, |  |  |
|---|--|---|--|---------|--|--|
|   | Signature / Thumb Impression*  | Name  | Date   | Time    |  |  |
| Patient   |  |   |  |         |  |  |
| Surrogate/Guardian<br>(if applicable #)   | 3 Shouthir Plys V?   | BHANATH/ RAJASINL<br>(Write name and relationship with patient)   | t holilay  | [p:∞    |  |  |
| Reason for surrogate consent  | Patient is unable to give consent because:   |   |  |         |  |  |
| Witness   | R/Kl Chuis   | CONID FLORANCE. S   | 10/11/24   | lbi 00  |  |  |
| Interpreter<br>(if applicable)  |  |   |  |         |  |  |
| I, the undersigned procedure course,  | * 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    | G. E. Alos | AKASH. G.B | هرا ج في<br>ماد ج في | colil24 | ००. वी |
| Procedure performed by | Art Alas   | AKASH A.B  | 02 5b                | rolllah | 16:00  |







Patient Details (Affix Label here)

Name: UHID:

Mr.RAJASINGH P

DOB: DOA:

Consultant:

59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ 



| IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY  |  |  |  |  |  |
|---|--|--|--|--|--|
| Chief Complaints: pr do dout pour a 1/2 month   |  |  |  |  |  |
| chier complaints:  pt do Shut pouch x 1/2 month  clo Sor x 1/2 month  Syptian on execution (14 book)  |  |  |  |  |  |
| <del> </del>  |  |  |  |  |  |
| Occupation: Heavy Activity Moderate Activity Light Activity  Past Medical / Surgical History:         |  |  |  |  |  |
| Klein HANX Imouth   |  |  |  |  |  |
| CAG - (29/12/23) - Distal LM (TVB)  8/p - Distal LM (TVB)  Spoplasty day  15/ps back.                 |  |  |  |  |  |
| <del></del>   |  |  |  |  |  |
| On Observation:  Built: ☐ Thin ☐ Fair ☐ Well Built ☐ Obese  |  |  |  |  |  |
| On Palpation:   |  |  |  |  |  |
| 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: №   |  |  |  |  |  |
| ☐ 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:  Brain Injury (if applicable): NI   |  |  |  |  |  |
| ☐ Room Air ☐ O₂ Support ☐ Ventilatory Support ☐ BIPAP ☐ Traumatic ☐ Non Traumatic                     |  |  |  |  |  |
| ☐ Tracheal Mask ☐ Nasal Prongs ☐ Face Mask ☐ Mild ☐ Moderate ☐ Severe                                 |  |  |  |  |  |
| Intubated:  |  |  |  |  |  |
| Tracheostomy: ☐ Yes ☐ No ☐ GCS: E +V +M = ☐ RLA: levels   |  |  |  |  |  |

| Spine Injury: Present Absent   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| AIS:ISNCSCI SCALE: NUL   |  |  |  |  |  |  |
| ☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx   |  |  |  |  |  |  |
| Associated Injuries: Speech impaired: ☐ Yes ☐ No   |  |  |  |  |  |  |
| Voluntary Movements: ☐ Present ☐ Absent   Tone Modified: ☐ Hypotonic ☐ Normal ☐ Hypertonic           |  |  |  |  |  |  |
| ASHWORTH SCALE: NIL  |  |  |  |  |  |  |
| ☐ 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: Grade ii   |  |  |  |  |  |  |
| Abnormal Breathing Sounds: ☐Wheezing ☐Stridor ☐ Crackles ☐Pleural Rub ☐ Pneumothorax Click ☐ Stertor |  |  |  |  |  |  |
| Abnormal Breathing Pattern: Abdening breathing   |  |  |  |  |  |  |
| Pain Assessment: Pain: ☑ Yes ☐ No  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Pain Score: Of 10  |  |  |  |  |  |  |
| Tick whichever is applied: ☐ Numerical Rating Pain Scale ☐ Visual Analog Scale ☐ Wong-Baker Faces    |  |  |  |  |  |  |
| ☐ Pain Scale ☐ Critical Care Pain Observation Tool ☐ FLACC   |  |  |  |  |  |  |
| Location: West Duration: 11/2 worth Frequency: — Character: —  |  |  |  |  |  |  |
| ☐ Acute ☐ Chronic ☐ Burning ☐ Aching ☐ Radiating ☐ Numbness  |  |  |  |  |  |  |
| ☐ Sharp ☐ Cramping ☑ Stabbing ☐ Crushing   |  |  |  |  |  |  |
| Aggravating Factors:  Relieving Factors:   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Examination     | (Please tick and mention ab   | normal findings only): |              |         |             |  |  |
|-----------------|---|------------------------|--------------|---------|-------------|--|--|
| ☐ Range of M    | Notion:   |                        |              |         |             |  |  |
|                 | Normal  |                        |              |         |             |  |  |
|                 | ,   |                        |              |         |             |  |  |
| ☐ Muscle Str    | ength:  |                        |              |         |             |  |  |
|                 | Normal  |                        |              |         |             |  |  |
|                 |   |                        |              |         |             |  |  |
| ☐ Reflexes:     | 4   |                        |              |         |             |  |  |
|                 | Normal  |                        |              |         |             |  |  |
|                 |   |                        |              |         |             |  |  |
| Plantar Respo   | onse: Diminished Brisi  | k 🗆 Clonus             |              |         |             |  |  |
| Biceps: ☑Dir    | //<br>minished □Brisk □Clonus   | 5                      |              |         |             |  |  |
| Triceps: Di     | r)<br>minished □Brisk □Clonu  | s                      |              |         |             |  |  |
| Supinators:     | Diminished □Brisk □Ck   | onus                   |              |         |             |  |  |
| Knee: Dimi      | inished Brisk Clonus  |                        |              |         |             |  |  |
| Ankle: Dim      | inished □Brisk □Clonus  |                        |              |         |             |  |  |
| Sensation:      | G1001   |                        |              |         |             |  |  |
| X-Ray           | □ÆCHO   | ☐ CAG ☐ SIP Su         | PAOPU        |         | <del></del> |  |  |
| <u> </u>        |   |                        | ilgery       |         |             |  |  |
|                 | CAD-TUDI (  | SH7N                   |              |         | •           |  |  |
| _               |   |                        |              |         |             |  |  |
| Physiotherap    | y Management Plan:  | <del></del>            |              |         |             |  |  |
| DBU             | , Sproonetry ou,  | . Chest porcussió      | i to Ble due | et wall | ,           |  |  |
| į.              | DBes, Sproonitry ay, chest procuesia to Ble dust wall<br>Mobilization |                        |              |         |             |  |  |
|                 |   |                        |              |         |             |  |  |
|                 | iothoracic rehabilitation   |                        | bepole the o | -ODM    |             |  |  |
|                 | to Ble ve d   | •                      |              | >       |             |  |  |
| [ S             | fair Olemb er   | rcouragla.             |              |         |             |  |  |
|                 | Signature   | Name                   | Emp. No.     | Date    | Time        |  |  |
| Physiotherapist | G. E. Alego   | AKASH-G.E              | 0256         | 10/1/24 | 15:00       |  |  |

|                 | RE-ASSE  | SSMENT FORM                              |      |
|-----------------|--|--|------|
| Date & Time     | Fall Risk Score:  Pain Score: Alio  Surgical  Surgery / Procedure: OP OP | SThe pouls<br>B X3 Graft                 |      |
|                 | Respiratory status Post OP:  — In Respiratory                            | oon Aú                                   |      |
|                 | Post intention pain score :  | <u> </u>                                 |      |
|                 | Treatment case & plan:  - Doch - Sprometry - deed f - Model - AROM       | 2 serandier<br>2 sation<br>to Ble Ve Gle |      |
|                 | Post Intervention Pain Score: 2 Treatment Care & Plan:                   | 100<br>candián Pulmonary<br>Robabet, tal | Juan |
| Physiotherapist | Signature Aray   | Name  AKASH. G, 5                        | 6256 |

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PHYSIOTHERAPY TREATMENT CHART

MH/ PRINT / 0096 / PHY

Mr.RAJASINGH P

59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

# 

| DATE    | TIME  | PHYSIOTHERAPY TREATMENT  | REMARKS                |
|---------|-------|--|------------------------|
| 10/1/24 | 17:30 | S/B_ABASI+ - ET local ANOSAL Sudiening   | G. F. ARON<br>MH10256. |
| 71/24   | 19:45 | don yielded thick while secretion,  SIB Damanathan P                               |                        |
| 7(129   | ,     | - ET Oral / Nasal Suctioning<br>done Yillded thick Secretary                       |                        |
|         |       | - Pt Estubated and Connected<br>to Facemask (101-02)<br>- Pt Voice Clear 2 Audible | MH1 0260               |
|         |       | - DBE's encouraged<br>- Chest Percussion to B/c Chest will                         |                        |
|         |       | - Arom Orb to Blive zu - Spinometry Grb encounaged - Ens: 600ce Sop: 600ce         |                        |
| W/1/29. | 6:00  | DBE'S encouraged  - Chest Rencussion to Ble Chest wall                             | MH10260                |
|         |       | -AROM G's to Ble U 24<br>-Spirometry D's rencouraged<br>Ens: booce Gop: booce      |                        |





MH/ PRINT / 0096 / PHY

Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

# 

|                   |       | PHYSIOTHERAPY TREATMENT CHART  | THE THE SERVING STRUCK STRUCK SHARING SALE IN |
|-------------------|-------|--|---|
| DATE              | TIME  | PHYSIOTHERAPY TREATMENT  | REMARKS                                       |
| 11/124            | 9:00  | -DBer enouvoge   | G. B. Aleas<br>MH10256                        |
| ì                 |       | - Sprometry & auswarged  Ins: booke Exp: booke  - Obest porcussion to the  Obest wall  - Arom to Ble Ville     |   |
| 11/24             | 16:00 | Dra enouraged - Sprometry 22 arcouraged  | 100.  |
|                   |       | - Sprometry 22 montrology  Trus: 600a . Exp: 600re  - Chart percuentan to R/L Charleson  - Arom Es to B/L ULZU | mr10260                                       |
| 1<br>er \ \ \ 24. | 22:00 | - chair mobilized  9/8 Ramanathanip  |   |
| 1 ' '             |       | - DBE's encouraged<br>- Chut Percuewon to Ble Chest wall<br>- AROM Or's to Ble User                            | mH10260                                       |
|                   |       | - Spirrometry Bos breauraged<br>Ens: 600 ce Dop: 600 ce  |   |





MH/ PRINT / 0096 / PHY

Mr.RAJASINGH P

59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

### PHYSIOTHERAPY TREATMENT CHART

| DATE     | TIME | PHYSIOTHERAPY TREATMENT   | REMARKS             |
|----------|------|---|---------------------|
| 12/1/24. | 6:00 | 8/B Ramanathan -1   |                     |
|          |      | DRE'S encouraged  - Chert percursion to the Chert wall  - AROM A's to Ble Use u  - Spirometry A's encouraged  Em: 600 a Enp: 6000 | M+10260             |
| 12/1/24  | 9:00 | - Pt Chair rosphilised  S/B AKASH  - Drew Eucouraged  - Sprometry en encouraged  This: 600 cc EXP: 600 cc                         | Git Ahad<br>MH10256 |
| 12/1/24  | 600  | - Churt percuesión to Ble Ohest Wall - AROM to Ble veter  S/B AKASIT  - Drer encouraged   | G. b. Alex          |
|          |      | - Sprometry su sucowagld  This; book trp; book  - chart percusion to Ble  Chart wall  - Prom to Blevedle  - Promobili Zed         | MM10256             |





The way to better health
PHYSIOTHERAPY TREATMENT CHART

MH/ PRINT / 0096 / PHY

## Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ



| DATE    | TIME  | PHYSIOTHERAPY TREATMENT  | REMARKS                  |
|---------|-------|--|--------------------------|
| 13/1/24 | 10:00 | -Des Chowaged  | REAL HIOZS               |
|         |       | - Spirometry Sur Emprisoned - Spirometry Sur Emprisoned Expr. 600ce  This: 600ce Expr. 600ce  - Auct porculair to Ble  - Arom to Ble UL SUL  - PT Mobeli Zed   |                          |
| 13/:124 | 4100  | - Dron energed - Sprometry encouraged - Sprometry encouraged - Sprometry encouraged - Las: Good to por Good - Chest porcussion to oh - Chest wall - Arom to Ble Ville - Arom to Ble Ville - PT stair down cheanage | G. F. Alogo<br>M t/10256 |
|         |       |  |                          |
|         |       |  |                          |





### Every heart beat counts

Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

# HUMINAMEN HOLDS

# URINE ROUTINE ANALYSIS MICROBIOLOGY SHEET

| 91124.       |                                 |                                |
|--------------|---------------------------------|--------------------------------|
| pale yellau. |                                 |                                |
|              |                                 |                                |
|              |                                 |                                |
| clear.       |                                 |                                |
|              |                                 |                                |
|              |                                 |                                |
|              |                                 |                                |
|              |                                 |                                |
|              | -                               |                                |
|              |                                 |                                |
| 2-4          |                                 |                                |
| 1-2          |                                 |                                |
| Ni           |                                 |                                |
| Nil          |                                 |                                |
| 190          |                                 |                                |
|              |                                 |                                |
|              |                                 |                                |
|              | pale yellau.  Clear.  1. 2  Nil | pale yellaw.  Clear.  1-2  Nil |

## MICROBIOLOGY-CULTURE REPORTS

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



77.3600

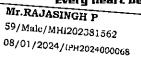


**DIABETIC CHART** 



Every heart beat counts

Dr.Anbarasu mohanraj



THE ROLL THAT AND A THE FALL THAT A THE FALL T

| ACTUAL WE  | GHT        | [[ · 3 kg   | HbA <sub>1</sub> c | <del></del>                                      |          | <b>-</b>          |
|------------|------------|-------------|--------------------|--|----------|-------------------|
| PREVIOUS I | DIABETIC I | MEDICATIONS |                    | _  |          |                   |
| DATE       | TIME       | BLOOD       | SUGAR              | DIABETIC DRUG                                    | Sign.    | ENDORSED BY       |
| 9/00/23x   | 18.00      | L31 mg      | 1dl                | _  | A = 181  | 11. M. J. 34. 117 |
| 2/1/3×     | 9.00       | [33         | mg LdL             | NPO  | S. Ojmin | · de com          |
| ` `        |            |             |                    |  |          |                   |
|            |            |             | •                  | <  |          |                   |
|            |            |             |                    |  |          |                   |
|            |            |             |                    |  |          |                   |
|            |            |             |                    |  |          |                   |
|            |            |             |                    |  |          |                   |
|            |            |             | •                  | \  |          |                   |
|            | _          |             |                    |  |          |                   |
|            |            |             |                    | 1  |          |                   |
|            | 1          |             | _                  | <del>                                     </del> | <u> </u> |                   |

# **INSTRUCTIONS FOR INSULIN INFUSIONS**

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





**DIABETIC CHART** 



# Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068



|           |          |             |                      |              | HILIHUR TURKO ROURARA |
|-----------|----------|-------------|----------------------|--------------|-----------------------|
| ACTUAL WE | EIGHT    |             | c                    |              |                       |
| PREVIOUS  | DIABETIC | MEDICATIONS |                      |              |                       |
| DATE      | TIME     | BLOOD SUGAR | DIABETIC DRUG        | Sign.        | ENDORSED BY           |
| 0[1[24    | 15:10    | now up dl   | MY. H. ACTRAPID MASS | moorg of the | P. Du Stootho.        |
|           | 19.25    | geng/de     |                      | Dir          | DR. Aseofa            |
| <b>7</b>  | 21.15    | domaldl     |                      | her          | TR. A. Teetho         |
| 11/1/29   | 6.45     | 158mg/dl    |                      | 92356        | or power              |
| 12/1/24   | 5,00     | 161 mg/dl   |                      | H            | Do- Praveer           |
|           |          | . <i>u</i>  |                      |              |                       |
|           |          |             |                      |              |                       |
|           |          |             |                      |              |                       |

## **INSTRUCTIONS FOR INSULIN INFUSIONS**

| * | Mix 40u short acting Insulin in 40 ml. of   | BLOOD SUGAR<br>mg / dl | INSULIN INFUSION   |
|---|---|------------------------|--|
| * | normal Saline (IJ - 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   | 150-200                | Adjust Infusion rate to 2u / hr.   |
|   | hourly when stable) and adjust Insulin rate according to the following Algorithm. | 201-250                | Adjust Infusion rate to 4u / hr.   |
|   |   | 251-300                | Adjust Infusion rate to 6u / hr.   |
| * | Target Blood Sugar 150-200 mgs.   | 301-350                | Adjust Infusion rate to 8u / hr.   |
| * | To monitor K+ separately.   | 351-400                | Adjust Infusion rate to 10u / hr.  |
|   | Urine Acetone   | >400                   | Adjust Infusion rate to 20u / hr.  |







## Every heart beat counts

Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ



# BLOOD GROUP

# **INVESTIGATION SHEET**

|                  | <del>,</del> |       |   | ~         | _   |   |
|------------------|--------------|-------|---|-----------|-----|---|
| Date             | 30/12/23     |       |   |           |     |   |
| HAEMATOLOGY      |              |       |   |           |     |   |
| Hb               | 4.4          |       |   | 3         |     |   |
| P.C.V            | 42.5         | _     |   |           |     |   |
| Platelets        | 298000       |       |   | ,         |     |   |
| TLC              | 6680         |       |   |           | •   |   |
| Polymorphs       | 68.0<br>23.6 |       |   | · · · · · | , - |   |
| Lymphocytes      | 28 6         |       | _ | -         | ,   |   |
| Eosinophils      | 3.6          |       |   |           |     |   |
| Mono / Basophils | 4.410.4      |       |   |           |     |   |
| E.S.R            |              |       |   |           |     |   |
| BIO-CHEMISTRY    |              |       |   |           |     |   |
| Urea             | 19           |       |   |           |     |   |
| Creatinine       | 1.10         |       |   |           |     |   |
| Sodium           | [4]          |       |   | -         |     |   |
| Potassium        | 4.67         |       |   |           |     |   |
| Bicarbonate      |              | _     |   | -         |     |   |
| Chloride         |              |       |   |           |     |   |
| Magnesium        |              |       |   | - ,       |     |   |
| Calcium          |              | -     |   |           |     |   |
| Phosphorus       |              | -     |   | -         |     |   |
| LFT              | -            |       |   |           |     |   |
| T.Bilirubin      | 0.46         |       |   | _         |     |   |
| D.Bilirubin /    | 0,21         |       |   |           |     |   |
| I.Bilirubin      | 0125         |       |   | ,         |     |   |
| S.G.O.T          | 1.8          |       |   |           |     | _ |
| S.G.P.T          | 17           |       |   | _         |     |   |
| ALP_             | 98           |       |   |           |     |   |
| GGT              | 45           |       |   |           |     | _ |
| Total Protien    | 6.8          |       |   |           |     |   |
| S.Albumin        | 4.6          |       |   |           |     |   |
| CARDIAC ENZYMES  |              | -     |   |           |     |   |
| Troponin I       |              | -<br> |   |           |     |   |
| CKNAC - CPK      |              |       |   | ·         |     |   |
| CK - M.B. MASS   |              |       |   |           |     |   |
| LDH              |              |       |   |           |     |   |
| Ntpro bnp        |              |       |   |           |     |   |

|                   | 1111      |   |         |              |          |                |
|-------------------|-----------|---|---------|--------------|----------|----------------|
| Date              | 30/12/23  |   |         |              |          |                |
| COAGULATION       |           | - |         | -            |          |                |
| PT/INR            | 12.1/1.0  |   |         |              |          | -              |
| Eibrinegen A      | 80.6      |   |         |              |          | - <del>-</del> |
| D Dimer           |           |   |         |              | -        |                |
| LIPID PROFILE     |           |   |         |              |          |                |
| Total Cholesterol |           |   |         |              | _        |                |
| Triglyceride      |           | _ |         |              |          |                |
| H.D.L             |           |   |         |              |          |                |
| L.D.L             |           |   |         |              |          | ·              |
| VLDV              | 0.11.0    |   |         |              |          |                |
| THYROID FUNCTION  | 31 112/23 |   |         |              |          |                |
| T.S.H             | 2.310     | - |         |              |          |                |
| T.3               | 125       |   |         | ٠, ،         |          |                |
| T.4" "            | 125       | • |         |              |          | Fo.            |
| SEROLORY          | 27/12/23  |   |         | Ţ <u>`</u>   |          |                |
| HIV ()            | ,         |   |         | , ,          |          | -              |
| HBsAg 4           | Negative  |   |         |              |          |                |
| V.D.R.L           | 7         |   |         |              |          |                |
| COVID 19          |           |   |         |              | -        |                |
| RT- PCR           |           |   |         |              |          |                |
| lgM .             |           | , |         |              |          |                |
| lg .              |           |   |         |              |          | ,              |
| HBA1C             |           | , |         |              | ,        | ·              |
| FBS/PPBS          |           |   |         |              |          | -              |
| RBS               |           |   |         |              |          |                |
| S.AMYLASE         | -         |   |         | ٠,           |          |                |
| S.LIPASE          |           |   |         |              |          |                |
| C.R.P             |           | - |         | -            |          |                |
| PROCALCITONIN     |           | i |         |              |          |                |
| DDIMER            |           | i |         |              |          |                |
| S.Osmolality      |           | * |         |              |          |                |
| <u>URINE</u>      |           | - |         |              |          |                |
| Osmolality        |           |   | •       |              | <u>-</u> |                |
| Spot - Na         |           | • |         |              |          |                |
|                   | à         |   |         |              |          |                |
|                   |           | , |         |              | -        |                |
|                   |           |   |         |              |          |                |
|                   |           | • |         |              |          | <del> </del>   |
|                   |           |   |         | ·            |          |                |
|                   |           |   |         | <u> </u>     |          |                |
| -                 |           |   |         | <u> </u>     | _        |                |
|                   |           |   |         |              |          |                |
|                   |           |   |         |              |          |                |
|                   |           | · |         | <u> </u>     |          |                |
| -                 |           | 1 |         | <del> </del> |          |                |
| _                 |           | ' |         | <del> </del> |          |                |
|                   |           |   | _       | <u> </u>     |          | -              |
|                   |           |   | <u></u> | <u> </u>     |          |                |
|                   |           |   |         | <b> </b>     |          |                |
| <u>.</u>          |           |   | -       | · .          |          |                |





59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

#### **BLOOD GROUP**

POSITIVE.

## **INVESTIGATION SHEET**

| Date             | 30/12/23 | Inhla-ati   | 11/1/2024                               | 12/1/24.   | 140124  |
|------------------|----------|-------------|---|------------|---------|
| HAEMATOLOGY      | 20112122 | 101112024   | 111111111111111111111111111111111111111 | Jamey.     | 1410,54 |
| Hb               | 14-4     | 13-1        | 13.8                                    | 11.0       | 11.5    |
| P.C.V            | H2.5     | 38.6        | 39.6                                    |            | 34.3    |
| Platelets        | 293000   | 323600      | 3.44.000                                |            | 386000  |
| TLC              | 6680     |             | 9050                                    |            | 9820.   |
| Polymorphs       | 68       |             | 87-7.                                   |            | 718     |
| Lymphocytes      | 23 - b   |             | 7.7                                     |            | [2]     |
| Eosinophils      | 3-6      |             | . o                                     |            | 3.1     |
| Mono / Basophils | 4.4 0-4. |             | 45/00/                                  |            | 3.8     |
| E.S.R            | , ,      |             |   |            | 1       |
| BIO-CHEMISTRY    |          |             |   | <b>6</b> ) |         |
| Urea             | 19.      |             | - 15                                    | 28.        | 24      |
| Creatinine       | IOD.     |             | 76.0                                    | 0.92       | 0.83    |
| Sodium           | 141      |             |   | 137        | 136     |
| Potassium        | 4.65     |             | ,                                       | 3.83       | 373     |
| Bicarbonate      | , .      |             |   |            |         |
| Chloride         |          |             |   |            |         |
| Magnesium        |          | a- n        | 1.9                                     |            | ъ.      |
| Calcium          |          |             |   |            |         |
| Phosphorus       |          |             |   |            |         |
| LFT              |          |             |   |            |         |
| T.Bilirubin      | 0-46     |             | 0-54                                    |            | •       |
| D,Bilirubin      | 0.21.    |             | ,                                       |            |         |
| 1.Bilirubin      | 0-25     |             |   | <u> </u>   |         |
| S.G.O.T          | 18       |             |   |            |         |
| S.G.P.T          | 17       |             |   |            |         |
| ALP              | 98       |             |   |            |         |
| GGT              | 45       |             |   |            |         |
| Total Protien    | N-8.     |             |   |            |         |
| S.Albumin        | H-6      |             | 3-8                                     |            |         |
| CARDIAC ENZYMES  |          |             |   |            |         |
| Troponin I       |          |             |   |            |         |
| CKNAC - CPK      |          |             | 284                                     |            |         |
| CK - M.B. MASS   |          |             | 14.0                                    |            |         |
| LDH              |          | <del></del> |   |            | -       |
| Ntpro bnp        |          |             |   |            |         |

| Data               | 0.01.01.00 |             |   | · · · · · · · · · · · · · · · · · · · |   | · · · · · |
|--------------------|------------|-------------|---|---------------------------------------|---|-----------|
| Date               | 30/12/23.  |             |   | ,                                     |   | ; 1 ,     |
| COAGULATION        | l          |             |   |                                       |   |           |
| PT / INR           | 13-111-0   | -           |   |                                       |   |           |
| Fibrinogen         | <u> </u>   |             | <del></del>                                     |                                       |   |           |
| D Dimer            |            | -           |   |                                       |   |           |
| LIPID PROFILE      |            | -           |   |                                       |   |           |
| Total Cholesterol  |            |             |   |                                       |   |           |
| Triglyceride H.D.L |            |             |   |                                       |   |           |
|                    |            |             |   |                                       |   |           |
| L.D.L              |            | <del></del> |   |                                       |   |           |
| V.L.D.V            | 31/12/28.  |             |   |                                       |   |           |
| THYROID FUNCTION   |            |             |   |                                       |   |           |
| T.S.H              | 2-310-     |             |   |                                       |   |           |
| T.3                | 125        |             |   |                                       |   |           |
| T.4                | 7-75       | <del></del> |   | <u>-</u>                              |   |           |
| SEROLORY 27/12/28  |            | 1           |   |                                       |   | <u> </u>  |
| HIV                | 1 -        | <del></del> | _   |                                       |   |           |
| HBSAg              | NEGATIVE   |             |   |                                       |   |           |
| V.D.R.L            |            |             |   |                                       |   |           |
| COVID 19           |            |             |   |                                       |   |           |
| RT- PCR            |            |             |   |                                       |   |           |
| IgM                |            |             |   |                                       |   |           |
| lg                 |            |             |   |                                       |   |           |
| HBA1C              |            | T .         |   |                                       |   |           |
| FBS/PPBS           |            |             | <u> </u>  |                                       | _ | _         |
| RBS                |            |             |   |                                       |   |           |
| S.AMYLASE          |            |             |   | _                                     |   |           |
| S.LIPASE           |            |             |   |                                       |   |           |
| C.R.P              |            |             |   |                                       |   |           |
| PROCALCITONIN      |            |             |   |                                       |   | -         |
| DDIMER             |            |             |   |                                       |   |           |
| S.Osmolality       |            |             |   |                                       |   |           |
| URINE              |            |             |   | -                                     |   |           |
| Osmolality         |            |             |   |                                       |   |           |
| Spot - Na          |            |             |   |                                       | _ |           |
|                    |            |             |   |                                       |   |           |
|                    |            |             |   |                                       |   |           |
|                    |            |             |   |                                       |   |           |
|                    |            |             |   |                                       |   |           |
|                    |            |             |   | - <del></del>                         |   |           |
|                    |            |             |   |                                       |   |           |
|                    |            |             |   |                                       |   |           |
|                    |            |             |   |                                       |   |           |
|                    |            |             |   |                                       |   |           |
|                    |            |             |   |                                       |   |           |
|                    |            |             |   |                                       | _ |           |
|                    |            |             |   |                                       |   |           |
|                    |            |             |   |                                       |   |           |
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(A Unit of United Alliance Healthcare Pvt Ltd)

Mr.RAJASINGH P

Pa 59/Male/MHI202381562

08/01/2024/IPH2024000068

UF Dr.Anbarasu mohanraj



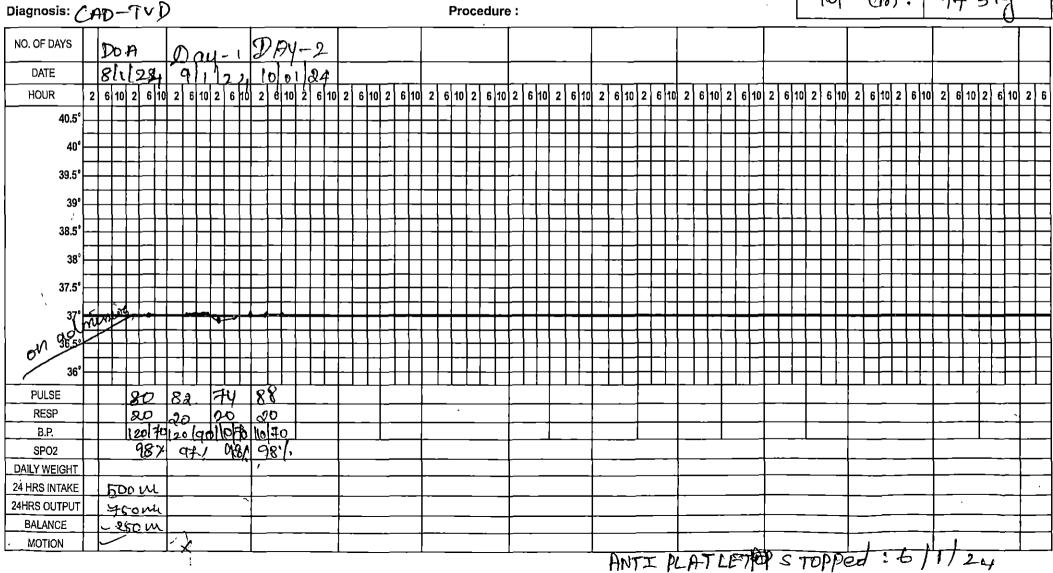
## **VITAL INFORMATION SHEET**

Procedure:



Every heart beat counts

| BLOOD GROUP  | · · · · · · · · · · · · · · · · · · · |
|--------------|---------------------------------------|
| ON ADI       | MISSION                               |
| Height in CM | Weight in Kg.                         |
| 181 Cm.      | H-5 19                                |





Medway Hospitals

The way to better bealth

Mr.RAJASINGH P

59/Male/MHI202381562

08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ







**BLOOD GROUP ON ADMISSION** Height in CM Weight in Kg. 1.86m2 161 cm

## **VITAL INFORMATION SHEET**

| Diagnosis:    | Cf           | a,                 | ٦-           | ٧          | D       | +                | Ļ        | E)       | T             | ۴      | (A)   | ΙŊ           | ,           | F<br>M   | E<br>JE  | ور<br>-  | 6.<br>6.  | ₹<br>8   | : 1<br> -           | ٧-           | `            |         | Pr       | 00           | ec           | lur      | е:      | (        | <u>of</u> | 0 | AI        | β            | Х        | 3     | બ     | RA      | F        | 19       |          |   |              |       |              |          | L        |            | 1         | 6        | ١ | <u>O</u> | W  |          |          |           | +            | ‡<br><u>=</u> | • ( | <u>5 t</u> | <u>4</u> |          | _        |
|---------------|--------------|--------------------|--------------|------------|---------|------------------|----------|----------|---------------|--------|-------|--------------|-------------|----------|----------|----------|-----------|----------|---------------------|--------------|--------------|---------|----------|--------------|--------------|----------|---------|----------|-----------|---|-----------|--------------|----------|-------|-------|---------|----------|----------|----------|---|--------------|-------|--------------|----------|----------|------------|-----------|----------|---|----------|----|----------|----------|-----------|--------------|---------------|-----|------------|----------|----------|----------|
| NO. OF DAYS   |              | 7                  | Ω <u>9</u>   |            |         | $\mathbb{Q}_{l}$ | 'n       | D        |               | -      | n     | P            | ∍1 <u>)</u> | •        | ·        | ·Ρί      | D         | )<br>    | M                   |              |              | ÞE      | )[C      | \-\<br>}-\   | ÌV           | <u> </u> |         |          |           |   |           |              |          |       |       |         |          |          |          |   |              |       |              |          |          |            |           |          |   |          |    |          |          |           |              |               |     |            | _        |          |          |
| DATE          | Τ            | 10                 |              | 2A         | T       | tt               | ١        | 2        | Α             |        | 2     | Kr           | اد          |          |          | ક        | 10        | 1        | 24                  | ).<br>       | Τ            | 14      | e        | [t]          | 9            | ŀ        |         |          |           |   |           |              |          |       |       |         |          |          |          |   |              |       | Τ            | <u>-</u> |          |            |           |          |   |          |    |          |          |           |              |               |     |            |          |          |          |
| HOUR          | 2            | 6                  | 0 2          | 6          | 10 2    | 2 E              | 10       | 2        | 6             | 10     | 2     | 6 1          | 2           | 6        | 10       | 2        | 6         | 10       | 2                   | 6 1          | 0            | 2 (     | 6 10     | 7            | 6            | 10       | 2       | 6        | 10        | 2 | 6         | 10           | 2        | 6 1   | 0 2   | 6       | 10       | 2        | 6 1      | 0 | 2            | 6 10  | 0 2          | 6        | 10       | 2          | 6         | 10       | 2 | 6        | 10 | 2        | 6 1      | 10        | 2            | 6 1           | 0 2 | 2 6        | 10       | 2        | 6        |
| 40.5          | _            | П                  | $\perp$      | _          | 1       | 1                |          | П        |               | 1      | 1     | 1            | T           | L        |          |          | $\Box$    | 7        | 1                   | 1            | ļ            | ļ       | 1        | Į.           | I            | ļ        | ļ       | L        | П         |   |           | 1            | 1        | 1     | #     | L       | Ц        | $\Box$   | 1        | 1 | 1            | 1     | 1            | ļ        |          |            |           | $\Box$   |   |          |    | 4        | 7        | 1         | 1            | 1             | 1   | 1          |          |          | П        |
| ۱ ,           | <u>.</u>  -  | H                  | +            |            | +       | +                | ╁        | Н        | $\dashv$      | +      | +     | +            | +           | ╁        | H        | $\dashv$ | $\dashv$  | +        | +                   | +            | +            | ╁       | +        | +            | ╁            | +        | +       | $\vdash$ | Н         |   | $\dashv$  | +            | +        | +     | +     | +       | Н        | ᅱ        | +        | + | +            | +     | +            | +        | ╁        | $\vdash$   |           | H        |   | $\dashv$ | H  | +        | 十        | +         | +            | ╁             | +   | +          | $\vdash$ | $\vdash$ | Н        |
| 40            | '⊏           | П                  | $\perp$      |            | 1       | I                | $\Box$   | П        |               | 1      | コ     | 1            | ļ           | L        |          | $\Box$   | $\Box$    | 1        | 1                   | 7            | T            | 1       | 1        | ļ            | 1            | 1        | L       |          | П         |   | $\Box$    | 1            | 1        | 1     | Ţ     | Į       | П        |          | $\dashv$ | 1 | 1            | I     | Ţ            | I        | Г        |            |           |          |   |          |    | 7        | <b>ヸ</b> | 7         | 7            | 1             | 1   | I          |          |          | П        |
| 39.5          | ijμ          | H                  | $\pm$        | -          | +       | +                | ╁        | Н        | $\dashv$      | +      | +     | +            | ╁           | $\vdash$ | _        | $\dashv$ | $\dashv$  | +        | +                   | +            | ╁            | +       | ╁        |              | ╁            | ╀        | ╀       | ╁        | Н         |   | $\dashv$  | +            | $\dashv$ | ╁     | +     | ╁       | Н        | $\dashv$ | $\dashv$ | + | +            | +     | +            | +        | ╀        | H          |           | H        |   |          | H  | +        | +        | +         | ╁            | ╬             | +   | +          |          |          | H        |
| 39            | , <u> </u>   | Ħ                  | Ħ            |            | #       | ļ                |          | П        |               | #      | 1     | $\downarrow$ | ‡           |          |          |          | 7         | #        | #                   | $\downarrow$ | ‡            | 1       | ļ        | ‡            | ‡            | ‡        | ŧ       | ļ        | Ħ         |   |           | #            | #        | ‡     | ‡     | ļ       | H        |          | 1        | ‡ | ‡            | ‡     | ‡            | ļ        | F        |            |           |          |   |          | Ħ  | 7        | ‡        | +         | #            | ‡             | #   | ļ          |          |          |          |
| 38.5          | <u>.</u> ا   | 丗                  |              |            | $\pm$   | İ                | 上        |          |               | $\pm$  | $\pm$ | $\pm$        | t           | L        |          |          | _         | $\pm$    |                     | $\pm$        | $\pm$        | $\pm$   | t        | $^{\dagger}$ | 1            | $\pm$    | t       | 上        | Н         |   | $\exists$ | $\pm$        | $\pm$    | $\pm$ | $\pm$ | $\perp$ | Ц        |          | 1        | 1 | $\pm$        | $\pm$ | 士            | 士        | 上        |            |           |          | _ |          | Ц  | ╛        | $\pm$    | 1         | _            | 士             | 1   |            | L        |          |          |
|               | $\vdash$     | ${oldsymbol{ert}}$ | +            |            | +       | +                | $\vdash$ | Н        | Н             | $\bot$ | 4     | +            | +           | $\vdash$ |          | $\dashv$ | _         | 4        | +                   | 4            | +            | +       | -        | +            | $\downarrow$ | $\perp$  | ┼-      | ╀        | Н         |   | $\dashv$  | 4            | +        | +     | +     | $\perp$ | $\sqcup$ |          | $\dashv$ | 4 | +            | +     | +            | +        | $\vdash$ |            | $\square$ | Н        |   |          | Н  | $\dashv$ | $\dashv$ | +         | +            | 4             | +   | +          | $\vdash$ |          |          |
| 38            | ³├─          | ††                 | +            | $\dashv$   | +       | $^{+}$           | ╁        | Н        | H             | +      | +     | +            | +           | ╁        |          | $\vdash$ | $\dashv$  | +        | +                   | +            | +            | +       | +        | +            | $\dagger$    | ╁        | +       | ╁        | H         |   | H         | +            | +        | +     | +     | ╁       | Н        | -        | +        | + | $\dagger$    | ╁     | +            | +        |          |            |           | H        |   |          | Н  | +        | +        | +         | +            | +             | +   | $^{+}$     |          |          | $\vdash$ |
| 37.5          | ;• =         | H                  | $\bot$       |            | 1       | -                | -        | H        | $\exists$     | 7      | 1     | +            | Ŧ           | H        |          | 4        | 4         | 1        | 1                   | +            | ╀            | +       | ļ        | 1            | Ŧ            | Ŧ        | F       | F        | $\prod$   |   | $\dashv$  | 1            | 7        | 7     | 1     | F       | H        | _        | 4        | 7 | 1            | 1     | Ŧ            | 1        | H        |            |           | H        |   |          | П  | 4        | 7        | 7         | 1            | 1             | Ŧ   |            |          |          | П        |
| 37            | ,,,          | Ц                  | #            |            | 1       | ļ                |          |          |               | Į      | ⇉     | #            | Ţ           |          | 11       |          |           | ⇉        |                     | ļ            | ‡            | <b></b> | 1        | ļ            | ļ            | ļ        | 1       | 匚        |           |   | _         | 1            | 1        | 1     | #     | 丰       |          |          | ⇉        | 1 | 1            | 1     | 1            | 丰        |          |            |           | ⇉        |   |          |    | #        | #        | 1         | $\downarrow$ | #             |     |            |          |          |          |
|               | $\vdash$     | ₩                  | +-           |            | +       | +                | 1        | Н        | Н             | +      | ╍┼    | ╺┼╴          | 4           | ╁        | $\vdash$ | $\dashv$ | 4         | ଐ        | *                   | 4            | -}-          | +       | ╁        | ╀            | ╁            | ╀        | ╀       | ╀        | Н         |   | $\dashv$  | +            | +        | ╬     | +     | ╀       | Н        | $\dashv$ | +        | + | +            | +     | ╀            | ╁        | ├-       | $\vdash$   |           | Н        | _ | _        | Н  | $\dashv$ | +        | +         | +            | +             | +   | +          | H        | $\vdash$ | $\vdash$ |
| 36,5          | ,<br>        |                    | $\perp$      |            | $\perp$ | 扌                |          |          |               | 士      | #     |              |             |          |          |          | $\exists$ | ⇉        | 1                   | 1            | 1            | 1       | 1        |              | İ            | İ        |         |          | П         |   |           |              | 1        | İ     | İ     | 上       | Ц        |          |          | 1 | 1            | İ     | 1            | 上        |          |            |           |          |   |          |    | コ        | 士        | 1         | 士            | 1             | #   | t          |          |          |          |
| 36            | ;• -         | ╀                  | +            | 4          | 4       | +                | ╀        | $\vdash$ | $\dashv$      | +      | 4     | 4            | ╄           | ╀        |          | $\dashv$ | 4         | 4        | 4                   | 4            | +            | +       | -        |              | ╀            | ╀        | ╀       | ╀        | Н         |   | $\dashv$  | 4            | 4        | +     | ╀     | +       | Н        |          | +        | ╬ | $\downarrow$ | +     | +            | ╀        | ╀        | lacksquare |           | H        |   |          | Н  | $\dashv$ | $\dashv$ | 4         | +            | +             | +   | +          |          |          | $\sqcup$ |
| PULSE         | $^{\dagger}$ |                    | X.           | 1.1        | Çq      | 1                | 7        | 60       | ,,,,,         | ;†     | 87    | 1            | 1,          | 28       | L_       | 8        | 8         | 1        | 37                  | <u>.,,</u>   | 15           | 34      | -        |              |              |          | t       |          | Ή         |   |           | 1            |          |       | †     | 1       | ٦        |          |          | Ť |              |       | $\dagger$    |          | _        |            |           | ┪        |   |          |    |          |          | T         |              |               | +   |            |          | Г        | Ч        |
| RESP          | $\not$       | 1                  |              |            | 7\2     |                  |          |          |               |        |       |              | 16          | _        |          | 182      |           | Ţ        | <del>کا</del><br>م2 | <u>ы.</u>    | Ì            | Ž (     | <u> </u> |              |              |          | t       | _        | ╛         |   |           | ┪            |          |       | ✝     |         |          |          |          | 1 |              |       | $\dagger$    | _        |          | ┢          |           | $\dashv$ |   |          |    |          |          | $\dagger$ | _            |               | T   |            |          |          | $\dashv$ |
| B.P.          |              |                    |              | Alb        |         | 5/6              | 0        | 111      | 43            | 91     | n)    | 12.          | ĬĬ.         | oli      | }v       | lle      | 18        | o        | 130                 | ħ            | oli          | 30      | 9        | 0            |              |          | T       |          | ╛         |   |           | 1            |          |       | T     |         |          |          |          | 1 |              |       | T            |          | _        |            |           | 1        |   |          |    |          |          | I         |              |               | T   | _          | _        | Г        | _        |
| SPO2          |              |                    |              | 6)         |         | 17.              | <u>۰</u> |          | Ti            | ग      | ٥     | ' Q<br>147   | ,           | ရပ်      | 5        | ا ا      | 5         | <u>L</u> | ρy                  | Οį           | C            | 12      |          |              |              |          |         |          |           |   |           |              |          |       |       |         |          |          |          |   |              |       |              |          |          |            |           |          |   |          |    |          |          |           |              |               |     |            |          |          |          |
| DAILY WEIGHT  |              | 43                 |              |            |         | ßee              | Ly       | es       | $\mathcal{X}$ | I      |       |              | معا         |          |          | _        |           |          |                     |              | I            |         | 1_       |              |              |          | $\perp$ |          | _         |   |           |              |          |       |       |         |          |          |          |   |              |       | $\perp$      |          |          |            |           |          |   |          |    |          |          | 1         |              |               |     | _          |          |          |          |
| 24 HRS INTAKE | _            | 25                 | <u> </u> 5-9 | <i>()</i>  |         |                  | 36       |          | ا~ر           |        |       |              | <u> ხ</u>   |          |          | 1        |           |          |                     |              | $\perp$      |         | _        |              |              |          | Ļ       |          |           |   |           | $\downarrow$ |          |       | _     |         | ļ        |          |          |   |              |       | $\downarrow$ |          |          |            |           | _        |   |          | _  |          |          | 1         |              |               | _   |            | _        | Ļ        |          |
| 24HRS OUTPU   | <u> </u>     |                    | 681          |            |         |                  | 27       |          |               |        |       |              |             |          |          | 2_       |           |          |                     |              | $\downarrow$ |         |          |              |              | _        | L       |          |           |   |           | 1            |          |       |       |         | _        |          |          |   |              | _     | 1            |          |          |            |           | _[       |   | _        |    |          |          | 4         |              |               |     |            |          |          |          |
| BALANCE       | +            | 116                | 8.           | <u>5 c</u> | 4       |                  | -8       | Ĺ        |               | 4      | -     | 9            | 10          | m        | 2        |          |           | 0        |                     |              | $\downarrow$ |         |          | _            | _            |          | ↓-      |          |           |   |           | 4            |          |       |       |         | _        |          |          |   |              | _     | ╀            |          |          |            | _         | 4        | _ | _        |    |          | —        | 4         |              |               |     |            | _        | _        | _        |
| MOTION        |              | L_                 |              | Х          | يل      | <u>×_</u>        | -        |          |               |        | X     |              |             | سوا      |          | X        | •         | _        | v                   | ^            |              | Х.      |          |              |              |          | L       |          |           |   |           |              |          |       |       |         |          |          |          |   |              |       |              |          |          |            |           | $\perp$  |   | _        |    |          | _        | $\perp$   |              |               |     |            |          |          |          |



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

#### Mr.RAJASINGH P

59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





Every heart beat counts

## **EARLY WARNING SCORE MONITORING CHART**

| NEWS key   | DATE                    | 8/1/2/1                | 941 91             | Age                 | 1.00  | Maine  | Mal.     | 1001   | DATE                 |
|--|-------------------------|------------------------|--------------------|---------------------|-------|--|----------|--|----------------------|
| 1 2 3  |                         | W. Pare                | 0-00A-0            | 9111                | O I H | 00 0000  | 20.00    | 6.00   |                      |
|  | TIME >25                | 16. 20                 | 0-44-6             | 6-00                | 10,00 | 18.  | Daire    | Cicc   | TIME >25             |
| espirations  | 21-24                   |                        |                    |                     | 2     |  |          | Name and Post of the Owner, where  | 21-24                |
| eath/ min  | 18-20                   | -                      | -                  | 1 2                 | 1     |  |          |  | 18-20                |
|  | 15-17                   |                        |                    |                     |       | -  |          |  | 15-17                |
|  | 12-14                   |                        |                    |                     |       |  |          |  | 12-14                |
|  | 9-11                    |                        |                    |                     | 1     |  |          |  | 9-11                 |
|  | <8                      | The real Property lies | THE REAL PROPERTY. |                     | 3.0   |  | -        | The second secon | <8<br>>96            |
| +B<br>Po2 Scale 1  | >96<br>94-95            | -                      |                    | -                   | 1     | -  |          |  | 94-95                |
| xygen Saturation (%)   | 92-93                   |                        |                    |                     | 2     |  | 10000000 |  | 92-93                |
|  | <91                     |                        | S SECTION SECTION  |                     | 3     | 200  |          | NAME OF TAXABLE PARTY.   | <91                  |
| po2 scale 2 oxygen<br>aturation ( %) use scale 2<br>f target range is 88-92 %<br>g: in hypercapnic | >96 on oxygen           |                        |                    |                     | 3     |  |          |  | >96 on oxygen        |
| espiratory failure only<br>se scale 2 under the  | 95-96 on o2             |                        |                    |                     | 2     |  |          |  | 95-96 on o2          |
| on of qualified  | 93-94 on O2             |                        |                    |                     | 1     |  |          |  | 93-94 on O2          |
| an   | >93 on air              |                        | -                  | 9                   | 0     | *  | 7)       | -g   | >93 on air           |
|  | 88-92                   |                        |                    |                     |       |  |          |  | 88-92<br>86-87       |
|  | 86-87                   |                        |                    |                     | 2     |  |          |  | 86-87                |
|  | <83%                    | ESPHERICAL PROPERTY.   | 10000              | C SCHOOL            | 3     | 100  |          | THE RESERVE OF THE PERSON NAMED IN   | <83%                 |
|  |                         |                        |                    |                     |       |  |          |  |                      |
| ir or Oxygen ?   | A= Air                  | 40                     | -                  | 57                  | 10    | , ,  | -        | -  | A= Air               |
|  | O2litre/ min Device     |                        |                    |                     | 2     |  |          |  | O2litre/ min Device  |
| lood Pressure  | >220                    |                        |                    |                     | 3     |  |          |  | >220                 |
|  | 201-219                 |                        |                    |                     |       |  |          |  | 201-219              |
|  | 181-200                 |                        |                    |                     | 2     |  |          |  | 181-200              |
|  | 161-180                 |                        |                    |                     |       |  |          |  | 161-180              |
|  | 141-160                 | -                      | -                  |                     |       |  |          |  | 141-160              |
|  | 121-140                 | 0                      | 1                  | 20                  | _     |  |          |  | 121-140<br>111-120   |
|  | 91-100                  |                        |                    |                     | 1     | -  |          |  | 91-100               |
|  | 81-90                   |                        |                    |                     | 2     |  |          |  | 81-90                |
|  | 71-80                   |                        | 0.000              |                     | 3     | No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, | 100000   |  | 71-80                |
|  | 61-70                   |                        |                    |                     | 3     |  |          |  | 61-70                |
|  | 51-60                   |                        |                    |                     | 3     |  |          |  | 51-60                |
|  | <50                     |                        |                    |                     | 3     |  |          |  | <50                  |
| astolic BP   | mmHg                    | 80 80                  | 78 10              | 8 48                | 7 -   | 274  | 78       | 80   | mmHg                 |
|  | >131                    |                        | A SECURIOR STATE   |                     | 3     | SECRETARIA DE  |          |  | >131                 |
| s/min  | 111-120                 |                        |                    |                     | 2     |  |          |  | 111-120              |
|  | 101-110                 |                        |                    |                     | 1     |  |          |  | 101-110              |
|  | 91-100                  |                        |                    |                     | 1     |  |          |  | 91-100               |
|  | 81-90                   |                        |                    |                     | 4     |  |          |  | 81-90                |
|  | 71-80                   | -                      | -                  | . 0                 |       | 9  | -        | -  | 71-80                |
|  | 61-70                   |                        |                    |                     |       |  |          |  | 61-70                |
|  | 51-60                   |                        |                    |                     |       |  |          |  | 51-60                |
|  | 41-50<br>31-40          | Section 1              |                    | Name and Address of | 1     | THE REAL PROPERTY.   |          |  | 41-50<br>31-40       |
|  | <30                     |                        |                    |                     | 3     |  |          |  | <30                  |
|  | Alert                   | 1-2                    |                    | -                   |       | -0-  | -        |  | Alert                |
| onsciousness   | Confusion               | STATE OF THE PARTY.    | 1 10000            |                     | 3     | 32 S. S.   |          | REAL PROPERTY.   | Confusion            |
| ore for New onset of   | V                       |                        |                    |                     | 3     |  |          |  | V                    |
| nfusion  | Р                       | 10000                  |                    |                     | 3     |  |          |  | P                    |
| no score if chronic )  | U                       |                        | 4                  |                     | 3     | DE LEGIS   |          |  | U 201 decree Soleius |
|  | >39.1 degree<br>Celsius |                        | 1000               |                     | 2     |  |          |  | >39.1 degree Celsius |
| emperature   | 38.1-39.0               |                        |                    |                     | 1     |  |          |  | 38.1-39.0            |
| egree Celsius  | 37.1-38.0               |                        |                    |                     | -     |  |          |  | 37.1-38.0            |
|  | 36.1-37.0               | 0 0                    | -                  | 4                   | 1     |  | 0        | 2  | 36.1-37.0            |
|  | 35.1-36.0               |                        |                    |                     | 1     |  |          |  | 35.1-36.0            |
|  | < 35.0                  | Manual Transi          |                    |                     | 3     |  |          | SCHOOL SCHOOL SE   | < 35.0               |
| EWS Total  |                         | 0,0                    |                    | 6                   | 0 0   | 0,   | 0        | 0  |                      |
| fonitoring Frequency   |                         | 470 4                  | 7 24 1             | a con               | ALL T | m ut   |          | 470  |                      |
| scalation of Care Y/N<br>littals by RN   |                         | None 1                 | 31 4               | 2                   | 1010  | 30   | 20       | NO.  |                      |
| itials by Sr. RN   |                         | TITO                   | (1)                | A                   | 100   | 000  | 000      | (00)   |                      |

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





59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ



MHI/IP/2022/103 Medway

...art beat counts

**EARLY WARNING SCORE MONITORING CHART** 

| Name:  | 23071               |          |         |                | _,           | Age                                     | /Sex;  | 24      | \.   |              | Patient Id No  |                          | _                    |
|--|---------------------|----------|---------|----------------|--------------|---|--|---------|--|--------------|--|--------------------------|----------------------|
| NEWS key<br>1 2 3  | DATE                | 12/1     | 1211    | 1या            | 12/01        | 13/01                                   | 1311   | Shi     | 13.00  | 1301         | 10 11  |                          | DATE                 |
|  | TIME                | 11.001   | 5.00    | 101-0          | 200          | 600                                     | 100  | Ma      | 13.0   | 22:00        | 6,00   |                          | TIME                 |
| #B   | >25                 |          |         |                |              |   | 1  | 3       |  |              |  | MARKET STREET            | >25                  |
| espirations  | 21-24               | -        |         | -              |              |   |  | 2       |  |              |  |                          | 21-24                |
| reath/ min   | 18-20               |          | -0      | -0             | •            | -                                       | -  | 7       | 7  | -            | -  | -                        | 18-20                |
|  | 15-17               |          |         | -              |              |   |  |         |  |              |  |                          | 15-17                |
|  | 9-11                |          |         |                |              |   |  | 1       |  |              |  |                          | 9-11                 |
|  | <8                  | -        | -       | -              | -            | -                                       | -  | 1       | Name and Address of the Owner, where the Owner, which is the Own |              | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, | CONTRACTOR OF STREET     | <8                   |
| 1+B  | >96                 |          | ~       |                | 1            | 15                                      | -  |         |  | -            |  | A COMPANIES OF STREET    | >96                  |
| Po2 Scale 1  | 94-95               |          |         |                |              |   |  | 1       |  | -            |  |                          | 94-95                |
| exygen Saturation (%)  | 92-93               |          |         |                |              |   | 1000000  | 2       |  |              |  |                          | 92-93                |
| ,0   | <91                 |          | 20000   | 10000          | 1000000      | RESIDENCE.                              | ESCHOOL SECTION  | 3       | <b>PERSON</b>  | Designation. | NAME OF TAXABLE PARTY.   | CONTRACTOR OF THE PERSON | <91                  |
| po2 scale 2 oxygen<br>aturation (%) use scale 2  | >96 on oxygen       |          |         |                |              |   |  | 3       |  |              |  |                          | >96 on oxygen        |
| f target range is 88-92 %<br>g: in hypercapnic<br>piratory failure only  |                     |          |         |                |              |   |  |         |  |              |  |                          |                      |
| e scale 2 under the  | 95-96 on o2         |          |         |                |              |   |  | 2       |  |              | HANNE ZELL   |                          | 95-96 on o2          |
| ection of qualified  | 93-94 on O2         |          |         |                |              |   |  | 1       |  |              |  |                          | 93-94 on O2          |
| clan   | >93 on air          |          |         |                |              |   |  |         |  |              |  |                          | >93 on air           |
|  | 88-92               |          |         |                |              |   |  |         |  |              |  |                          | 88-92                |
|  | 86-87               |          |         |                |              |   |  | 1       |  |              |  |                          | 86-87                |
|  | 84-85               |          |         |                |              |   |  | 2       |  |              |  | THE REAL PROPERTY.       | 84-85                |
|  | <83%                |          |         |                |              |   |  | 3       |  |              |  |                          | <83%                 |
|  |                     |          |         |                |              |   |  |         |  |              |  |                          |                      |
| ir or Oxygen ?   | A= Air              | -        | -       | -0             | ,            | *                                       | -  | _       |  | -            | -  |                          | A= Air               |
|  | O2litre/ min Device |          |         |                |              |   |  | 2       |  |              |  |                          | O2litre/ min Device  |
|  | >220                |          |         |                |              |   | 70.075   | 3       | Sec. VI  |              |  |                          | >220                 |
| lood Pressure  |                     |          |         |                |              |   |  |         |  |              |  |                          |                      |
|  | 201-219             |          |         |                |              |   |  |         |  |              |  |                          | 201-219              |
|  | 181-200             |          |         |                |              |   |  | 2       |  |              |  |                          | 181-200              |
|  | 161-180             |          |         |                |              |   |  |         |  |              | -  |                          | 161-180              |
|  | 141-160             |          |         |                |              |   |  |         |  |              |  |                          | 141-160              |
|  | 121-140             |          | -       | 00             |              |   | _  | -       | -  |              |  |                          | 121-140              |
|  | 111-120             |          |         |                | 4            | *                                       |  |         |  | 1            | 7  |                          | 111-120              |
|  | 91-100              |          |         |                |              |   |  | 1       |  |              |  |                          | 91-100               |
|  | 81-90               |          |         |                |              |   |  | 2       |  |              |  |                          | 81-90                |
|  | 71-80               | 1 100000 |         |                |              |   |  | 3       |  |              |  |                          | 71-80                |
|  | 61-70               |          |         |                |              |   |  | 3       |  |              |  |                          | 61-70                |
|  | 51-60               |          |         |                |              |   |  | 3       |  |              |  |                          | 51-60                |
|  | <50                 |          | 0       | 21             | 00           |   | -  | 3       |  |              | PARTY PROPERTY.  |                          | <50                  |
| iastolic BP  | mmHg                | 30       | 80      | SA             | 88           | 86                                      | 81   | 84      | 80   | 28           | 80   |                          | mmHg                 |
|  | >131                | 200      |         | 1000           | 200          |   |  | 3       |  |              | DESCRIPTION OF THE PERSON OF T |                          | >131                 |
| 2  | 121-130             |          |         |                |              |   |  | 2       |  |              |  |                          | 121-130              |
| s/min  | 111-120             |          |         |                |              |   |  | 2       |  |              |  |                          | 111-120              |
|  | 101-110             |          |         |                |              |   |  | 1       |  |              |  |                          | 101-110              |
|  | 91-100              |          |         |                |              |   |  | 1       |  |              |  |                          | 91-100               |
|  | 81-90               | -        |         |                |              |   |  |         |  | -            | 4  |                          | 81-90                |
|  | 71-80               | 1        |         | T              |              | -                                       | -  | ~_      | _  |              |  |                          | 71-80                |
|  | 61-70               |          | -       |                |              |   |  |         |  |              |  | -                        | 61-70                |
|  | 51-60               |          |         |                |              |   |  |         |  |              |  |                          | 51-60                |
|  | 41-50               |          |         |                |              |   |  | 1       |  |              |  |                          | 41-50                |
|  | 31-40               |          |         |                |              |   |  | 3       |  |              |  |                          | 31-40                |
|  | <30                 |          | ~       | -              | ALC: UNKNOWN | PER PER PER PER PER PER PER PER PER PER |  | 3       | -  |              |  |                          | <30                  |
| anciouenoce  | Alert               | ~        | -       |                |              | -                                       |  | -       |  | 0            |  |                          | Alert                |
| onsciousness<br>core for New onset of<br>onfusion  | Confusion<br>V<br>P |          |         |                |              |   |  | 3 3     |  |              |  |                          | Confusion<br>V<br>P  |
| no score if chronic )  | U                   |          |         |                |              |   |  | 3       |  |              |  |                          | U                    |
| and the same of th | >39.1 degree        |          |         |                |              |   |  | 2       |  |              |  |                          | >39.1 degree Celsius |
| amparatura   | Celsius             |          |         |                |              |   |  | 1       |  |              |  |                          | 20 1 20 0            |
| emperature   | 38.1-39.0           |          |         | _              |              |   |  | 1       |  |              |  |                          | 38.1-39.0            |
| legree Celsius   | 37.1-38.0           | -        |         | -              | -            | 2                                       | -  |         | _  |              |  | -                        | 37.1-38.0            |
|  | 36.1-37.0           |          |         |                |              |   |  |         |  |              |  |                          | 36.1-37.0            |
|  | 35.1-36.0           |          |         |                |              |   |  | 1       |  |              |  |                          | 35.1-36.0            |
| FINE Tabel   | < 35.0              |          | 1000000 | A. Contraction |              | -                                       | DESCRIPTION OF THE PERSON OF T | 0       | 0  |              | -  |                          | < 35.0               |
| EWS Total  |                     | Poli     | 0       | 0              | 140          | 0                                       | 0  | 0       | 0  | 0            | 0  |                          |                      |
| Ionitoring Frequency   |                     | with     | 40      | 1              | ATT          | 40                                      | 7  | Left    | JES  | MA           | 470  |                          |                      |
| calation of Care Y/N   |                     | N        | 1       | 10             | NO           | No                                      |  | NO      | 190  | NV           | No   |                          |                      |
| itials by RN   |                     | 0        | -0      | -0             | Noos         | 11                                      | 1  | 8       | 0  | PC           | 1110   |                          |                      |
| itials by Sr. RN   | Note: Nurse         | 109      | , kac   | I. Y.          | 13000        | 1000                                    | IND  | 11/11/1 | DVOL   | Durch        | Não  | 1                        |                      |

Score and monitoring

frequency

4

3

2

**Every Hourly** 

Every 2<sup>nd</sup> Hourly

Every 4th Hourly



59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ







To: 911/24 Date From: Bed No: **INTAKE & OUTPUT** Ended Time: そもの 24 Hrs: Started Time: / 共上のの · CHART NPO Started at: NPO Over at: **SHIFT** Morning Afternoon Night Restricted Fluid (RF) INTAKE 500 M **OUTPUT** 750 M Difference: Foom **Total Output:** 750 M **Total Intake:** - 250 mu OUTPUT (ml) INTAKE (ml) Intravenous Infusion Tube N/G Drain **Endorsed** Time | Oral fforal. **Urine** Vomitus **Others** R/N Sign Time Feeding Tube Aspirate Type of Fluid **Additions** bv Amount 20.00 100W 100 M 22.00 250M Smu A 200ML 3-30 300 w 15 50en 0 00 150 W DOK 3.30 100 cm 750W 350m 6.30 200m 6-15 15au FOOM PATTAKE TOTAL TOOM! TOTAL DUTPUT From



Mr.RAJASING 59/Malc/MH120 08/01/2024/IPH2024000068 Dr.ANBARASU MOHANRAJ 

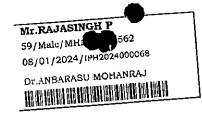




| MHI/IP/2022/066        |
|------------------------|
| Medway                 |
| Heart                  |
| Institute              |
| From boart boat counts |

| Date     | Fro     | om: 🏈 🗘         | 1 122 T               | <u>'o: (o ['i ]</u> | າງ Be      | ed No:   |          |               |          |                       |               | INITA  | /E 0         | OUT         | DUT            |          |
|----------|---------|-----------------|-----------------------|---------------------|------------|----------|----------|---------------|----------|-----------------------|---------------|--------|--------------|-------------|----------------|----------|
| 24 Hr    | rs : St | arted Time      | : Y-00                |                     | Ended T    | ime : Ÿ  | -00      |               |          |                       |               | INTAI  |              |             | PUI            | -        |
|          |         | ed at :         |                       |                     |            | O Over a |          | <del>-</del>  |          |                       |               |        | CHA          | (K)         |                |          |
| SHIF     | Ţ       | <u> </u>        | Morning               |                     | Afterr     | ioon     |          |               | Nigh     | t                     |               | Rest   | ricted F     | luid (R     | F)             |          |
| INTA     |         |                 | boom                  | A                   | pomi       | <u></u>  |          | 90            | o mf     |                       |               |        |              |             |                |          |
| OUT      |         |                 | LADOM                 | <u> </u>            | son        |          |          | <u>  60</u>   | omb.     |                       |               |        |              |             |                |          |
| Total    | Intake  | : 1900m         | <u> </u>              |                     | otal Outpu | it: \$5  | 50m      | <u> </u>      | <u>.</u> | Differen              |               |        |              |             |                | ļ        |
|          | ſ       |                 | INTAKE                |                     |            |          |          |               |          | ַ סטי                 | PUT           | (ml)   |              | <del></del> |                | 1        |
| Time     | Oral    | Tube<br>Feeding | Intrave Type of Fluid | Additions           |            | ැල්ඩ     | Time     | Urine         | Vomitus  | N/G<br>Aspirate       | Drain<br>Tube | Others | Total        | R/N Sign    | Endorsed<br>by |          |
| 7:30     | 100     |                 |                       |                     |            | 100      | శ్రీతర   | 200           |          |                       | _             |        | 2000         |             |                |          |
| 7.30     | 200     | 0               |                       |                     |            | 300      | to ou    | ೨೮೦           | _        |                       | _             |        | 400          |             | _              |          |
| 10 vos   | 200     | 2               |                       | <u> </u>            |            | 500      | Mico     | <u> ታ</u> ርለን |          |                       |               |        | 600          |             |                |          |
| 1200     | 100     |                 |                       |                     |            | ර්ත      | 1600     | 150           |          |                       |               |        | 750          |             |                |          |
|          | f to (  |                 |                       |                     |            | 700      | 19-00    | 200           |          |                       | _             |        | 950          |             |                |          |
| 15.00    | JEC.    | )               |                       | <u> </u>            |            | 850      | 21.00    | 200           |          |                       |               |        | 1150         |             |                |          |
| 800      | 5-0     | )               |                       |                     |            | 200      | 2.00     | 200           |          | <u> </u>              |               |        | 1850         |             |                |          |
| 18 00    | 101     | ),              |                       |                     |            | 1000     | 6.00     | 200           |          |                       |               |        | 1550         |             |                |          |
| <u> </u> | 200     |                 |                       |                     |            | 1200     |          |               |          |                       |               |        |              |             |                |          |
| 22,00    | 300     | ·               |                       |                     |            | 1500     |          |               |          |                       |               |        |              |             |                |          |
| 2.00     | 200     |                 |                       |                     |            | 1700     |          |               |          |                       |               |        |              |             |                |          |
| -30      | 200     |                 |                       |                     |            | 1900     | <u> </u> |               |          | TOTAL<br>TOTAL<br>BA. | 211           | DKE -  | 1900         | W 2         | (100           |          |
|          |         |                 |                       |                     |            |          |          |               |          | TOTAL                 | 001           | DUT-   | 1550         | moy!        |                | <b> </b> |
|          |         |                 |                       |                     |            |          |          |               |          | BA.                   | LANC          | E - 3  | <u>850 m</u> |             |                |          |











| Date         | Fre      | om:   2        | <br>ջպ To     | 0: 13/1/24   | , Be       | ed No:   | ، اعلّٰه   |       |         |           |          | INITAI | /F 0          | OUT      | DUT      |
|--------------|----------|----------------|---------------|--------------|------------|----------|------------|-------|---------|-----------|----------|--------|---------------|----------|----------|
|              |          | tarted Time    |               | ט            | Ended T    | ime :    | 1.00       |       |         |           |          | INTA   |               |          | PUI      |
| NPO          | Start    | ed at :        |               | -            | NP         | O Over   | at :       |       |         |           |          |        | CHA           | ART      |          |
| SHIF         | T        | N              | lorning       |              | Afterr     |          |            |       | Nigh    | t         |          |        | icted F       |          | F)       |
| INTA         | KE       |                | deom          |              | 650 m      | <u> </u> |            | 5     | 30 ml   |           |          | _d).   | y dit         | day      |          |
| OUTI         |          |                | lopen,        | <u>L</u>     | 1150m      | p        |            | 14    | ooml    |           |          |        | ,             | , .      |          |
| Total        | Intake   | : 1440r        | np            |              | otal Outpu | 1t: 26t  | <u>iom</u> |       |         | Differen  |          |        | _             | _        |          |
|              | -        |                | INTAKE        | <u> </u>     | _          |          |            |       |         | OU        | PUT      | (ml)   | <del></del> _ |          |          |
| Time         | Oral     | Tube           |               | nous Infusio |            | Total    | Time       | Urine | Vomitus | N/G       | Drain    | Others | Total         | R/N Sian | Endorsed |
| 1116         |          | reeding        | Type of Fluid | Additions    | Amount     |          | 716-       |       | Tomicae | Aspirate  | Tube     | Others | IKOKEII .     | '        | by       |
| 11150        | 2bc      | <u> </u>       |               |              |            | дь o     | 11:30      | 00    |         |           |          |        | 100           | Div      |          |
| 3/10         | 250      | )              |               |              |            | 510      | 14.45      | 550   |         |           |          |        | 650           |          |          |
| 4,00         | 1        |                |               |              |            | 760      | 17,25      | 600   |         |           |          |        | 1250          | <br> -   |          |
| 18-15        | 150      |                |               |              |            | 910      | 20,30      | 300   |         |           |          |        | 1550          |          |          |
| 20-45        |          |                |               |              |            | (090     | 1.00       | 300   |         |           |          |        | 1850          |          |          |
| 12.00        |          |                |               |              |            | 1190     | 2.30       | 300   |         |           |          |        | 2150          |          |          |
| 1230         |          |                |               |              |            | 1240     |            | .500  |         |           |          |        | \$650         | _        |          |
| <u>2</u> -30 |          |                |               |              |            | 1340     | , ,        | 0     |         |           |          |        | 4020          | -        |          |
| 6-30         |          |                |               |              |            | 1440     |            |       |         |           |          |        |               |          |          |
| <u> </u>     | <u> </u> | 1              |               |              | -          | 110      |            |       | -       |           | · ·      |        |               |          |          |
|              |          | <del> </del> - |               |              | _          |          |            | _     |         |           |          |        |               |          | 20       |
|              |          |                |               |              |            |          |            |       | LATOR   | INTA      | /F -     | 1440n  | 0             | 9        | Wart     |
|              |          | <del> </del>   |               |              |            |          |            |       |         | _         |          |        |               | 2500     |          |
|              |          | <del> </del>   |               | <del> </del> |            |          |            |       | TOTAL   | OUT       | PUT_     | 2650   | pmy           | 7 PC     |          |
|              |          |                |               |              | •          |          |            |       | l 6     | יין אם גם | <u> </u> | - 12/  | bml 1         | ०%भ      |          |



Mr.RAJASM 59/Male/MHizuLes1562 D8/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





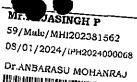


| Title<br>(A Uni | way to b    | etter health<br>on Healthcare Pvt Ltd) |               | 11 <u>111 016 1481 1011 101</u> 10318 | B 14U 100 111 | State Land   |       | A B H       |                |                 |               |          | Eve      | ,        | beat counts    |
|-----------------|-------------|--|---------------|---------------------------------------|---------------|--------------|-------|-------------|----------------|-----------------|---------------|----------|----------|----------|----------------|
| Date            | Fro         | m: 13/1/2                              | y I           | o: 14 .( . 2                          | .ય Be         | d No: 2      | -0    |             |                |                 |               | INITAI   | VE 0     |          | DUT            |
| 24 Hr           | s : Sta     | arted Time                             | : I.          |                                       | Ended T       | ime : ਤ੍ਰੀ   | .00   |             |                |                 |               | INTA     |          |          | PUI            |
| NPO             | Starte      | d at:                                  |               |                                       | NP            | O Over       | at:   |             |                |                 |               |          | CHA      |          |                |
| SHIF            | <del></del> |  | lorning       |                                       | Afterr        |              |       |             | Nigh           | t               |               |          | ricted F | luid (R  | F)             |
| INTA            | <del></del> |  | OWR           |                                       |               | كرو          |       | _           | <u> 100 ml</u> |                 |               | <u> </u> | liter ,  | Loy      | <u> </u>       |
| ОUТІ            |             | 80.                                    | 750 MC        | l                                     | &પ્લ          |              | 0     | 1 0         | 100 m          |                 |               |          |          |          |                |
| Total           | ntake:      | [650                                   | 'ml           |                                       | Total Outpu   | it: 265      | pmy   |             |                |                 | _             | onl      | -        |          |                |
|                 |             | <b>T.</b> 1. 1.                        | INTAKE        | `- <i>-</i>                           |               | <del></del>  |       | Γ           | 1              |                 | PUT           | (mi)     | 7 7      |          |                |
| Time            | Oral        | Tube<br>Feeding                        | Type of Fluid | nous Infusions                        |               | Tiốtell      | Time  | Urine       | Vomitus        | N/G<br>Aspirate | Drain<br>Tube | Others   | Total.   | R/N Sign | Endorsed<br>by |
| 9-110           | 100         |  | _             |                                       |               | 00           | A. 20 | <b>5</b> 00 |                |                 |               |          | 500      |          |                |
| 7172            |             |  |               |                                       |               | <u> </u> S=  | 12-5  | HSO         |                |                 |               |          | d Zo     |          |                |
| 9.5.            | 100         |  |               |                                       |               | 2 <b>5</b> 0 | 1.40  | new         |                |                 |               |          | 140      |          |                |
| 2.13            | 02          | ļ                                      |               |                                       |               | 35 o.        | Ser   | 360         |                |                 |               |          | 1780     |          |                |
| 135             | <b>3</b> 00 | )                                      |               |                                       |               | \$80         | 80.10 | 300         |                |                 |               |          | 2050     |          |                |
| صو              | 1000        |  |               | <u> </u>                              |               | 680          | 00.00 | 300         |                |                 |               |          | 2350     |          |                |
| bei             | loo         |  |               |                                       |               | 78U          | 6.00  | 300         |                |                 |               |          | 2650     |          |                |
| <u> </u>        | 5.0         |  |               |                                       |               | 800          |       |             |                |                 |               |          |          |          |                |
| 21.00           | 100         |  |               |                                       |               | 900          |       |             |                |                 |               |          | _        | <u> </u> |                |
| <u> 23.00</u>   | 001         |  |               | <u> </u>                              |               | /00g         |       |             |                |                 |               |          |          |          |                |
| 2815            | 50          |  |               |                                       |               | 1050         |       |             |                | _               |               |          |          |          | 1000           |
| 2.30            | 200         |  |               |                                       |               | 1250         |       |             | TOTAL          | INTAL           | CE -          | 1650     | my       | p /      | r na           |
| 430             | 200         |  |               |                                       |               | 1450         |       |             | TOTAL          | OUTPU           | T -           | 2650     | M        | J > C    | 17             |
| 6-30            | 200         |  |               |                                       |               | 1650         |       |             | ₿A.            | PANCE -         | 1000          | _        | U        | 085      |                |











**CHART** 

Every heart beat counts 11 MARIA 1850 MARIA 1850 MARIA 1850 MARIA 1850 MARIA 1850 MARIA 1850 MARIA 1850 MARIA 1850 MARIA 1850 MARIA 18 To: |5|01 From: 14 01 24 Bed No: 20 ( Date **INTAKE & OUTPUT** 

7-00 Ended Time: 4.00 24 Hrs : Started Time :

NPO Started at: NPO Over at:

**Restricted Fluid (RF)** SHIFT Morning Afternoon Night

INTAKE THOOME **OUTPUT** 

| Total Intake: | Total Output: | Difference: |
|---------------|---------------|-------------|
| INITAKE (mi)  |               | OUTE        |

|            |              |                 | INTAKE                    | OUTPUT (ml) |                       |        |               |          |                 |               |        |       |          |                |
|------------|--------------|-----------------|---------------------------|-------------|-----------------------|--------|---------------|----------|-----------------|---------------|--------|-------|----------|----------------|
| Time       | Oral         | Tube<br>Feeding | Intraver<br>Type of Fluid | Additions   | <br>ॉ <u>ट</u> ्टारा) | Time   | Urine         | Vomitus  | N/G<br>Aspirate | Drain<br>Tube | Others | Total | R/N Sign | Endorsed<br>by |
| 4.00       | [ <b>0</b> 0 |                 |                           |             | 000                   | رتحروا | 300           |          |                 |               |        | 30a   | _        | _              |
| र्रे<br>रे |              |                 |                           |             | <b>K</b> 0            |        |               |          |                 |               |        |       |          |                |
| 10.0       | 52           |                 |                           |             | 300                   |        |               |          |                 |               |        |       |          |                |
| 11.3.      | 100          |                 |                           |             | <br>1100              |        |               | <u> </u> |                 |               |        |       |          |                |
|            |              |                 |                           |             | <u> </u>              |        |               |          |                 |               |        |       | P112 1   |                |
|            |              |                 |                           | ے           | <br>de                | عمار د | ypl           | <i>/</i> |                 |               |        | /     | 009      | C.             |
|            |              |                 |                           |             |                       |        | $\mathcal{J}$ |          |                 |               |        |       |          |                |
|            |              |                 |                           |             | <br>                  |        |               |          |                 |               |        |       |          |                |
|            |              | ·               |                           |             |                       |        |               |          |                 |               |        |       |          |                |
|            |              |                 |                           |             |                       | -      |               |          |                 |               |        |       |          |                |
|            |              |                 |                           |             |                       |        |               |          |                 | _             |        |       |          |                |
|            |              |                 |                           |             |                       |        |               |          |                 |               |        |       |          |                |
|            |              |                 |                           |             |                       |        |               |          |                 |               |        |       |          |                |
|            |              |                 |                           |             |                       |        |               |          |                 |               |        |       |          |                |







Every heart beat counts

#### Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/iPH2024000068

Dr.Anbarasu mohanraj



c'

## Department of Dietetics

#### **NUTRITION ASSESSMENT AND CARE PLAN FORM**

| lb   |  |  |  |   |   |   |  |  |  |  |  |
|--|--|--|--|---|---|---|--|--|--|--|--|
| ous Beliefs:                                 |  | Vegetarian   | Non Vegeta   | rian j 💉  | Eggetarian  | Jain  |  |  |  |  |  |
| Prescription:                                |  | calenes,   | LOW BOX.   |   | 0 -0  |   |  |  |  |  |  |
|  | 1600   |  |  | www.sucau   | et, -kugh   | Las Estr  |  |  |  |  |  |
| JECTIVE                                      | GLOB   | AL ASSESSMENT  | (ADULTS) '   | ٠   | ' ' U   | 1   |  |  |  |  |  |
|  |  | · · · ·  |  |   |   |   |  |  |  |  |  |
| -  | (A) -  | Patient's related Medical Histor   |  | <del></del>   | · i   |   |  |  |  |  |  |
|  | 1)   | Walaht Change (overall change  | reight Change (overall change in past 6 months)  |   |   |   |  |  |  |  |  |
|  | I-1  | (C)  | □ 2  | 1 3   | ·   D4'   |   |  |  |  |  |  |
|  | _  | <del></del>  |  |   | 10-15%  | >15%  |  |  |  |  |  |
|  | •  | No weight change/<br>gain  | <\$%   | 5-10%   | 10-15%  | >15%  |  |  |  |  |  |
| 2)   | Dietary Intake   | <del></del>  | !  |   |   | <u> </u>  |  |  |  |  |  |
| 2)   | Dietary Intake   | Duration:  | T 🗆 2  | <u> </u>  | T 4   | l 🗆 s   |  |  |  |  |  |
| <u> </u>                                     | Oral   | No change  | Sub - optimal  | Full liquid diet/   | Hypo - caloric  | Starvation  |  |  |  |  |  |
|  | • • •  |  | solid diet   | moderate  | liquid diet   | 1   |  |  |  |  |  |
| · <u>.</u>                                   | -  | 1 - 1  |  | overall decrease , 1 '  | ' • [i <u>* . ş</u>   |   |  |  |  |  |  |
| 41.1   | Enteral/<br>Parenteral   | Adequate / Excessive   | Sub-optimal  | Inadequate  | Typo - caloric<br>feeds   | Starvation .  |  |  |  |  |  |
| `  | Nutrition  | Excessive  | 100 1 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 1.1   | IEPUA   | , ,,  |  |  |  |  |  |
| 3)   | Gatterinterit  | nal Symptoms-Duration:   | · · · ·  | ·   | , , ,   |   |  |  |  |  |  |
| <del></del>                                  | Garioniesa   | 1  | <b>□</b> 2 ,   | □3 ;  | ,   D4  | 5   |  |  |  |  |  |
|  |  | <del>[</del>   | <del>                                     </del>   | · · · · · · · · · · · · · · · · · · ·   | <del></del>   | <del></del>   |  |  |  |  |  |
|  |  | No symptoms  | Nausea   | Vomiting /<br>, moderate GI   | Diarrhoea   | severe anorexia   |  |  |  |  |  |
|  |  |  |  | symptoms  | *   |   |  |  |  |  |  |
| 4)   | Functional C.  | spacity (Nutrition related functional Impa   | Irment) Duration:  |   |   |   |  |  |  |  |  |
|  |  |  |  |   |   |   |  |  |  |  |  |
|  | _  | ∤□ · ′ .   | □ 2 · · · · · · · · · · · · · · · · · ·  | . □   | ` ' 🗖 🛊   | <b>│</b> □ 5  |  |  |  |  |  |
|  | _  | None /Improved   | Difficulty with  | Difficulty with   | Ught activity   | Bed / chair -   |  |  |  |  |  |
|  | 7  |  |  |   |   | Bed / chair -<br>ridden with no   |  |  |  |  |  |
| <u>.</u>                                     | <i>ر</i> .   | None /improved   | Difficulty with<br>ambulation  | Difficulty with   |   | Bed / chair -   |  |  |  |  |  |
| -<br>5)                                      | Co - morbidity   | None /improved  [Ulsease and its relationship to nutrition   | Difficulty with ambulation requirements)   | Difficulty with normal activity   | Ught activity   | Bed / chair-<br>ridden with no<br>or little activity  |  |  |  |  |  |
| 5}   | Co - morbidity   | None /improved  (Olsease and its relationship to nutrition   | Difficulty with ambidation   | Difficulty with normal activity   | Ught activity   | Bed / chair - ridden with no or little activity   |  |  |  |  |  |
| s)   | Co - morbidity   | None /improved  [Ulsease and its relationship to nutrition   | Difficulty with ambulation requirements)   | Difficulty with normal activity   | Ught activity   | Bed / chair-<br>ridden with no<br>or little activity  |  |  |  |  |  |
|  | Co - morbidity   | None /improved  [Disease and its relationship to nutrition  1  Healthy   | Difficulty with ambulation requirements)   | Difficulty with normal activity  3  Moderate co -   | Ughs activity  Ughs activity  Severe co-                                  | Bed / chair- ridden with no or little activity  |  |  |  |  |  |
|  | ,  | None /improved  [Olsease and its relationship to nutrition  1  Healthy   | Difficulty with ambulation requirements)   | Difficulty with normal activity  3  Inderate co- morbidity/ age   | Ughs activity  Ughs activity  Severe co-                                  | Bed / chair- ridden with no or little activity    5   Very severe multiple co                                       |  |  |  |  |  |
| В)   | Physical exar  | None /improved  [Disease and its relationship to nutrition  1  Healthy  //   | Difficulty with ambulation  requirements)  2  Mad co- morbid(by  | Difficulty with normal activity  3  Moderate co- morb kfty/ age - >75 years   | Ught activity  Ught activity  4 1 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | Bed / chair- ridden with no or little activity    5   Very severe multiple co- morbidity                            |  |  |  |  |  |
|  | Physical exar  | None /improved  [Olsease and its relationship to nutrition    1    Healthy   | Difficulty with ambidation requirements]  2 Mad co-morbidity   | Difficulty with normal activity  3  Moderate co- morb idity/ age - >75 years  | Ught actMty  Ught actMty  severe co- morbidity                            | Bed / chair- ridden with no or little activity  5  Very severe multiple co- morbidity                               |  |  |  |  |  |
| В)   | Physical exar  | None /improved  [Olsease and its relationship to nutrition  1  Healthy  /  nination  stores or loss of subcutaneous fat  | Difficulty with ambidation requirements]  2 Mad co-morbidity   | Difficulty with normal activity  3  Moderate co- morbidity/ age - >75 years   | Ught activity  Ught activity  4 1 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | Bed / chair- ridden with no or little activity    5   Very severe   multiple co-   morbidity   5                    |  |  |  |  |  |
| . B)   | Physical exar<br>Decreased fal   | None /improved  (Disease and its relationship to nutrition  1  Healthy  //  nination  stores or loss of subcutaneous fat  Normal   | Difficulty with ambidation requirements]  2 Mad co-morbidity   | Difficulty with normal activity  3  Moderate co-morbidity/ age ->75 years  3  Moderates   | Ught actMty  Ught actMty  severe co- morbidity                            | Bed / chair- ridden with no or little activity  5  Very severe multiple co- morbidity                               |  |  |  |  |  |
| В)   | Physical exar  | None /improved  [Olsease and its relationship to nutrition  1  Healthy  //  nination  stores or loss of subcutaneous fat  Normal   | Difficulty with ambulation  requirements)  2  Mild co-morbidity  2  Mild Mild Mild Mild Mild Mild Mild Mild  | Difficulty with normal activity  3  Moderate co-morbidity/ age ->75 years  3  Moderates   | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity    5   Very severe   multiple co-   morbidity    5   Severe          |  |  |  |  |  |
| . B)   | Physical exar<br>Decreased fal   | None /improved  [Disease and its relationship to nutrition  1  Healthy  //  nination  stores or loss of subcutaneous fat  Normal   | Difficulty with ambulation  requirements)  2 - Mild co-morbidity  2 - Mild 1   | Difficulty with normal activity  3  Moderate co-morbidity/ age ->75 years  3  Moderate)   | Ught actMty  Ught actMty  severe co- morbidity                            | Bed / chair- ridden with no or little activity    5   Very severe   multiple co-   morbidity    5   Severe          |  |  |  |  |  |
| . B)   | Physical exar<br>Decreased fal   | None /improved  [Olsease and its relationship to nutrition  1  Healthy  //  nination  stores or loss of subcutaneous fat  Normal   | Difficulty with ambulation  requirements)  2  Mild co-morbidity  2  Mild Mild Mild Mild Mild Mild Mild Mild  | Difficulty with normal activity  3  Moderate co-morbidity/ age ->75 years  3  Moderates   | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity    5   Very severe   multiple co-   morbidity    5   Severe          |  |  |  |  |  |
| 2)   | Physical exar<br>Decreased fal   | None /improved    Olsease and its relationship to nutrition     1  | Difficulty with ambulation  requirements)  2 - Mild co-morbidity  2 - Mild 1   | Difficulty with normal activity  3  Moderate co-morbidity/ age ->75 years  3  Moderate)   | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity    5   Very severe   multiple co-   morbidity    5   Severe          |  |  |  |  |  |
| 2)   | Physical exar<br>Decreased fa  | None /improved    Olsease and its relationship to nutrition     1  | Difficulty with ambulation  requirements]  2  Mild comorbidity  2  Mild Mild Mild Mild Mild Mild Mild Mild   | Difficulty with normal activity  3  Moderate co-morbidity/ age ->75 years  3  Moderate)   | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity    5   Very severe   multiple co-   morbidity    5   Severe          |  |  |  |  |  |
| 2) Total Score = Su                          | Physical exar<br>Decreased fa  | None /improved  [Olsease and its relationship to nutrition  I 1  Healthy introduction  installon  is stores or loss of subcutaneous fat  Normal  Normal  Normal                  | Difficulty with ambulation  requirements]  2  Mild comorbidity  2  Mild Mild Mild Mild Mild Mild Mild Mild   | Difficulty with normal activity  3  Moderate comorbidity/ age - >75 years  3  Moderate)   | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity  Severe  Very severe multiple co- morbidity  Severe  Severe          |  |  |  |  |  |
| B) 1} 2)  Total Score = Su Nutritional Stat  | Physical examples of the physical examples of  | None /improved  [Olsease and its relationship to nutrition    1   Healthy  | Difficulty with ambidation  requirements)  2 - Mad co-morbidity  2 Mind  2 Mind  2 Mind  4  4  5  6  7  7  8  8  8  8  8  8  8  8  8  8  8   | Difficulty with normal activity  3  Moderate co- morbidity/ age - >75 years  3  Moderate  4  Moderate                           | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity  Severe  Very severe multiple co- morbidity  Severe  Severe          |  |  |  |  |  |
| 2) Total Score = Su                          | Physical exar<br>Decreased fal<br>Sign of muscle<br>and f above 7 com  | None /improved  [Olsease and its relationship to nutrition    1   Healthy  | Difficulty with ambulation  requirements]  2  Mad comorbidity  2  Mind  2  Mind  2  Midd   | Difficulty with normal activity  3  Indecrate co- morbidity/ age- >75 years  3  Moderate  3  Moderate                           | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity  Severe  Very severe multiple co- morbidity  Severe  Severe          |  |  |  |  |  |
| B) 1} 2)  Total Score = Su Nutritional Stat  | Physical example of a local ph | None /improved  [Olsease and its relationship to nutrition  1  Healthy  //  Indication  is stores or loss of subcutaneous fat  Normal  wasting    1  Normal  ponents  patient is | Difficulty with ambulation  requirements]  2  Mad comorbidity  2  Mild  2  Mild  3  Mild  4 | Difficulty with normal activity  3  Indersite comerchistry age - >75 years  3  Moderate  3  Moderate  (7 to 14)  (15 to 18)     | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity  Servere  Very severe multiple co- morbidity  5  Severe              |  |  |  |  |  |
| B) 1} 2)  Total Score = Su Nutritional Stat  | Physical exar Decreased fal  Sign of muscle  and f above 7 com  us: Based on this  Well Nourthed   | None /improved  [Olsease and its relationship to nutrition  1  Healthy  //  Indication  is stores or loss of subcutaneous fat  Normal  wasting    1  Normal  ponents  patient is | Difficulty with ambulation  requirements]  2  Mad comorbidity  2  Mild  2  Mild  3  Mild  4 | Difficulty with normal activity  3  Moderate comorbidity/ age -> 75 years  3  Moderate  7 to 14)                                | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity  Servere  Very severe multiple co- morbidity  5  Severe              |  |  |  |  |  |
| B) 1} 2)  Total Score = Su  Mutritional Stat | Physical example of the physic | None /improved  [Olsease and its relationship to nutrition  1  Healthy  //  Indication  is stores or loss of subcutaneous fat  Normal  wasting    1  Normal  ponents  patient is | Difficulty with ambulation  requirements]  2  Mad comorbidity  2  Mild  2  Mild  3  Mild  4 | Difficulty with normal activity  3  Indersite comerchistry age - >75 years  3  Moderate  3  Moderate  (7 to 14)  (15 to 18)     | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity  Servere  Very severe multiple co- morbidity  5  Severe              |  |  |  |  |  |
| B) 1} 2)  Total Score = Su Nutritional Stat  | Physical exar<br>Decreased fal<br>Sign of muscle<br>and fabove 7 com<br>well Nourished<br>Moderately Ma<br>Severely Malno  | None /improved  [Olsease and its relationship to nutrition  1  Healthy  //  Indication  is stores or loss of subcutaneous fat  Normal  wasting    1  Normal  ponents  patient is | Difficulty with ambulation  requirements)  2 - Mad comorbidity  2 Mild  2 Mild  1  | Difficulty with normal activity  3  Moderate co-morbidity/ age>75 years  4  Moderate  7 to 14) (15 to 18) (19 to 35)            | Ught activity  Ught activity  4 **  Severe co- morbidity  4               | Bed / chair- ridden with no or little activity    5   Very severe multiple co- morbidity    5   Severe   5   Severe |  |  |  |  |  |
| 2}  Total Score = Su  Mutritional Stat       | Physical example of muscle of muscle of muscle of muscle of muscle of above 7 company of  | None /improved  [Olsease and its relationship to nutrition  1  Healthy  /  initiation  stores or loss of subcutaneous fat  Normal  wasting  padent is  inourished                | Difficulty with ambulation  requirements)  2 - Mild comorbidity  2 Mild  2 Mild  1   | Difficulty with normal activity  3  Moderate co-morbidity/ age ->75 years  3  Moderate  7 to 14) (15 to 18) (19 to 35)          | Ught activity  Ught activity  4  Severe co- morbidity                     | Bed / chair- ridden with no or little activity  Servere  Very severe multiple co- morbidity  5  Severe              |  |  |  |  |  |
| B) 1} 2)  Total Score = Su  Mutritional Stat | Physical example of muscle of muscle of muscle of muscle of muscle of above 7 company of  | None /improved  [Olsease and its relationship to nutrition  1  Healthy  //  Indication  is stores or loss of subcutaneous fat  Normal  wasting    1  Normal  ponents  patient is | Difficulty with ambulation  requirements)  2 - Mild comorbidity  2 Mild  2 Mild  1   | Difficulty with normal activity  3  Moderate comorbidity/ age - >75 years  3  Moderate  7 to 14) (15 to 18) (19 to 35)  Enteral | Ught activity  Ught activity  4  Severe co-morbidity  4  Parenteral       | Bed / chair- ridden with no or little activity    5   Very severe multiple co- morbidity    5   Severe   5   Severe |  |  |  |  |  |
| 2}  Total Score = Su  Mutritional Stat       | Physical example of muscle of muscle of muscle of muscle of muscle of the muscle of th | None /improved  [Olsease and its relationship to nutrition  1  Healthy  /  initiation  stores or loss of subcutaneous fat  Normal  wasting  padent is  inourished                | Difficulty with ambulation  requirements)  2 - Mild comorbidity  2 Mild  2 Mild  1   | Difficulty with normal activity  3  Moderate co-morbidity/ age ->75 years  3  Moderate  7 to 14) (15 to 18) (19 to 35)          | Ught activity  Ught activity  4 **  Severe co- morbidity  4               | Bed / chair- ridden with no or little activity    5   Very severe multiple co- morbidity    5   Severe   5   Severe |  |  |  |  |  |

titian Signature / Name / Date / Time:

| DATE AND TIME       | DIETITIAN NOTES   | SIGNATURE                             |
|---------------------|---|---------------------------------------|
| 811/24              | I 59 Years ald Gentlemensame  T clo Chest pain (1 month) was assassed to be well-nowrished as evident by SGA  k/c/o-CAD-TVD  Educated the patient y  Family on 1600 Calvies, whi  pat, Low Salt diet. Emphasized on small graquent meals. | Joseph                                |
| 1011/24<br>16-00    | patient Shifted to or For surgery (CABG). Kept on NBM. patient successed to SICU. will initale a signial diet as par doctor's advice.   | A PONSO                               |
| 11/1/24<br>10;00 AM | NBM OVER.  Patient Toloried liquid diet ( our intale a Soft sollid, diet  high problem diet   | 02.86                                 |
| 12100               | Patrite mid broad. Recuption on the   | Maria Catherine John Senior Dietitian |



Mr.RAJASINGH P 59/Malc/MHI202381562

08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

MHI/DIET/2022/148 Medway Every heart beat counts

Department of Dietetics

| :      |                                       | CARE PLAN FORM - A  | ANG DEN STADE  |
|--------|---------------------------------------|---|--|
| :      | DATE AND TIME                         | DIETITIAN NOTES   | SIGNATURE  |
|        | osto.                                 | Ocal utalu à good. Dit madification dans patriotted bo  | Maria Cather Lioinn<br>Senior Dietitian  |
|        | 10200.                                | Oral entols in good. Educated the palmand and James on 1600 calonin, los fod, on sort high pushing dut on dividege on sort on mass fort made. Dut | Cala   |
| ,<br>! |                                       | may cation and clary cation dose  | Maria Catherine John  Senior Dietitian   |
|        |                                       | pit chart gien on dividage.   |  |
|        |                                       |   | to paper one of the  |
|        | · · · · · · · · · · · · · · · · · · · |   | to the state of th |
|        |                                       |   |  |
|        |                                       |   | i pu   |
| ,      | 7                                     |   | *  |





# INTRAOPERATIVE NURSING RECORD

| IN   | TRAOPERATIVE NURSING RECORD  |
|--|--|
| Mr.RAJASINGH P<br>59/Malc/MH1202381562<br>08/01/2024/1PH2024000068<br>Dr.ANBARASU MOHANRAJ | Consultant: OR-ANBARASU MOHANRAJ   |
|  | Date of Surgery: 10/01/2024  |
| Name of Surgery > Of   | LOURT CHOSED MCIM )  |
| Mode of Transfer to OR   | ☐ Bed ☐ Stretcher ☐ Other ☐  |
| Anaesthesia Type   | : Epidural Spiral LOC MAC  |
|  | GEN Regional TA A days   |
| Position   | : Lithotomy Prone Suprhe Right Down Left down  |
|  | □ Lateral □ Other □  |
| Pressure Protection Pad  | : Sand Bag Pillow Axillary roll  |
|  | ☐ Headrest ☐ Sand Bag ☐ Hyon ☐ Cysto/Gyn ☐ Shoulder roll ☐ Fye protection ☐ Chest roll ☐ Cysto/Gyn |
|  | Stirrups/Leg Holder  |
| ,  | FRArms tucked / padded   |
|  | Other (Specify)  |
|  | Nil Tentoyhexidine Prep Providone Iodine Lodophor scrub  |
| Skin preparation in OT   | Geniognexiume rep Cray ( i.e.)   |
|  | Alcohol Prep Others (specify)  |
| Electrocautery   | , I Mphopassa  |
| Tourniquet   | ☐ Location ☐ Released Time ☐ Released Time   |
|  | Applied Time   |
|  | 1 / IT = 1 1 Time 1 /  |
|  |  |
| Other equipment used   | : Surgeon DR-ANBARASU JASt. DR. PRAVEEN  Annesthetist Asst. Asst.                                  |
| Personal   | : Surgeon DR-FTWEETHA  |
|  | Amnesthetist Asst.   |
| Type of Specimen   | Time cent  |
| Lab  | : Pathology Permanent Frozen Time sent  Time of report   |
|  | U Cytology   |
|  | ☐ Microbiology ☐ Time sent   |
|  | ☐ Biochemistry   |

|                                 | Packing / Drains / Catheters                   |                    |   |                   |                  |                           |                   |                  |              |          |                        |  |
|---------------------------------|--|--------------------|---|-------------------|------------------|---------------------------|-------------------|------------------|--------------|----------|------------------------|--|
|                                 | Туре   | Size               |   | Site              | Ту               | уре                       | Size              | Amo              | unt          | Sign     |                        |  |
|                                 | Roman!   | 28 Ed              | les                                     | F bjøme           | <b>X</b>         | \                         |                   |                  |              | 0        |                        |  |
|                                 | Mas Mag  | 28F7               | 2 MOJ                                   | <i>ાંવક્ષ્ણ</i> ો | N.               |                           |                   |                  |              | 1 500    | <u>28</u> )            |  |
| ONI                             | ANY CAHULO<br>Sponge Court                     | rication<br>Record | had st                                  | ine by Mo         | r.Harr           | with                      | use 14            | FrFole           | y's ca       | Iheten   |                        |  |
|                                 | Count  | Raytex<br>Sponges  | Gauze<br>Lined                          | Gauze<br>Unlined  | Neuro<br>Patties | Tonsil<br>cotton<br>balls | Vein<br>Canula    | Bulldog<br>clamp | Needle       | cion     | Scrub<br>Nurse<br>Sign |  |
|                                 | Pre-op   | connect c          | percent                                 |                   |                  |                           | Complete Contract | correct          | 1000         | Jul 8th  | 0125                   |  |
|                                 | Change over count                              | root               | molt                                    |                   |                  |                           | most              | welk             | Mon          | SN - 503 | syatha<br>0125         |  |
|                                 | First closure                                  | Charles !          | 26 B                                    |                   |                  |                           | Lon               | - dep            | all on       | 5031     | 2010800                |  |
|                                 | Final closure count                            | Step (             | Sold Sold Sold Sold Sold Sold Sold Sold |                   |                  |                           | o los             | in long          | Norther Very | 8/8      | swidth                 |  |
|                                 | Count Corne                                    |                    |   |                   |                  |                           |                   | <u> </u>         |              | .1       |                        |  |
|                                 | Corrective actio                               | n taken            |   | <del></del> -     |                  |                           |                   |                  |              | <b>-</b> |                        |  |
|                                 | Surgeon informed                               |                    |   |                   |                  |                           |                   |                  |              |          |                        |  |
| chase Dressing Cast Immobilizer |  |                    |   |                   |                  |                           |                   |                  |              |          |                        |  |
|                                 | Condition of patient at end of surgery: Stable |                    |   |                   |                  |                           |                   |                  |              |          |                        |  |
|                                 | Transferred to: Scrub Nurse Sig                | nature Sud         | athali                                  | 125               | Patient F        | Room 🔲                    | CCU               | Reco             | overy Ro     | oom      |                        |  |
|                                 | Name: RIN                                      | C118141 H          | $\mathcal{H}$                           | مسيم              | _                |                           |                   |                  |              |          |                        |  |
|                                 | Date & Time:                                   | 10/01/20           | 024 E                                   | 12.0%             | 5                |                           |                   |                  |              |          |                        |  |
|                                 | Circulating Nurs                               | se Signature       | sh o                                    | 031               |                  |                           |                   |                  |              |          |                        |  |

Circulating Nurse Signature SN 003)

Name; RIN SASDWMAR MAPOO3)

Date & Time : 10 01 | 2024 @ 15-00



Patient Details (affix label here) Mr. Rajaringh, 89/m

#### PSYCHOLOGICAL WELLBEING REPORT

Date: 09/01/24

Time: 2.40/m.

Unit: LOIA

Clinical diagnosis: CAD - LM TVD

Surgery/ Procedure:

Impression: Furthering will sleep I

- dalm affect, où aulet verpromère - deeplemen, appetite () - ans gonzelestigial distriers reported.

Employee ID: MHIO11/184

Signature of the Psychologist:





F MIT.RAJASINGH P N 59/Malc/MHI202381562 U 08/01/2024/IPH2024000068 DI DT.ANBARASU MOHANRAJ



/ADIIIT\ MILIDRING ADMICCIO

| NURSING ADMISSION ASSESSMENT (ADULT)   |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| Date of Admission: \( \frac{1}{2} \) Time of Arrival: \( \frac{1}{6} \) Mode of Admission: \( \bar{V}\) Walking \( \bar{V}\) Wheelchair \( \bar{V}\) Stretcher |  |  |  |  |  |  |  |  |  |  |
| Accompanied by Relative: Yes No If Yes, Name of the Relative:  |  |  |  |  |  |  |  |  |  |  |
| Relationship with Patient: Contact Person's Name ** Havis - Relationship: Relationship: Relationship: Contact Person's Name **                                 |  |  |  |  |  |  |  |  |  |  |
| Contact No.: 73 Stubble 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 - Morbility: https://www.Yes If yes specify Drugs History: Antiplatelet T- COD) et (Specify) Ab Chapping - A 24.                |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Psychological Status: Calm Anxious Withdrawn Agitated Depressed Sleeping Difficulty  |  |  |  |  |  |  |  |  |  |  |
| Do you have any special religious, spiritual or cultural needs to be considered?   |  |  |  |  |  |  |  |  |  |  |
| Socio Economic Status: Employed Retired wown Business Home-Maker Others:   |  |  |  |  |  |  |  |  |  |  |
| Vital Signs: Temp 91 (°F)   Pulse / HR: 10 (beats/min)   BP: 130 (F) (mmHg)  |  |  |  |  |  |  |  |  |  |  |
| Respiration: 6. (breaths/min)   SpO <sub>2</sub> :99 (%)   CBG: 39 (mg/dl)   Height: 16. (cms)   Weight: 44. 5 (kgs)   |  |  |  |  |  |  |  |  |  |  |
| Allergies / Adverse Reaction: Yes No Medication Blood Transfusion Food Not known   |  |  |  |  |  |  |  |  |  |  |
| If Yes, specify:   |  |  |  |  |  |  |  |  |  |  |
| Pain: Yes No. If Yes, Score: 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 alet   |  |  |  |  |  |  |  |  |  |  |
| Dietician Informed: Yes No. If Yes, mention the Name: YS- Cotton no. Time: 6.30  |  |  |  |  |  |  |  |  |  |  |
| 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 Yes Wo   |  |  |  |  |  |  |  |  |  |  |
| Hearing Impairment Yes 100   |  |  |  |  |  |  |  |  |  |  |
| Chewing Difficulty   |  |  |  |  |  |  |  |  |  |  |
| Walking Difficulty Yes No  |  |  |  |  |  |  |  |  |  |  |

|   |                |                  |                 |                |              |          | N-                            |             | ٠.                  |             |
|---|----------------|------------------|-----------------|----------------|--------------|----------|-------------------------------|-------------|---------------------|-------------|
| Daily Activity Of L   | .iving:        |                  |                 |                |              |          |                               |             |                     | •           |
| Activity  | Independent    |                  |                 | Assisted       |              |          |                               | Dependent   |                     |             |
| Bathing   |                |                  |                 |                |              |          |                               |             |                     | _ =         |
| Dressing  |                |                  |                 | 1              |              |          |                               |             |                     | -           |
| Eating  |                |                  |                 |                |              |          |                               |             | $\overline{\Box}$   |             |
| Walking   |                |                  |                 |                | <del>-</del> |          |                               |             | $\overline{\sqcap}$ |             |
| Toilet Use  | 1              |                  |                 |                |              |          |                               |             | <u> </u>            |             |
|   |                |                  |                 |                |              |          | ، - د                         |             | <u> </u>            |             |
|   |                |                  |                 |                | , ,          | Dogr     | o of Aoi                      | i i ci da c |                     | C           |
| No Impairment   | illoti         | Score 4          | 'Rarely:Mois    | •              | Score        |          | ee of Act<br>Frequer          |             | -+                  | Score       |
| Slightly Limited  |                | 3                | Occasional      |                | 4            |          | ·Occasio                      |             | - +                 | 3           |
| Very Limited  |                | 2                | Very Moist      | y Words        | 2            | Chair    |                               | nany        | +                   | 2           |
| Completely Limit  | ed             | 1                | Constantly      | Moist          | 1            |          |                               | •           | <del>  </del>       | 1           |
| Mobility  |                | Score            | Nutrition       |                | Score        |          | Bed Fast · · Friction & Shear |             |                     | Score       |
| No Limitation   |                | A                | Excellent       |                | 36016        |          | parent p                      |             | - H                 |             |
| Slightly Limited  |                | , 3              | Adequate        |                | 3            |          | tial Prob                     |             | <del>""</del>       | 2           |
| Very Limited  |                | - 2=             | Probably In-    |                | .2           |          | em Prese                      |             | o                   | <del></del> |
| Completely imme   |                | 1                | Very Poor       | 7 idoo aaro    | 1            | 11001    | 01111100                      | J110        |                     | •           |
| 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: Action needed: Yes No Pressure injury present at the time of admission: Yes No  If yes, Location: Grade: Size: Relationship: |                |                  |                 |                |              |          |                               |             |                     |             |
|   |                |                  | E FALL ASSES    |                | ·4,          |          |                               |             |                     |             |
| Fall Diek Access  |                |                  |                 |                |              |          | ,,,                           |             |                     |             |
| Fall Risk Assess Variables  | Pilletif (laic | raillea Mors     | e Scale).       |                |              |          |                               | Т           | Murro               | eric Value  |
|   |                |                  |                 |                |              |          | T - N                         | lo          |                     | O Value     |
| History of falling  | (immediat      | e or within 6    | months)         |                |              |          |                               | es es       |                     | 25          |
|   |                |                  |                 | -              |              |          |                               | lo          |                     | 70          |
| Secondary diagr   | nosis (≥ 2     | medical diag     | ınosis)         |                |              |          |                               | es          |                     | 15          |
| Ambulatory Aid  |                |                  |                 |                |              |          |                               |             |                     |             |
| None / Bed Rest   |                | sist             |                 |                |              |          |                               |             |                     | 10          |
| Crutches / Cane   | /Walker        |                  |                 |                |              |          |                               |             |                     | 15          |
| Furniture   |                |                  |                 |                |              |          |                               |             |                     | 30 '        |
| Intravenous Ther  | apy / Hepa     | arin Lock / Tu   | ıbes Insitu     |                |              |          |                               | lo          |                     | 4           |
| Gait  |                |                  |                 |                | ·            |          | -   Y                         | es          |                     | 20          |
| Normal / Bed Re   | st / Wheel     | Chair            |                 |                |              |          |                               |             |                     | <u> </u>    |
| Weak_   | <u> </u>       |                  | -               | -              |              |          |                               |             |                     | 10          |
| Impaired  | _              |                  |                 |                |              |          |                               |             |                     | 20          |
| Mental Status Oriented to own   | stability      | -                |                 | -              |              |          |                               |             |                     |             |
| Overestimated o   |                | nitations        |                 | · <u>-</u>     |              |          | <u> </u>                      | <u> </u>    |                     | 15          |
| Medications   |                |                  |                 |                |              |          |                               | <u> </u>    |                     |             |
| Includes PCA / o<br>laxatives, hypogl   |                |                  |                 |                |              | s,       |                               | lo          | -                   | سمير        |
|   |                | <u> </u>         |                 | <u>`</u> -     | ·            | -        |                               | es          |                     | 15          |
| Score Interpretation  | : 0-24: Lou    | r-risk; 25-44: N | ledium Risk; Ab | ove 45: High I | Risk         | Total So | core                          | - 1         |                     | 6           |

Ι

| 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 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 Reach 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 ambutated by themselves. They are to be ambulated only with assistance Medium risk interventions (25 - 44) Apply all the low risk interventions To 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 tollet seat Use restraints and bed monitors as ordered by the doctor Allow the patient to ambulate only with assistance Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care Do not leave patients unattended in diagnostic or treatment areas Accompany the patient while going to bathroom Advice the patient to use grab bars near the toilet, bathtub, and shower Make sure the family and other visitors understand the restrictions mentioned above High-risk interventions (above 45) Apply all the low and medium risk interventions To red fall risk kag in the bed, wheel chair and stretcher Locate the high-risk patients in a room close to the nurses' station Answer these p |
|--|
| Yes No Remarks (please specify)  |
| Yes No Remarks (please specify)  |
| · · · · · · · · · · · · · · · · · · ·  |
| Terminally ill patients  |
| Patients with intense chronic pain   |
| Woman in labor or experiencing termination of pregnancy  |
| Patients with emotional or psychological distress  |
| Patient suspected of drug or alcohol dependency  |
| Victims of abuse and neglect   |
| Patients whose immune system is compromised  |
| Patient with infections and communicable diseases  |
| Does the patient have implants   |
| Has tracheotomy been done  |
| Has colostomy been done  |
| Any other potential needs of the patient   |

| DVT RISK ASSESSMENT   |   |  |  |   |                             |                              |   |          |             | -        |
|---|---|--|--|---|-----------------------------|------------------------------|---|----------|-------------|----------|
|   | Assign a                                  | score of 1 if (Y   |  |   | r nos. 1 to 9, and          | assign a sco                 | re of -2 if (YES) in p  | aram     | eter no. 10 | <u> </u> |
| S. No.  |   | <del></del> _  | Param  |   |                             |                              |   |          | Yes / No    | Score    |
| 1   | Active cancer                             | on-going treat   | ment or d                                      | r diagnosed within 6 months or palliative care) |                             |                              |   |          | Yes INO     |          |
| _2_   | Bedridden re                              | cently >3 days o   | kly >3 days or major surgery within four weeks |   |                             |                              |   |          | Yes No      |          |
| 3   | Calf swelling<br>(Assess for bo           | ng >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle both legs) |  |   |                             |                              |   |          | Yes No.     |          |
| 4   | Collateral (no                            | invaricose) superficial veins present (Assess for both legs)                                 |  |   |                             |                              |   |          | Yes No      |          |
| 5_  | Entire leg swollen (Assess for both legs) |  |  |   |                             |                              |   |          | Yes No      |          |
| 6   | Localized ten                             | derness along t  | ne deep v                                      | enous s   | ystem (Assess for b         | ooth legs)                   |   |          | Yes No      |          |
| 7_  | Pitting edema                             | a, greater in the s  | ymptom   | atic leg (                                      | Assess for both leg         | s)                           |   |          | Yes No      |          |
| 8_  | Paralysis, par                            | esis, or recent p  | laster imr                                     | mobiliza  | tion of the lower ext       | remity (Asses                | s for both legs)  |          | Yes 🖄 No    |          |
| 9   | Previously do                             | cumented DVT   | (Assess f                                      | or both l                                       | egs)                        |                              |   |          | Yes // No   |          |
| 10  | Renal diseas<br>oedema, Lym               | e, Renal failure<br>phatic obstructi   | , CCF C<br>on Septi                            | ellulitis<br>carthriti                          | (commonly mistak            | en as DVT),<br>otic syndrome | norbidity like ESLD /<br>Dependent (stasis)<br>, Calf muscle tear or<br>tendon, Fracture. |          | Yes No      |          |
|   | Score Inter                               | rpretation (Pr   | obabilit                                       | y of DV   | T):                         |                              |   |          | Final Score |          |
| TICK  | the score of                              | nameu ( <b>v</b> )   | <b>√</b>                                       |   |                             | Action Take                  | n   |          | Date        | Time     |
| Low   | Risk                                      | -2 to 0  |  |   | 24                          | 00                           |   |          | 8/1004      | 16.30    |
| Mod   | derate Risk                               | 1 to 2   |  |   |                             |                              |   |          |             |          |
| Hig   | h Risk                                    | 3 to 8   | į  | 1   |                             |                              |   |          |             |          |
| Per   | sonal Belong                              | gings / Valual   | oles:  |   |                             |                              |   |          |             |          |
| Valua   | ables                                     | Descripti  | on I   | With<br>Patient                                 | With Patient's<br>Attendant |                              | Signature of the atient's Attendant   |          | Remarks     | s        |
| Dent  | ures                                      | □Upper□L<br>□Both •11  |  |   |                             |                              |   |          |             |          |
| Hear  | ing Aid                                   | □Right □1<br>☑Nil  | .eft   |   |                             |                              |   |          |             |          |
|   | glasses /<br>act lens                     | □Yes Æſ  | No   |   |                             |                              |   |          |             |          |
| Jewe  | ellery                                    | ☐ Yes ☐  | 10   |   |                             |                              |   |          |             |          |
| Othe<br>(spec   | r valuables<br>cify)                      |  |  |   |                             |                              |   |          |             |          |
| Report (List of X-ray, ECG, lab reports retained with the nurse): |   |  |  |   |                             |                              |   | <u> </u> |             |          |
|   |   | Sign.  | _  | Na  | <br>ame                     |                              | Emp. No.  |          | Date        | Time     |
|   | ent /<br>ent's Attend                     | D  | A.   |   | R. HARISH                   | Porsing                      | D-lette-eld-  | 8,       | 1/24/       | 8-80.    |
| Nur   | se  | D C  | M  | ٦   | R. Su<br>Dremere            | mor                          | 0201  | 8        | 24          | 0231     |
| Unit In-Charge  |   |  | (MP)   |   | Dremere                     | eno!                         | 005   | 00       | loipa a     | 8 700    |





59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ



MHI/NUR/2022/048

Heart
Institute

Every heart beat, counts

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

|            | PAHEN  | I CLINICAL   | ПАИООУЕ                           | R RECORI   | D FUR NUI   | NOEO .          | -, "  |
|------------|--|--|-----------------------------------|--|---|-----------------|-------|
| Date: 8    | 11 Dy  | Shift: Mc  | orning Levening                   | g ∐Night   | 1.10  | <b>.</b>        | _,    |
| S          | Ryle's Tube:<br>Urinary Cath                         | CAD - LMTV<br>/S Score:<br>y:<br>e day: Right: L                             | .eft:<br>Day:<br>Day:             | GCS:<br>POD:<br>Central line o<br>VIP Score:<br>Yes, specify organis |   |                 |       |
| B          | On room air  | •  | *,                                | Date of surg   |   |                 |       |
| Α          | BP: \S 0 Others: Pain Score: Fall Risk Sc Braden Sco | Pain Scale usore: Fall Risk Pre: Minimal Risk: 23-15 er Scale for Healing (P | ed: PIPPS / CRIES / Protocol: Low | / FLACC / Wong-Bak<br>Medium   | ker FACES Pain Rati<br>sk: 14-13 High Risk<br>Pressing done: Ye | ing Scale / NRS |       |
| R          | Pending lab Critical value Changes in Pending follo  | tors:  | ns:                               | dified care plan date  | e:  | _               |       |
| Handover o | given by   | ignature .   | Name                              | sullmon  | Emp. No.  | Date            | Time  |
| Document   |  | Jen (00  | Deng. Bha                         | uerous.  | 002   | 08/01/20        | 08:00 |
| ·          | -  |  |                                   | · · · · · · · · · · · · · · · · · · ·                                |   | 7(              |       |

|                      | N            | URSES PROGRESS NOTES  |          |                         |
|----------------------|--------------|-----------------------|----------|-------------------------|
| Date & Time          |              | Observations / Action |          | Signature with Emp. No. |
| 8/1/24               | ADA          | nigoron Motes         |          |                         |
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|                      | Signature    | Name                  | Emp. No. | Date Time               |
| Document endorsed by | (X)          | Dernemano.            | 005      | oplaty of to            |



# MR: RAJASINUTH. 594/M MHT-202381562

MHI/NUR/2022/048

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| DATE &<br>TIME |           | Observation / Action | on          |      | Signature<br>with Emp.No |
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|                |           | [                    |             |      | 7:                       |
| Document       | Signature | Name                 | Emp . No    | Date | Time                     |
| endorsed by    |           |                      |             |      |                          |
|                |           |                      |             |      |                          |





# Patient Potalic (Affix Label base) Mr.RAJASINGH P 59/Male/MHI202381562 08/01/2024/IPH2024000068 Dr.ANBARASU MOHANRAJ



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

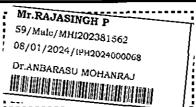
| Date 8     | المد  | Shift: Morr   | ning Devening Defigi  | ntį  | <i>-</i>          |                               | ٠ ٠                                  |
|------------|---|---|---|--|-------------------|-------------------------------|--------------------------------------|
| S          | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C                    | s: CP-D - LMTV PEWS Score: day: day: - I line day: Right: - Lef be:  Yes - No Day atheter: Yes No Day   | PC<br>Ce<br>t: <del>- '</del><br>VI   | CS: DD: entral line day P Score: ify organism          | ;                 |                               | -                                    |
| В          |   | urgery:   | . IV  | ate of surgery   | •                 |                               |                                      |
| A          | BP: 1900 Others: Pain Sco Fall Risk Braden S                                      | ns: Temp: 91 (°F)   Pulse  (mmHg)   SpO <sub>2</sub> : 9  (me:Pain Scale used  Score:Fall Risk Pro  Score:Winimal Risk: 23-19 [  Ulcer Scale for Healing (PU                      | (%)   Height:(cms) : P!PPS / CRIES / FLACC / ptocol: □ Low □ Medium [ □ At Risk-Mild Risk: 18-15 □ N SH): □ Yes □ No ☑ NA | )   Weight: ♣<br>Wong-Baker<br>☑Hīgh<br>Moderate Risk: | FACES Pain Rating | g Scale / NB<br>12-10 □ Sever | S./ <sub>1</sub> CPOT<br>e Risk: 9-6 |
| R          | Referral of<br>Pending<br>Pending<br>Pending<br>Critical va<br>Changes<br>Pending | IMENDATION doctors: medications: medication indent: lab reports / investigations: alue alert and its corrections in nursing care plan: Yes follow-up orders: instructions if any: | /   | e pian date: _   |                   |                               |                                      |
| _          |   | Signature   | Name  | E  | Emp. No.          | Date                          | Time                                 |
| Handover g |   | Jeni .  | Senimizz.   |  | 0281              | 08/1624                       | 771-30                               |
| Handover t | aken by   | 2.\$%   | 5. Divacha  | chini  | 0212              | 6/1/2                         | 7.311                                |
| Document ( | endorsed  | 1000  | Dhenen  | neo'.  | 00.5              | 69/10/20                      | 68,500                               |

|                      | NL           | JRSES PROGRESS NOTES  |                  | · · · · · · · · · · · · · · · · · · · |
|----------------------|--------------|-----------------------|------------------|---------------------------------------|
| Date & Time          | (            | Observations / Action | Signa            | ture with Emp. No.                    |
|                      | NIVIHT D     | UTY NOTES             |                  |                                       |
| Q.1.24               |              |                       |                  |                                       |
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| 19.30                | from Elevis  | ig duty state.        | - 6              | ~                                     |
| 20.00                | J Pt consi   | ouses and             |                  |                                       |
|                      | orientation. | ·                     |                  |                                       |
|                      | => Pt vina   | le cheeked            | Jon<br>Or        |                                       |
|                      | and fewer    | ) <u> </u>            |                  | ~                                     |
|                      | =) Pt due    | deugs are g           | iven             |                                       |
| -                    | as for due   | chart.                |                  |                                       |
| 22.00                | = Mobiliza   | La usell              |                  |                                       |
|                      | -s Pt had    | assored diet.         | - Four           | ·                                     |
| 23.20                | =8 P4 V      | Stelp well;           | -1               |                                       |
| 6.00                 | 3 P4 1       | ripals Checke         | d Jan            |                                       |
|                      | = P4 P(0     | chaut Main            | buin, on         |                                       |
| 7-00                 | 1 P1 L       | and order to          |                  |                                       |
|                      | Moring du    | ly shaff.             |                  |                                       |
|                      | ()           | <u>U</u> .            |                  |                                       |
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|                      | Signature    | Name .                | Emp. No.         | Date Time                             |
| Document endorsed by | (No          | Derandrene.           | 005              | 09/01/2008:00                         |











| S Per Ry Ur Ba | SITUATI<br>Diagnosis<br>NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Drinary C<br>Barrier nu<br>BACKG | ION s: CAD - LM DVÎ PEWS Score: day: - al line day: Right: D2 Left be: Yes No Day Catheter: Yes No Day   |   | GCS: IS / POD:<br>POD:<br>Central line of                        | lays:   |               |             |
|----------------|---|--|---|--|---|---------------|-------------|
| S Per Ry Ur Ba | Diagnosis NEWS / F Ventilator Periphera Ryle's Tul Jrinary C Barrier nu BACKG Type of si                      | S: CAD - LM DV I PEWS Score:  day: - al line day: Right: D2 Left be:  Yes No Day catheter: Yes No Day ursing: Yes No MD  |   | Central line of  | lays:   |               |             |
| B Ty           | ype of s  | ROUND  |   | Poori organia  | :m: (   |               | ·           |
|                |   | urgery:<br>if any:   | hift:   | Date of surge  |   | :             | ·           |
| A PE           | BP: (30<br>Others :<br>Pain Sco<br>Fall Risk<br>Braden S  | ns: Temp: 97 (°F)   Pulse of Score: Minimal Risk: 23-19 Ulcer Scale for Healing (PUS   | 19 Height: 164 (controller)  Height: 164 (controller)  PIPPS / CRIES / FLACtorocol: □ Low □ Media  At Risk-Mild Risk: 18-15 □ No □ NA | cms)   Weight:<br>CC / Wong-Bak<br>um [☐ Fligh<br>☐ Moderate Ris | er FACES Pain Ratin<br>k: 14-13 High Risk:<br>ressing done: Yes | ng Scale / NR | S/CPOT      |
| Ri Pi          | Referral or<br>Pending<br>Pending<br>Pending<br>Critical va<br>Changes<br>Pending                             | imendation doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan:  follow-up orders: nstructions if any: |   | care plan date   | :   |               |             |
| Handover give  |   | Signature  | Name  | ,  | Emp. No.  | Date          | Time        |
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| Document end   |   | 5;\$%  | 5. Doumrel<br>Agasth  | harshini   | 0212<br>Oly   | 9/1/24        | 12-30       |
| landover give  |   |  |   | <del>, , ,</del>   | p   | 1             |             |

|                      | NL  | JRSES PROGRESS NOTES   | -        |                          |
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| Date & Time          | (   | Observations / Action  | Sign     | ature with Emp. No.      |
| 9/1/24               | MATINIA                                   | 7 Duty Notes   |          |                          |
| 7.30=                | Night Duty<br>= 1+ Conscio<br>= p1- VIS ( | Straff.  The Chart Charles  Medication Fines  Your taken of  Posture Sample  The Chart Chart |          | 921_<br>521_             |
| 12.30                | 7 Pt hand                                 | Duty stoll   | to       |                          |
|                      |   |  |          |                          |
| Document endorsed by | Signature                                 | Name   | Emp. No. | Date Time 09/01/24/44/00 |







59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

| Date:       | 9/1  | Shift: Morr   | ning DEvening D   | Night   |                   |  |              |
|-------------|--|---|---|---|-------------------|--|--------------|
| S           | Ventilator<br>Periphera<br>Ryle's Tut<br>Urinary C                         | EWS Score: 6  day: — I line day: Right: Def  be:  Yes No Day atheter: Yes No Day  | t:  | GCS: 1 F 1<br>POD:<br>Central line of<br>VIP Score: | days.~ ·          | . '  |              |
| В           | Allergies i<br>On room   | argery: NO MOA  |   | Date of surg  | ·                 |  | , .          |
| A           | Others:<br>Pain Sco<br>Fall Risk<br>Braden S                               | ns: Temp:(°F)   Pulse<br>/(°C   | (%)   Height: (b) (c<br>l: P!PPS / CRIES / FLAC<br>otocol: □ Low □ Media<br>□ At Risk-Mild Risk: 18-15<br>SH): □Yes □ No ☑ NA | cms)   Weight:<br>CC / Wong-Bak<br>um               | ker FACES Pain Ra | 2 H . & Gr<br>ting Scale / NF<br>k: 12-10 ☐ Seve | re Risk: 9-6 |
| R           | Pending I<br>Pending I<br>Pending I<br>Critical va<br>Changes<br>Pending I | medications: medication indent: ab reports / Investigations: alue alert and its corrections in nursing care plan: Yes follow-up orders: | · ·   | care plan date                                      | o:<br>CABh.       |  |              |
|             |  | Signature   | Name  |   | Emp. No.          | Date   | Time         |
| Handover g  |  | 72  | Agas tag  | <u>,</u>  | 046               | Aliten   | 183          |
| Handover ta | ken by   | F. Cati   | F- Cothrine   |   | <u>ರಿ೩೦</u> ೆ     | 9/1/24   | 19.30        |
| Document e  | ndorsed  | (100  | Dhew  | moni  | 0007_             | 10 or Eur  | 08.00        |

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| Pt taking over from the morning duty Arth  12.30 Pt lowshow of oriented of the pt had on wormed duet medication por may work from the follower of lan cable.  40.00 por may work of or application or application of low orders.  14.30 preparation down  (1000 on the op orders.  14.30 preparation down  (1000 on the op orders.  14.30 preparation down  (1000 on the op orders.  14.30 preparation down  (1000 on the op op orders.  14.30 preparation down  (1000 on the op op op op op op op op op op op op op   | _           | <u> </u>          |                       |              |              | <del>-</del> - |
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| Monthy duty Arth  12.30 pt lowsion i oriented of the low on warned died needication normalistation  14.10. If he does not consider the consider of the low op orders.  11.30 preparation down  (10.2011 dose pre op orders.  11.30 preparation dose compliants.  11.30 preparation dose find on we compliants.  11.30 preparation dose for head of headings by the first headings by t |             | <u> </u>          |                       |              |              |                |
| 12.30  Pt lowsing in oriented of the particular of machinering administration  (4.10)  Por Area Chart.  Followed pre op  Orders.  John on wo complaints.  Per had on we complaints.  Pe | 1/02        | 1 , , , , , , , , | over from the         |              |              |                |
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| preparation down property down property down complaints.  property down complaints.  property lead of maintained from the maintained property down to fixe Night duty for duty.  Document Name Emp. No. Date Time Document No. Date Document No. Date Document No. Date Document No. Date Document No. Date Document No. Date Document No. Date Document No. Date Document No. Date Document No. Date  |             | U                 | d pre op              |              |              |                |
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| political on us complaints.  Notal figure less of  maintorned  Plo curant monitored  Politically by one  The Night duty  Acopy  Signature Name Emp. No. Date Tim  Document  Document   | 19,30       |                   |                       |              |              |                |
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| Procument  Procured  Procu |             |                   |                       | uts.         | <u> </u>     |                |
| Pho work monitored  The work prove to  The Night duty  The Acety  Signature Name Emp. No. Date Tim  Document Document  | 12.00       |                   | Tyle led 4            |              |              |                |
| Document Name Emp. No. Date Tim  |             | mantored          |                       |              |              |                |
| Document Name Emp. No. Date Tim  |             | Leo ,             | Λ                     | LOVED.       |              |                |
| Document  Signature  Name  Emp. No.  Date  Tim   |             | )H W              |                       |              | <del></del>  |                |
| Signature Name Emp. No. Date Time Document Signature Name Signature Name Document Signature Name | Garrot      | -the              | Night duty            |              | den.         | i              |
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Nan 59/Male/MHI202381562 UHI 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





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|             | PATIE   | NT CLINICAL H   | IANDOVER F               | RECORE  | FOR NU   | RSES  |       |
|-------------|---|---|--------------------------|---|--|---|-------|
| Date: 9     | 01/24   | Shift: ☐ Morr   | ning Devening Of         | Night   |  | ,   |       |
| S           | Ventilator<br>Periphera<br>Ryle's Tul               | S: (PD-L: MT) PEWS Score: O day: Il line day: Right: P2 Left De:  | <i>r</i> :               | GCS: 15) CPOD: Central line d   | ays: -<br>-0),5                                  | · ·   |       |
| В           | On room   |   | hift:                    | Date of surge   |  | •   | ,     |
| A           | BP: 20 Others: Pain Sco Fall Risk Braden S          | re: 10 10 Pain Scale used Score: 10 Fall Risk Pro   | (%)   Height: 169 (c<br> | ms)   Weight:_<br>C / Wong-Bake<br>um.⊒HigR<br>] Moderate Ris<br>Wound Di | <u>र्नेने र</u> (kgs)   BMI:<br>er FACES Pain Ra | <u>24 , 2 Kg</u> ,<br>ting Scale / NR<br>k: 12-10∐Sever |       |
| R           | Pending Pending Pending Critical va Changes Pending | medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders: | No. If Yes, modified o   |   | PBG  | •   |       |
| · .         |   | Signature   | Name                     |   | Emp. No.   | Date  | Time  |
| Handover g  | iven by   | F. Carti  | F. Callriene             |   | 0207   | 10/01/24  | 7.30  |
| Handover ta | aken by   | 5. Di   | 1                        | vare bent   | 0212   | 10/01/24  | 7.30  |
| Document e  | endorsed  | 1000  |                          | erio'-  | 005  | 10/01/24  | 08:00 |

|               | NU             | JRSES PROGRESS NOTES                  |          | . 1              | a 1     |
|---------------|----------------|---------------------------------------|----------|------------------|---------|
| Date & Time   |                | Observations / Action                 |          | Signature with E | mp. No, |
| 901240        | NIG            | HT DUTY NOTES                         |          |                  |         |
| 19.30         | >pt handed     | over taken by M                       | ght .    | F. Coti          | -       |
|               | duty Haff      | · · · · · · · · · · · · · · · · · · · |          |                  |         |
|               | Spt vis cho    | cked & recorded                       |          |                  |         |
| 20-3°         | pt had         | dist patient due                      | drugs.   | E-Cation Dates   |         |
|               | 1000 925011    |                                       |          | odof'            |         |
| <b>3</b> 8.00 | 3 A Va VI      | s checked procor                      | ded      | E. Cati          |         |
|               | => pt had      | no fresh complaints                   |          | ७२०न             |         |
|               | <u> </u>       |                                       |          |                  |         |
| 3.00          | >pt slept      | well.                                 |          | 5. Cat;          |         |
| 5.00          | 2 of had       | Bread & milk 1 ND                     | 0        | E. Coli          |         |
|               | started at     | 5.00                                  | 6        | 0507             |         |
| 6.00          |                | hecked precorded                      |          | E. Cati          |         |
|               | (-1            | hart matritained                      |          | 0207 '           |         |
|               | 7 pt morne     | rg the gwen                           |          |                  |         |
| 7.30          | => 19t hande   | ed over to morni                      | ing      | E-Cati           |         |
|               | duty staff     |                                       |          | 0207             |         |
|               |                |                                       |          |                  |         |
|               |                |                                       |          |                  |         |
|               |                | ·                                     |          |                  |         |
|               |                |                                       |          |                  |         |
| Document      | Signature (NO) | D'acrares'.                           | Emp. No. | Date             | Time    |
| endorsed by   |                |                                       | 005      | 0/01/20          | 08.700  |







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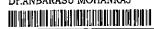
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#### Pal Mr.RAJASINGH P Nat

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





|             | PATIE                                 | NT CLINICAI  | L HANDO   | VER RECOR   | D FOR NU   | RSES         |
|-------------|---------------------------------------|--|---|---|--|--------------|
| Date:       | 10/                                   | 01 Shift:  | Norning Ever  | ing Night   |  |              |
| S           | Ventilator<br>Periphera<br>Ryle's Tut | SEWS Score:  day: I line day: Right:  Yes Ano atheter:  Yes Mo   | Left: Day:  | GCS: 5/1 POD: — Central line, VIP Score: 0  i. If Yes, specify organic                                      | days: -  |              |
| В           |                                       | urgery: —  | ast shift:  | Date of surg  |  |              |
| A           | Others: Pain Sco Fall Risk Braden S   | re: ONO Pain Scale Le Score: Minimal Risk: 23  | :98 (%)   Heigh<br>Ised: PIPPS / CRII<br>• Protocol: ☐ Lov<br>• 19 ☐ At Risk-Mild F | nt: <u>  169</u> (cmṡ)   Weight:<br>ES / FLACC / Wong-Bal<br>v ☑ Medium ☐ High<br>lisk: 18-15 ☐ Moderate Ri | : 77.5(kgs)   BMI:<br>ker FACES Pain Rat<br>sk: 14-13 ☐ High Risk<br>Dressing done: ☐ Ye | <u> </u>     |
| R           | Pending Pending Pending Critical va   | IMENDATION doctors: medications: medication indent: lab reports / Investigatio alue alert and its correcti in nursing care plan: follow-up orders: | ons: Yes Ano. If Yes,   | modified care plan date   |  |              |
|             | diene b                               | Signature  | Name  | <u> </u>  | Emp. No.   | Date Time    |
| Handover g  |                                       | 5.D  | 5. De   | uachershini   | 0211   | 10/1/4/ 9.30 |
| Handover ta |                                       | (No  | Ship  | ed 1007-  | A0.1-  | 100124 10:00 |
| Document e  | endorsed                              | (M)  | سعمال ا   | ranaero.  | 805  | 1001P4 10:00 |

| NURSES PROGRESS NOTES |                          |                                       |          |                         |      |
|-----------------------|--------------------------|---------------------------------------|----------|-------------------------|------|
| Date & Time           | Observations / Action    |                                       |          | Signature with Emp. No. |      |
| 10/0/24               | Mouning                  |                                       |          |                         |      |
| 7.30=                 | Pt honding<br>Night Duty | ouer traken from                      | 7        |                         |      |
|                       |                          | so overtend.                          | de       | 5.D.                    |      |
| 8.00                  | = perouded:              | Tentoy pla                            | in.      |                         |      |
| -                     | Provided.                | 5. Di                                 |          |                         |      |
| 9.30                  | CT OT STAFF              | ng ouer gewen to                      | ) ·      |                         |      |
|                       | = IV lend                | 5-Do                                  |          |                         |      |
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|                       | ,                        | · · · · · · · · · · · · · · · · · · · |          |                         |      |
| Document              | Signature                | Name Dhanarero.                       | Emp. No. | Date                    | Time |
| endorsed by           | (No                      | Dhananere.                            | 005      | 10/01/24                |      |

MHI/NUR/2022/048

|                         | NU   | RSES PROGRESS NOTES  |                |             |              |  |
|-------------------------|--|--|----------------|-------------|--------------|--|
| Date & Time             | 0  | bservations / Action   |                | Signat      | ure with Er  | np No.   |
|                         | CTOT RI  | ECEIVAL REPORT   |                |             |              |  |
| 10/01/2024              | Patient Received From<br>Sheet                           | <b>A</b>   |                |             |              |  |
| @                       | ECG: \ ECHO: {   | X-RAY: ANGIO CD  | attentin       |             |              |  |
| 9-20                    | CT FILE:   |  |                |             |              |  |
|                         | Patient Posted For Procedu                               | re: CARN   |                |             |              |  |
|                         | Under Anesthesia: WA                                     |  |                |             | SK           |  |
|                         | ý  | fiells boot truck now  | _              | (           | 0031         |  |
|                         | Known Case Of: CAD-<br>Part Surgical History 11          | -012fal 1-M TVD, WO<br>631, 2 HTN-908f-1 n<br>0-0021900, Nasal<br>15 478-60011 | nanth<br>nanth |             |              |  |
|                         | CERTOPIALTY VITAL SIGN:                                  | 15 you back nasax  |                |             |              |  |
|                         | [  | CHR: 886PMSPO2: 981, BP - 1  |                |             |              |  |
| 491010                  | <u> </u>   | To SMOWith Blue Op Fil   | e And          |             |              |  |
| 15.00                   | *Surgery Safety Check Lis                                | t  |                |             |              |  |
| (> 00                   | *Intra Operative Record  *Nurses' Record                 |  |                |             |              |  |
|                         | ECG: \ ECHO:   | X-RAY: \ ANGIO CE  | : With         |             | SV_          | <u>.                                      </u> |
|                         | CT FILE: —   | ·  | -OSCINERA      | -           | 0031         |  |
|                         | Under Anesthesia: ( )                                    | vent For Procedure: CABUE  | Form ]         |             |              |  |
|                         | Procedure: OPCABN  | 2000000000 CILLY -> TOXEDI   | VIII 1510/ET   | zear        | whial        | <u></u>  |
|                         | Drain tube size and placem<br>Pacing wire placement: Pro | esent/Absent / Site: > W   | E Stoned       |             |              |  |
| _ <del>_</del>          | Implants:  |  |                |             |              |  |
|                         |  | towel clip mark: Present/Absent  |                | I <u></u> - |              | <del></del>                                    |
|                         | VITAL SIGN:  | 1902: 981.BP: 109[55 MM  | ी भिष          |             |              |  |
|                         | Notes:   |  |                |             | <del>-</del> |  |
|                         |  |  |                |             | Doto         | Time   |
| Document<br>endorsed by | · //\/   // //   | Mame MAR SARDWMAR  | Emp. No.       |             | Date 10 1 24 | 12.00  |
|                         | <u> </u>   | l  |                |             |              |  |

### SAFETY FIRST







#### Mr.RAJASINGH P 59/Male/MHI202381562 08/01/2024/IPH2024000068





|            | PATIE   | NT CLINICAL F  | IANDOVER F  | RECOR   | D FOR NU  | RSES                      | , ;<br>;                  |
|------------|---|--|---|---|---|---------------------------|---------------------------|
| Date: סו   | Shift: Morning Evening Night  |  |   |   |   |                           |                           |
| S          | Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C                                | S: CAD - TVD + LAF<br>PEWS Score: -<br>day: Dy<br>Il line day: Right(UB) Laf<br>be:  | 1: D 1<br>1: 1  | GCS: FINAL POD: DOS Central line of VIP Score: Or specify organis   | days: D (   |                           |                           |
| В          | Allergies<br>On room  | ROUND<br>urgery: OPCPS<br>if any: NKDA<br>air / oxygen: ON UENTI<br>ats / New Symptoms in last s   |   |   | ery: 10/1/24<br>ow: KABILYIC                                      | Ī                         |                           |
| A          | BP:   & A<br>Others :<br>Pain Sco<br>Fall Risk<br>Braden S<br>Pressure            | SMENT  ns: Temp 13 ·   (°F)   Pulse    6   | (%)   Height: <u>[6 ]</u> _(0<br><u>\$B</u> : (•86 m <sup>2</sup><br>: PIPPS / CRIES / FLAC<br>ptocol: ☐ Low☐ Mediu<br>☐ At Risk-Mild Risk: 18-15 | cms)   Weight<br>C / Wong-Bak<br>um High<br>Moderate Ris<br>Wound D | 百年 (kgs)   BMI:_<br>ker FACES Pain Ratio<br>sk: 1443 日 High Risk: | ng Scale / NR 12-10 Sever | 'S / CPOT<br>re Risk: 9-6 |
| R          | Referral of<br>Pending<br>Pending<br>Pending<br>Critical va<br>Changes<br>Pending | IMENDATION doctors: Dy Graphy medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes, follow-up orders: nstructions if any: | No. If Yes, modified  | care plan date  | x:  |                           |                           |
| Handover ( | given by  | Signature  | Name<br>Odnia Flora   | √Cè·S   | Emp. No.  | Date                      | Time                      |
| Handover t |   | 4-2-   | ARUN  |   | 230   | 10/1/24                   | 19.30                     |
| Document   | endorsed  | 1  | Simil   | <u>La:</u>  | <i>७४</i> ० \   | 11/1/24                   | 5-4                       |

|                      | NURSES PROGRESS NOTES                          |        |             |          |
|----------------------|--|--------|-------------|----------|
| Date & Time          | Observations / Action                          | Signat | ure with Er | np. No.  |
| Man as la            | Reprived the positions from 05 at 15.05        |        |             |          |
| 10/1/24 19-00        | with support ling- sopalizing su,              |        |             | ŗ        |
| (b, o,               | inj-Novalroudine 20.04 usu. Oal Vaulis Glory   | _      |             |          |
|                      | Obupport Olima (14) 5/600/80.                  | RIN    | Jaw A       | <u> </u> |
| 16:10                | dei, dry checked values offightory             |        |             |          |
| 16.15                | inj-human actrapid on the in attacted          |        | •           |          |
| _                    | ordard by Dr. Afrotho in view of CBy- sortigld | R      | N Opisi     | A        |
| 15.30                | dray taken D to be allow.                      |        | ( 00        |          |
| 16.30                | Addender's vinited the policial and            | _      |             |          |
|                      | explained about the coulities.                 | RIN    | april 1000  | A        |
| 17:00                | Tip I sol to boy ordered by D. X-gothe         |        | t '<br>——   | ,        |
| 18.00                | posicul put ounder PSV UP3-12/5/60             |        | _           |          |
|                      | ordard by Dr. Hooftho.                         |        |             |          |
| 18.05                | in supproble 541 1V Otal given                 |        |             |          |
|                      | HO Of Dr. Schoolfle.                           | RM (   | Project     | <u> </u> |
| 18.25                | Ps 1 and to 10 ordered by Dr. Aforthe          | 1<br>  | <u>'</u>    |          |
|                      | Attenders visited the policient and Txpleined  |        |             |          |
|                      | about the Coudifier.                           |        |             |          |
| M.00                 | the got hausball over to Next                  |        |             |          |
|                      | dorty Arazz for a baconosynamically            | -      |             |          |
|                      | menintaining andition with Supports-           | AN (   | phit (00#A  | <b> </b> |
|                      |  |        |             | (        |
|                      |  | _      |             |          |
| -                    |  |        |             |          |
|                      |  | _      |             |          |
|                      |  | _      |             |          |
|                      | •  |        |             |          |
|                      |  |        |             |          |
|                      |  |        |             |          |
| _                    | Signature Name Emp. No.                        |        | Date        | Time     |
| Document endorsed by | Aman poe                                       | <br>   | ا معرا ال   | 9 m      |







#### Mr.RAJASINGH P 59/Malc/MHI202381562 08/01/2024/IPH202400068

di.anbarasu mohanraj



Every heart heat-count

|              |   |  | ·                         |  |  | .0_0   |        |
|--------------|---|--|---------------------------|--|--|--|--------|
| Date: 10 11  | ン <u>4</u>  | Shift: Morn  | ing Evening D             | dl@b/t   | ·  |  |        |
| S            | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C                    | s: CAD - TUD<br>PEWS Score:<br>day:<br>Il line day: Right: CUB/TALeft<br>pe: ☐ Yes ☐ No Day<br>atheter: ☐ Yes ☐ No Day   | <b>:</b>                  | GCS:  5   15<br>POD: 50 S<br>Central line of<br>VIP Score: | o(5  |  |        |
| B            | Allergies i<br>On room  | ROUND<br>urgery: のCABX 3GR/<br>if any: のにある。<br>air / oxygen: のんのと か<br>ts / New Symptoms in last sl   | ark - 10 lit              |  | ery: 10/1/24<br>ow:14 ABILYTE.                   |  |        |
| A            | Others: Pain Sco Fall Risk Braden S Pressure                                      | SMENT  ns: Temp: 14 · 6 PF)   Pulse of the second s | (%)   Height: (6 ( (c<br> | cms)   Weight: C / Wong-Bak um                             | <u>プア・S</u> (kgs)   BMI:<br>ker FACES Pain Ratin | থপ -প -িপু /<br>g Scale / NঁR:<br>12-10 ⊟ Sever<br>⊟No ⊡ NৌA | S CPOT |
| R            | Referral of<br>Pending<br>Pending<br>Pending<br>Critical va<br>Changes<br>Pending | imendation doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders: instructions if any:   |                           | care plan date   | e:   |  |        |
|              |   | Signature  | Name                      |  | Emp. No.   | Date   | Time   |
| Handover giv | en by   | 2  | ARU                       | 0  | 2300   | 11/1/24  | 7.30   |
| Handover tak | en by   | Aller  | Maua-c                    |  | <b>୦</b> ୬( ୩                                    | 11/1/24  | 7.30   |
| Document en  | dorsed  | A  | 'An                       | ru-  | 2002   | 11 1129  | 9.00   |

|                      | NURSES PROGRESS NOTES                    |  |                   |             | í       |
|----------------------|--|--|-------------------|-------------|---------|
| Date & Time          | Observations / Action                    |  | Signa             | ture with E | mp. No. |
|                      |  |  |                   |             |         |
| 19.00                | patient taken over from even             | ing  | _                 |             |         |
| 19.45                | patient was extubated.                   |  |                   | _           |         |
|                      | Stable condition.                        | jn_  | · 8               |             |         |
|                      | outh Support IDS. DOPA = 5 mils          | and  |                   |             |         |
|                      | TOS, NORAD = LO:04 mis on flow.          |  | (                 |             |         |
| 20.30'               | ord care vas given                       |  |                   |             |         |
| 21.00                | vebalization and sprognetry e            | <u>Xersi</u> sz                                  | ?<br><del>-</del> |             |         |
| 9.1.25               | DR. Aseeth come and Seen to              | · ·  |                   |             |         |
| 21.30                | Patient.                                 | CP   |                   |             |         |
|                      |  |  |                   |             |         |
|                      | ABUT Analysis Done. on or mask-lodif.    |  | Ø                 | k-          |         |
|                      |  | ſ-·  |                   |             |         |
| 4.30.                | collected blood cample and               | sent.  |                   |             |         |
| 5.00                 | to lab for further inesti                | FAXCON<br>GUVON                                  | •                 |             |         |
|                      |  | <del>)                                    </del> |                   | Dow.        |         |
|                      | spongeboth. Bock to Back Lare is Five    | 3.   |                   |             |         |
| 6-00                 | prouded reblization and of               | (band  | 4                 |             | ,       |
|                      | exersise.                                | Ì  |                   |             |         |
| 6.45                 | ABON Andlysis some.                      |  |                   |             |         |
| 7.10.                | patient handed over to morning de Staff. | kg   |                   |             |         |
|                      | Stopf.                                   | <u>u</u>   | D.                | ~           |         |
|                      |  |  |                   |             |         |
|                      |  |  |                   |             |         |
| <u>.</u>             | Signature Name                           | Emp. No.   |                   | Date        | Time    |
| Document endorsed by | Langui                                   | 000  | ٠>                | ulika       | g .w    |







#### Mr.RAJASINGH P 59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ



William Hilliam Market Market Courts

| Date:       | 1/24,  | Shift: Morn  | ing  ☐Evening  | ght   |   |  |                         |
|-------------|--|--|--|---|---|--|-------------------------|
| S           | Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C | S: (AD : [V]) PEWS Score:  day: I line day: Right: UBITAL De: US No Day atheter: Yes No Day  | D2   | GCS: [5][ POD: T Central line of VIP Score: ecify organis | tays: Da  |  |                         |
| B           | Allergies i<br>On room                             | urgery: OPOBB x 3YRI   | loe i 4lit. 1  | Date of surge   | . '   | ,  |                         |
| A           | Others: Pain Sco Fall Risk Braden S Pressure       | SMENT  ns: Temp: 97.6(°F)   Pulse  60 (mmHg)   SpO <sub>2</sub> : 9°  BS Q   | : PIPPS / CRIES / FLACO  tocol: Low Medium  At Risk-Mild Risk: 18-15 | ns)   Weight:<br>/ Wong-Bak<br>n                          | 77.5 (kgs)   BMI:_\<br>er FACES Pain Ratin<br>—<br>sk: 14-13 □ High Risk: | ລົ <mark>ຊຸດີ ພ</mark> ຊ່ໄ<br>g Scale / NR<br>,<br>12-10∐Sever<br>ເ⊡No ∐NA | S / CPOT<br>e Risk: 9-6 |
| R           | Pending Pending Critical va Changes                | IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders: instructions if any: |  | are plan date   | :   |  | * .                     |
|             |  | Signature  | Name   |   | Emp. No.  | Date   | Time                    |
| Handover g  |  | Maha-  | Mahalaush  | m·M   | palq  | 11124  | 12:30                   |
| Handover to | aken by  |  | 5/1 Bhavari.   | R.  | 0287  | 11/24  | 12:30                   |
| Document e  | endorsed   | N. A.  | ma   | 40-   | <u></u>   | 11/12/   | 9.20                    |

|                      | NU                          | IRSES PROGRESS NOTES                |          | 1                                     |
|----------------------|-----------------------------|-------------------------------------|----------|---------------------------------------|
| Date & Time          |                             | Observations / Action               | s        | ignature with Emp. No.                |
| 11/1/2029            | Mousni                      | ng duty Reposst.                    |          | -                                     |
| 7:30                 | R                           | res the partient is                 |          |                                       |
|                      |                             | e steeble with the                  | ,,       | · · · · · · · · · · · · · · · · · · · |
|                      | 1 f V                       | RP, lungs chous                     |          |                                       |
|                      | Abdouen is Oxo              | ft Bourel Bound !                   | hooesd   | Mala                                  |
| <b>8</b> 9:00        | peripheries wasm<br>partien | and pulses itell to had food ovally | <u>,</u> | 1 0219<br>10 along                    |
| 8:30                 | todogade well               | nisposed does dreeg                 |          | Nate                                  |
|                      | as postered                 | 7                                   |          | LA POSTESIA                           |
| 9:00                 | cus ousdosol                | Ford Application                    | (Uf) ,   | France                                |
| 9115                 |                             | sain Bemoual-T                      |          | · Lou                                 |
| 180 - 220            | Dong added                  |                                     |          |                                       |
| (0:00:               | 25mg as 00                  | resed. F-Aldarbon                   |          | Jours .                               |
| 11 76                | Bleeding our                | al ding benier                      | id.      | Male<br>O2lq                          |
| 12:00                | Itand                       | ing ones given                      |          | Maha                                  |
| <u> </u>             | Stable & Con                | y steeft-partient                   | Bancin.  | 1091                                  |
|                      |                             |                                     |          |                                       |
|                      |                             |                                     |          |                                       |
|                      | Cianatura                   | Namo                                | Emp No   | Data Time                             |
| Document endorsed by | Signature                   | Name                                | Emp. No. | Date Time                             |







#### P Mr.RAJASINGH P

Ni 59/Male/MH1202381562

UI 08/01/2024/IPH2024000068





| PATIENT CLINICAL MANDOVER RECORD FOR NORSES |   |   |                |  |                       |           |        |  |
|---|---|---|----------------|--|-----------------------|-----------|--------|--|
| Date: 11                                    | 1/24  | Shift: Morr   | ning Evening 🗌 | Night  |                       |           | ļ      |  |
| S   | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tu<br>Urinary C | s: CAD - TVD<br>PEWS Score:<br>day:<br>al line day: Right: CUBITAL  | ,<br>/:        | GCS: 15 15 POD: T Central line of VIP Score: specify organis | days: Dg<br>0/5       |           |        |  |
| В   | Type of s<br>Allergies<br>On room                             | ROUND urgery: OPCAB X 3 GI if any: MOT KHOWN air / oxygen: ON ROOM nts / New Symptoms in last s   | air .          | Date of surg   | ery: 10/1/24<br>ow: - |           |        |  |
| A   | ASSESSMENT   Vital Signs: Temp:   -2   Pulse / HR:            |   |                |  |                       |           |        |  |
| R   | Referral e Pending Pending Pending Critical v Changes Pending | MENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections in nursing care plan: Yes follow-up orders: nstructions if any: |                | care plan date   | ə:                    | ,         |        |  |
|   | <u> </u>  | Signature   | Name           | _  | Emp. No.              | Date      | Time   |  |
| Handover (                                  | given by  | SIN R. BHAVAHI  | SIN. R. BHA    | rayı   | 0284                  | 11/1/28   | 197:30 |  |
| Handover t                                  | taken by  | Æ   | Asua.c         |  | 0019                  | 11/1/23   | 19.30  |  |
| Document                                    | endorsed  |   | 1              | ~ au   | د دحد ،               | 111/11/11 | 9.00   |  |

|                         | NU   | JRSES PROGRESS NOTES   |               |          |                  | C            |
|-------------------------|--|--|---------------|----------|------------------|--------------|
| Date & Time             |  | Observations / Action  |               | Signat   | ure with E       | mp. No.      |
|                         | Evening  | duty Report  |               |          |                  | _            |
| 12:00 pm.               | Handing over 1   | caken from Morning   | duty          |          |                  | <del>•</del> |
| ,<br>                   | Staff nerse  |  |               | -        |                  |              |
|                         | While Receiving  | patient was on G   | ntineous      |          |                  |              |
|                         | Monitoring. Fo   | Hent was hemodyn   | ellasimo      |          |                  |              |
|                         | stable patient   | is on Room air wi  | <u></u>       |          |                  |              |
|                         |  | line present in RE   |               |          |                  |              |
|                         |  | icked. Line was pate   |               | -        |                  |              |
|                         | peripheral line  | Present over the RF  | arti -        |          |                  |              |
|                         |  | ushed and checked, Li  |               |          |                  | -            |
|                         | 1  | est Dhair present over   |               |          |                  |              |
|                         | I I  | id Medicational. Drew  |               | _        |                  |              |
|                         |  | the Surgery att.   |               |          |                  |              |
|                         |  | readfired those row  | દેશ્ક્ર       | 6        | <del></del>      |              |
|                         | 1  | les are felt.  |               | <b>D</b> | 5284             |              |
|                         |  | epert out days   |               | 6        |                  | _            |
|                         | Inou or bon  | buy Chart order  | (             |          | 0234             |              |
|                         |  | ven as per drug cha  |               | D        |                  |              |
|                         |  | the one charged & Ross   | ided          | A        | 528 <del>1</del> |              |
| 15:45pm                 |  | was given due to   |               | <b>X</b> |                  | -            |
| .4.100 -                | , , , , , , , , , , , , , , , , , , ,  | Strin.   | (50)          | 6        | 929=             |              |
| 18:10 pm                | l '`   | operate Captyd bovarry   | <i>\( \)</i>  | <u></u>  | 0207_            |              |
| 16:30pm                 | 1  | 7  | -1-1<br>(1)07 | •        |                  |              |
| M421:F1                 |  | · 1  |               | {        | D224<br>P0234    | <u> </u>     |
| , ,                     | Mobilized to   | Chair. Patient felt  |               |          | 0234             |              |
| 18200 bw                | Cronfostrable. No  | More difficulties.   |               | *        | troy.            |              |
| 19:00 Pm                | 1,   | men to pight duty  |               |          |                  |              |
| 11, 50 (N)              | stall wurse.   | The state of the s |               | Š        | D284             |              |
|                         | The state of the s |  |               |          |                  |              |
| -                       | Signature  | Name   | Emp. No.      |          | Date             | Time         |
| Document<br>endorsed by |  | an an  | OVI           | ا ره     | 11/1/24          | ه - س        |







#### Mr.RAJASINGH P 59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.anbarasu mohanraj



| Date: 11 24  | Shift: Morn  | ing □Evening ☑⊀  | light  |  |             |        |
|--|--|--|--|--|-------------|--------|
| Ryle's Tube<br>Urinary Cat   | CAD - TuD + Ceff I<br>WS Score:<br>tay:<br>line day: Right: Oct ALeft<br>e: ☐ Yes ☐ No Day<br>theter: ☐ Yes ☐ No Day   | :  | VIP Score: 0   | •  |             |        |
| Atlergies if a On room ai  | gery: Opca8  |  | Date of surg   | ery: 10/1/24<br>ow:  |             |        |
| Others: Pain Score Fall Risk S Braden Sc Pressure U                            | MENT  S: Temp: 98 (°F)   Pulse of the first  | (%)   Height: 16   (c<br><br>: PIPPS / CRIES / FLAC<br>otocol: | ms)  Weight:<br>C / Wong-Bak<br>m ☑ High<br>☑ Moderate Ris | (kgs)   BMI: 6<br>ker FACES Pain Ratin<br>kk: 14-13 ☐ High Risk:<br>Pressing done: ☐ Yes | g Scale (NR | S CPOT |
| Referral do Pending m Pending m Pending la Critical valu Changes ir Pending fo | Dictors: Dedications: Dedications: Dedication indent: Dedication inden | 1  | are plan date  | ·<br>:   |             |        |
| _  | Signature  | Name   |  | Emp. No.   | Date        | Time   |
| Handover given by Handover taken by  | 719  | ARHA C   |  | 0019   | 12/124      | 07.15  |
| Document endorsed  |  | MAHACAIGH  | M1. M<br>Λ αιι   | 5819<br>(2001)   | 18/1/24     | 7:15   |

|                      | NURSES PROGRESS NOTES                       |          |                   |              |
|----------------------|---|----------|-------------------|--------------|
| Date & Time          | Observations / Action                       |          | Signature with Em | p. No.       |
| 11/1/24              | Took over the patient es a hemodynamica     | My       | -16-              |              |
| الأحت                | Stable Condition. New Supposts -            | ,        |                   | -            |
|                      | -patient is Courious, Oranted, afebrile     |          | and the second    |              |
|                      | - patient had driver Consumed compact       | L L      |                   |              |
|                      | amount                                      |          | -                 |              |
| 20.30                | - Due dange administrad                     |          | AR                |              |
| న్ని,నె              | - Nebulisation administered, Sprometry      |          |                   |              |
|                      | addred by patient                           |          | - P               |              |
|                      | - leably to come the started                |          | <u>-</u>          |              |
| <b>ুন্ন</b> . ২০     | - palient is Sheeping Comfortably           |          | ffe on the        |              |
|                      | - On CBO une output is adequate             |          |                   |              |
| 01.30                | - patient vertals stable, he is sheping Con | ef-Mah   | 7                 |              |
| 03.00                | - patient had sips of water                 |          | #A 001)           |              |
| <b>ઈ</b> પ્યુ.3૦     | - Blood Sample collected and Lend.          | los l    | <del>-</del>      | •            |
|                      | contine surcely ahour                       |          | AA                |              |
| <b>પ</b> પર્ક        | -oral Care given                            |          |                   |              |
| 500                  | -ucalheumed Blom Aubran                     |          |                   |              |
|                      | - Bath gren uniquerses                      |          | -fly              | -            |
| €.3 <sub>⊃</sub>     | - Coults luce diesnif done and              |          | -00 K             |              |
|                      | ene Care given                              |          | 10                | <u>-</u>     |
|                      | - Mebulisation colnienteturos and spri      | onely    | 0019              |              |
|                      | evening patient                             |          |                   |              |
| 7,0                  | - palient molling to chan's                 | 10,000   |                   | <del>-</del> |
| (500                 | - patient housed over to worming duty St    | 4        |                   |              |
|                      |   |          |                   |              |
|                      | !<br>!                                      |          | - <del></del> -   |              |
|                      |   |          | _                 |              |
|                      |   |          | <u> </u>          |              |
|                      |   |          | -                 |              |
|                      | Signature Name                              | Emp. No. | Date              | Time         |
| Document endorsed by | 2 Langue                                    |          | 2 12 1            | 9.4          |







#### Mr.RAJASINGH P 59/Male/MHI202381562 08/01/2024/IPH2024000068





|             | NURSES PROGRESS NOTES                 |          | _      |                  | ¥.  |
|-------------|---------------------------------------|----------|--------|------------------|---|
| Date & Time | Observations / Action                 |          | Signat | ure with E       | np. No.                                       |
| 18/194      | Mornling Durg REPORT.                 |          |        |                  | _   |
|             |                                       |          |        |                  |   |
| 7:30        | Toole Over the pertient,              | 'n       |        |                  |   |
|             | becordenancially steels with mil      | , '      |        |                  |   |
|             | Support - On Monitoring, Vitals S     | Lablo    |        | •                |   |
|             | Bli CRP: lungs cleas. Africación      | ُ ئِي    |        | alo              |   |
| <u> </u>    | Bott-Bowel Bound have peut            | _        |        | odq              |   |
|             | wasm and pulses Helt.                 |          |        |                  |   |
| 7.40        | · // // /                             | rally    | J.     | gwg              |   |
|             | 8 todosated ulell.                    | Ű        | 0      | ug               |   |
| 8:00        | Administered down dis                 | egg      |        | why              |   |
|             | as ooslesed.                          | P        |        | 349              |   |
| 10:40       | Administrad nobulina                  | lion     |        | <i></i>          |   |
|             | as andered.                           |          |        |                  |   |
| 1):30       | , patient shifted 1-0                 | ·        |        |                  |   |
|             | 201 with Steeble Condition. Ha        | nded     |        | alre             |   |
|             | Overall the reports to ward Staf      | f        | 3      | <del>تر٩</del> . |   |
|             | , , , , , , , , , , , , , , , , , , , |          |        |                  |   |
|             | Recolling Notes                       |          |        |                  |   |
| 11.30       | =SA h Très from Steu en l             | 0)       | lug    | <u>-</u>         |   |
|             | # OPCAB & 3 Graft pop-IT R.           | F2.4     | 000    |                  |   |
|             | Willing @                             | 4        |        |                  | <u>, , , , , , , , , , , , , , , , , , , </u> |
|             | spt is bondons & orientas             | -        |        |                  |   |
|             | ritals are ducked & Rowrded           | 1        | (A)ı   |                  |   |
|             | => pt showly mobiliheal.              | _        | Har    | <del>-</del>     |   |
|             | est tours own Rost township           | 3 selfer |        |                  |   |
|             | most place care troubing fiven.       | J        |        |                  |   |
| 12.00       | => 2 lo chart maintained.             |          |        |                  |   |
|             | > pt petails Handing over to E        | vening   | Qu     |                  |   |
|             | duty state.                           | <i>V</i> | 1000   | Detc             | Tierra  |
| Document    | Signature Name                        | Emp. No. |        | Date             | Time  |
| endorsed by | & Angui                               | 000      | 3      | 12/1/24          | 9-m   |







#### Mr.RAJASINGH P 59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





| Date: 12)  | 1)24   | Shift: Morn   | ing - Evening N | light  |                                   | ١         | ·     |  |
|------------|--|---|-----------------|--|-----------------------------------|-----------|-------|--|
| S          | Ventilator Periphera Ryle's Tul Urinary C  | ll line day: Right:⁄ຝກົ+ີນ Left<br>be: ☐ Yes ☐ No Day<br>atheter: ☐ Yes ☐ No Day  | 1: PS           | GCS: (51) POD: TO Centractine of VIP Score: pecify organis | days: 03                          |           |       |  |
| В          | Allergies On room  | ROUND<br>urgery: ロロチカメ、 多の<br>if any: ハトカカ<br>air / oxygen: のか Yのから<br>its / New Symptoms in last sl  | ein             | Date of surg   | ery <b>( 13</b> -11)2-4<br>low: — |           |       |  |
| A          | ASSESSMENT  Vital Signs: Temp: 986 (°F)   Pulse / HR: 856   (beats/min)   Respiration: 166   (breaths/min)    BP: 119   65   (mmHg)   SpO <sub>2</sub> : 94 (%)   Height: 16   (cms)   Weight: 475 (kgs)   BMI: 29- 164   m  Others:  Pain Score: 1/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: 50   Fall Risk Protocol:   Low   Medium   High  Braden Score:   Minimal Risk: 23-19   At Risk-Mild Risk: 18-15   Moderate Risk: 14-13   High Risk: 12-10   Severe Risk: 9-6  Pressure Ulcer Scale for Healing (PUSH):   Yes   No   NA   Wound Dressing done:   Yes   No   NA   Current diet: 50   7-01   FT   Drains: - |   |                 |  |                                   |           |       |  |
| R          | Pending Pending Pending Critical va Changes Pending  | IMENDATION doctors: medications: medication indent: lab reports / investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders: |                 | care plan date   | e:                                |           |       |  |
|            | ·  | Signature   | Name            |  | Emp. No.                          | Date      | Time  |  |
| Handover o | jiven by   | 8   | Il. Decilor     |  | 018L                              | 12-41/124 | 1230  |  |
| Handover t | aken by  | Jen   | · Jui Diya.     |  | <u>_</u>                          | 12/1/24   | 19:30 |  |
| Document   | endorsed   | Nue   | S- waltry       | $\varphi$  | 800m                              | 12/1/04   | Biss  |  |

|                      | NURSES PR                             | OGRESS NOTES    |          | -  | 1,       |
|----------------------|---------------------------------------|-----------------|----------|--|----------|
| Date & Time          | Observation                           | s / Action      | Sig      | nature with E                                | mp. N    |
| 12/1/24              | Evening dut                           | ц               |          |  |          |
| @ <u></u>            | J<br>                                 | J<br>           |          |  | -        |
| 1D-0                 | -> patient hand one                   | n taken hor     | <u> </u> | - "  |          |
|                      | Changer duty Stuff                    |                 |          |  |          |
| 12.30                | - patient Nageman                     | Dut             | 2        | <u>~                                    </u> |          |
| ,                    | -spatient le Stebi                    |                 |          | 31   |          |
|                      | cheeleul records                      |                 |          |  |          |
| 14-00                | Spartient Modicifa                    | in giun as      | par      |  |          |
|                      | deore chart records                   | ,,,             | , .      |  |          |
|                      | >pertiont 501                         |                 |          | <b>\</b>                                     |          |
|                      | spatient is w                         |                 |          | 84   |          |
| (6-0                 | -> pationt not                        |                 |          |  |          |
| (40                  | spations pro                          | mad 1017eel ser | up       |  |          |
|                      | Chooset rewords.                      |                 |          |  |          |
| (৪%                  | -> perficent Sho                      | Closurt         |          |  |          |
| 19.30                | - pertional hound                     | el over fren    | pen o    | <del></del> /                                |          |
|                      | night duty Steep                      | <i>+</i>        | 1 8      | <b>6</b> /                                   |          |
|                      | · · · · · · · · · · · · · · · · · · · |                 |          |  |          |
|                      |                                       |                 |          |  | _        |
|                      |                                       |                 |          |  |          |
|                      | <u> </u>                              |                 |          |  |          |
|                      |                                       |                 |          |  | <u>`</u> |
| ·                    |                                       | <del></del>     |          |  | _        |
|                      | <u> </u>                              |                 |          | <u>.</u>                                     | _        |
|                      |                                       |                 |          |  |          |
|                      | <u> </u>                              |                 |          |  |          |
|                      |                                       |                 |          |  |          |
|                      |                                       | <u></u>         |          |  |          |
|                      | <del></del>                           |                 |          |  | _        |
|                      | Signature Name                        | -               | Emp. No. | Date   | Time     |
| Document endorsed by |                                       | - NOIP NA       | 00 94    |  | 1620     |







## MI.RAJASINGH P 59/Malc/MHI202381562 08/01/2024/IPH2024000068 Dr.ANBARASU MOHANRAJ



|                   | , <b>711</b>  | III OLINIOAL   | INIDOTEITI  |                                      |  | IOLO                                       | !       |
|-------------------|---|--|---|--------------------------------------|--|--|---------|
| Date: כן          | 1/24  | Shift: Mor   | ning Evening N  | Night                                |  |  |         |
| S                 | Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C                                | s: CAD -TVD +DIS<br>PEWS Score:<br>day:<br>al line day: Right:(eحكَةُ أَمَالًا Le<br>be: ☐ Yes ☐ No Da<br>atheter: ☐ Yes ☐ No Da                             | eft: D3   | Central line o                       | days: D_3  |  |         |
| В                 | Allergies i<br>On room  | ROUND<br>urgery: DPCAB メー3で<br>if any: NCDA<br>air / oxygen: のん Pのの<br>ats / New Symptoms in fast  | m air   | Date of surge                        | ery: lollo   | 1.   |         |
| A                 | BP: \@@ Others : _ Pain Sco Fall Risk Braden S Pressure                           | ns: Temp: <u>^86</u> (°F)   Pulse<br><u>)                                    </u>  | (♣)   Height: 161 (c<br>d: PIPPS / CRIES / FLAC<br>rotocol: ☐ Low ☐ Mediu<br>☐ At Risk-Mild Risk: 18-15 | ems)   Weight:<br>C / Wong-Bak<br>um | 字子玄(kgs)   BMI: 至<br>er FACES Pain Ratir<br>kk: 14-13 □ High Risk:<br>eressing done: □ Yes | ວິງ ໃໄລໄກ<br>ng Scale / NR<br>12-10⊡ Sever | s7 CPOT |
| R                 | Referral of<br>Pending<br>Pending<br>Pending<br>Critical va<br>Changes<br>Pending | IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections in nursing care plan: Yes follow-up orders: | s:  | care plan date                       | :  |  |         |
|                   |   | Signature  | Name  |                                      | Emp. No.   | Date                                       | Time    |
| Handover <u>ç</u> | given by  | Jan  | To thise  |                                      | 0284   | 13/1/20                                    | Td.2-   |
| Handover t        | aken by   | Hay.   | Hannal Po   | TI                                   |  | 19/1/201                                   | 7,00    |
| Document          | endorsed  | Nos  | S. walth  | P                                    | 00 21  | 12/1/24                                    | (C)     |

| NURSES PROGRESS NOTES |                   |                                       |          |                                       |  |  |  |  |  |
|-----------------------|-------------------|---------------------------------------|----------|---------------------------------------|--|--|--|--|--|
| Date & Time           |                   | Observations / Action                 | Signa    | ture with Emp. No.                    |  |  |  |  |  |
| 12/1/29               | NWITH             | DUTY NOTES                            |          |                                       |  |  |  |  |  |
| @                     | ·                 | ·                                     |          |                                       |  |  |  |  |  |
| 19.30                 | = S Pt han        | I over taken                          | Jen      |                                       |  |  |  |  |  |
| ,                     | from evening      | - deety straff                        | ON       | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
|                       | = S Pt vitale     | check of and                          |          |                                       |  |  |  |  |  |
| <u> </u>              | recorded.         | · · · · · · · · · · · · · · · · · · · |          |                                       |  |  |  |  |  |
|                       | => Pt consid      | uses and orienton                     | Hon      |                                       |  |  |  |  |  |
| <u>80.08</u>          | => Pt dece        | digs are given                        |          |                                       |  |  |  |  |  |
|                       | as per dere       | 9 Chout                               | - Son    | M                                     |  |  |  |  |  |
|                       | => P+ Mobilia     | ed well                               |          |                                       |  |  |  |  |  |
| 23.00                 | 25 Pt DD          | band Resent                           |          | - <b></b>                             |  |  |  |  |  |
|                       | -S Pt Sles        | \                                     |          |                                       |  |  |  |  |  |
| 6.00                  | es A vitali       | s' Cheeked and                        |          |                                       |  |  |  |  |  |
|                       | Recordina.        | , A <i>F</i>                          |          | <del></del>                           |  |  |  |  |  |
|                       | =) P4 <u>T</u> (0 | Chart Monitered                       | · Ser    |                                       |  |  |  |  |  |
| J-00                  | = St hand         | . ()                                  | · 0      | <u> </u>                              |  |  |  |  |  |
|                       | Morning du        | of Staff.                             |          |                                       |  |  |  |  |  |
|                       |                   | <u> </u>                              |          |                                       |  |  |  |  |  |
|                       |                   | <del></del>                           |          |                                       |  |  |  |  |  |
|                       |                   |                                       |          |                                       |  |  |  |  |  |
|                       | ,                 | <del>-</del>                          |          |                                       |  |  |  |  |  |
| <u> </u>              |                   |                                       |          | _ <del></del>                         |  |  |  |  |  |
|                       | ·                 | <u> </u>                              |          |                                       |  |  |  |  |  |
|                       |                   |                                       | -        |                                       |  |  |  |  |  |
|                       |                   | ·                                     |          |                                       |  |  |  |  |  |
|                       |                   | · · · · · ·                           |          |                                       |  |  |  |  |  |
|                       |                   |                                       |          |                                       |  |  |  |  |  |
|                       |                   |                                       |          |                                       |  |  |  |  |  |
|                       |                   |                                       |          |                                       |  |  |  |  |  |
|                       | Signature         | Name                                  | Emp. No. | Date Time                             |  |  |  |  |  |
| Document endorsed by  | · Nas-            | s- Nalth?                             | 0000     | 3/1/24/16/20                          |  |  |  |  |  |







# Mr.RAJASINGH P 59/Malc/MHI202381562 08/01/2024/IPH2024000068 Dr.ANBARASU MOHANRAJ



| Date: 13 .  | .29   | Shift: Morn   | ing Evening Night   | , i.i.   | , 3 · £  |       |
|-------------|---|---|---|--|--|-------|
| S           | Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C  | al line day: Right: لا الأولى Left<br>be: Yes No Day<br>atheter: Yes No Day   | t: VIP Score:   | days:  | *,   |       |
| В           | Allergies On room                                   | ROUND<br>urgery: のPCRB ナラ(<br>if any: wkDw<br>air / oxygen: GN ₽өоm<br>ats / New Symptoms in last sl                                      | A i'r IV fluids on fl   | ery: 184124<br>ow:   |  | ;     |
| A           | Others: Pain Sco Fall Risk Braden S Pressure        | re: \frac{\lambda b}{\lambda b} \text{Pain Scale used}  Score: \frac{\lambda b}{\lambda b} \text{Pain Risk Pro}                           | / HR:   | 17.5 (kgs)   BMI: 5<br>ser FACES Pain Ratin<br>sk: 14-13  High Risk:<br>Dressing done: Yes | 2 <u>9,9, ka</u> 9,6m<br>g Scale / NRS /<br>12-10⊡Severe R | CPOT  |
| R           | Pending Pending Pending Critical va Changes Pending | medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders: | ENo. If Yes, modified care plan date<br>on of 13 Johns Soo<br>to do blood ? | w<br>mestiget  |  |       |
|             |   | Signature   | Name  | Emp. No.   |  | Time  |
| Handover g  |   | that  | Hannah Cirace   | plos   | 13/1/24 7  | 2:30  |
| Handover ta | ken by  | Gur   | D. Sushor   | , 020  | B/1/dy   | Ross. |
| Document e  | endôrsed  | Nee   | So welth P  | 2000   | 13/1/24 1  | 620   |

| ·                                      | NU                      | JRSES PROGRESS NOTES                                      |          |             |            | <i>i.</i> |
|--|-------------------------|---|----------|-------------|------------|-----------|
| Date & Time                            |                         | Observations / Action                                     |          | Signat      | ure with E | mp. No.   |
| 13/1/24                                | Moeire                  | a Order notes   |          | -           |            |           |
|  |                         |   |          |             |            |           |
|  |                         |   | -        |             |            | -         |
| 7:30                                   | Patient ho              | inding over take  | <u></u>  |             |            |           |
|  | Ixom Nigh               | t duty Statt i  | n_       | ¢           | ley,       |           |
|  | a hemodine              | ending over take<br>t duty Staff a<br>sunically Stable Co | enditon  | <u>'</u>    | , , 6,00   |           |
|  |                         |   |          | _           |            |           |
| 8:00                                   | Vital Signs             | checked & Re  | eorde    | , '         | Hay        |           |
|  | U                       | •   |          |             | Olos       | <u> </u>  |
| 9:00                                   | Due deugs<br>deug chart | all given as  | per      |             | t <u> </u> |           |
|  | deig draft              |   |          | t           | tayore     |           |
|  |                         |   |          |             |            | ·<br>     |
| 10:30                                  | Nebulization            | n was given   |          | <u> </u>    | pyou       | 25        |
|  | <u> </u>                |   |          | · · · · · · |            |           |
| [[:00                                  | patient Mo              | bilized well, he  | rd       |             |            | -         |
|  | no Complo               | unts  |          |             |            |           |
|  | SIR done                |   |          | f           | Pyoto      | <u> </u>  |
|  | wound S                 | ite Kealthy   | _        | -           |            |           |
|  |                         |   | _        |             | 1 /0       | -         |
| 05:11                                  | Patient 1               | was stable.   | ;        |             | ties       | 5         |
|  |                         |   | _        |             |            |           |
| 12:00                                  | Patient ha              | nding over gov  | en       |             | Hay        | <u> </u>  |
|  | to Evening              | delly staff   |          |             | <u>91</u>  | 28        |
|  |                         | ,   |          |             |            |           |
| <u> </u>                               |                         |   |          |             |            |           |
| ·                                      |                         | <u> </u>  |          |             |            |           |
|  |                         |   |          |             |            | -         |
|  |                         | · · · · · · · · · · · · · · · · · · ·                     |          |             | <u> </u>   |           |
| · · · · · · · · · · · · · · · · · · ·  | ,                       | <del></del>   |          | <u> </u>    |            | -         |
| ************************************** | Signature               | Name  | Emp. No. |             | Date       | Time      |
| Document<br>endorsed by                | · Noo                   | s-valPnP  | 800g     | 2           | 13/1/24    | 16,50     |
|  |                         |   |          |             | 1,2,       | <u> </u>  |







#### Mr.RAJASINGH P 59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ 



#### HANDOVER RECORD FOR NURSES DATIENT CLINICAL

|             | rail  | IN CLINICAL I   | MINDOVER   | 1LCONI  |  | IOLO          |             |
|-------------|---|---|--|---|--|---------------|-------------|
| Date: \ 3   | SIR   | Shift: Morn   | ing Evening 1  | Night   |  |               |             |
| S           | Ventilator<br>Periphera<br>Ryle's Tut<br>Urinary C  | EWS Score: day: I line day: Right: De: Yes No Day atheter: Yes No Day   | : `  | GCS: (5) (POD: Central line of VIP Score: General specify organisms | days:  |               |             |
| B           | On room   | ROUND  Jrgery: PROPE X 30  If any: PROPE  John Coxygen: PROPE  ts / New Symptoms in last sh   |  | Date of surge   | ery: 121129<br>DW: -   |               |             |
| A           | Others: Pain Sco Fall Risk Braden S                 | re: Pain Scale used: Score: Minimal Risk: 23-19 Ulcer Scale for Healing (PUS  | Height: (%)   Height: (6) (0) PIPPS / CRIES / FLAC  PIOCOI:   Low   Media At Risk-Mild Risk: 18-15 | cms)   Weight.<br>CC / Wong-Bak<br>um                               | 計ら(kgs)   BMI: <u>C</u><br>er FACES Pain Ratir<br>sk: 14-13 □ High Risk:<br>pressing done: □ Yes | 12-10 ☐ Sever | e Aisk: 9-6 |
| R           | Pending Pending Pending Critical va Changes Pending | IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders: metructions if any: | · J —  | care plan date  | :  |               |             |
| Handover g  | jiven by  | Signature   | Name<br>R Suylv  | ra  | Emp. No.   | Date          | Time        |
| Handover ta | aķen by   | Nall  | N. Power   | 4,0   | <b>60</b> 9.9 15   | 13/1/201      | 19.20       |
| Document e  | endorsed  | vice  | S- Waltr   | P   | 005t   | 13/1/24       | 10100       |

| NURSES PROGRESS NOTES |              |                       |          |  |  |  |  |  |
|-----------------------|--------------|-----------------------|----------|--|--|--|--|--|
| Date & Time           |              | Observations / Action | Si       | ignature with Emp. No.                       |  |  |  |  |
| 13/1/29               | Evanin       | 9 duty Notes          |          | •  |  |  |  |  |
| 0                     |              | 1                     |          |  |  |  |  |  |
| 12.00                 | -> patient } | ional orow tecken     | Bum      |  |  |  |  |  |
|                       | Mooning du   | ity steet             | _        |  |  |  |  |  |
|                       | ->pt · Naom  | al diet               |          | & <u> </u>                                   |  |  |  |  |
| 13.0                  | -> padient.  | is steble & vited     | sareye   |  |  |  |  |  |
|                       | spart rewels |                       |          |  |  |  |  |  |
| 140                   | spatiend !   |                       | 23       |  |  |  |  |  |
|                       | peur dury (  |                       | b        |  |  |  |  |  |
| Lbies                 |              | Nowilization given    |          | 200  |  |  |  |  |
| Itu                   |              | nasmal vital senge    | :        |  |  |  |  |  |
| <u>, i </u>           | chert rousel | 0                     |          | <u>,                                    </u> |  |  |  |  |
| <u>(දින</u>           |              | To clent              |          | ·<br>  |  |  |  |  |
| 19.5                  |              |                       | er eg    | <u> </u>                                     |  |  |  |  |
|                       | par night    |                       |          | Dow  |  |  |  |  |
|                       | , F          |                       | 3        |  |  |  |  |  |
|                       | ·            |                       |          |  |  |  |  |  |
| ·                     |              |                       |          |  |  |  |  |  |
|                       |              |                       |          |  |  |  |  |  |
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|                       |              |                       |          |  |  |  |  |  |
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|                       |              |                       |          |  |  |  |  |  |
|                       | ·<br>        |                       |          |  |  |  |  |  |
|                       | -            | _1                    |          |  |  |  |  |  |
|                       |              |                       |          |  |  |  |  |  |
|                       |              |                       |          |  |  |  |  |  |
|                       |              |                       |          |  |  |  |  |  |
|                       |              |                       |          |  |  |  |  |  |
|                       | Signature '  | Name                  | Emp. No. | Date Time                                    |  |  |  |  |
| Document endorsed by  | Nel          | g. Nalini             | 500 ort  | 13/1/24 1820                                 |  |  |  |  |







# Mr.Rajasingh P 59/Malc/MHi202381562 08/01/2024/iph2024000068 Dr.Anbarasu mohanraj



| ,          | · Viir  | , OLINIOAL F   | IAMBOVEN NECO   |  | IOLO                               |           |
|------------|---|--|---|--|------------------------------------|-----------|
| Date: (3   | 1124  | Shift: Morn  | ing Evening 19ight  | ·  | •<br>                              |           |
| S          | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C                    | s: CAD-TVD PEWS Score: O day: ~ Il line day: Right: Left be:   | r: VIP Score:   | e days: ~  |                                    | ,         |
| ·B         | Allergies i<br>On room  | ROUND<br>urgery: OPCABX348<br>if any: NKDA<br>air / oxygen:RA<br>its / New Symptoms in last sl   | IV fluids on  | rgery: 12 h 124<br>flow: -                               | ·                                  | •         |
| Δ          | BP: 130<br>Others:<br>Pain Sco<br>Fall Risk                                       | ns: Temp: 16.2°F)   Pulse<br>  SpO <sub>2</sub> : 16.2°F)   SpO <sub>2</sub> : 16.2°F)   SpO <sub>2</sub> : 16.2°F)   SpO <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Score: 16.2°F)   Score: 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub>2</sub> : 16.2°F)   Spo <sub></sub> | / HR:(beats/min)   Resp<br>(%)   Height: [(cms)   Weigh<br><br>: PIPPS / CRIES / FLACC / Wong-B<br>ptocol: Low MediumHigh | nt: <u>    7 - 5</u> (kgs)   BMI:<br>aker FACES Pain Rat | 27,9 <i>Kg/1</i><br>ing Scale /NB: | •         |
|            | Pressure<br>Current o   | Ulcer Scale for Healing (PÙS   | •   | Risk: 14-13 ☐ High Risk<br>I Dressing done: ☐ Ye<br>ins: |                                    | Pisk: 9-6 |
| R          | Referral of<br>Pending<br>Pending<br>Pending<br>Critical va<br>Changes<br>Pending | medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders:  | ONO. If Yes, modified care plan da  |  |                                    |           |
|            |   | Signature  | Name  | Emp. No.   | Date                               | Time      |
| Handover ( | given by  | Make   | N. Revathi  | 0225   | ايرار اير                          | 7.30      |
| Handover t | aken by   |  | A. Namkini  | 0120   | 14/16                              | 7.3       |
| Document   | endorsed  | Nel  | 5 NalPhA  | 0024   | 1211/20                            | Poso      |

|                      | NU              | IRSES PROGRESS NOTES  |          |        |              | ,à-           |
|----------------------|-----------------|-----------------------|----------|--------|--------------|---------------|
| Date & Time          |                 | Observations / Action |          | Signat | ure with Er  | np. No,       |
| 13/1/24              | 019             | ht duty Noto.         |          |        |              | ,             |
| at_                  |                 |                       |          | _      |              |               |
| 19.30                | => Patient      | hand over taker       | ) to     | (      | <del>)</del> |               |
|                      | the ovening     | duty Staff.           |          | ,0     | K)<br>3055   |               |
|                      |                 | us é or l'ontod-      |          |        | ·            |               |
|                      | -> vital sig    | and the chocked a roc | onded    | ·<br>  |              |               |
| 20,00                |                 | had a Normal d        |          |        |              | <del></del>   |
|                      | => Modical      | read to don't doi     | as       |        |              |               |
|                      | down chart.     |                       |          | MD.    |              |               |
| 21-00                |                 | L slowly mobilize     |          | Of the | <del>-</del> |               |
| 22.00                |                 | zation was givon.     |          |        |              |               |
|                      |                 | no to do cec, vi      | *        |        |              |               |
|                      | Creatining, Nat |                       |          |        |              |               |
| -00.00               |                 | sloop good.           |          |        |              |               |
| 5.30                 |                 | on doop .Sloop        | 1        | 1 1    |              |               |
| 4.00                 |                 | was collected         | 8        | TO ST  | <del></del>  |               |
|                      | ropout duo.     |                       |          |        |              |               |
| 6.00                 | = h Nobu        | lization was gi       | con.     |        |              |               |
| <u> </u>             | => vital S      | igns chockedered      | iondod   |        |              |               |
|                      | , –             | haset monitored.      | -        |        |              |               |
| 4.30                 |                 |                       | ron      | No.    | ρ            |               |
|                      | to the morni    | ery duty staff.       |          | 027    | <u> </u>     | <del></del> _ |
|                      |                 |                       |          |        |              |               |
|                      |                 | <del>_</del>          |          |        |              |               |
| <del></del>          |                 | <del></del>           |          |        | <del>.</del> |               |
|                      |                 |                       |          |        |              |               |
|                      |                 |                       |          |        |              |               |
|                      |                 |                       |          |        |              |               |
|                      |                 |                       |          |        |              |               |
|                      | Signature       | Name                  | Emp. No. |        | Date         | Time          |
| Document endorsed by | Neel            | g- welln?             | 00 %     | P ]    | 13/1/24      | 1620          |







## Mr.RAJASINGH P 59/Male/MHI202381562 08/01/2024/IPH2024000068 Dr.ANBARASU MOHANRAJ



| Date: 14    | Shift: Morning Evening Night  |
|-------------|---|
| S           | SITUATION  Diagnosis: CP/O - TV/O GCS: S//S  NEWS / PEWS Score: POD: JV  Ventilator day: Central line days: —  Peripheral line day: Right: — Left: —  Ryle's Tube: Yes No Day: VIP Score: 4  Urinary Catheter: Yes No Day:  Barrier nursing: Yes No MDR: Yes No If Yes, specify organism:                 |
| В           | Type of surgery:  Allergies if any:  On room air oxygen:  Complaints / New Symptoms in last shift:  Date of surgery:  2   1   24  IV fluids on flow:  |
| A           | Vital Signs: Temp: \$\frac{1}{10} \text{(°F)} \   Pulse \   HR: \Bullet \frac{9}{10} \ (beats/min) \   Respiration: \Dullet \frac{9}{10} \ (breaths/min) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| R           | Referral doctors:  Pending medications:  Pending medication indent:  Pending lab reports / Investigations:  Critical value alert and its corrections:  Changes in nursing care plan: Yes No If Yes, modified care plan date:  Pending follow-up orders:  Special instructions if any: Today plan didnary. |
|             | Signature Name Emp. No. Date Time   |
| Handover g  | N. Mad 177 1 017 17/11/24 1/2:50  |
| Handover to | 230177001   |
| Document e  | endorsed val 8 valing 9029 14/1/24/6/20   |

| NURSES PROGRESS NOTES |             |                       |   |   |                                       |                |  |
|-----------------------|-------------|-----------------------|---|---|---------------------------------------|----------------|--|
| Date & Time           |             | Observations / Action |   | Signat  | ure with E                            | mp. No.        |  |
| 14/1/24               | Mornin      | g July No             | 108   |   |                                       | ,              |  |
|                       | ٤ ,         | <u> </u>              |   |   | <b>.</b>                              |                |  |
| ·#.30                 | - patient   | tection over          | from  | 1   |                                       |                |  |
|                       | Mia         | Rt duty 8+6           | UL  |   | · · · · · · · · · · · · · · · · · · · |                |  |
|                       | Nurse 0     |                       |   |   |                                       |                |  |
|                       | s patient   | Conscious & o         | reerla  | 0   |                                       |                |  |
|                       | s patient   | vital signs           |   |   |                                       |                |  |
| 8.20                  | 1 Checad    | & Peror ded           | · .   |   | 1                                     |                |  |
| 0 23                  | - medie     | ation Given           | as-   | 1   | _ د                                   |                |  |
|                       | per drug    | Chart,                |   |   |                                       |                |  |
|                       | 25 patient  | 2 mobilitée           | √. · · <u>.                                </u> | _   |                                       |                |  |
|                       | ( / we      | 011                   |   |   |                                       | _              |  |
|                       | 5 Today     | plan disch            | arge  |   |                                       |                |  |
| 11-30                 | 6 pateent   | - VItal Sig           | 18  |   |                                       |                |  |
|                       | / Chella    | d & Recorded          | <u>,                                     </u>   | <u>,                                     </u> | _                                     |                |  |
| 12.30                 | > patier    | it handing            | own   |   | *                                     |                |  |
|                       | / 10_       | Frening Vo            | luty  | 13/1  | <u> </u>                              |                |  |
|                       | Stuff 1     | Curse                 |   |   |                                       |                |  |
| <u> </u>              |             |                       |   |   |                                       | -              |  |
|                       | Die Claa    | ego votes             |   |   |                                       |                |  |
| [9-15                 | pt car      | be discharge wel      | slo_  |   |                                       |                |  |
|                       | pt consions | and Ocientecs         |   |   | <u> </u>                              |                |  |
|                       | JU 1        | in lamacol.           |   |   |                                       |                |  |
|                       | Dicharge    | Demmary ex            | place   | <b>/</b> _                                    |                                       |                |  |
|                       | and give    | <del>/</del>          |   |   | _                                     |                |  |
|                       |             |                       | rrage"  | <u>a</u>                                      | <u> </u>                              | _              |  |
|                       | giveen 50   | Bound securition      | 20  | _ <u>X</u> o                                  | form                                  | <del>}</del> — |  |
| ,                     |             |                       |   | -   |                                       |                |  |
| <del></del>           | Signature   | Name                  | Emp. No.  |   | Date                                  | Time           |  |
| Document endorsed by  | Noo_        | 8-NalPAP              | 00  | oct   | philos                                | 14 B)          |  |





## ADULT NURSING CARE PLAN

BIT.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





|   | <u> </u>   | · · · · · · · · · · · · · · · · · · ·  |                    |                    |
|---|--|--|--------------------|--------------------|
| Initial Date: &   2   | Time: (9:00  | Modified Date: Time:   |                    |                    |
| Reason for Modification:  |  | Diagnosis: CAD — LMTVD   |                    |                    |
| Patient Specific<br>Problems / Needs  | Measurable Goals   | Nursing Interventions  | Evaluation         | Sign &<br>Initials |
| NUTRITION  ☐ Keep NPO ☐ Regular Diet ☐ Others:  | Patient will have adequate nutrition with no nausea and vomiting Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs                                     | Provide Prescribed diet on time Encourage patient to consume the served meal Record amount of food consumed  | E pt-had po diet   | Foi.               |
| , a   | · · · · · · · · · · · · · · · · · · ·  | _  | N Pt had (1)       | St.                |
| OXYGENATION  Room-Atr  Nasal Cannula / High Flow O,  Mask  BiPAP / CPAP  Ventilator   | ☐ Patient will have normal O₂ saturation☐ Patient ABG levels will return to and remain within normal limits☐ No other respiratory abnormalities☐ Patient respiratory rate will remains within established limits | ☐ Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises ☐ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order ☐ Utilise pulse oximetry to check O₂ saturation and pulse rate ☐ If any O₂ abnormalities detected inform immediately to | M Pt had D<br>diet |                    |
| ☐ Tracheostomy ☐ Others:  | Patient will indicates, either verbally or through behavior, feeling comfortable when breathing  | the concerned physician  Place patient with proper body alignment for maximum breathing pattern  Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis  Note for changes in level of consciousness  | E PH 8 po 299 y.   | Den Oran           |
|   | · ·  | Send sputum for culture and sensitivity based on physician order  Maintain clear airway by suctioning or encouraging patient with successful coughing  | N Pt 18702 99%.    | ger .              |
| FLUID & ELECTROLYTES  Oral Intravenous Enteral Nutrition Parenteral Nutrition Others: | Patient will have balanced fluid and electrolytes balance  | Enhance fluid intake unless restricted  Check IV sites and assess if there is any complication Provide tube feedings Monitor intake and output Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses Monitor for possible sources of fluid loss          | M EPT 20 Chart     | 2                  |
|   |  | ☐ Monitor BP for orthostatic changes   | N P+ Dlo Chout     | S.                 |

|   | Patient Specific Problems / Needs   | Measurable Goals  | Nursing Interventions   | Evaluation              | Sign &<br>Initials |
|---|---|---|---|-------------------------|--------------------|
| - | MOBILITY  Mobile Immobile  Walk with assistance Physiotherapy Others:   | Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Putient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility | ☐ Encourage regular ambulation ROM exercise ☐ Apply Anti-Embolic stocking / SCD ☐ Evaluate the need for assistive devices ☐ Assess the safety of the environment ☐ Consider the need for home assistance (e.g., physical therapy, visiting nurse) ☐ Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature) | M Well.:                | Frej.              |
|   |   |   |   | N pt well well its d    | Joy.               |
|   | ELIMINATION  Catheter, bedpan, urinal Nasogastric tube Bowel movement   | Patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention,  | ☐ Eacourage fluid intake ☐ Encourage fibre diet intake ☐ Encourage early ambulation ☐ Report any abnormalities to physician   | М                       | •                  |
|   | -∐ Urination<br>□ Others: - <sub>-(</sub>   | control of bowel incontinence,  Observe voiding accessories as foley's /  | E Pt @ Pattern  | De Sui.                 |                    |
|   | <b>\$</b>   |   | and follow proper protocol Check for malena / constipation / urinary retention  | N PA D pattern          | 影                  |
|   | SKIN INTEGRITY  Maintain normal skin integrity Pressure points site assessment HAPI OPI  GRADES OF PRESSURE         | Patient will maintain normal healing status  Patient will discharge with intact skin integrity  | Minimize / Eliminate friction and shear  Minimize pressure (off-loading) with special beds  Make sure wrinkles free bed / comfort surfaces and devices  Early skin inspection and treatment  Keep position changing 2 hourly and manage pain  Manage moisture, clean and dry skin   | М                       |                    |
|   | INJURY  GRADE 1 GRADE 2 GRADE 3 GRADE 4 Unstageable Deep Tissue Injury Healing Status PUSH Decreased PUSH Increased | Follow doctors and TVN order properly  Monitor the healing status  Educate patient and family members about further skin care   | E pt sim D<br>Integraty   | A 59                    |                    |
|   | ☐ Intermittent Assisted ☐ Dermatitis ☐ Pressure injury / blisters site care given ☐ Others:                         | *   |   | N PA Skin (D) Puleguit- | Ser                |

•

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

| Patient Specific<br>Problems / Nec   |              | Measurable Goals                             | ζ.              | Nursing Intervention  | IS  | -                          | Evaluation |                              | Sign &<br>Initials |
|--|--------------|--|-----------------|---|---|----------------------------|------------|------------------------------|--------------------|
| COMMUNICAT  Verbal  Non-verbal  Sigh language  Others:   |              | Patient will communic with positive feedback | ate effectively | ☐ Introduce the care gi☐ Encourage the use o☐ Obtain interpreter if r☐ No negative speaking or prognosis in the p   | f call bell<br>needed<br>g about the patient's c  | condition                  | M P+ WA    | action                       | Stol               |
| SPECIAL INTE  Medication  Yound care  Isolation  Ostomy Care  Blood / Blood p  transfusion  Fluid tapping  DVT Manageme  Others: | ·<br>roducts | ☐ To manage on time                          |                 | Double check for hig Observe and report a Provide proper meas Follow hospital police and explain to the pa Check for cross mate compatibility Practice strict asepsi blood products and t Monitor DVT score at as per doctors order | any medication reaction<br>cures of wound care<br>es and protocols of iso<br>tient / family<br>ching and typing, to er<br>s while transfusing blo<br>duids<br>nd continue treatment | olation<br>nsure<br>and or | М          | erdnigs<br>finer-<br>er dugs | ST.                |
|  | Signature    |  | Name            |   |   | Emp. ID                    |            | Date                         | Time               |
| Endorsed by  |              | (Do  | Di              | orienere o  |   | 005                        | -          | 10/01/24                     | 09!00              |
| ;  |              |  |                 |   |   |                            |            |                              |                    |





## ADULT NURSING CARE PLAN

### Patient Patelle (Affin Laber 1) Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/1PH2024000068

Dr.ANBARASU MOHANRAJ





|  | <u> </u>  |  |  |                            |
|--|---|--|--|----------------------------|
| Initial Date: q  | Time: 8-00  | Modified Date: Time:   |  |                            |
| Reason for Modification:   |   | Diagnosis: CAD-1NITUD  |  |                            |
| Patient Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation   | Sign &<br>Initials         |
| NUTRITION  Keep NPO Regular Diet Others:   | Patient will have adequate nutrition with no nausea and vomiting Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs  | Provide Prescribed diet on time Encourage patient to consume the served meal Record amount of food consumed  | M pt had O diet.  E pt had O diet  N pt had O diet                       | 5. 30<br>Qua<br>DO<br>DOOF |
| OXYGENATION  Room Air  Nasal Cannula / High Flow O₂  Mask  BiPAP / CPAP  Ventilator  Tracheostomy  Others: | Patient will have normal O₂ saturation Patient ABG levels will return to and remain within normal limits No other respiratory abnormalities Patient respiratory rate will remains within established limits Patient will indicates, either verbally or through behavior, feeling comfortable when breathing | Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises  Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order  Utilise pulse oximetry to check O₂ saturation and pulse rate  If any O₂ abnormalities detected inform immediately to the concerned physician  Place patient with proper body alignment for maximum breathing pattern  Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis  Note for changes in level of consciousness  Send sputum for culture and sensitivity based on physician order  Maintain clear airway by suctioning or encouraging patient with successful coughing | Pt on Room  E Pt on room  avi  | 5. D. C.                   |
| FLUID & ELECTROLYTES Oral Intravenous Enteral Nutrition Parenteral Nutrition Others:                       | Patient will have balanced fluid and electrolytes balance   | Enhance fluid intake unless restricted  Check IV sites and assess if there is any complication  Provide tube feedings  Monitor intake and output  Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses  Monitor for possible sources of fluid loss  Monitor BP for orthostatic changes  | pt I/o enart maintaina  E Mouitonad Flo World  N Ft I/o Chart maintained | 5 90<br>Suo<br>120<br>0207 |

| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions  | Evaluation              | Sign &<br>Initials |
|---|---|--|-------------------------|--------------------|
| MOBILITY  Mobile / Immobile  Walk with assistance Physiotherapy Others:   | Patient will mobilize freely Patient will perform physical activity independently or within limits of disease                                       | ☐ Encourage regular ambulation ROM exercise ☐ Apply Anti-Embolic stocking / SCD ☐ Evaluate the need for assistive devices ☐ Assess the safety of the environment ☐ Consider the need for home assistance   | M pt well mobilizea     | 28                 |
| Uniers.   | Patient will use safety measures to minimize potential for injury     Patient will demonstrate the use of adaptive devices to increase mobility     | (e.g., physical therapy, visiting nurse)  Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)  | E bt room               | Dus.               |
|   |   |  | n Pt well. mobelized    | DC<br>2007         |
| ELIMINATION  Catheter, bedpan, urinal  Nasogastric tube  Bowel movement  Urination                                  | Patient will have normal elimination pattern     Patient will control of urinary in-continence or urinary retention, control of howel incontinence. | Encourage fluid intake Encourage fibre diet intake Encourage early ambulation Report any abnormalities to physician Observe voiding accessories as foley's /   | M Pt normal<br>Pattorn  | 5.93               |
| Others:   | and regular elimination patterns  | ontrol of bowel incontinence, nd regular elimination patterns    Observe voiding accessories as foley's / silicone catheter   Check placement before feeding   Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order  | ept sou                 | Lu                 |
|   | · .   | and follow proper protocol Check for malena / constipation / urinary retention   | N pt self<br>Voiding    | DC<br>0207         |
| SKIN INTEGRITY  Maintain normal skin integrity Pressure points site assessment HAPI DPI  GRADES OF PRESSURE         | Patient will maintain normal healing status Patient will discharge with intact skin integrity   | ☐ Minimize / Eliminate friction and shear     ☐ Minimize pressure (off-loading) with special beds     ☐ Make sure wrinkles free bed / comfort surfaces     ☐ and devices     ☐ Early skin inspection and treatment     ☐ Keep position changing 2 hourly and manage pain     ☐ Manage moisture, clean and dry skin | pt skin @  m interapite | 5 B                |
| INJURY  GRADE 1 GRADE 2 GRADE 3 GRADE 4 Unstageable Deep Tissue Injury Healing Status PUSH Decreased PUSH Increased |   | Maintain adequate nutrition and hydration     Proper application of medications and dressing     Follow doctors and TVN order properly     Monitor the healing status     Educate patient and family members about further skin care   | E Mosmed Slon           | Fis                |
| ☐ Intermittent Assisted ☐ Dermatitis ☐ Pressure injury / blisters site care given ☐ Others:                         | ·   |  | N                       |                    |

| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions  | Evaluation   | . Sign &<br>Initials  |
|---|---|--|--|---|
| HYGIENE  ☐ Bed-Bath ☐ Assist-Bath ☐ Self-Care ☐ CBD Care (if present) ☐ Others:   | Patient will stay clean and well-groomed  Patient will demonstrate lifestyle changes to meet self-care needs  Patient will recognize individual weakness or needs | Encourage patient to do daily bathing and oral hygiene Change patient's gown daily Encourage hand hygiene Consider the patient's need for assistive devices Apply moisturizing solution  | m pt well groomed  E pr well groomed  N pt well gromed       | 3 #<br>Duo  |
| SAFETY  Check ID Hand IV care EJV CENTRAL LINE Side rails Others:   | Patient will have no life-threatening situations  | Check the identity with ID band before any interaction with the patient Raise side rails Provide proper invasive line care Keep bed locked and low at all time Educate care providers to be the patient Follow restrain policy (if needed)   | M P+ I ID Band Chacked.  E also Fand  N I D B and present.   | Pic t   |
| COMFORT AND SLEEP  ☐ Pain Control ☐ Sleep Patterns ☐ Others:  | Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep   | Provide clean calm and restful environment Provide privacy at all time Monitor pain scale / sleep pattern Provide pharmacological and non-pharmacological therapy  | M N  |   |
| OBSERVATION  Vital Signs GCS Blood Sugar Others:  | Patient will have normal range of vital parameters  | Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order | M Pt VIS  Checked  E browtened  yetal figs  N Pt VIs Checked | 5: By<br>Dus<br>Dus<br>Dus<br>Dus<br>Dus<br>Dus<br>Dus<br>Dus<br>Dus<br>Dus |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs Bellefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others: | Patient will achieve spiritual needs Patient will be able to control his feeling toward his illness Patient will maintain normal psychological pattern            | Pray or encourage the patient to pray Use inspirational words Respond to spiritual needs as they arise Evaluate spiritual needs Encourage verbalization of feelings / therapeutic touch Provide empathy and reassurance  | M -  Ephotogral Suppose  N -                                 | Du  |

a "X. -

| COMMUNICATION<br>Verbal   |   |      | Nursing Interventions   |           | Evaluation |                        | Sign &<br>Initials |
|---|---|------|---|-----------|------------|------------------------|--------------------|
| Non-verbal  | Patient will communi with positive feedbace |      | Introduce the care giver Encourage the use of call bell Obtain interpreter if needed  |           | w 64 ora   | LL Commynl<br>Costs OF | 500                |
| Sigh language<br>Others:  |   |      | No negative speaking about the patient's or prognosis in the patient's presence   | condition | E PH well  | Matter                 | 2 UB               |
|   |   |      |   |           |            | municated              | DC 0007            |
| SPECIAL INTERVENTION Medication Wound care Isolation                  | To manage on time                           |      | <ul> <li>□ Double check for high alert medication</li> <li>□ Observe and report any medication reaction</li> <li>□ Provide proper measures of wound care</li> <li>□ Follow hospital polices and protocols of isolation</li> </ul> |           |            | Stron.                 | 5.92               |
| Ostomy Care<br>Blood / Blood products<br>transfusion<br>Fluid tapping |   |      | and explain to the patient / family  Check for cross matching and typing, to compatibility  Practice strict asepsis while transfusing to  | I E clue  |            | givon                  | Du.                |
| DVT Management<br>Others:   |   |      | blood products and fluids  Monitor DVT score and continue treatme as per doctors order  | nt        | n pt due   | drugs<br>geven         | £.C<br>0207        |
| Signati   | ıre   | Name |   | Emp. ID   |            | Date                   | Time               |
| ndorsed by  | (1)   |      | phanerani.  | 005       | _          | 09/01/20               | ,08100             |
|   |   |      |   |           |            |                        |                    |
|   |   |      |   |           |            |                        |                    |

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### ADULT NURSING CARE PLAN

59/Male/MHI202381562 0S/01/2024/IPH2024000068 Dr.ANBARASU MOHANDA



| dway Hospitals  | NABH        | WINDARASU MOHANRAJ  |
|---|-------------|---|
| The way to better health<br>A Unit of United Alliance Healthcare Pvt Ltd) | ACCHEOITED. | 140 AV 180 AV 180 AV 180 AV 180 AV 180 AV 180 AV 180 AV 180 AV 180 AV 180 AV 180 AV 180 AV 180 AV 180 AV 180 AV |
|   |             | ***************************************   |

| Initial Date: 10 01 24  | Time: 8.00  | Modified Date: Time:   |                            |                    |  |
|---|---|--|----------------------------|--------------------|--|
| Reason for Modification:  |   | Diagnosis: CAD- LM+TVD   |                            |                    |  |
| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions  | Evaluation                 | Sign &<br>Initials |  |
| NUTRITION  Leep NPO   | Patient will have adequate nutrition with no nausea and vomiting  | Provide Prescribed diet on time Encourage patient to consume the served meal   | m Pt NPO 5AM               | 5 D)               |  |
| ☐ Regular Diet ☐ Others:  | <ul> <li>Patient will consume daily nutritional<br/>requirements in accordance to his<br/>activity level and metabolic needs</li> </ul>   | ☐ Record amount of food consumed   | E                          |                    |  |
|   |   |  | N                          |                    |  |
| OXYGÉNATION  ☐ Room Air ☐ Nasal Cannula / High Flow O₂ ☐ Mask ☐ BiPAP / CPAP ☐ Ventilator | Patient will have normal O₂ saturation Patient ABG levels will return to and remain within normal limits No other respiratory abnormalities Patient respiratory rate will remains within established limits Patient will indicates, either verbally or through behavior, feeling comfortable when breathing | <ul> <li>□ Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises</li> <li>□ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order</li> <li>□ Utilise pulse oximetry to check O₂ saturation and pulse rate</li> <li>□ If any O₂ abnormalities detected inform immediately to the concerned physician</li> <li>□ Place patient with proper body alignment for maximum breathing pattern</li> <li>□ Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis</li> <li>□ Note for changes in level of consciousness</li> <li>□ Send sputum for culture and sensitivity based on physician order</li> <li>□ Maintain clear airway by suctioning or encouraging patient with successful coughing</li> </ul> | m pt on poon               | 502                |  |
| ☐ Tracheostomy ☐ Others:  |   |  | E                          |                    |  |
|   |   |  | N                          |                    |  |
| FLUID & ELECTROLYTES  Oral Intravenous Enteral Nutrition                                  | Patient will have balanced fluid and electrolytes balance   | ☐ Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Provide tube feedings ☐ Monitor intake and output  | m pt crut pat<br>monitored | 5 D                |  |
| ☐ Parenteral Nutrition ☐ Others:  |   | Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses     Monitor for possible sources of fluid loss     Monitor BP for orthostatic changes  | E                          |                    |  |
|   |   | -  | N                          |                    |  |

| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions   | Evaluation                   | Sign &<br>Initials |
|---|---|---|------------------------------|--------------------|
| MOBILITY  Mobile / Immobile  Walk with assistance Physiotherapy Others:   | □ Patient will mobilize freely     □ Patient will perform physical     activity independently or within     limits of disease     □ P_tient will use safety measures     to minimize potential for injury     □ Patient will demonstrate the use of     adaptive devices to increase mobility | □ Encourage regular ambulation ROM exercise     □ Apply Anti-Embolic stocking / SCD     □ Evaluate the need for assistive devices     □ Assess the safety of the environment     □ Consider the need for home assistance     (e.g., physical therapy, visiting nurse)     □ Note for progressing thrombophlebitis     (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)   | M P+ mobilized               | 5.9%               |
|   |   |   | E , ;                        |                    |
|   |   |   | N                            |                    |
| ELIMINATION  Catheter, bedpan, urinal Nasogastric tube Bowel movement Urination   | Patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns  | Encourage fibre diet intake Encourage early ambulation Report any abnormalities to physician Observe voiding accessories as foley's /   | M. Pt Solf worded            | 5.9                |
| Others:   |   |   | E                            |                    |
|   |   |   | N                            |                    |
| SKÍN INTEGRITY Maintain normal skin integrity Pressure points site assessment HAPI OPI GRADES OF PRESSURE INJURY              | ☐ Patient will maintain normal healing status ☐ Patient will discharge with intact skin integrity   | Minimize / Eliminate friction and shear     Minimize pressure (off-loading) with special beds     Make sure wrinkles free bed / comfort surfaces and devices     Early skin inspection and treatment     Keep position changing 2 hourly and manage pain     Manage moisture, clean and dry skin     Maintain adequate nutrition and hydration     Proper application of medications and dressing     Follow doctors and TVN order properly     Monitor the healing status     Educate patient and family members about further skin care | PH Slain is (N)  - Integrity | 2 D.               |
| ☐ GRADE 1 ☐ GRADE 2 ☐ GRADE 3 ☐ GRADE 4 ☐ Unstageable ☐ Deep Tissue Injury ☐ Healing Status ☐ PUSH Decreased ☐ PUSH Increased |   |   | E                            |                    |
| ☐ Intermittent Assisted ☐ Dermatitis ☐ Pressure injury / blisters site care given ☐ Others:                                   |   |   | N                            |                    |

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| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions   | Evaluation                       | Sign & Initials |
|---|---|---|----------------------------------|-----------------|
| HYGIENE  ☐ Bed-Bath ☐ Assist-Bath ☐ Self-Care ☐ CBD Care  | Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs | ☐ Encourage patient to do daily bathing and oral hygiene ☐ Change patient's gown daily ☐ Encourage hand hygiene ☐ Consider the patient's need for assistive devices ☐ Apply moisturizing solution   | M Pt Frod hygiene                | 5 0             |
|   |   |   | N                                |                 |
| SAFETY Check ID Hand IV care EJV CENTRAL LINE Side rails Others:  | Patient will have no life-threatening situations  | □ Check the identity with ID band before any interaction with the patient     □ Raise side rails     □ Provide proper invasive line care     □ Keep bed locked and low at all time     □ Educate care providers to be the patient     □ Follow restrain policy (if needed)            | M Pf ID Band Charled             | 5 D.            |
|   |   |   | E                                |                 |
|   |   |   | N                                |                 |
| COMFORT AND SLEEP Pain Control Sleep Patterns Others:   | Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep   | □ Provide clean calm and restful environment     □ Provide privacy at all time     □ Monitor pain scale / sleep pattern     □ Provide pharmacological and non-pharmacological therapy   | M                                |                 |
|   |   |   | E                                |                 |
|   |   | ·   | N                                |                 |
| OBSERVATION Vital Signs GCS Blood Sugar Others:   | Patient will have normal range of vital parameters  | Monitor vital signs regularly  Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order | MPHUIS checked ?<br>Recorded     | 5. D:           |
|   |   |   | E                                |                 |
|   |   |   | N                                |                 |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs Beliefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others: | Patient will achieve spiritual needs Patient will be able to control his feeling toward his illness Patient will maintain normal psychological pattern          | Pray or encourage the patient to pray Use inspirational words Respond to spiritual needs as they arise Evaluate spiritual needs Encourage verbalization of feelings / therapeutic touch Provide empathy and reassurance   | M Provide Psychologica<br>Suffat | 5.D;            |
|   |   |   | E                                |                 |
|   |   |   | N                                |                 |

| Patient Specifi<br>Problems / Ne  |           | Measurable Goals                             | `.               | Nursing Interventions  |           | Evaluation | f 1        | Sign &<br>Initials |
|---|-----------|--|------------------|--|-----------|------------|------------|--------------------|
| COMMUNICAT  Verbal  Non-verbal  | rion      | Patient will communic with positive feedback | cate effectively | ☐ Introduce the care giver ☐ Encourage the use of call bell ☐ Obtain interpreter if needed   |           | m þ← ce    | mountation | 5 Dr               |
| ☐ Sigh language<br>☐ Others:  |           |  |                  | No negative speaking about the patient's or prognosis in the patient's presence  | condition | E          |            |                    |
|   |           |  |                  |  |           | N ·        |            |                    |
| SPECIAL INTERVENTIONS  Medication Wound care Isolation  |           | ☐ To manage on time                          |                  | □ Double check for high alert medication □ Observe and report any medication reaction □ Provide proper measures of wound care □ Follow hospital polices and protocols of isolation and explain to the patient / family □ Check for cross matching and typing, to ensure compatibility □ Practice strict asepsis while transfusing blood or blood products and fluids □ Monitor DVT score and continue treatment as per doctors order  M  E |           |            |            |                    |
| □ Ostomy Care     □ Blood / Blood products     transfusion     □ Fluid tapping     □ DVT Management     □ Others: |           |  |                  |  |           |            |            |                    |
|   |           |  |                  |  |           | N          |            |                    |
|   | Signature |  | Name             |  | Emp. ID   | •          | Date       | Time               |
| Endorsed by   |           | (T)  | 2                | Conerario.   | ,00       | )5         | 10/01/29   | (0'. 0°            |
|   |           |  |                  |  |           |            |            |                    |





59/Male/MH1202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





# ADULT POST-OPERATIVE NURSING CARE PLAN

| Initial Date: 10 パタ  | A Time: 15 05   | Modified Date: - Time:   | -   |                    |  |
|--|---|--|---|--------------------|--|
| Reason for Modification:   |   | Diagnosis: CAD-GVD + 6ft No  | ŵn.   |                    |  |
| Patlent Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation  | Sign &<br>Initials |  |
| PAIN  ☐ Comfortable Position ☐ Pain Scale ☐ Pain Score ☐ Others:             | Patient will have less pain   | Evaluate location, character, quality and severity of pain     Administer pain medication as prescribed and as needed     Observe for any changes in vital signs     Maintain proper positioning of patient     Assist or turn patient every two hours     Assess incision area for redness, heat, induration, swelling, separation and drainage     Non-Pharmacological therapy   | M  E dduins bened analysius  Onder:  N Pain Score 1/10      | 2014<br>2014       |  |
| OXYGENATION  Room Air Oxygen Hood Nasal Cannula Nebulizer Ventilator Others: | Patient will have no shortness or difficulty of breathing   | Provide well ventilated environment     Check oxygen saturation     Perform suctioning if needed     Ventilator settings as per physician orders     Monitor rate, depth of respiration     Administer oxygen and nebulizer therapy if needed     Encourage spriometry, deep breathing and coughing exercises     Monitor amount, viscosity, colour and odour of sputum if present | M  E SPOJ-97Y. ON  Vortiblory Support  N DD 02 mask - lolif | Jan 19             |  |
| ANXIETY  Increased Pulse Rate  Anxious Look                                  | Patient will cope properly with his illness and react positively to his surroundings  | □ Explain all procedures to patient or family member in simple language they understand     □ Encourage and support patient while increasing anxiety level     □ Help patient to cope with outcomes of surgery     □ Keep patient in comfortable position in bed to enhance sleep  | M<br>E<br>N   |                    |  |
| MOBILITY  Mobile / Immobile  Walk with assistance Physiotherapy Others:      | Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Patient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility | □ Apply Anti-Embolic stocking / SCD     □ Evaluate the need for assistive devices     □ Assess the safety of the environment     □ Consider the need for home assistance     (e.g., physical therapy, visiting nurse)     □ Note for progressing thrombophlebitis     (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)                          | M  E ON bad rost  N on red rest                             | Your of A          |  |

| Patient Specific<br>Problems / Needs   | Measurable Goals   | Nursing Interventions  | Evaluation  | Sign &<br>Initials  |
|--|--|--|---|---|
| FLUID & ELECTROLYTE  Oral Intravenous Enteral Nutrition Parenteral Nutrition Others: | Patient will have balanced fluid and electrolytes balance                        | □ Enhance fluid intake unless restricted     ○ Check IV sites and assess if there is any complication     □ Provide tube feedings     □ Monitor intake and output     □ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses     □ Monitor for possible sources of fluid loss     □ Monitor BP for orthostatic changes  | M  E Juliu patent a halling  Monitored I/O  N manifored intake 8 autrus | Ohiës 4   |
| RISK OF INFECTION Prevent Infection Others:  | The patient will be discharged with no hospital acquired infection               | Use aseptic technique in all aspect of patient care Restrict visitors and use appropriate PPE Meticulous hand washing before and after patient's care Inspect wound for signs of infection, purulent drainage or discoloration Administer antibiotics as ordered CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons  | M  E Apophic proGutieus  fllewid.  N Administer anti-biolicsas  ordered | Janis Ja  |
| RISK OF FALL  Giddiness  Independent State Dependent State                           | ☐ The patient will have safe, free from fall hospitalization                     | Keep bed on low position Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed Remove clutter, keep items patient needs within reach Avoid movement out of bed after surgery for 46 hours Review patients' medication like narcotics and hypotensive agents Offer urinal or bedpan to the patient if needed  | M  E fall risk pratoution  Allowed:  N Reep bed on low residen          | Chair<br>Chair<br>L   |
| SKIN &WOUND CARE  Observe REEDA Oozing Foul Smell                                    | The patient will have intact skin while staying in the hospital and on discharge | Check all drains from the operation site more frequently Provide wound care as ordered Minimize pressure Provide adequate nutritional support Report signs of poor healing or trauma to doctor   | M  E drain topple.  N 200 ood ing in Surgicely sike                     | Sugo 4  |
| DIET & NUTRITION  NPO Soft Diet Semisolid Diet Solid Diet RT Feeds                   | Patient will have adequate nutrition with no nausea and vomiting                 | <ul> <li>□ Encourage patient to consume prescribed diet</li> <li>□ Record amount of food consumed</li> <li>□ Provide high calories, high protein diet as prescribed</li> <li>□ Monitor patient's weight</li> <li>□ Administer supplemental vitamins and minerals as prescribed</li> <li>□ Administer parentral or TPN per protocol if dietary needs are not met through oral intake</li> <li>□ Report abdominal distention, large gastric residual volume or diarrhea to doctor</li> </ul> | M E ON IVF 100HU Pro N patient had liquid de                            | Chia con a service of |

| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions   | Evaluation  | Sign &<br>Initials |
|---|---|---|---|--------------------|
| DRAINS, ETC. maintained catheters, drains etc   |   | Check the catheters, drains etc frequently Observe I/O Chart Watch for any symptoms related to kinked or blocked tubes Maintain adequate cleaning and dressing  | M  E ON CBD a contput  abouts.  Nobserve/o clost  | Q_                 |
| DISTURBED BODY IMAGE  | ☐ The patient will demonstrate initial acceptance and to newly body image   | <ul> <li>Note non verbal body language, negative attitude and self talk</li> <li>Note emotional reaction (grieving, depression, anger)</li> <li>Acknowledge and accept expression of feeling of grief and hostility</li> </ul>  | M<br>E<br>N                                       |                    |
| OBSERVATION  Vital Signs GCS Blood Sugar Others:  | ☐ Patient will have normal range of vital parameters  | Monitor vital signs regularly Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient  | M E Harmodynamically state Noncontend vital stars | Q 965<br>20074     |
| HEALTH EDUCATION    Patient   Family / Guardian   Diet   Disease process   Infection control / PPE   Medication   Educate about TAC level and immunosuppressant   Personal Safety   Treatment Regimen   Others: | Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications | ☐ Provide proper education regarding follow-up diet ☐ Insist on importance of hand hygiene ☐ Explore action, reactions and adherence about medication ☐ Provide clear, thorough, and understandable explanations regarding safety precautions. ☐ Explain to perform activities / skin care that recommended by concerned doctor ☐ Use the teach-back technique to determine the patient's understanding regarding importance of treatment |   | And of the         |
| ANY OTHER NEEDS   |   |   | M<br>E<br>N                                       |                    |
| Signature   | Name  | Emp. ID   | Date  | Time               |
| Endorsed by   |   | Inain 2003  | 12/1/24   | 9.00               |

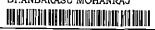
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59/Mulc/MHI202381562 08/01/2024/IPH202400068

Dr.ANBARASU MOHANRAJ





# **ADULT POST-OPERATIVE NURSING CARE PLAN**

| <u> </u>   | AD0111001   |  |   |                        |
|--|---|--|---|------------------------|
| Initial Date: 11 1202  | g Time: [တ' <sub>ပေ</sub> ဝ   | Modified Date: Time:   |   |                        |
| Reason for Modification:   |   | Diagnosis:   |   |                        |
| Patient Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation  | Sign &<br>Initials     |
| PAIN  ☐ Comfortable Position  ☐ Pain Scale ☐ Pain Score ☐ Others:              | ☐ Patient will have less pain   | Evaluate location, character, quality and severity of pain Administer pain medication as prescribed and as needed Observe for any changes in vital signs Maintain proper positioning of patient Assist or turn patient every two hours Assess incision area for redness, heat, induration, swelling, separation and drainage Non-Pharmacological therapy | Maintenned<br>propost positioning<br>E statuated location,<br>availy of severely of pain<br>N Pan Kome 400          | Der Ser                |
| OXYGENATION  Room Air Oxygen Hood Nasal Cannula Nebulizer Ventilator Others:   | Patient will have no shortness or difficulty of breathing   | Provide well ventilated environment Check oxygen saturation Perform suctioning if needed Ventilator settings as per physician orders Monitor rate, depth of respiration Administer oxygen and nebulizer therapy if needed Encourage spriometry, deep breathing and coughing exercises Monitor amount, viscosity, colour and odour of sputum if present   | M On Room and Spo2: 95 / E checked gaturation level of the patient grange N On Room  N On Room for food  94/        | 1012 6207<br>1012 6207 |
| ANXIETY  Increased Pulse Rate  Anxious Look                                    | Patient will cope properly with his illness and react positively to his surroundings  | □ Explain all procedures to patient or family member in simple language they understand     □ Encourage and support patient while increasing anxiety level     □ Help patient to cope with outcomes of surgery     □ Keep patient in comfortable position in bed to enhance sleep  | M NA.  N NA.  | \$059.                 |
| MOBILITY  ☐ Mobile / Immobile ☐ Walk with assistance ☐ Physiotherapy ☐ Others: | □ Patient will mobilize freely     □ Patient will perform physical     activity independently or within     limits of disease     ☑ Patient will use safety measures     to minimize potential for injury     □ Patient will demonstrate the use of     adaptive devices to increase mobility | Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance (e.g., physical therapy, visiting nurse) Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)                                  | M Ch Bod fast. &  used talety measure  E to minimize Tribury  provided side north.  N Patent nophuse  well at s. us | 014<br>014             |

| - Patient Specific<br>Problems / Needs   | Measurable Goals   | Nursing Interventions  | Evaluation   | Sign &<br>Initials      |
|--|--|--|--|-------------------------|
| FLUID & ELECTROLYTE  Oral Intravenous Enteral Nutrition Parenteral Nutrition Others: | Patient will have balanced fluid and electrolytes balance                        | ☐ Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Proyide tube feedings ☑ Monitor intake and output ☐ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses ☐ Monitor for possible sources of fluid loss ☐ Monitor BP for orthostatic changes  | Monifers interve<br>and output<br>E Monitored Intake and<br>output chart.  | 10219<br>10207          |
| BISK OF INFECTION Prevent Infection Others:  | The patient will be discharged with no hospital acquired infection               | Use aseptic technique in all aspect of patient care Restrict visitors and use appropriate PPE Meticulous hand washing before and after patient's care Inspect wound for signs of infection, purulent drainage or discoloration Administer antibiotics as ordered CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons  | N' Howboard Ilo chait  M ASEPHIC Technique  M Callocard  Followed adeptic techniq  Followed Noments of Found hygiene  N Asephi Technique | 52191                   |
| RISK OF FALL  Giddiness Independent State Dependent State                            | The patient will have safe, free from fall hospitalization                       | Keep bed on low position Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed Remove clutter, keep items patient needs within reach Avoid movement out of bed after surgery for 46 hours Review patients' medication like narcotics and hypotensive agents Offer urinal or bedpan to the patient if needed  | Fall existe  Morrelacebeins forleand  E kept bed on low  position  N fall sish puraulion  followed                                       | 1049 -                  |
| SKIN &WOUND CARE  Observe REEDA Oozing Foul Smell                                    | The patient will have intact skin while staying in the hospital and on discharge | Check all drains from the operation site more frequently Provide wound care as ordered Minimize pressure Provide adequate nutritional support Report signs of poor healing or trauma to doctor   | Minteret Checked all derains forom the operation site worke freque  N Brains remand c every  Show it luting                              | the state               |
| DIET & NUTRITION  NPO Soft Diet Semisolid Diet Solid Diet RT Feeds                   | Patient will have adequate nutrition with no nausea and vomiting                 | Encourage patient to consume prescribed diet  Record amount of food consumed  Provide high calories, high protein diet as prescribed  Monitor patient's weight  Administer supplemental vitamins and minerals as prescribed  Administer parentral or TPN per protocol if dietary needs are not met through oral intake  Report abdominal distention, large gastric residual volume or diarrhea to doctor | M On ligain det<br>foctorifet i soll<br>Encouraged patrent to<br>Fontume prescribed diet<br>N Patient Consumid<br>ochymete diet          | 90219<br>18607<br>18607 |

| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions   | Evaluation   | Sign &<br>Initials |
|---|---|---|--|--------------------|
| DRAINS, ETC. maintained catheters, drains etc [   |   | Check the catheters, drains etc frequently  Observe I/O Chart  Watch for any symptoms related to kinked or blocked tubes  Maintain adequate cleaning and dressing   | Madaquaite.  E Chatted the Catheley,  E drains etc frequently  N U. Cath removed           | 2 <u>H</u>         |
| DISTURBED BODY IMAGE  | ☐ The patient will demonstrate initial acceptance and to newly body image   | <ul> <li>Note non verbal body language, negative attitude and self talk</li> <li>Note emotional reaction (grieving, depression, anger)</li> <li>Acknowledge and accept expression of feeling of grief and hostility</li> </ul>  | M NA<br>E NA<br>N NA   | BIST SA            |
| OBSERVATION  Vital Signs GCS Blood Sugar Others:  |   | Monitor vital signs regularly  Assess physically for any abnormality  Inform doctor if there is any abnormality  Monitor GCS of patient   | M. Vifals Steele<br>Lectedynautory<br>E Moretored VII every<br>Society<br>N Tempolynamidus | D.:<br>Bo257.      |
| HEALTH EDUCATION  Patient Pamily / Guardian Diet Disease process Infection control / PPE Medication Educate about TAC level and immunosuppressant Personal Safety | Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications | Provide proper education regarding follow-up diet Insist on importance of hand hygiene Explore action, reactions and adherence about medication Provide clear, thorough, and understandable explanations regarding safety precautions. Explain to perform activities / skin care that recommended by concerned doctor Use the teach-back technique to determine the patient's understanding regarding importance of treatment | Howhed brakes  | OUG OUG            |
| ☐ Treatment Regimen ☐ Others:   |   |   | N on wedichon  | Au                 |
| ANY OTHER NEEDS   |   |   | М  |                    |
|   |   |   | E  |                    |
| 2 1   |   |   | N  |                    |
| Signature   | Name  | Emp. ID   | Date   | Time               |
| Endorsed by   | A   | mc1+h- 1000s  | 12/1/24  | 9.00               |

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59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj





# **ADULT POST-OPERATIVE NURSING CARE PLAN**

| Initial Date:   a   2 c/   | Time: 8:00  | Modified Date: Time:   | _   |                    |
|--|---|--|---|--------------------|
| Reason for Modification:   | ·   | Diagnosis:   |   |                    |
| Patient Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation  | Sign &<br>Initials |
| PAIN Comfortable Position Patif Scale Pain Score Others:                     | Patient will have less pain   | □ Evaluate location, character, quality and severity of pain     □ Administer pain medication as prescribed and as needed     □ Observe for any changes in vital signs     □ Maintain proper positioning of patient     □ Assist or turn patient every two hours     □ Assess incision area for redness, heat, induration,                             | M Administered<br>fruin hediculton as ones<br>E p+ heward dut | Joug,              |
|  |   | swelling, separation and drainage  Non-Pharmacological therapy   | N Pt nomal dist   | Sis                |
| OXYGENATION  Room Air Oxygen Hood Nasal Cannula Nebulizer Ventilator Olhers: | ☐ Patient will have no shortness or difficulty of breathing   | Provide well ventilated environment Check oxygen saturation Perform suctioning if needed Ventilator settings as per physician orders Monitor rate, depth of respiration Administer oxygen and nebulizer therapy if needed Encourage spriometry, deep breathing and coughing exercises Monitor amount, viscosity, colour and odour of sputum if present | M pertient stable:  | 049                |
|  |   |  | E pt room ais   | 800                |
|  |   |  | N Pt on Room  | Son.               |
| ANXIETY Increased Pulse Rate   | Patient will cope properly with his illness and react positively to his   | Explain all procedures to patient or family member in simple language they understand  | m nla   | 9049.              |
| ☐ Anxious Look   | surroundings  | <ul> <li>☐ Encourage and support patient while increasing anxiety level</li> <li>☐ Help patient to cope with outcomes of surgery</li> </ul>  | E   | _                  |
|  |   | Keep patient in comfortable position in bed to enhance sleep   | N   |                    |
| MOBILITY  Mobile / Immobile  Walk with assistance  Physiotherapy  Others:    | Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Patient will use safety measures to minimize potential for injury Patient will demonstrate the use of | Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance (e.g., physical therapy, visiting nurse) Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness,   | M partient un billia<br>to choux<br>E partient Mobilization   | ous                |
|  |   |  | E partient Mobiliantes to Charles                             | <b>B</b>           |
|  | adaptive devices to increase mobility   | localized swelling, a rise in temperature)   | N Pt moblized   | Jeg                |

|   |  | ,6   |  |                    |
|---|--|--|--|--------------------|
| - Patient Specific<br>Problems / Needs  | Measurable Goals   | Nursing Interventions  | Evaluation   | Sign &<br>Initials |
| FLUID & ELECTROLYTE Oral Intravenous Enteral Nutrition Parenteral Nutrition Others: | Patient will have balanced fluid and electrolytes balance                          | □ Enhance fluid intake unless restricted     □ Check IV sites and assess if there is any complication     □ Provide tube feedings     □ Monitor intake and output     □ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses     □ Monitor for possible sources of fluid loss     □ Monitor BP for orthostatic changes                                      | M Monitous interne<br>eind output.<br>E pt electrolytus<br>Fluid                     | Our Sour           |
| RISK OF INFECTION  Prevent Infection  Others:                                       | ☐ The patient will be discharged with no hospital acquired infection               | Use aseptic technique in all aspect of patient care Restrict visitors and use appropriate PPE  | N Pt electrolyts  Pleid.  M. Dallacerol  | Je Du              |
| Uniters.  |  |  | EP+ ASPATC techniques  N Pt Aspatic technique  | Ser Jen            |
| RISK OF FALL  Giddiness Independent State Dependent State                           | The patient will have safe, free from fall hospitalization                         |  | M Fall crish  E fall crish  Prairies follows  N Fall crish  Rescontion follows       | Di Dig             |
| SKIN &WOUND CARE  Observe REEDA  Oozing Foul Smell                                  | ☐ The patient will have intact skin while staying in the hospital and on discharge | ☐ Check all drains from the operation site more frequently ☐ Provide wound care as ordered ☐ Minimize pressure ☐ Provide adequate nutritional support ☐ Report signs of poor healing or trauma to doctor   | Minteret, covered such  E NO covered spain  N No. Skin intact.                       | Jen.               |
| DIET & NUTRITION  □ NPO □ Soft Diet □ Semisolid Diet □ Solid Diet □ RT Feeds        | Patient will have adequate nutrition with no nausea and vomiting                   | □ Encourage patient to consume prescribed diet □ Record amount of food consumed □ Provide high calories, high protein diet as prescribed □ Monitor patient's weight □ Administer supplemental vitamins and minerals as prescribed □ Administer parentral or TPN per protocol if dietary needs are not met through oral intake □ Report abdominal distention, large gastric residual volume or diarrhea to doctor | M on Boft diet.  tochoated und  E ON Suff, aliet  totories well  N Pt. on slot dient | Juig<br>Stag       |

| Patient Specific<br>Problems / Nee  |           | Measurable Goals   |                                    | Nursing Interventions  |  | Evaluation                             | 0 '   | Sign &<br>Initials   |
|---|-----------|--|------------------------------------|--|--|--|---|----------------------|
| CARE OF CATHETERS,<br>DRAINS, ETC.  |           | ☐ Patient will have pate<br>maintained catheters   |                                    | □ Check the catheters, drains etc frequently     □ Observe I/O Chart.     □ Watch for any symptoms related to kinker blocked tubes     □ Maintain adequate cleaning and dressing   | d or   | M Obser<br>E pt sult<br>N At Self      | come  | Dien<br>Jun.         |
| DISTURBED BODY IMAGE  |           | ☐ The patient will demo<br>initial acceptance an<br>body image   |                                    | □ Note non verbal body language, negative and self talk     □ Note emotional reaction (grieving, depres Acknowledge and accept expression of feed of grief and hostility   | sion, anger)   | M                                      | 7   | Pia                  |
| OBSERVATION  Vital Signs GCS Blood Sugar Others:  |           | Patient will have normal range of vital parameters   |                                    |  |  | N Vitals N Vitals                      | y steple<br>Steple<br>white                   | Drig<br>Oryg<br>Sem  |
| HEALTH EDUCATION    Patient     Family / Guardian     Diet     Disease process     Infection control / PPE     Medication     Educate about TAC level and immunosuppressant     Personal Safety     Treatment Regimen     Others: |           | Patient / Family / Gua<br>Domestic Partner / C<br>others will gain adeq<br>knowledge regarding<br>modalities and life sty<br>modifications | are-giver /<br>uate<br>g treatment | Provide proper education regarding follow Insist on importance of hand hygiene Explore action, reactions and adherence Provide clear, thorough, and understandar regarding safety precautions.  Explain to perform activities / skin care the by concerned doctor  Use the teach-back technique to determine understanding regarding importance of the | about medication<br>ble explanations<br>at recommended<br>ne the patient's | M Stegardine  E P+ qui  requ  N P+ qui | ed function<br>of diet<br>ined<br>celiny diep | Sold<br>Sold<br>Jani |
| ANY OTHER NEEDS   |           |  | ·                                  |  |  | M Z  E   N                             |   |                      |
|   | Signature |  | Name                               |  | Emp. ID  |  | Date  | Time                 |
| Endorsed by   | _ V _     |  | · X                                | mar.   | 0005   |  | 12/1/24                                       | 9.00                 |





# **ADULT NURSING**

DITOKAJASINGH P 59/Male/MHI202381562



|           | 08/01/2024/IPH2024000068 |
|-----------|--------------------------|
| CARE PLAN | Dr.Anbarasu mohanraj     |
|           | Cunsumant.               |

| Initial Date: 13/1/24   | Time: 8.QD   | Modified Date: Time:   |                             |                    |  |
|---|--|--|-----------------------------|--------------------|--|
| Reason for Modification:  |  | Diagnosis: CAD-TVD   |                             |                    |  |
| Patient Specific<br>Problems / Needs  | Measurable Goals   | Nursing Interventions  | Evaluation                  | Sign &<br>Initials |  |
| NUTRITION  ☐ Keep NPO ☐ Regular Diet  | Patient will have adequate nutrition with no nausea and vomiting  Patient will consume daily nutritional | Provide Prescribed diet on time Encourage patient to consume the served meal Record amount of food consumed  | mpt had @ diet              | that too           |  |
| Others:   | requirements in accordance to his activity level and metabolic needs                                     | Hecord amount or lood consumed   | Epthole @ guras             | 82                 |  |
|   |  |  | NPH had @ alust             | BC7                |  |
| OXYGENATION   Room Air   Nasal Cannula / High Flow Og   Mask   BIPAP / CPAP   Ventilator   Tracheostomy   Others: | Patient ABG levels will return to and  | Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises  Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order  Utilise pulse oximetry to check O₂ saturation and pulse rate  If any O₂ abnormalities detected inform immediately to the concerned physician  Place patient with proper body alignment for maximum breathing pattern  Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis  Note for changes in level of consciousness  Send sputum for culture and sensitivity based on physician order  Maintain clear airway by suctioning or encouraging patient with successful coughing | m on to                     | Hout               |  |
|   |  |  | E lpt on news               | 2                  |  |
|   |  |  | Pt is on room               | 207                |  |
| FLUID & ELECTROLYTES  Oral Intravenous Enteral Nutrition Parenteral Nutrition Others:                             | Patient will have balanced fluid and electrolytes balance  | Enhance fluid intake unless restricted  Check IV sites and assess if there is any complication Provide tube feedings Monitor intake and output Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses Monitor for possible sources of fluid loss Monitor BP for orthostatic changes   | M Pt Lake oral              | House              |  |
|   |  |  | E pt Jellon may             | 8                  |  |
|   |  | - Monto Di Toi ornostato oriangos  | NPT I/o Chart<br>maintained | DC<br>0007         |  |

| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions  | Evaluation                     | Sign &<br>Initials |
|---|---|--|--------------------------------|--------------------|
| MOBILITY ☐ Mobile / Immobile ☐ Walk with assistance ☐ Physiotherapy ☐ Others:   | Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Putient will use safety measures  | Encourage regular ambulation ROM exercise Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance   | M Pt mo bilized well           | text our           |
| □ Others.   | to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility  | (e.g., physical therapy, visiting nurse)  ☐ Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)  | EPT mobilisat well             | 8                  |
|   |   |  | n Pt well mobelized            | DOG<br>Fogo        |
| ELIMINATION  Catheter, bedpan, urinal  Nasogastric tube  Bowel movement   | Catheter, bedpan, urinal       pattern       ☐ Encourage fibre diet intake         Nasogastric tube       ☐ Patient will control of urinary       ☐ Encourage fibre diet intake         Bowel movement       ☐ Encourage early ambulation         Urination       ☐ Report any abnormalities to physician         Observe voiding accessories as foley's / silicone catheter         Others:       Silicone catheter         ☐ Check placement before feeding | M Pt evinination  M Pattern  | that over                      |                    |
| Others:   |   | silicone catheter Check placement before feeding Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order  | E p + elemenation<br>D partien | St.                |
|   | and follow proper protocol ☐ Check for malena / constipation / urinary retention  | n Pt hornal o<br>elimenation   | De 0807                        |                    |
| SKÍN INTEGRITY  Maintain normal skin integrity Pressure points site assessment HAPI OPI  GRADES OF PRESSURE               | Patient will maintain normal healing status Patient will discharge with intact skin integrity   | Minimize / Eliminate friction and shear Minimize pressure (off-loading) with special beds Make sure wrinkles free bed / comfort surfaces and devices Early skin inspection and treatment Keep position changing 2 hourly and manage pain Manage moisture, clean and dry skin Maintain adequate nutrition and hydration | M Skir jyredsid                | , eros             |
| INJURY  GRADE 1 GRADE 2  GRADE 3 GRADE 4  Unstageable  Deep Tissue Injury  Healing Status  PUSH Decreased  PUSH Increased | □ Proper application of medications and dressing     □ Follow doctors and TVN order properly     □ Monitor the healing status     □ Educate patient and family members about further  | E may few D<br>Stoin intergrig   | 8                              |                    |
| ☐ Intermittent Assisted ☐ Dermatitis ☐ Pressure injury / blisters site care given ☐ Others:                               |   |  | N                              |                    |

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| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions  | Evaluation  | Sign &<br>Initials   |
|---|---|--|---|--|
| HYGIENE Bed-Bath Assist-Bath Self-Care CBD Care (if present) Others:  | Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs | Encourage patient to do daily bathing and oral hygiene Change patient's gown daily Encourage hand hygiene Consider the patient's need for assistive devices Apply moisturizing solution  | MPt well groomed.  Ept well groomed.              | Hay The Hard   |
| SAFETY  Check ID Hand  IV care EJV  CENTRAL LINE  Side rails  Others:   | Patient will have no life-threatening situations  | Check the identity with ID band before any interaction with the patient Raise side rails Provide proper invasive line care Keep bed locked and low at all time Educate care providers to be the patient Follow restrain policy (if needed)   | M Pt I/D Band Chocked  EP+ Ilo Band  N P+ ID Band | 100 Dice 200 |
| COMFORT AND SLEEP Pain Control Sleep Patterns Others:   | Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep .   | Provide clean calm and restful environment Provide privacy at all time Monitor pain scale / sleep pattern Provide pharmacological and non-pharmacological therapy  | M — E   |  |
| OBSERVATION  Vital Signs  GCS  Blood Sugar  Others:   | Patient will have normal range of vital parameters  | Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order | MPT VIS Checked  NPT VIS Checked                  | tout<br>our<br>Dich  |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs Beliefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others: | ☐ Patient will achieve spiritual needs☐ Patient will be able to control his feeling toward his illness☐ Patient will maintain normal psychological pattern      | Pray or encourage the patient to pray Use inspirational words Respond to spiritual needs as they arise Evaluate spiritual needs Encourage verbalization of feelings / therapeutic touch Provide empathy and reassurance  | M   |  |

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| <u>.</u> 4                       | _  |   |         |  |                                  |                       |                        |                    |
|----------------------------------|--|---|---------|--|----------------------------------|-----------------------|------------------------|--------------------|
| Patient Specifi<br>Problems / Ne |  | Measurable Goals  |         | Nursing Interventions  |                                  | Evaluation  M D + 800 |                        | Sign &<br>initials |
| COMMUNICAT  Verbal  Non-verbal   | TION   | Patient will communicate effectively with positive feedback |         | Introduce the care giver Encourage the use of call bell Obtain interpreter if needed   | ☐ Encourage the use of call bell |                       | nunicotion             | House              |
| Sigh language                    |  |   |         | No negative speaking about the patient's or prognosis in the patient's presence  | condition                        |                       | desmowate              | 8                  |
| ·<br>-                           |  |   |         |  |                                  |                       | N pt well commerciated |                    |
| SPECIAL INTE                     |  |   |         | Double check for high alert medication  Observe and report any medication react  Provide proper measures of wound care  Follow hospital polices and protocols of i |                                  | morning moditing      |                        |                    |
| transfusion ☐ Fluid tapping      | ☐ Isolation ☐ Ostomy Care ☐ Blood / Blood products transfusion ☐ Fluid tapping |   |         | and explain to the patient / family  ☐ Check for cross matching and typing, to ensure compatibility ☐ Practice strict asepsis while transfusing blood or           |                                  |                       | redict                 | 800                |
| ☐ DVT Managem☐ Others:           | ent  |   |         | blood products and fluids  Monitor DVT score and continue treatment as per doctors order   |                                  | Notre drugs are given |                        | DC 5007            |
|                                  | Signature  |   | Name    |  | Emp. ID                          |                       | Date                   | Time               |
| Endorsed by                      | Nee  |   | · walth | ලට   | nf                               | [840]                 | 16120                  |                    |
| ٠.                               |  |   |         |  |                                  |                       | ,                      |                    |
|                                  |  |   |         |  |                                  |                       |                        |                    |
|                                  |  |   |         |  |                                  |                       |                        |                    |

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# ADULT NURSING CARE PLAN

#### Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj





| Initial Date: 14川24  | Time: 7.00  | Modified Date: Time:  |                            |                    |
|--|---|---|----------------------------|--------------------|
| Reason for Modification:   |   | Diagnosis: CAD-TVD  |                            |                    |
| Patient Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions   | Evaluation                 | Sign &<br>Initials |
| NUTRITION ☐ Keep NPO ☐ Regular Diet ☐ Others:  | Patient will have adequate nutrition with no nausea and vomiting Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs  | Provide Prescribed diet on time     Encourage patient to consume the served meal     Record amount of food consumed   | patient had (1) diet       | Polite             |
|  |   |   | N                          |                    |
| OXYGENATION  Room Air  Nasal Cannula / High Flow O,  Mask  BiPAP / CPAP  Ventilator  Tracheostomy  Others: | □ Patient will have normal O₂ saturation □ Patient ABG levels will return to and remain within normal limits □ No other respiratory abnormalities □ Patient respiratory rate will remains within established limits □ Patient will indicates, either verbally or through behavior, feeling comfortable when breathing | <ul> <li>□ Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises</li> <li>□ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order</li> <li>□ Utilise pulse oximetry to check O₂ saturation and pulse rate If any O₂ abnormalities detected inform immediately to the concerned physician</li> <li>□ Place patient with proper body alignment for maximum breathing pattern</li> <li>□ Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis</li> <li>□ Note for changes in level of consciousness</li> <li>□ Send sputum for culture and sensitivity based on physician order</li> <li>□ Maintain clear airway by suctioning or encouraging patient with successful coughing</li> </ul> | M patient 1'8 on from A  E | . Port.            |
| FLUID & ELECTROLYTES  Oral Intravenous Enteral Nutrition Parenteral Nutrition Others:                      | Patient will have balanced fluid and electrolytes balance   | □ Enhance fluid intake unless restricted □ Check IV sites and assess if there is any complication □ Provide tube feedings □ Monitor intake and output □ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses □ Monitor for possible sources of fluid loss □ Monitor BP for orthostatic changes   | Mo Chart Monito  N         | red of the         |

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

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| Patient Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions   | Evaluation                      | ' Sign & .<br>Initials                  |
|--|---|---|---------------------------------|---|
| HYGIENE  Bed-Bath Assist-Bath Self-Care CBD Care (if present) Others:  | Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs | <ul> <li>☐ Encourage patient to do daily bathing and oral hygiene</li> <li>☐ Change patient's gown daily</li> <li>☐ Encourage hand hygiene</li> <li>☐ Consider the patient's need for assistive devices</li> <li>☐ Apply moisturizing solution</li> </ul> | patient ubil groomat            | A).                                     |
|  |   |   | N                               |   |
| SAFEDY  Check ID Hand  IV care EJV  CENTRALLINE  | Patient will have no life-threatening situations  | Check the identity with ID band before any interaction with the patient  Raise side rails  Provide proper invasive line care  | M 10 band Present               | Pys                                     |
| ☐ Side rails .⁴ , ☐ Others:  |   | ☐ Keep bed locked and low at all time☐ Educate care providers to be the patient   | E                               |   |
|  |   | - Tollow toolies in policy (i. nooddo)  | N                               |   |
| COMFORT AND SLEEP Pain Control   | Patient will have comfortable sleep Patient will verbalize / or through   | Provide clean calm and restful environment Provide privacy at all time  | м -                             |   |
| ☐ Others:  | behavior about pain relief and adequate sleep   | Monitor pain scale / sleep pattern     Provide pharmacological and     non-pharmacological therapy  | E                               |   |
|  |   | Clean and   | N                               |   |
| OBSERVATION  ☐ Vital Signs ☐ GCS ☐ Blood Sugar   | Patient will have normal range of vital parameters  | Monitor vital signs on ordered time Assess physically for any abnormality   | My 14al Signs Chelled & Lewards | Poly                                    |
| Others:  |   | ☐ Monitor GCS of patient ☐ Determine and treat the underlying cause of altered LOC  | E                               |   |
|  |   |   | N                               |   |
| Problems / Needs   Weasurable Goals   Weasurable Goals   Weasurable Goals   Weasurable Goals   Patient will stay cle well-groomed   Patient will demons changes to meet so Patient will recogni weakness or needs   Patient will recogni weakness or needs   Patient will have not situations   Patient will have not situations   Patient will verbaliz behavior about pai adequate sleep   Patient will have not of vital Signs   GCS   Blood Sugar   Others:   Patient will have not of vital parameters   Patient will have not of vital parameters   Patient will have not of vital parameters   Patient will have not of vital parameters   Patient will be able feeling toward his if the patient will be able feeling toward his if patient will maintail patient will maintail   Patient will demons   Patient will demons   Patient will demons   Patient will demons   Patient will demons   Patient will demons   Patient will demons   Patient will demons   Patient will demons   Patient will demons   Patient will demons   Patient will demons   Patient wi | Patient will achieve spiritual needs Patient will be able to control his feeling toward his illness Patient will maintain normal                                | ☐ Use inspirational words☐ Respond to spiritual needs as they arise   | Bychological Suppor             | Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan |
| Anxiety and Copying Pattern Identify Stressors   | psychological pattern   | Encourage verbalization of feelings / therapeutic touch   | € the p                         | <del>/</del>                            |
|  |   | ,   | N                               |   |

| , t   |           |   |      | <u></u>   |   |            | _            |                    |
|---|-----------|---|------|---|---|------------|--------------|--------------------|
| Patient Specif<br>Problems / Ne   |           | Measurable Goals                            |      | Nursing Interventions   |   | Evaluation |              | Sign &<br>Initials |
| COMMUNICA    Verbal   Non-verbal   Sigh language   Others:  |           | Patient will communic with positive feedbac |      | ☐ Introduce the care giver ☐ Encourage the use of call bell ☐ Obtain interpreter if needed ☐ No negative speaking about the patient's or prognosis in the patient's presence  | s condition   | E N        | nmun i vatus | Rb                 |
| SPECIAL TINTE  Medication  Wound care  Isolation  Ostomy Care  Blood / Blood transfusion  Fluid tapping  DVT Managem  Others: | oroducts  | To manage on time                           |      | Double check for high alert medication Observe and report any medication react Provide proper measures of wound care Follow hospital polices and protocols of i and explain to the patient / family Check for cross matching and typing, to compatibility Practice strict asepsis while transfusing b blood products and fluids Monitor DVT score and continue treatment as per doctors order | pole check for high alert medication erve and report any medication reaction de proper measures of wound care we hospital polices and protocols of isolation explain to the patient / family sk for cross matching and typing, to ensure patibility tice strict asepsis while transfusing blood or d products and fluids tor DVT score and continue treatment |            | R            |                    |
|   | Signature |   | Name | <u></u>   | Emp. ID   |            | Date         | Time               |
| Endorsed by   |           | Nal   |      | g- NalPrp   |   | +0 ml      | 14/1/200     | (BASS)             |
|   | •         |   |      |   |   |            |              |                    |





### Mr.RAJASINO

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

Consultant:



Every heart beat counts Date: 🗡

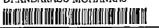
|   | BRADEN S  | CALE FOR PREDICTII  | NG PRESSURE INJUR  | Y RISK Time:   | 8     | 157            |
|---|---|---|--|--|-------|----------------|
| SENSORY<br>PERCEPTION<br>ability to respond<br>meaning-fully to<br>pressure-related<br>discomfort | Completely Limited     Unresponsive (does not moan, 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   | 9     | 4              |
| MOISTURE<br>degree to which<br>skin is exposed<br>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   | Skin is usually dry, linen only requires changing at routine intervals   | 9     | 4              |
| ACTIVITY<br>degree of<br>physical activity  | 1. Bedfast<br>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<br>ability to change<br>and control body<br>position                                     | 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<br>usual food<br>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 diary 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, diary 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 diary products. Occasionally eats between meals. Does not require supplementation | 4     | J <sub>q</sub> |
| FRICTION<br>& 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 independentl strength to lift up completely during move. No of chair   | Aaintains good position in bed  TOTAL SCORE  | S) 23 | 8<br>23<br>81  |
| Score   | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I   | High Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp. No. of Sr. Staff Nurse:   | (B)   | (B)            |





59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





Every heart beat counts

Date: 🥱

|  | BRADEN S  | CALE FOR PREDICTI  | NG PRESSURE INJUR  | Y RISK Time   |                 | ر <u>۲</u> | 24               |
|--|---|--|--|---|-----------------|------------|------------------|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 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  | ,               | φ          | 4                |
| MOISTURE<br>degree to which<br>skin is exposed<br>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<br>degree of<br>physical activity   | 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 leas twice a day and inside room at least once every two hours during waking hours  | ı ]             | 4          | 9                |
| MOBILITY<br>ability to change<br>and control body<br>position                      | 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          | A                |
| NUTRITION<br>usual food<br>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         |  | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary 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 o more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation | 4               | 4          | 4                |
| FRICTION<br>& 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 | assistance. During a move skin probably slides to some extent against sheets,  | 3. No Apparent Problem Moves in bed and in chair independentl strength to lift up completely during move. No or chair  | TOTAL SCORE Initial & Emp. No.  | 3<br>23<br>5:00 | 23         | 3<br>23<br>12:00 |
| Score  | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I  | High Risk: 12 - 10; Severe Risk: 9 - 6   | of Staff Nurse: Initial & Emp. No. of Sr. Staff Nurse:  | (DX)            | (B)        | 100 P            |





59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





Every heart beat counts Date: 10 0' .

|  | BRADEN S  | CALE FOR PREDICTION  | NG PRESSURE INJUR  | Y RISK Time:  | n        | E          | 2/ |
|--|---|--|--|---|----------|------------|----|
| 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<br>degree to which<br>skin is exposed<br>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<br>Škin is usually dry, linen only<br>requires changing at routine<br>intervals  |          |            |    |
| ACTIVITY degree of physical activity   | 1. Bedfast<br>Confined to bed   | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair   | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair   | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours   |          | -          |    |
| MOBILITY ability to change and control body position                               | 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  | د        | >          |    |
| NUTRITION<br>usual food<br>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 diary 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, diary 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 diary products. Occasionally eats between meals. Does not require supplementation | 4        |            |    |
| FRICTION<br>& SHEAR  | Requires moderate to maximum assistance   Move in moving. Complete lifting without sliding assist against sheets is impossible. Frequently slides   | 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.   | 3. No Apparent Problem  Moves in bed and in chair independentl strength to lift up completely during move. Nor chair   |   | 3        |            |    |
| w dilenit  | slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction   | Maintains relatively good position in chair or bed most of the time but occasionally slides down   |  | Initial & Emp. No. of Staff Nurse:  | 22<br>5g | 3          |    |
| Score  | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; F  | High Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp. No. of Sr. Staff Nurse:  | (A)      | )<br> <br> |    |





59/Male/MHI202381562 08/01/2024/IPH202400068

Dr.Anbarasu mohanraj



| (A Unit of United Al   | lance Healthcare Pvt Ltd)   |   |  | i  | 310. F                          | Λ I.            | . ,    | 41.1    |
|--|---|---|--|--|---------------------------------|-----------------|--------|---------|
|  | BRADEN S  | CALE FOR PREDICTION   | NG PRESSURE INJUR  |  | me:                             | جربي<br>المرابع |        | 4)/1/2v |
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 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 verb commands. Has no senso deficit which would lir ability to feel or voice pain discomfort  | ory<br>nit                      | }               | 1      | ţ       |
| MOISTURE<br>degree to which<br>skin is exposed<br>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<br>Skin is often, but not always moist. Linen<br>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 o requires changing at rout intervals   |                                 | ١               | 1      | 1       |
| ACTIVITY<br>degree of<br>physical activity   | 1. Bedfast<br>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 le twice a day and inside ro at least once every two ho during waking hours  | om                              | 1               | 1_     | •       |
| MOBILITY<br>ability to change<br>and control body<br>position                      | 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 freque changes in position with assistance  |                                 | 1               | 1_     | ١       |
| NUTRITION<br>usual food<br>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 diary 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, diary 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 me Never refuses a me Usually eats a total of 4 more servings of meat a diary products. Occasiona eats between meals. Do not require supplementati | al.<br>or<br>and<br>ally<br>oes | t               | 1      | 1       |
| FRICTION<br>& 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 independentl strength to lift up completely during move. No or chair   |  | ed<br>RE                        | 1<br>6<br>00 4  | 1<br>6 | 6       |
| Score  | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; h   | ligh Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp. N<br>of Sr. Staff Nurs  |                                 | $\alpha$        | 2000   | 200     |





59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ





Every heart beat counts

19/101

Date: [[] 2-3

|  | BRADEN S  | CALE FOR PREDICTION  | <u>NG PRESSURE INJUR</u>   | YRISK Time   | 12,30 | 41117<br>Tay | 9 20 |
|--|---|--|--|--|-------|--------------|------|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 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   | ىد    | મ            | 4    |
| MOISTURE<br>degree to which<br>skin is exposed<br>to moisture                      | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned   | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift   | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day   | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals   |       | 3            | 3    |
| ACTIVITY<br>degree of<br>physical activity   | 1. Bedfast<br>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 (   | 2            | 2    |
| MOBILITY<br>ability to change<br>and control body<br>position                      | 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    |
| NUTRITION<br>usual food<br>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 diary 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, diary 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 diary products. Occasionally eats between meals. Does not require supplementation | 2     | 2            | 2_   |
| FRICTION   | Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently  | 2. Potential Problem  Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,   |  | 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                                 |       |              | 2    |
| & SHEAR  | slides down in bed or chair, requiring frequent re-positioning with maximum   | chair, restraints or other devices.<br>Maintains relatively good position in chair   |  | TOTAL SCORE  | 12    | 15           | [7-  |
|  | assistance. Spasticity, contractures or agitation leads to almost constant friction   | or bed most of the time but occasionally slides down   |  | Initial & Emp. No.<br>of Staff Nurse:  | Bour  | H.           | O TO |
| Score  | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; i  | High Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp. No. of Sr. Staff Nurse:   | 2002  | A (500)      | NOV. |





59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu Mohanraj



Every heart beat counts

Date:

# BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

|  | DRADEN 3  | CALE FOR PREDICITI   | NG PRESSURE INJUR  | Y HISK Time:   | E    |      |
|--|---|--|--|--|------|------|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 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<br>degree to which<br>skin is exposed<br>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<br>Skin is often, but not always moist. Linen<br>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    |
| ACTIVITY<br>degree of<br>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 from at least twice a day and inside room at least once every two hours during waking hours  |      | 4    |
| MOBILITY<br>ability to change<br>and control body<br>position                      | 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<br>usual food<br>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 diary 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, diary 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 diary products. Occasionally eats between meals. Does not require supplementation | 9    | 4    |
| FRICTION   | Problem     Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently  | Potential Problem     Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,   | 3. No Apparent Problem  Moves in bed and in chair independentl strength to lift up completely during move. Nor chair   |  | 3    | ے    |
| & SHEAR  | slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction   | chair, restraints or other devices.<br>Maintains relatively good position in chair<br>or bed most of the time but occasionally<br>slides down  |  | Initial & Emp. No. of Staff Nurse:   | 92   | 22   |
| Score  | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; F  | High Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp. No.<br>of Sr. Staff Nurse:  | Nood | Uzel |





59/Malc/MHI202381562 08/01/2024/PH2024000068

Dr.ANBARASU MOHANRAJ





Every heart beat counts

Date: 12

| _  | BRADEN S  | CALE FOR PREDICTI  | NG PRESSURE INJUR  | Y RJ   | SK Date:  | 13<br>M | 和    | 24                 |
|--|---|--|--|--|---|---------|------|--------------------|
| 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  | Resp<br>comma<br>deficit   | ands. Has no sensory<br>which would limit<br>o feel or voice pain or  | 4       | 4    | 4                  |
| MOISTURE<br>degree to which<br>skin is exposed<br>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   | ely Moist<br>usually dry, linen only<br>is changing at routine<br>is | 4   | 4       | 4    |                    |
| ACTIVITY<br>degree of<br>physical activity                                 | 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 once a day and inside room at least once every two holds of the during waking hours.   |  |   | 4       | 4    | 4                  |
| MOBILITY<br>ability to change<br>and control body<br>position              | 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  | imitation<br>major and frequent<br>es in position without<br>nce     | 4   | 4       | 4    |                    |
| NUTRITION<br>usual food<br>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 diary products per day. Occasionally will take a dietary supplement | / servings of protein (meat, diary products) per day. Occasionally will refuse usually eats a to more servings of when offered OR is on a tube feeding or the more servings of th |  | ellent nost of every meal. refuses a meal. reats a total of 4 or servings of meat and roducts. Occasionally etween meals. Does uire supplementation | 4       | 4    | 4                  |
|  | 1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently   | 2. Potential Problem  Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,   | 3. No Apparent Problem  Moves in bed and in chair independent strength to lift up completely during move. No or chair  |  |   | 3       | 3    | 3                  |
| & SHEAR  | slides down in bed or chair, requiring frequent re-positioning with maximum   | chair, restraints or other devices.<br>Maintains relatively good position in chair   |  |  | TOTAL SCORE   | 23      | 2-3  | 23                 |
|  | assistance. Spasticity, contractures or agitation leads to almost constant friction   | or bed most of the time but occasionally slides down   |  |  | Initial & Emp. No.<br>of Staff Nurse:   | 製       | 8    | 600<br>600<br>1000 |
| Score  | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I  | High Risk: 12 - 10; Severe Risk: 9 - 6   |  | Initial & Emp. No.<br>of Sr. Staff Nurse:   | 1200    | 1205 | N24                |





Patient Details (Affix Label here)
Mr.RAJASINGH P
59/Malc/MHJ202381562
0S/01/2024/IPH2024000068
Dr.ANBARASU MOHANRAJ



| (A Unit of United Al   | liance Healthcare Pvt Ltd)   |   |  | Every n  |    | eat c    |    |
|--|--|---|--|--|----|----------|----|
|  | BRADEN S   | CALE FOR PREDICTION   |  | Y RISK Date:   | 14 | <u> </u> | 25 |
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 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 discomfortor the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities   |  | 1  | 1        |    |
| MOISTURE<br>degree to which<br>skin is exposed<br>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 Molst<br>Skin is often, but not always moist. Linen<br>must be changed at least once a shift  | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day   | A Rarely Moist Skin is usually dry, linen only requires changing at routine intervals  | H  |          |    |
| ACTIVITY degree of physical activity   | 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<br>ability to change<br>and control body<br>position                      | 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<br>usual food<br>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 diary 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, diary 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 diary products. Occasionally eats between meals. Does not require supplementation | 4  |          |    |
| FRICTION<br>& 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 independentl strength to lift up completely during move. No or chair   | Maintains good position in bed TOTAL SCORE   | 93 |          |    |
| Score  | Interpretation: Minimal Risk: 23 - 19; At Risk /   | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; F   | ligh Risk: 12 - 10; Severe Risk: 9 - 6   | I Initial & Emp. No.   | NA | 1        | 7  |







Pattern (Affice of the bare)
Mr.RAJASINGH P

59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ



| Date &<br>Time | Pain<br>Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting,<br>burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No.   |
|----------------|---------------|--|----------|-----------------|---------------|-----------------------------|---|
| 16-30          | 8/10          | No Dem   | -        |                 |               | Der.                        | By Sy   |
| <b>22</b> ,00  | 0/60          | No Pai V   |          | <del></del>     |               | Ser.                        | Constant of the second of the |
| 6.00           | olco          | No Peù n   |          | `               |               | Ser.                        | BY.   |
| 10.00          | 0/10          | NO pain  | <u></u>  | ,               |               | 5 <b>9</b> 2                |   |
| 14.00          | 900           | No poin  | 1        | _               |               | Du.                         | (De)  |
| 18,00          | ° CS          | no posn  |          | ·               |               | Dub                         | 0°(   |
| Q2.00          | 01/0          | No pain  |          |                 | . —           | DC<br>paoq                  | Dos   |
| 10/01/24       |               |  | PAT      | JENT .          | SLEEPING      |                             | _   |
| 6.00           | 0)10          | No pain  |          |                 |               | 12C<br>0807                 |   |



| Date &<br>Time           | Pain<br>Score                          |        | Pain Character<br>, sharp, stabbing, shootin<br>g, referred / radiant pain)                                  | g, <b>Duration</b>   | Location / Site  |  | Interventions                         |                |                        | Staff Initia<br>& Emp. No | I IPSTEE   | al &            |   |              |
|--------------------------|--|--------|--|--|--|--|---------------------------------------|----------------|------------------------|---------------------------|------------|-----------------|---|--------------|
| 6'<br>1 <del>0</del> 700 |  |        |  |  |  |  |                                       |                |                        |                           |            |                 |   |              |
|                          |  |        |  |  |  |  |                                       |                |                        |                           |            |                 |   |              |
|                          |  |        |  |  |  |  |                                       |                |                        | ·                         |            |                 |   |              |
| -                        |  |        |  |  |  |  |                                       |                |                        |                           |            |                 |   |              |
|                          |  |        |  |  |  | LIN SCALES   | <u> </u>                              |                | <u> </u>               |                           |            |                 |   | -            |
| (28 week                 | PIPPS<br>ss to <u>&lt;</u> 36          | weeks) | 6 or less = Minimal to<br>7 - 12 = Mild pain - Pro<br>>12 = Moderate to sev                                  | vide comfort me<br>vere pain - Pharr                                       | nocological intervent  |  | · · · · · · · · · · · · · · · · · · · |                |                        |                           |            |                 | · |              |
| (38 we                   | CRIES<br>eks - 2 m                     | onths) | The CRIES scale is us further pain assessme  |  |  |  |                                       |                |                        |                           | ore is > 4 | ,               |   |              |
|                          | ACC Sca                                | -      | 0: Relaxed & comforta  | ıble, 1-3: Mild d  | liscomfort, 4-6: Mod   | erate discomfort, 7-10:  | : Severe discomf                      | ort / pain / b | ooth                   |                           |            |                 |   |              |
| Pain                     | -Baker F/<br>Rating S<br>ars - 12 y    | cale   | O 2  No Hurts Little Bi  | 66 Hurts Little  | 6<br>Hurts<br>Even More  | 8 10 Hurts Whole Lot Worst   | Nu P                                  | 1 2            | Rating 3               | 4                         | (age m     | ore than 1:     | - | -<br>10<br>↑ |
|                          | cal care I<br>ition Tool<br>itor / com | (CPOT) | FACIAL EXPRESSION BODY MOVEMENTS: COMPLIANCE WITH N VOCALIZATION (non- MUSCLE TENSION: 0 TOTAL SCORE: 0 - 2: | 0 - Absence of n<br>/ENTILATION (I<br>Intubated patie<br>- Relaxed, 1 - Te | novements or norma<br>ntubated patients):<br>nts): 0 - Talking on n<br>ense, Rigid, 2 - Very 1 | position, 1 - Protection,<br>0 - Tolerating Ventilator<br>ormal tone or no sound,<br>ense, Rigid | or Movement, 1 -                      | Coughing b     | ut tolera<br>ring out, | iting, 2 -<br>sobbing     | Fighting   | ventilator (or) |   |              |
| (ventila                 |  |        |  |  | ,  |  |                                       |                |                        |                           |            |                 |   |              |







59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

MHI/NUR/2022/052



|                   |               | E-ÀSSESSMENT   | & MC     | NITORING        | CHART                          | Every heart i               | beat counts                           |
|-------------------|---------------|--|----------|-----------------|--------------------------------|-----------------------------|---------------------------------------|
| Date &<br>Time    | Pain<br>Score | Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions                  | Staff Initial<br>& Emp. No. | Senlor Staff<br>Initlal &<br>Emp. No. |
| 10/1/24<br>DIB.05 | 0[8           | By CPDT  | l        | I               | -<br>M                         | Paus<br>Tooks               | M                                     |
| 1700              |               | Вусрої   | 1        | -               | ,                              | Paris of                    | R                                     |
| 19:00             | 0/8           | By Cpos  | -        |                 | -                              | Clarico 4                   | L                                     |
| 21.00             | Yio           | Oule Pain  | 1 Sec    | Stegum          | provided confortable pasition. | der                         | X                                     |
| 2500              |               |  |          |                 | patient was sleeping           | Szr                         | Z                                     |
| ø[·00             |               | _  |          |                 | postiant was sleeping          | gar.                        | Z                                     |
| 03:00             |               |  |          |                 | Patient was sleeping           | Ass.                        | 7                                     |
| 0800              | Vio           | ould Pain  | 10Sec    | Aernum          | provided comfortable Pesition. | Barr                        | ¥                                     |
| 07-00             | Yeo           | Dull Pain  | esse     | Stern           | Provided confortable Position  | Arr                         | K                                     |

| Date &<br>Time | Pain<br>Sçore  | (dull, achy | rain Character<br>, sharp, stabbing, shooting,<br>,, referred / radiant pain)       | Duration                      | Location / Site                                 | Interventions   | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |  |  |  |
|----------------|--|-------------|---|-------------------------------|---|---|-----------------------------|---------------------------------------|--|--|--|
|                | ار<br>منده   | A           | ely pain  | Luse                          | asternum  | Non Pharmacodogical   | Or'oreg                     | 1000)                                 |  |  |  |
|                | 11:000. Aely pein  |             |   | Losec                         | Beur  |   | gin                         | <i>A</i> √2 <sup>2</sup> >            |  |  |  |
|                | 13:00  | AC          | ty pain.  | L51ecs                        | - Steinem                                       | Non-pharmacalogical sortervention<br>given.   | 2287                        | 1                                     |  |  |  |
|                | 15:00  | A.          | by pain.  | 210 Jet                       | sternum   | pharmacological intervention.<br>given  | 8287                        |                                       |  |  |  |
|                | PAIN SCALES  |             |   |                               |   |   |                             |                                       |  |  |  |
| (28 weel       | PIPPS<br>ks to <u>&lt;</u> 38  | 3 weeks)    | 6 or less = Minimal to no<br>7 - 12 = Mild pain - Provid<br>>12 = Moderate to sever | de comfort me                 |   | on  |                             |                                       |  |  |  |
| (38 we         | CRIES<br>eks - 2 m   | onths)      |   |                               |   | of gestation. A maximal score of 10 is possible. If the CRIES score is $> 4$ gesic administration is indicated for a score of 6 or higher.  | ı                           | ,                                     |  |  |  |
|                | ACC Sca  |             | 0: Relaxed & comfortable  | e, 1-3: Mild d                | Iscomfort, 4-6: Mode                            | erate discomfort, 7-10: Severe discomfort / pain / both   |                             |                                       |  |  |  |
| Pain           | j-Baker F.<br>Rating S<br>ars - 12 y   | cale        | O 2 No Hurts Hurt Little Bit  | 4 Hurts Little More           | 6 Hurts Even More                               | Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m | 7 8                         | years) 9 10                           |  |  |  |
| Observa        | 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 |             |   |                               |   |   |                             |                                       |  |  |  |
|                | harmaco<br>terventio   |             | Cutaneous Stimulation a<br>Thermal Theraples (no lo                                 | ind massage:<br>onger than 15 | E - Positioning; F - R<br>to 20 minutes): G - C | - Music; D - Physical and mental exercisers<br>ubbing / Massage the skin<br>old application; H - Hot application; I - Shortwave diathermy<br>terferntial therapy   <b>Psycho-social therapy/counselling:</b> K - Individual Couns   | eling; L - Family           | y counseling                          |  |  |  |
| Pharmac        | ological   | nterventio  | ns as per doctor's prescrip   | tion                          |   |   |                             |                                       |  |  |  |

.







59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ

MHI/NUR/2022/05



| Date &<br>Time  | Pain<br>Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting,<br>burning, referred / radiant pain) | Duration | Location / Site | Interventions                    | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |
|-----------------|---------------|--|----------|-----------------|----------------------------------|-----------------------------|---------------------------------------|
| 17:00.          | 110           | Achy pain  | L5Lec    | Back pain       | Non-pharmacological Intervention | 0007                        | (000)                                 |
| 19100           | ય૦            | Achy pain (  | 10 su    | - Stemun-       | Monghamocohjel wanapent<br>done  | 盐                           | ( poo)                                |
| మిత             | 410           | Dul pain   |          | Steoneur        | Pholimanshapical management      | £                           | ( so)                                 |
| న్యి.లు         | Yus           | Dull pair `  |          | Sterum          | Non-phaemarological Intervention | Han.                        | Cosy                                  |
| 12/124<br>01.00 |               | -  | -        |                 | patient is the pury              | - Alex                      | logs                                  |
| 03.so           |               | - /  |          |                 | patient se sleeping              | de la                       | Now                                   |
| ନ୍ଧି ଓଡ଼        | 410           | Dull paur  | LIONE    | Bach pom'       | patient mobiled to cham-         | the series                  | NO 003                                |
| OV. vO          | <b>Q</b> IW   |  | <b>-</b> | NDO - Comple    | unti of pani                     | Ay Don                      | K000>                                 |
| <u>0</u> 9;∞    | Yu            | Acly serin   | 1 1050   | Otesnum.        | Pharmaevological cinternation    | Di<br>org                   | 0005                                  |

| Date &<br>Time   | Pain<br>Sçore  | (dull, achy, | ain Character<br>sharp, stabbing, shooting,<br>, referred / radiant pain) | Duration                                    | Location / Site                               | Interventions   | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |  |  |  |  |  |
|--|--|--------------|---|---|---|---|-----------------------------|---------------------------------------|--|--|--|--|--|
| 12/12/   | Yo   | A-c          | ly pain   | Klosel                                      | Greeneum                                      | Non phonomeunloopical<br>interestion given  | Oui<br>oug                  | 2007                                  |  |  |  |  |  |
| 15 W   | Y00  | Α            | Ley peins   | L cosee                                     | 3 tanun                                       | Non phas meuelogices<br>interention given   | 850                         | Bul                                   |  |  |  |  |  |
| (r.P)  | 1/0  | ,            | Aeby poin   |   | stenium                                       | PON Pheumeclogical  | En                          | Nul                                   |  |  |  |  |  |
| 20.00  | 1/10   | بهر          | ulj pain  | deesh                                       | Sterium                                       | Non Pharmoodogical  | Jen .                       | one                                   |  |  |  |  |  |
|  | PAIN SCALES  |              |   |   |   |   |                             |                                       |  |  |  |  |  |
| (28 week   | 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 - Pharmocological intervention  |              |   |   |   |   |                             |                                       |  |  |  |  |  |
| (38 wè   | CRIES<br>eks - 2 m   | onths)       | The CRIES scale is used further pain assessment                           | l for infants ><br>should be ur             | than or = 38 weeks<br>ndertaken, and analg    | of gestation. A maximal score of 10 is possible. If the CRIES score is $> 4$ , esic administration is indicated for a score of 6 or higher.   | 1                           |                                       |  |  |  |  |  |
|  | ACC Sca<br>nths - 7 y  |              | 0: Relaxed & comfortabl   | e, 1-3: Mild di                             | scomfort, 4-6: Made                           | rate discomfort, 7-10: Severe discomfort / pain / both  |                             |                                       |  |  |  |  |  |
| Wong-Baker FACES Pain Rating Scale (7 years - 12 years)  O  O  O  O  O  O  O  O  O  O  O  O  O |  |              |   |   | 6<br>Hurts                                    | Numerical Rating Scale (age model)  8 10 Hurts Horie Lot Worst  None  Numerical Rating Scale (age model)  1 2 3 4 5 6  None  Mild  Moderate   | 7 8                         | 9 10                                  |  |  |  |  |  |
| Observa  | 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 |              |   |   |   |   |                             |                                       |  |  |  |  |  |
|  | harmacol<br>terventior   |              | Cutaneous Stimulation a<br>Thermal Theraples (no k                        | i <mark>nd massage:</mark><br>onger than 15 | E - Positioning; F - Reto 20 minutes); G - Co | - Music; D - Physical and mental exercisers ubbing / Massage the skin Id application; H - Hot application; I - Shortwave diathermy erferntial therapy   Psycho-social therapy/counselling: K - Individual Couns | eling; L - Family           | counseling                            |  |  |  |  |  |
| Pharmac  | ological i   | ntervention  | is as per doctor's prescrip   | tion  |   |   |                             |                                       |  |  |  |  |  |







59/Malc/MHI202381562 08/01/2024/(PH2024000068

Dr.ANBARASU MOHANRAJ

- oonsynaid.

MHI/NUR/2022/052



| Date & Time        | Pain<br>Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting,<br>burning, referred / radiant pain) | Duration    | Location / Site  | Interventions                         | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |
|--------------------|---------------|--|-------------|------------------|---------------------------------------|-----------------------------|---------------------------------------|
| भ । विष<br>भ । विष | 1/10          | Auly Pain  | ors         | Sterinum         | provide compépable<br>Position.       | Ser.                        | Not                                   |
| 1000               | 1/10          | Dull pain  | one<br>Sbb  | Sugical<br>Site  | Phaemacological intervention<br>Civen | Hay                         | Nul                                   |
| IHED               | Yw            | Dall peur  | on 9<br>opt | Sweggod<br>god   | phourelougisal Interventue<br>Criun   | 8                           | Due                                   |
| Bro                | Yω            | pull pein  | ON Z        | Swigton<br>87 de | Phoencologias en teution<br>Oùs       | den                         | 1000<br>Jul                           |
| <b>≫.00</b>        | 1/10          | Dull pain  | on p        | Surgeral         | Pharmacological interadation          | 9.C<br>5207                 | Nort                                  |
| 14/m/14<br>00.8    |               | Pa   | tont        | is sleep         | erg .                                 |                             |                                       |
| 600                | 10            | Dull pain  | onp         | lurgecal<br>lite | Phoenacological intervention<br>gives | Q207                        | Nool                                  |
| 1000               | 0/0           | No Dair  | 100         |                  | · · · · · · · · · · · · · · · · · · · |                             | Dort                                  |
|                    | ι             |  |             |                  |                                       |                             |                                       |

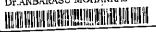
| Date &<br>Time | Pain<br>Sçore   | (dull, achy    | rain Character<br>, sharp, stabbing, shooting,<br>g, referred / radiant pain)       | Duration                      | Location / Site                                 | Interventions  | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No.         |
|----------------|---|----------------|---|-------------------------------|---|--|-----------------------------|---|
| •              |   |                |   |                               |   | *  |                             |   |
| ٠.             |   |                | ,   |                               |   |  |                             |   |
|                |   |                |   |                               |   |  |                             |   |
|                |   | 11 * 1.<br>1 x | the disk of the   |                               |   |  | 1.                          | ,   |
|                |   |                | N.  | ,                             | P/  | AIN SCALES   | <u> </u>                    | <u></u> _                                     |
| (28 week       | PIPPS<br>(s to <u>&lt;</u> 38   | weeks)         | 6 or less = Minimal to no<br>7 - 12 = Mild pain - Provid<br>>12 = Moderate to sever | de comfort me                 |   | on .   |                             | <u>,                                     </u> |
| (38 we         | CRIES<br>eks - 2 m  | onths)         |   |                               |   | of gestation. A maximal score of 10 is possible, if the CRIES score is > 4 jesic administration is indicated for a score of 6 or higher.   | ,                           | 3   |
|                | ACC Sca<br>nths - 7 y   |                | 0: Relaxed & comfortabl   | e, 1 <sub>7</sub> 3; Mild di  | iscomfort, 4-6: Mode                            | rate discomfort, 7-10: Severe discomfort / pain / both   |                             |   |
| Pain           | -Baker FA<br>Rating So<br>ars - 12 ye   | cale           | O 2 No Hurts Little Bit   | (OO)  Hurts Little More       | 6 Hurts Even More                               | Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m | 7 8                         | 9 10  |
| Observa        | 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 |                |   |                               |   |  |                             |   |
|                | narmacolo<br>ervention  |                | Cutaneous Stimulation a<br>Thermal Theraples (no lo                                 | ind massage:<br>onger than 15 | E - Positioning; F - F<br>to 20 minutes): G - C | - Music; D - Physical and mental exercisers<br>ubbing / Massage the skin<br>old application; H - Hot application; I - Shortwave diathermy<br>erferntial therapy   <b>Psycho-social therapy/counselling:</b> K - Individual Couns   | eling; L - Family           | / counseling                                  |
| Pharmac        | ological l  | ntervention    | ns as per doctor's prescrip   | tion                          |   |  |                             |   |





59/Malc/MHI202381562 08/01/2024/IPH202400006S

Dr.ANBARASU MOHĄNRAJ





| ١ , , , | DVT RISK ASSESSMEN I  Assign a score of 1 if (YES) in parameter no. 10  |             |                |               |               |               |               |               |  |  |  |  |  |
|---------|---|-------------|----------------|---------------|---------------|---------------|---------------|---------------|--|--|--|--|--|
| ASS     | Date  | <del></del> | <del>-</del> - | 0re or -2     |               | in parar      | Teter no      | ). 10<br>     |  |  |  |  |  |
|         | Time  | 1490        | 8,00           | 6,00          |               |               |               |               |  |  |  |  |  |
| S. No.  | PARAMETERS  |             |                |               |               |               |               |               |  |  |  |  |  |
| 1       | Active cancer (on-going treatment or diagnosed within 6 months or palliative care)  | B           | Ь              | ٥             |               |               |               |               |  |  |  |  |  |
| 2       | Bedridden recently >3 days or major surgery within four weeks   | 8           | 0              | 0             |               |               |               |               |  |  |  |  |  |
| 3       | Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)   | 0           | 0              | 0_            |               |               |               |               |  |  |  |  |  |
| 4       | Collateral (nonvaricose) superficial veins present (Assess for both legs)   | О           | 0              | b             |               |               |               |               |  |  |  |  |  |
| 5       | Entire leg swollen (Assess for both legs)   | b           | 0              | 0             |               |               |               |               |  |  |  |  |  |
| 6       | Localized tenderness along the deep venous system (Assess for both legs)  | Ø           | 0              | 0             |               |               |               |               |  |  |  |  |  |
| 7       | Pitting edema, greater in the symptomatic leg (Assess for both legs)  | O           | Ø              | Ø             |               |               |               |               |  |  |  |  |  |
| 8       | Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)  | 8           | 0              | 0             |               |               |               |               |  |  |  |  |  |
| 9       | Previously documented DVT (Assess for both legs)  | 0           | D              | 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. |             | D              | 0             |               |               |               |               |  |  |  |  |  |
|         | FINAL SCORE   |             |                | 0             |               |               |               |               |  |  |  |  |  |
| Low R   | lisk: -2 to 0   Moderate Risk: 1 to 2   High Risk: 3 to 8   | Ø           | 6              | Low           |               |               |               |               |  |  |  |  |  |
|         | DVT prophylaxis started   | □Yes<br>□No | ☐ Yes<br>☐ No  | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |  |  |  |  |  |
|         | Signature & Emp. No. of RN  | Ca          | <b>A</b>       | 12.C          |               |               |               |               |  |  |  |  |  |
|         | Signature & Emp. No. of Sr. RN  | W '         | (30)           | JDD .         |               |               |               |               |  |  |  |  |  |





#### Mr.RAJASINGH P 59/Malc/MHI202381562

08/01/2024/iPH2024000068





# **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  | 101 24        | 11124         | 12/1/24       | الموارات       | 14/121       |               |               |
|---|---|---------------|---------------|---------------|----------------|--------------|---------------|---------------|
|   |   | 16.02         |               | 6.00          | 45(1127<br>600 | (0.00        | •             |               |
| S. No.  | PARAMETERS  | 15.00         | 19            |               | 0~-            | 10.00        |               |               |
| 1   | Active cancer (on-going treatment or diagnosed within 6 months or palliative care)  | 0             | O             | 0             | Ø              | Ō            |               |               |
| 2   | Bedridden recently >3 days or major surgery within four weeks   | 4(            | +1            | 41            | +1             | 1            |               | *             |
| 3   | Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)   | O             | 0             | 0             | 0              | O            |               |               |
| 4   | Collateral (nonvaricose) superficial veins present (Assess for both legs)   | 0             | 0             | 0             | P              | 0            |               |               |
| 5   | Entire leg swollen (Assess for both legs)   |               | 0             | O             | Q              | 0            |               |               |
| 6   | Localized tenderness along the deep venous system (Assess for both legs)  | Ó             | 0             | O             | ф              | 6            |               |               |
| 7   | Pitting edema, greater in the symptomatic leg (Assess for both legs)  | 0             | 0             | 0             | P              | Þ            |               |               |
| 8   | Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)  | 0             | 0             | 0             | Q              | 0            |               |               |
| 9   | Previously documented DVT (Assess for both legs)  | 0             | 0             | 0             | Ø              | O            |               |               |
| 10  | Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture. | 0             | 0             | · 0           | 0              | Q            |               |               |
| FINAL SCORE   |   | +1            | H             | #             | 14             | +1           |               |               |
| Low Risk: -2 to 0   Moderate Risk: 1 to 2   High Risk: 3 to 8 |   | Mod           | mod           | rod           | mod            | MOP          |               |               |
| DVT prophylaxis started '                                     |   | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes ☐ No     | ⊈Yes<br>□ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Signature & Emp. No. of RN                                    |   | ORA           | 200           | A.            | Jest .         | No.          | -<br>-        |               |
| Signature & Emp. No. of Sr. RN                                |   |               |               |               |                |              |               |               |



## Medway Hospitals

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



Mr.RAJASINGH P Patier

Name

59/Male/MHI202381562 UHID: 08/01/2024/IPH2024000068

DOB: Dr.ANBARASU MOHANRAJ



MHI/NUR/2022/046



## MODIFIED MORSE FALL RISK ASSESSMENT CHART

| <del></del>  |      | <b>1</b>   | 1        | T       |           | Γ         |   |        | 1        |      |
|--|------|------------|----------|---------|-----------|-----------|---|--------|----------|------|
| Variables  | Date | 8/1        | Blike    | -       | 9/1/20    | 9/01/24   | <del>                                    </del> |        | -        |      |
|  | Time | 1630       | 50.00    | 8.00    | ועיטט     | 20.00     | 800   |        |          |      |
| History of falling   | No   | <b>4</b> 0 | 8        | -0      | 0         | 0         | -8  | 0      | 0        | 0    |
| (immediate or within 6 months)   | Yes  | 25         | 25       | 25      | 25        | 25        | 25  | 25     | 25       | 25   |
| Secondary diagnosis  | No   | 10         | ے        | B       | 9         | ٥         | .0  | 0      | 0        | 0    |
| (≥ 2 medical diagnosis)  | Yes  | 15         | 15       | 15      | 15        | 15        | 15  | 15     | 15       | 15   |
| Intravenous Therapy /  | No   | 9          | 8        | Ð       | 9         | 7 0       | 0   | 0      | 0        | 0    |
| Heparin Lock / Tubes Insitu  | Yes  | 20         | 20       | _20     | 20)       | .20       | ,20   | 20     | 20       | 20   |
| AMBULATORY AID   |      |            |          |         |           |           |   | -      |          |      |
| None / Bed Rest / Nurse Assist   |      | 20         | سمر      | ,0      | _0_/      | روح       | 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          | 70       | _0_     | 207       | <u>_0</u> | ۵   | 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  |      | سھر ا      | <b>₽</b> | سمر ا   | 0         |           | 8   | 0      | 0        | 0    |
| Overestimated or forgets limitations   |      | 15         | 15       | 15      | 15        | 15        | 15  | 15     | 15       | 15   |
| MEDICATIONS Includes PCA / opiates, diuretics,   |      |            |          |         | _         |           |   | _      |          |      |
| laxatives, hypnotics, sedatives,   | No   | 0_         | -0       | 0       | 0         | 0         | 0   | 0      | 0        | 0    |
| immunosuppresent, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics | Yes  | 15         | 15       | 15~     | 15        | 15        | 45  | 15     | 15       | 15   |
| Total Score  |      | Ø          | Ø        | 35      | 35.       | 35        | 3.5   |        |          |      |
| Low Risk (0 - 24)  |      |            | /        |         | - رز      |           | ر کی پ  |        |          |      |
| Medium Risk (25 - 44)  |      |            |          |         |           |           | <u>ن</u>  | -      |          |      |
| High Risk (45 or above)  |      |            |          |         |           |           |   |        | -        |      |
| Signature & Emp. No. of RN   |      | Mr.        | 85       | 5.5     | 300       | Poze7     | 5.93  |        |          |      |
| Signature & Emp. No. of Sr. RN   |      | (B)        | (V)      | (Mg)    | 100/      |           | (P)   | \.'    |          |      |
|  | , ,  | <b>6</b>   | 24: Low  | Risk; 2 | 5 - 44: N | ledium    | Risk; 45  | or abo | ve: High | Risk |

| INTERVENTIONS  | Date      | <u></u>  | ad.ba    | al.1          | 11/24    | 2/01/2   | الماما     | د        |              | t 1      |
|--|-----------|--|----------|---------------|----------|----------|------------|----------|--------------|----------|
| INTERVENTIONS  | <b></b>   | \$11/24  | BAIL     | 7/1/2         | s.       | '\ \'    | (4)        |          | <del> </del> | _        |
| Tick as per the Risk Score   | Time      | 13.00  | 20-0k    | 8.00          | 14.00    | 2000     | 2 ver      |          |              | -        |
| Low Risk Interventions (0 - 24)  |           |  |          |               |          |          |            |          |              |          |
| Familiarize the patient with the immediate surround  | ings      |  |          |               |          |          |            |          |              | +        |
| Remind the patient to use call bell before getting ou  |           |  |          |               |          | 1        |            |          |              |          |
| Keep the two side rails in the raised position at all t  | imes for  |  |          |               |          |          |            |          | ł            |          |
| all patients regardless of age   |           |  |          |               |          |          |            | <u>.</u> |              |          |
| Keep the call bell, bedside table, water, glasses w  | ithin the | <b> </b>   |          |               | _        |          |            |          | ľ            | i        |
| patient's easy reach   |           | ļ -  |          |               |          |          |            |          | <b>.</b>     |          |
| Remove excess equipment or furniture to make   | a clear   |  |          |               |          |          |            |          | 1            |          |
| path  Keep the patient's bed in the low position at all times  | eoveent   |  |          | •             |          |          |            | -        | <del> </del> | <u> </u> |
| during procedure   | s except  |  | <b>/</b> | "/            |          |          | _          |          | İ            |          |
| Teach fall-prevention techniques, such as sitting  | up for a  | <del>                                     </del> |          |               |          | <u> </u> |            |          |              |          |
| moment before rising from the bed  | -p w      | /  | /        |               |          |          |            |          |              |          |
| Bed wheels should be locked  |           |  |          |               |          | -        |            |          |              |          |
| Encourage family participation in the patient's care   |           |  |          |               |          |          |            |          |              |          |
| Ensure that floor of the bathroom is dry and not slip  | pery      |  |          |               |          |          |            |          |              |          |
| Review medications for potential side effects to   | hat can   |  |          |               | -        | :/       |            |          |              |          |
| promote falls  |           |  |          | ,             |          |          |            | ,        |              |          |
| Use safety belts during movement in wheelchair   |           |  |          |               |          |          |            |          |              |          |
| The patients are not ambulated by themselves. The  | ey are to | /  | _        |               | ł        |          |            |          |              |          |
| be ambulated only with assistance  |           | ]  |          | <b> </b>      |          |          |            |          |              |          |
| Medium risk interventions (25 - 44)  |           |  |          | 7             |          |          |            | •        |              |          |
| Apply all the low risk interventions   |           |  | -        |               |          |          |            |          | <b></b>      |          |
| Tie yellow fall risk tag in the bed and Wheel chair / Si   |           |  |          |               |          |          |            |          | <del> </del> | <u> </u> |
| Make sure that proper transfer precautions are in<br>for heavy or debilitated patients in a bed or wheel |           |  |          |               |          | ام ا     |            |          |              |          |
| on a toilet seat   | Criaii Oi | ł  |          |               |          |          |            | _        |              |          |
| Use restraints and bed monitors as ordered by the  | doctor    |  |          |               | _        | . 1      |            |          |              |          |
| Allow the patient to ambulate only with assistance   |           |  | -        |               |          | 1        |            |          |              |          |
| Consider peak effects of the medications that effe   | cts level |  |          |               | -        | <u> </u> | <u> </u>   |          |              |          |
| of consciousness, gait and elimination when p  |           | l  |          |               |          |          |            |          |              |          |
| patient's care   |           |  |          |               |          |          |            | /        |              |          |
| Do not leave patients unattended in diagno   | ostic or  |  |          |               | _        | 1        |            |          |              |          |
| treatment areas  |           |  |          | <u> </u>      |          |          |            |          |              |          |
| Accompany the patient while going to bathroom  |           |  |          |               |          |          |            |          | ļ            | ļ        |
| Advice the patient to use grab bars near the toilet, t   | oathtub,  |  |          |               | ŀ        |          |            |          |              |          |
| and shower   |           |  |          |               | 7        |          |            |          | -            | <u></u>  |
| Make sure the family and other visitors underst  | and the   |  |          |               | ′        |          |            |          | i            |          |
| restrictions mentioned above High-risk interventions (45 or above)                                       |           |  |          |               |          | ,        | •          |          |              |          |
| Apply all the low and medium risk interventions  |           | 1  |          |               |          |          |            |          |              |          |
| Tie red fall risk tag in the bed, wheel chair and stretc   | her       |  |          |               |          | 1        |            |          | ľ            |          |
| Locate the high-risk patients in a room close to the   |           | †  |          |               |          |          |            |          |              |          |
| station  |           |  |          |               |          |          |            |          |              |          |
| Answer these patients call bells as quickly as possil  | ble       |  |          |               |          |          |            |          |              | 1        |
| Provide a commode at bedside (if appropriate)  |           |  |          |               |          |          |            |          |              |          |
| Urinal/bedpan should be within easy reach (if appro  |           |  |          |               |          |          |            |          |              |          |
| Encourage family members or other visitors to s them   | tay with  |  |          |               |          |          |            |          |              |          |
| If appropriate, consider using protection devices belts  | s: safety |  |          | î.            |          |          |            |          |              |          |
| Signature & Emp. No.   | of RN     | 84   | Our      | 5. <b>9</b> 3 | John Bar | 1000 T   | 59         | ر        |              |          |
| Signature & Emp. No. of S  | Sr. RN    | (P)  | (B)      | WEL.          |          | (D)      | (M)        |          |              |          |
| <u> </u>   |           | ```\_  | 77       | 2             | Z8.      | -        | The second |          |              |          |
|  |           | Q \  | Ø        | 0             | •        |          | - 0,       |          |              |          |



## Medway Hospitals

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



### Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ



MHI/NUR/2022/046



Where heart beat never stoos...

## MODIFIED MORSE FALL RISK ASSESSMENT CHART

|  |          |            |  | * 1     |                  | •           | <del>- \</del> - |            |                 |       |
|--|----------|------------|--|---------|------------------|-------------|------------------|------------|-----------------|-------|
| Variables  | Date     | 10/1/24    | 10[1]24  |         | 11/124           | 11/1/24     | 194              | •          | 12/1/24         | 1314  |
|  | Time     | 16.0F      | 20.00  | 8.00    | 13.30.           | Dero        | 25.00            | 140        | 20,00           | 800   |
| History of falling   | No       | 10         | 87   | প       | 6                | <b>(9</b> ) | ø                | ے ہے       | <8 <sup>→</sup> | æ     |
| (immediate or within 6 months)   | Yes      | <b>X</b> 5 | 25   | 25      | 25               | 25          | 25               | 25         | 25              | 25    |
| Secondary diagnosis  | No       | 0          | 0  | 0       | 0                | 0           | 0                | 0          | 0               | 0     |
| (≥ 2 medical diagnosis)  | Yes      | 15         | 15/  | 15      | (5)              | 15          | 15               | <b>1</b> 5 | 15-             | 15    |
| Intravenous Therapy /  | No       | 0          | 0  | 0       | 0                | 0           | 0                | 0          | 0               | 0     |
| Heparin Lock / Tubes Insitu  | Yes      | 20         | 20/  | 20      | (20)             | 20          | 20               | 20         | 20-             | 20    |
| AMBULATORY AID   |          |            |  |         | ~                |             |                  |            |                 |       |
| None / Bed Rest / Nurse Assist   |          | 9          | 87   | 9       | <b>(b)</b>       | <u></u>     | 9                | 0          | -07             | 9/    |
| Crutches / Cane / Walker   |          | 15         | 15   | 15      | 15               | 15          | 15               | 15         | 15              | 15    |
| Furniture  |          | 30         | 30   | 30      | 30               | 30          | 30               | 30         | 30              | 30    |
| GAIT   | 1        |            |  |         |                  | 2           |                  | _          |                 | /     |
| Normal / Bed Rest / Wheel Chair  |          | 9          | <u> </u>   | 0/      | (o)              | 6           | 0                | 0          | 197             | 10    |
| Weak   | <u> </u> | 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  | 9       | 6                | <b>(0)</b>  | رو ا             | _0_        | 10              | 6     |
| Overestimated or forgets limitations   |          | 15         | 15   | ) 15    | 15               | 15          | 15               | 15         | 15              | 15    |
| MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives,        | No       | 0          | 0  | 0       | 0                | 0           | 0                | 0          | 0               | 0     |
| immunosuppresent, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics | Yes      | ,15        | 15)  | 15      | <del>(</del> 15) | (15)        | 15               | 15         | 1:5             | 15    |
| Total Score  |          | 65         | 65   | 50      | 50               | 50          | 50               | 50         | Op              | 50    |
| Low Risk (0 - 24)  |          | •          |  |         |                  |             |                  |            |                 |       |
| Medium Risk (25 - 44)  |          |            | -  |         |                  |             | ,                |            |                 |       |
| High Risk (45 or above)  |          |            |  |         |                  | /           |                  | √:         | -7              |       |
| Signature & Emp. No. of RN   | (        | Jou La     | Africa de la constante de la c | 9KG     | 6234             | -A4         | In               | 8          | 192             | Hotel |
| Signature & Emp. No. of Sr. RN   | ,        | 4          | \<br><   | X       | A                | 1           | Do               | Non        | Naso            | 1020  |
|  | -        | 00×        | 24 <b>(708</b> %   | Rigk; 2 | 5 - 44: N        | 1edium      | Risk; 45         | or abo     | ve: High        | Risk  |

| INTERVENTIONS  | Date          | 161\2A                                 | 11/24    | 11/24  | rs1.1.      | 18/1/29          | PRIC     | en]]   | <i>l</i> .       | , ,      |
|--|---------------|--|----------|--|-------------|------------------|----------|--|------------------|----------|
| INTERVENTIONS  Tick as per the Risk Score  | Time          |  |          | 8100   |             | 30 m             | ()/(( ·  | 1X1.00   | (267             | 181,     |
| ·  | 111110        | 16:0F                                  | 20.00    | <i>e</i> 60°                                     | <b>(34)</b> | 7,04             | 8        | N.   | <sub>20</sub> 2' | 80       |
| Low Risk Interventions (0 - 24)  | -11           |  |          |  |             |                  | /        |  | ,                | [        |
| Familiarize the patient with the immediate surround  |               |  |          | <del> </del>                                     |             |                  |          |  |                  | -1       |
| Remind the patient to use call bell before getting or  |               |  |          | <del>                                     </del> |             | ~                |          |  |                  |          |
| Keep the two side rails in the raised position at all  | umes for      | /                                      |          |  |             |                  |          |  | 1                |          |
| all patients regardless of age  Keep the call bell, bedside table, water, glasses w                | vithin the    |  |          |  |             |                  | <u> </u> |  |                  |          |
| patient's easy reach   | Attribit trie | /                                      |          |  |             |                  |          |  |                  |          |
| Remove excess equipment or furniture to make   | e a clear     | ļ <u>-</u>                             |          | <del> </del>                                     |             |                  |          |  | <u></u>          |          |
| path .   | o a oloai     |  |          |  | /           |                  | /        | '  | -//              |          |
| Keep the patient's bed in the low position at all time   | es except     | 1                                      | -        |  | //          |                  | _        |  |                  | 1        |
| 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   | •             |  |          |  | ,           |                  | 1        |  |                  |          |
| Ensure that floor of the bathroom is dry and not slip  | pery          |  |          |  |             |                  | 1        |  |                  |          |
| Review medications for potential side effects  | that can      |  |          |  | /           |                  |          |  |                  | /        |
| promote falls  |               |  |          |  |             |                  | //       |  |                  | <u> </u> |
| Use safety belts during movement in wheelchair   |               |  |          |  |             |                  |          |  |                  |          |
| The patients are not ambulated by themselves. Th   | ey are to     |  |          | Į  | /           |                  |          | _  |                  |          |
| be ambulated only with assistance  |               |  |          |  |             |                  | _        | _  |                  |          |
| Medium risk Interventions (25 - 44)  |               |  |          | $\vdash$   |             | 7                | 1        |  |                  |          |
| Apply all the low risk interventions   |               | /                                      |          |  |             | _                |          |  | ļ <u> </u>       |          |
| Tie yellow fall risk tag in the bed and Wheel chair / S  |               | /                                      | <u>.</u> |  |             |                  |          |  |                  | <u> </u> |
| Make sure that proper transfer precautions are i   |               |  |          |  |             |                  | 1        |  |                  |          |
| for heavy or debilitated patients in a bed or wheel<br>on a toilet seat                            | i chair or    |  |          |  |             |                  | / /      |  |                  |          |
| Use restraints and bed monitors as ordered by the  | doctor        |  |          | <del></del>                                      |             | _                |          |  | <b></b>          | -        |
| Allow the patient to ambulate only with assistance   | doctor        | //                                     |          |  | /           | <u> </u>         |          |  |                  |          |
| Consider peak effects of the medications that effe   | ects level    |  |          |  |             |                  | <u> </u> | <del>-                                    </del> |                  |          |
| of consciousness, gait and elimination when  |               | /                                      |          |  | ,           |                  |          |  |                  |          |
| patient's care   | ,             |  |          |  |             | /                | <b>-</b> |  |                  |          |
| Do not leave patients unattended in diagn  | ostic or      |  |          |  |             |                  | _        |  |                  |          |
| treatment areas  |               | 1                                      |          |  |             |                  | /        |  |                  | `        |
| Accompany the patient while going to bathroom  | 4             |  |          |  |             |                  |          |  | (                |          |
| Advice the patient to use grab bars near the toilet,   | bathtub,      |  |          |  |             |                  |          |  |                  |          |
| and shower   |               | /                                      |          |  |             |                  |          | ı  |                  |          |
| Make sure the family and other visitors unders   | tand the      | /                                      |          |  |             |                  |          |  |                  | /        |
| restrictions mentioned above   |               | /                                      |          |  |             |                  |          | ŀ  | /                | ľ        |
| High-risk interventions (45 or above)  |               |  |          |  | 7           |                  | 7        |  | }                | ļ        |
| Apply all the low and medium risk interventions  |               | <b>/</b>                               |          | 1  |             |                  | -1       | , ,  |                  |          |
| Tie red fall risk tag in the bed, wheel chair and strete   |               | <b>/</b>                               |          |  | /           |                  | /        |  | ļ                |          |
| Locate the high-risk patients in a room close to the   | e nurses'     |  |          |  | . /         |                  |          |  |                  | /        |
| station  | :             |  |          | 16   | <b>1</b> 0. |                  | 140      | 77 87  | · ·              |          |
| Answer these patients call bells as quickly as possi Provide a commode at bedside (if appropriate) | INIA          | 40                                     | .05      | W  | Nes         | MA               | NA       | 72   |                  |          |
| Urinal/bedpan should be within easy reach (if appr   | ronriate)     |  | PR<br>0A | NA<br>NA   | NA          | NA               | 4/10     | 42   | <del>  ,</del>   |          |
| Encourage family members or other visitors to  |               | Mas                                    | ρA       | VD.  | NIA         | NA               | NA       | -  | <del> </del>     |          |
| them   | cirk saint    | 1/2                                    | ₽¢.      | 000  | NA          | MA               | NA       | 40   |                  | /        |
| If appropriate, consider using protection device   | s: safetv     | 7                                      |          |  | /           | <u> </u>         | <u> </u> | /  |                  |          |
| belts  | Jan • ij      | \dag{\dag{\dag{\dag{\dag{\dag{\dag{    |          |  |             |                  |          | /  |                  | 1        |
| Signature & Emp. No.   | of RN         | VIII es                                | Dr       |  | ffer        | ATZ.             | ريوي     | Jay.   | AL               | ٠ ۵۷     |
|  |               | MA.                                    | A A      | 100 M  | 1           | O Pro            | 1/16     | 7 600  | 0'7              | 20       |
| Signature & Emp. No. of  | Sr. RN        | لـــــــــــــــــــــــــــــــــــــ |          | بلاحرا   | <u></u>     | X.               | TVRX     | 479 A  | Wha              | Wha      |
|  |               | 107                                    | • V/\    | · 1-   | - 1         | / 11 <sup></sup> |          | L -  | y )              |          |
|  |               | 1/2                                    | ∕ ,ດ່າ>ັ | 500  | کنہ ۲       | (00)             | ,        |  |                  |          |



# Medway Hospitals®

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





## Mr.RAJASINGH P

·59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj HE HAD BEEN FOR THE PERSON OF



MHI/NUR/2022/046

## MODIFIED MORSE FALL-RISK ASSESSMENT CHART

| · · · · · · · · · · · · · · · · · · ·  | <u> </u> |          | " i<br>    |          |                                   |                               |                          | ! ',<br>                                | 7. 7. 90                       |                          |
|--|----------|----------|------------|----------|-----------------------------------|-------------------------------|--------------------------|---|--------------------------------|--------------------------|
| No. of the last of | Date     | 12(11    | 13012      | 141      | 2 Cp                              |                               | 24 12 a+ 1               | 114.                                    | 1 1 1 2 2 E                    | 7157<br>7157             |
| Variables  | Time     | 1HD      | 7          | 8-00     | 100                               | .i                            | 30,740,01                | មិន ភ្នំ១០០១<br>•                       | romata<br>romata               | Biograpia<br>Orașii      |
| History of falling   | Ŋο       | -0       | .0         | 11.7     | 7년 0월년                            | د <b>0</b> ° <sup>1</sup> ما. | बाई <b>0</b> 🗀 🕫         | / O'                                    | 0:16                           | ; O.                     |
| (immediate or within 6 months).  | ··Yes-   | 25       | <u> 25</u> | 25       | 25                                | 25                            | 25                       | 25                                      | 25                             | 25                       |
| Secondary diagnosis  | No       | 0        | į 0_       | 9        | 0 = 2.                            | tri, Orași e                  | §n <b>0</b> ⊙∞           | 3 <b>0.0</b> 10 s                       | ## <b>-0</b> 30#               | ω <b>ί.0</b>             |
| (≥ 2 medical diagnosis)  | Yes      | 15       | 15         | 15       | <b>15</b>                         | 15                            | ं <b>15</b> ं            | 15 =                                    | 15 <sup>31</sup>               | . 15                     |
| Intravenous Therapy /  | No       | 10       | e at the   | 0        | 0                                 | 0                             | 0                        | 0                                       | <b>0</b> 'rat <u>r</u>         |                          |
| Heparin Lock / Tubes Insitu  | Yes      | 20       | <b>20</b>  | 20       | 20.                               | 20.7                          | 20                       | 20                                      | 20.11                          | 20                       |
| AMBULATORY AID   | i        |          | i          |          | 7                                 | 1                             | ELEKT                    | 27 - N. (4. V)                          | n turkon                       | 14, 13                   |
| None / Bed-Rest-/ Nurse Assist   |          | 0        | يرور       |          | 0                                 | <b>(,0</b> )                  | S-0 . 7                  | j. 0 j.                                 | j. ( <b>,0</b> )               | [] O                     |
| Crutches / Cane / Walker   | Ļ -      | 15       | 15         | 15       | 15                                | 15                            | 15                       | 15                                      | 15                             | :_15                     |
| Furniture  |          | 30       | 30         | - 30     | 30                                | 30                            | 30                       | 30                                      | 30                             | 30                       |
| GAIT   | t ·      | į        | - }        | 30.36    |                                   | no bedio                      | 61 81 355<br>-           | · ·                                     | into his vi                    | I                        |
| Normal / Bed Rest / Wheel Chair  |          | <b>0</b> | 0          | 0        | O                                 | 0                             | 0.                       | 0                                       | 103                            |                          |
| Weak   |          | 10       | ~ 10       |          | 10                                | 10                            | 10                       | 10                                      | 7.10                           | 10                       |
| Impaired   |          | 20       | £30/1      | 20       | 20                                | 20:                           | ಟ <b>20</b> ೨<br>೧೯೬೬ ನಿ | 10 <b>20</b> 60                         | at <b>20</b> ) s<br>36 arot s  | 1                        |
| MENTAL STATUS  | !        | 1        |            | :        |                                   |                               |                          |   | 1 777                          | 1 ''                     |
| Oriented to own stability  |          | 0        | 60         | 0        | 0                                 | n 70%<br>0                    | មានជាជន<br><b>0</b>      | 8.59/),T.                               | 42 की<br>55 <b>0</b> ह क       | 75, 7<br>/ 0             |
| Overestimated or forgets limitations   | 1        | 15       | 451        | 15       | 15                                | 9 15 19                       | %15®                     |   | 3157K                          |                          |
|  | 1        |          | . 444      | - j 10 - |                                   | -1                            | 27000 Car                | Q 10                                    | elemby of the                  | ·                        |
| MEDICATIONS Includes PCA / opiates, diuretics,   | - 1      |          | N 14-      | i sut i  | رور در است.<br>از از از ایر امطان | u _wisi                       | iedio c                  | 7867.5                                  | ี อยุ" ละก<br>กับลัก           | irda <u>or</u><br>Number |
| laxatives, hypnotics, sedatives,   | No       | 0        | .eof#      | 0        | 0                                 | 0 0                           | 0 6970                   | , Q., p.                                | 30, 0 300                      | 0                        |
| immunosuppresent, anticonvulsants, anti-hypertensives, hypoglycemics   | Yes      | 15       | - 15       | 15       | 15_                               | 15                            | 15 😩                     | 15.                                     | * <b>15</b>                    |                          |
| and psychotropics  |          | -        |            | -,       | <u>ئې</u><br>                     | 7645 (13)                     | 1.751-17.1               | 138 366<br>44                           | 2. 电线线<br>2. 1017              | - YI 10                  |
| Total Score  |          | 68       | 50         | 18       | in जी ज                           | asum tirc                     | ) 18 N 8 J.              | ಕ್ಷಾಗ್ನೆ . ಅ                            | वहाती अस                       | د ساد<br>راسیارگ         |
| Low Risk (0 - 24)  |          |          |            |          | 7                                 | د د گرونی                     |                          | territoria.                             | tens sons                      | 3 1.5                    |
| Medium Risk (25 - 44)  |          | <u> </u> |            |          | ottitesselij<br>(ti               | क्षण हराय<br>क्षर सम्बद्ध     | १८६ छाउत<br>१४५८ (११.८   |   | 1062691<br>1110:08             | angu.<br>Maga            |
| <u> </u>   |          |          |            | - \$     | in trin                           | or comb                       | respective               | rad vice                                | - n : n : 5                    | 1(e,, v)                 |
| High Risk (45 or above)  | <u>;</u> |          |            | 1        | /೯೮೩ ಲೇ ೫                         | onelv 🤫                       | 115 C. CL                | Service of                              | ការបា ១ជួន                     | / រក្សា<br><u>-</u>      |
| Signature & Emp. No. of RN   |          | 8/       | Mala       | 17       | 2 TOIVE                           | हें जोटिया<br>इंक्ट्रीटा र    | ro gua                   | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | - ज्ञाध                        | 1945<br>1945             |
| Signature & Emp. No. of Sr. RN   | - 4      | New      | 700        | آمور     |                                   |                               | _2,24,                   | - ,                                     | par menang ambah agai agas ban |                          |
|  | ١.       | 1/2~VX   | NAY        | 1000     | $\Gamma = A I A$                  | 1 3 × 9                       | 117                      | L                                       |                                |                          |

|  | Date        | 4 %  | 10/1/20     | die              | 1 ~      |   |  |  |  | ı  |
|--|-------------|--|-------------|------------------|----------|---|--|--|--|--|
| INTERVENTIONS  |             | 1871112  | 151117      | IM               |          | <del>  -</del>                                    | <u> </u>   | <del>                                     </del> |  | •  |
| Tick as per the Risk Score                                     | Time        | 12/10  | 2000        | 8.0 <sup>0</sup> |          |   |  |  |  | ,  |
| Low Risk Interventions (0 - 24)                                |             |  |             | ~                |          |   |  |  |  |  |
| Familiarize the patient with the immediate surround            | lings       | \ /  |             | <b>√</b>         | _        |   | ]  | 1  | }  |  |
| Remind the patient to use call bell before getting ou          |             |  |             |                  |          | <del></del>                                       |  | <del>                                     </del> | <del>                                     </del> | <del>                                     </del> |
| Keep the two side rails in the raised position at all the      |             | <del>                                     </del> |             |                  |          | <del>                                     </del>  |  | <del> </del>                                     | <b>-</b>   | <del> </del> -                                   |
| all patients regardless of age                                 | 111169 101  |  |             |                  |          | ļ   | <u> </u>   | ļ  |  | <b>,</b>   |
| Keep the call bell, bedside table, water, glasses w            | ithin the   |  | <u> </u>    |                  |          |   | <del></del>                                      | <del> </del>                                     | <del> </del> -                                   | <del> </del>                                     |
| patient's easy reach   | iuiiri trie | <b>'</b>   | ا ہا        |                  |          |   | i  |  |  |  |
| Remove excess equipment or furniture to make                   | a alaar     | <del></del>                                      |             |                  |          |   |  | 1  | <del> </del>                                     | -  |
| path   | a cieai     |  |             |                  |          |   | ]  |  |  | ľ  |
| Keep the patient's bed in the low position at all times        | coveent     | <b>-</b>   | <u> </u>    |                  |          | <u> </u>  | -  | <del> </del>                                     | <del> </del>                                     | -  |
| during procedure   | sexcept     | .,   |             |                  |          |   |  | ŀ  |  |  |
|  | in far a    |  | <u> </u>    | ~                |          |   |  | <del>  -</del>                                   | <u> </u>   | <del> </del>                                     |
| Teach fall-prevention techniques, such as sitting              | up ior a    | <b>!</b> .                                       | <u> </u>    |                  |          |   | ]  | ]  | ]  | 1  |
| moment before rising from the bed  Bed wheels should be locked |             | <del></del> -                                    |             |                  |          | <del>                                      </del> | <del></del>                                      | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     |
|  |             | <del>  </del>                                    |             |                  |          | <del> </del>                                      | <del></del>                                      | -  | <del> </del>                                     | <del>                                     </del> |
| Encourage family participation in the patient's care           |             | ,  | <u> </u>    |                  |          | <del> </del>                                      | <del> </del>                                     | 1  | <b> </b>   |  |
| Ensure that floor of the bathroom is dry and not slip          |             | <u> </u>   |             |                  |          | <u> </u>  | ļ  | ├──  | ļ  |  |
| Review medications for potential side effects the              | nat can     | ^  |             |                  | <b>-</b> |   |  |  |  |  |
| promote falls  |             |  |             | -                |          | <b></b>   |  | <del> </del>                                     |  |  |
| Use safety beits during movement in wheelchair                 |             | <u>ب</u>   |             |                  |          | <u> </u>  |  |  | <b></b>  | <u> </u>   |
| The patients are not ambulated by themselves. The              | ey are to   |  | الما        |                  | _        | 1   | İ  |  |  | ŀ  |
| be ambulated only with assistance                              |             | <b> </b>   | ,           | <b>~</b>         |          |   |  |  |  |  |
| Medium risk interventions (25 - 44)                            |             | <del></del>                                      | · -         |                  |          | <del>-</del> -                                    |  | <del>                                     </del> |  | <del></del>                                      |
| Apply all the low risk interventions                           |             |  | <u></u>     | 1                |          | L   | <u> </u>   |  |  |  |
| Tie yellow fall risk tag in the bed and Wheel chair / Si       |             |  |             |                  |          |   |  |  | L  |  |
| Make sure that proper transfer precautions are in              |             |  |             |                  |          |   |  |  |  |  |
| for heavy or debilitated patients in a bed or wheel            | chair or    |  |             |                  |          |   |  | İ  |  |  |
| on a toilet seat   |             | <u></u>  |             |                  |          | <u> </u>  | <u> </u>   | 1  | <b>}</b>   | <u> </u>   |
| Use restraints and bed monitors as ordered by the              | doctor      | <u></u>  |             |                  | <u></u>  | <u></u>   |  | ļ  |  |  |
| Allow the patient to ambulate only with assistance             |             |  |             |                  |          | <u></u>   |  | <u> </u>   |  |  |
| Consider peak effects of the medications that effe             |             | _  |             |                  |          |   | ł  |  | }  | ŀ  |
| of consciousness, gait and elimination when p                  | olanning    |  | <u>س</u> ا  |                  |          | Į   | ļ  | į  |  |  |
| patient's care   | _           |  |             |                  |          | <u> </u>  | <u> </u>   | <u> </u>   | <u> </u>   | <u> </u>   |
| Do not leave patients unattended in diagno                     | ostic or    | _  |             |                  |          |   |  |  |  | i  |
| treatment areas  |             |  | )           |                  |          |   |  |  |  |  |
| Accompany the patient while going to bathroom                  |             |  |             |                  |          |   |  |  |  |  |
| Advice the patient to use grab bars near the toilet, I         | bathtub,    |  | ]           |                  |          |   |  |  |  |  |
| and shower   |             |  |             |                  |          |   | L  |  | <u></u>  | <u> </u>   |
| Make sure the family and other visitors underst                | and the     |  |             |                  |          |   |  |  |  |  |
| restrictions mentioned above                                   |             | I  |             |                  |          |   |  |  |  |  |
| High-risk interventions (45 or above)                          |             | <del></del>                                      |             |                  |          | <del> </del>                                      | $\vdash$   | <del>                                     </del> | ├  | <del>                                     </del> |
| Apply all the low and medium risk interventions                |             |  |             |                  |          |   | <u> </u>   | <u> </u>   | <u> </u>   | <u> </u>   |
| Tie red fall risk tag in the bed, wheel chair and stretc       | her         |  |             |                  |          |   |  |  |  |  |
| Locate the high-risk patients in a room close to the           | nurses'     |  |             |                  |          |   |  |  |  |  |
| station  |             | <u> </u>   |             |                  |          | L   |  | <u> </u>   | L  |  |
| Answer these patients call bells as quickly as possil          | ble         |  |             |                  |          |   |  |  |  |  |
| Provide a commode at bedside (if appropriate)                  |             |  |             |                  |          |   |  |  |  |  |
| Urinal/bedpan should be within easy reach (if appro            |             |  |             |                  |          |   |  |  |  |  |
| Encourage family members or other visitors to s                | tay with    |  |             |                  |          |   |  |  |  |  |
| them   | <u></u>     |  |             |                  |          | <u> </u>  | \  |  |  |  |
| If appropriate, consider using protection devices              | s: safety   | -  | ر ک         |                  |          |   |  |  |  | <u> </u>   |
| belts  | ·           | <u> </u>   | _/_         |                  |          |   |  | <u> </u>   | <u> </u>   |  |
| Signature & Emp. No.   | of RN       | Sym  | Mila        |                  |          |   |  |  |  |  |
| <del></del>  |             | 200  | <b>1</b> 79 |                  |          | <del> </del>                                      | <del>                                     </del> |  | <del> </del>                                     | <del> </del>                                     |
| Signature & Emp. No. of  | or. KN      | NXX  | 10% C       | 107E             |          |   | <u> </u>   |  | <u></u>  | <u> </u>   |











## PATIENT AND FAMILY EDUCATION RECORD

| Assessment To be f                 | illed | by con | cern       | ed d            | iscij        | olines. U | lse k    | ey b    | elov   | <b>V</b> |       |         | 4                 |                |
|------------------------------------|-------|--------|------------|-----------------|--------------|-----------|----------|---------|--------|----------|-------|---------|-------------------|----------------|
| Barriers to                        | Lea   | arning |            |                 |              |           |          |         |        | Plan t   | o A   | ddr     | es                | s Factors      |
| None                               |       | Vision | / He       | arin            | g lin        | nitations | ;        |         |        | ] Use    | of Ir | ıterp   | rete              | er             |
| Limited Reading Abilities          |       | Physic | al b       | arrie           | rs           |           |          |         | Ш      | ] Eđu    | cate  | fam     | ily               |                |
| Religious / Cultural Factors       |       | Langu  | age        | barri           | ers          |           |          |         |        | ] Sim    | ple L | .ang    | uag               | e              |
| Congnitive Limitations - unable to |       | Low m  | otiv       | ation           | ı / de       | esire to  | learı    | 1       | Ш      | ] Writ   | ten 1 | nstu    | ctic              | ns             |
| understand and follow directions   |       | ٨      |            |                 | -            | -         |          |         |        | (        |       |         |                   |                |
| Completed By : Date 811 Tim        | ie    | 1400   | <i>9</i> 0 | <u> </u>        | lurs         | e Signa   | ture     | :_      |        | W Y      | át    |         |                   |                |
| J. corning Booked                  |       |        |            |                 |              |           |          |         |        | -        | 1     | •       |                   |                |
| Learning Record                    |       | D=4=   |            | <i>1</i> 1 – 14 | _            | D-4-      | Γ.       | #! _ !A | _      | D-4-     |       | #! _ !A | _                 |                |
| Need                               |       | Date   | 4          | /isit           | _            | Date      | <u> </u> | /isit   |        | Date     | ⊢     | /isit   | _                 | Signature      |
|                                    |       | 8/11   | Γ,         | Р               | 0            | alih      | L        | Р       | 0      | 10/01/2  | L     | Р       | 0                 | }              |
| Disease                            |       |        |            | <u> </u>        |              |           | _        |         |        |          |       |         | _                 | Doctor         |
| Information on                     |       |        | <b>5</b>   | ės.             |              |           |          |         |        |          |       |         | ١.                | 100000         |
| Disease / Diagnostics              |       |        | 12         | CE              | 1/           |           | P        | 00      | 7      |          | ₽     | OŊ      | J                 | 13466          |
| ☐ Treatment                        |       |        |            |                 | Ц            |           |          |         |        |          |       |         |                   |                |
| Medications                        |       |        | J          | 01)             | $\mathbf{V}$ |           | þ        | മ       | J      |          | P     | 00      |                   | Doctor / Nurse |
| ☐ Information on Safe and          |       |        | '          |                 |              |           |          |         |        |          | Ĭ     |         |                   | 1,10,60        |
| Effective use of medicines         |       |        | 0          | 00              | ٧            |           | Ī        | 01)     | 7      |          | P     | 89)     | 7                 | Million        |
| ☐ Information on drug / drug and   |       |        | ľ          | ,               |              |           |          |         |        |          |       |         |                   |                |
| drug / food interactions           |       |        |            |                 |              |           |          |         |        |          |       |         |                   |                |
| Discharge Medications              |       |        | , N        | OD              |              |           | p        | OD      | C      |          | p     | ഗ്വ     | C                 |                |
| Surgical Instructions              |       |        | Y          |                 |              |           |          |         |        |          | •     |         |                   | Nurse          |
| ☐ Pre - Operative Instructions     |       | .,     |            |                 |              |           |          |         |        |          |       |         |                   |                |
| Post - Operative Instructions      |       |        |            |                 |              |           |          |         |        | i        |       |         |                   |                |
| (Wound / Dressing Care)            |       |        |            |                 |              |           |          |         |        |          |       |         |                   |                |
| Pain Management                    |       |        |            |                 |              |           |          |         |        |          |       |         |                   | Nurse          |
| Reporting of pain                  |       |        | P          | OD              | 7            |           | P        | ΩΩ      | ン      |          | P     | ρD      | 7                 | Naa            |
| Pain Management                    |       |        | P          | QΩ              | <b>V</b>     |           | ρ        | ٥D      | $\vee$ |          | P     | ΡD      | $\overline{\ \ }$ | 024            |
| Safe and effective use of medical  | 一     |        |            |                 |              |           |          |         | Ť      | _        |       |         | Ĭ                 | Doctor / Nurse |
| Equipment (if required)            |       |        |            | Ĺ               |              |           |          |         |        |          |       |         |                   |                |
| Name of Equipment                  |       |        |            |                 |              |           |          |         |        |          |       |         |                   | 11/0 2         |
| Rehabilitation Techniques          |       |        |            |                 |              |           |          |         |        |          |       |         |                   | 711601         |

|   |                               |              | Visit         |           | Date   | ,         | /isit | 2 | Date      | ١ ١      | /isit | J      | Signature                   |
|---|-------------------------------|--------------|---------------|-----------|--------|-----------|-------|---|-----------|----------|-------|--------|-----------------------------|
|   | 81                            | ᆫ            | Р             | О         |        | Ľ         | Р     | 0 | 1         | ┢        | Р     | 0      | g                           |
| Nutritional Guidance  | 10,1                          | 1            |               |           |        |           |       |   | <u> </u>  |          |       |        | Dietician                   |
| Diet Instruction for patients at<br>Nutritional risk  |                               | P            | OD.           | V         |        | n         | هد    | 9 |           | ۲,       |       | )<br>၁ | laria e                     |
| Diet advice for home  |                               | -            | -             | F         |        |           |       | F |           | 1        |       | _      | Nurse                       |
| Discharge Planning  |                               |              |               |           |        |           |       |   |           |          |       |        |                             |
| Self care   |                               |              |               |           |        |           |       |   |           |          |       |        |                             |
| Follow up   |                               | _            | <u> </u>      | oxed      |        |           |       | L |           |          |       |        | _                           |
| Reporting Concerns Immunizations  |                               |              |               |           |        |           |       |   | <u> </u>  |          |       |        |                             |
| Parenting education   |                               | 1            |               |           |        |           |       |   |           |          |       |        |                             |
| Others  |                               |              | Ī             | Г         |        |           |       |   |           |          |       |        | -                           |
| Risk Factor Reduction   |                               |              |               |           |        |           |       |   |           |          |       |        |                             |
| Smoking Cessation   |                               |              |               |           | 1 1    | . ,       |       | , | , , , , , |          |       |        | Doctor                      |
| Weight Control  |                               |              |               |           |        |           |       |   |           |          |       |        |                             |
| Exercise  |                               |              |               |           |        |           |       |   |           |          |       |        |                             |
| Hypertension  |                               |              |               |           |        |           |       |   |           |          |       |        | ,                           |
| Other Risks   |                               |              |               |           |        |           |       |   |           |          |       |        | -                           |
| LEARNER (L) - P-Patient, M - Mother, PROCESS (P)- OD - Oral Discussion, OUTCOME (O) - RD - Return Demonst Written Material given and explained  | D- Dem                        | ons<br>V - V | trati         | ion,      | W- Wr  | itter     |       |   |           |          | (;    | Sta    | te Relationshi <sub>l</sub> |
| LEARNER (L) - P-Patient, M - Mother, PROCESS (P)- OD - Oral Discussion, OUTCOME (O) - RD - Return Demonst Written Material given and explained  | D- Dem<br>ration,<br>(if any) | ons<br>V - V | Verb          | ion,      | W- Wr  | itter     |       |   |           |          |       | Sta    | te Relationshi              |
| LEARNER (L) - P-Patient, M - Mother,<br>PROCESS (P)- OD - Oral Discussion,<br>OUTCOME (O) - RD - Return Demons  | D- Dem<br>ration,<br>(if any) | ons<br>V - V | trati<br>Verb | ion,      | W- Wr  | itter     |       |   |           |          |       |        | te Relationshi              |
| LEARNER (L) - P-Patient, M - Mother, PROCESS (P)- OD - Oral Discussion, OUTCOME (O) - RD - Return Demonst Written Material given and explained  | D- Dem                        | v - v        | Verb          | ion,      | W- Wr  | itter     |       |   | g<br>     |          |       |        | 3                           |
| LEARNER (L) - P-Patient, M - Mother, PROCESS (P)- OD - Oral Discussion, OUTCOME (O) - RD - Return Demonst Written Material given and explained Reports Given:   | D- Dem                        | ons<br>V - V | Verb          | ion,      | W- Wr  | itter     |       |   |           | n        | Pei   |        | 3                           |
| LEARNER (L) - P-Patient, M - Mother, PROCESS (P)- OD - Oral Discussion, OUTCOME (O) - RD - Return Demonst Written Material given and explained Reports Given:   | D- Dem                        | v - v        | Verb          | ion,      | W- Wr  | itter     |       |   | g<br>     | n        |       |        | 3                           |
| LEARNER (L) - P-Patient, M - Mother, PROCESS (P)- OD - Oral Discussion, OUTCOME (O) - RD - Return Demonst Written Material given and explained  Reports Given :  Given Pendin Discharge Summary ECG Report                  | D- Dem                        | v - v        | verb          | Diet CT S | W- Wr  | ders      | tan   |   | g<br>     | n        |       |        | 3                           |
| LEARNER (L) - P-Patient, M - Mother, PROCESS (P)- OD - Oral Discussion, OUTCOME (O) - RD - Return Demonst Written Material given and explained  Reports Given:  Given Pendin  Discharge Summary  ECG Report  Doppler Report | D- Dem                        | v - v        | verb          | Diet CT S | W- Wr  | ders      | tan   |   | g<br>     |          |       |        | 3                           |
| LEARNER (L) - P-Patient, M - Mother, PROCESS (P)- OD - Oral Discussion, OUTCOME (O) - RD - Return Demonst Written Material given and explained  | D- Dem                        | v - v        | Verb          | Diet      | W- Wr  | eport     | tan   |   | Give      |          | Per   |        | 3                           |
| LEARNER (L) - P-Patient, M - Mother, PROCESS (P)- OD - Oral Discussion, OUTCOME (O) - RD - Return Demonst Written Material given and explained  Reports Given:  Given Pendin  Discharge Summary  ECG Report  Doppler Report | D- Dem                        | v - v        | Verb          | Diet CT S | Advice | port<br>m | t     |   | Give      | <u> </u> | Per   | ndir   | 3                           |



1





Name: UHID:

DOB:

Mr.RAJASINGH P Patient D 59/Malc/MH1202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ THE ARM LESS LOW STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET ST



DOA: Cońsultant:

Every heart beat counts

### PATIENT AND FAMILY EDUCATION RECORD

| Assessment To be f                 |     |         |      |            |            | plines. U |      |               |              |        | UN           | עי    |      |                |
|------------------------------------|-----|---------|------|------------|------------|-----------|------|---------------|--------------|--------|--------------|-------|------|----------------|
| Barriers to                        | Lea | arning  |      |            |            |           |      |               |              | Plan t | <u>о</u> А   | ddr   | 'es  | s Factors      |
| None                               |     | Vision  | / He | arin       | g lir      | nitations | ;    |               |              | Use    | of Ir        | nterp | rete |                |
| Limited Reading Abilities          |     | Physic  | al b | arrie      | rs         |           | -    |               | P            | Edu    | cate         | fami  | ily  |                |
| Religious / Cultural Factors       |     | Langua  | age  | barri      | iers       |           |      |               | 匚            | Sim    | ple L        | _ang  | uag  | e              |
| Congnitive Limitations - unable to |     | Low m   | otiv | ation      | 1 / d      | esire to  | lear | n             |              | Writ   | ten l        | Instu | ctio | ns             |
| understand and follow directions   |     |         |      |            |            |           |      |               |              |        |              |       |      |                |
| Completed By : Date to 1 2 A Tim   | .е  | 18.0    | 0    |            | lurs       | se Signa  | ture | ·:_           |              | RIAL   | Ja.          | 1979  | 00   | 74 T           |
| Learning Record                    |     |         |      |            |            |           |      |               |              | •      | <del>\</del> |       |      |                |
| Need                               |     | Date    | ١    | Visit      | : 1        | Date      | ı    | Visit         | 2            | Date   | ١            | Visit | 3    | Signature      |
|                                    |     | 10/1/24 | L    | Р          | 0          | 11/1/24   | L    | Р             | 0            | الع    | L            | Р     | 0    |                |
| Disease                            |     |         |      |            | Г          |           |      |               |              | Ì      |              |       |      | Doctor         |
| ☐ Information on                   |     |         |      |            |            |           |      |               |              | _      |              |       |      |                |
| Disease / Diagnostics              |     |         | S    | DD.        | $ _{\vee}$ |           | 2    | Ø             | V            |        | 6            | ρÐ '  |      |                |
| ☐ Treatment                        |     |         | S    | bb         | V          | ,         | 3    | æ             | V            |        |              |       |      |                |
| Medications                        |     |         | 8    | Ó          | V          |           | B    | Ø             | <b>V</b> .   |        | D            | 00    | 4    | Doctor / Nurse |
| ☐ Information on Safe and          |     |         |      |            |            |           |      |               |              |        |              |       |      |                |
| Effective use of medicines         |     |         |      | $\vdash$   | ┢          |           |      | <del></del> - | _            |        |              |       |      |                |
| Information on drug / drug and     |     |         |      |            |            |           |      |               |              |        |              |       |      |                |
| drug / food interactions           |     |         |      |            |            | <u> </u>  | _    |               |              | 7      |              |       |      |                |
| ☐ Discharge Medications            |     |         |      |            |            | 7         |      |               |              |        |              |       |      |                |
| Surgical Instructions              |     |         |      |            |            |           |      |               |              |        |              |       |      | Nurse          |
| ☐ Pre - Operative Instructions     |     |         | ઙ    | <b>o</b> D | V          | ł         |      |               | 1            |        |              |       |      |                |
| Post - Operative Instructions      | ı   |         |      |            |            |           |      |               |              | •      |              |       |      |                |
| (Wound / Dressing Care)            |     |         | S    | DD.        | V          |           | Ø    | Øσ            | $\checkmark$ |        | P            | 00    |      |                |
| Pain Management                    |     |         | S    | ည်         | V          |           | ସ    | 90            | <b>V</b>     |        |              |       |      | Nurse          |
| Reporting of pain                  |     |         |      | 00         | I          |           | ଣ    | co            | V            |        | b            | Q,Q   | У    |                |
| Pain Management                    |     |         | -    |            |            | -         |      |               |              |        | _            |       |      |                |
| Safe and effective use of medical  | П   |         |      |            |            |           |      |               |              |        |              |       | П    | Doctor / Nurse |
| Equipment (if required)            |     |         | ઙ    | OD         |            |           | S    | op            | V            |        |              | Ш     |      |                |
| Name of Equipment                  |     |         |      |            |            |           |      |               |              |        |              |       |      |                |
| Rehabilitation Techniques          |     |         |      |            | -          |           | _    |               | _            |        |              |       |      |                |

| Need                                     |             |  | Date    | \             | /isit | 1        | Date     | \<br>\ | /isit | 2        | Date  | \                     | /isit    | 3        | Signature       |
|--|-------------|--|---------|---------------|-------|----------|----------|--------|-------|----------|-------|-----------------------|----------|----------|-----------------|
|  |             |  | 1011    | ᆫ             | P     | 0        | nli      | L      | Р     | 0        |       | ı                     | Р        | 0        |                 |
| Nutritional Guidance                     |             |  |         |               |       |          |          |        |       |          |       |                       |          |          | Dietician       |
| Diet Instruction for<br>Nutritional risk | patients at | t  |         | S             | 00    | <        |          | ع      | OP    | v        |       | <b>L</b> <sup>2</sup> | <b>~</b> | 6        | A.              |
| Diet advice for hom                      | e           |  |         | -             | _     | ì        |          |        |       | -        |       | 4                     |          | F        | Nurse           |
| Discharge Planning                       |             |  |         |               |       |          |          |        |       |          |       |                       |          |          |                 |
| Self care                                |             |  |         |               |       |          |          |        |       |          |       |                       |          |          | _               |
| Follow up                                |             |  |         |               |       |          |          |        |       |          |       |                       |          |          |                 |
| Reporting Concerns                       | S           |  |         |               |       |          |          |        |       |          |       |                       |          |          | `,              |
| Parenting education                      | n           |  |         | $\overline{}$ |       | F        |          |        |       |          |       |                       | $\vdash$ | $\vdash$ |                 |
| Others                                   |             |  |         |               |       | $\vdash$ |          | -      |       | $\vdash$ |       |                       |          | $\vdash$ |                 |
| Risk Factor Reduction                    |             |  |         |               |       |          |          |        |       | _        |       |                       |          | Г        |                 |
| ☐ Smoking Cessation                      | ١ .         | :  |         | 7             |       | ١        |          |        |       | 7        | -     |                       |          |          | Doctor          |
| ☐ Weight Control                         |             | <u>,                                      </u> |         |               |       |          |          | -      |       |          |       |                       | $\vdash$ |          |                 |
| Exercise                                 |             |  |         | _             |       | ļ        |          |        |       |          |       |                       |          | _        |                 |
| Hypertension                             |             |  |         |               |       |          | /        | ~      |       |          |       |                       |          |          | _               |
| Other Risks                              |             |  |         |               |       |          |          |        | T     |          |       |                       |          | ┢        |                 |
| LEARNER (L) - P-Pa                       | tient. M -  | Mother, I                                      | F-Fathe | er. S         | -Sp   | aus      | e Othe   | r      |       |          |       |                       | (        | Sta      | te Relationship |
| MIT.                                     | •           |  |         |               |       |          |          |        |       |          |       |                       |          |          |                 |
| Reports Given :                          |             |  |         |               |       |          |          | _      |       |          |       |                       |          |          |                 |
|  | Given       | Pending  | g N     | ΝA            |       |          |          |        |       |          | Giver | ו                     | Pei      | ndiı     | ng NA           |
| Discharge Summary                        |             | . <u> </u>                                     |         | _             | เ     | Diet     | Advice   | !      |       |          |       |                       |          |          |                 |
| ECG Report                               |             |  |         |               |       | CT S     | Scan Re  | port   | t     |          |       |                       |          |          |                 |
| Doppler Report                           |             |  |         |               |       |          | Scan Fil | -      |       |          |       | _                     |          |          |                 |
| X-Ray Report                             |             | _  |         |               |       |          | IO Repo  |        |       |          |       |                       |          |          |                 |
| X-Ray Film                               |             | · <del></del>                                  | _       |               |       |          | asound   |        | orf   |          | •     |                       |          |          |                 |
| Compact Disk                             |             |  | _       | -             |       |          | Other F  | _      |       |          |       |                       |          |          |                 |
|  |             |  |         |               |       |          |          |        |       |          | _     |                       |          |          |                 |
| Name of Attendant                        | Patient :   |  |         |               |       |          |          |        | _Sig  | nat      | ure : |                       |          |          |                 |
| Name of Discharge                        | Nurse       |  |         |               |       |          |          |        | Sig   | nati     | ure : |                       |          |          |                 |



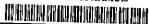




### Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj





## PATIENT AND FAMILY EDUCATION RECORD

| Assessment To be f                 | illed | by con  | cern  | ed di | isci     | olines. U | lse k | ey b        | elov             | v           |       |       | ,           |                |
|------------------------------------|-------|---------|-------|-------|----------|-----------|-------|-------------|------------------|-------------|-------|-------|-------------|----------------|
| Barriers to                        | Lea   | arning  |       |       |          |           |       |             |                  | Plan t      | οА    | ddr   | ess         | s Factors      |
| None                               |       | Vision  | / He  | aring | g lin    | nitations | ;     |             |                  | Use         | of Ir | iterp | rete        | · r            |
| Limited Reading Abilities          |       | Physic  | al b  | arrie | rs       |           |       |             |                  | Eđu         | cate  | fam   | ily         |                |
| Religious / Cultural Factors       |       | Langu   | age   | barri | ers      |           |       |             |                  | Sim         | ole L | .ang  | uag         | ₽              |
| Congnitive Limitations - unable to |       | Low m   | otiv  | ation | ı / de   | esire to  | learr | 1           |                  | Writ        | ten l | nstu  | ctio        | ns .           |
| understand and follow directions   |       |         |       |       |          |           |       |             | Ι,               |             |       | ,     |             |                |
| Completed By : Date 13 61 24 Tim   | 1e    | 8-08    |       |       | lurs     | e Signa   | ture  | :           | 571              | <u>ر را</u> | u     | ~{c   | <b>,</b> 72 | cr             |
| Learning Decord                    |       | ,       |       |       |          |           |       |             | -                |             |       |       |             |                |
| Need                               |       | Date    |       | /isit | 4        | Date      |       | /isit       | 2                | Date        |       | /isit | 2           | Ciam atum      |
| IAGEO                              |       | 13/1/20 | L     | P     | _        |           | _     | P           | 6                | Date        | L,    | P     | 0           | Signature      |
| Disease                            |       | Nol,    | -     | -     | 0        | Hhis      | 솻     | -           | Ц                |             | L     | -     | Н           | Dooton         |
| Information on                     |       |         | -     |       | $\vdash$ |           | -     |             |                  |             |       |       |             | Doctor         |
| Disease / Diagnostics              |       |         | 9     | 69    | V        |           | An    |             |                  |             |       |       |             | 14 100 65      |
| Treatment                          |       | -       |       | ┢     |          |           | ₩     | <u>017</u>  | Y                |             |       |       |             | 10 Apple       |
| Medications                        |       |         | D     | a     | ./       |           |       | -           |                  |             |       |       | Н           | Doctor / Nurse |
| Information on Safe and            |       |         | \\\\\ |       | ř        | (         | 4     | ØΣ          | Y                |             |       |       | Н           | Doctor / Nurse |
| Effective use of medicines         |       |         |       |       |          |           |       |             |                  |             |       |       |             | Testos         |
| Information on drug / drug and     |       |         |       |       |          |           |       |             |                  |             |       |       |             |                |
| drug / food interactions           |       | Į.      |       |       |          | ,         | -     |             |                  |             |       |       |             |                |
| ☐ Discharge Medications            |       | •       |       | -     |          |           |       |             | Н                |             |       |       |             |                |
| Surgical Instructions              |       |         | Т     |       |          |           |       |             | Н                |             |       |       | Н           | Nurse          |
| ☐ Pre - Operative Instructions     |       | -       |       |       |          |           |       |             | П                |             |       |       | П           |                |
| Post - Operative Instructions      |       |         | Ĺ     |       |          |           |       |             | П                |             |       |       | П           | 0              |
| (Wound / Dressing Care)            |       |         | 87    | 01)   | 1 4      |           | n     | <u>၃</u> () | $ _{\mathbf{V}}$ |             |       |       |             | Dor            |
| Pain Management                    |       |         |       |       |          | 1         | 1     | ٠           | Ħ                |             |       |       | П           | Nurse          |
| Reporting of pain                  |       |         | 8     | 69    | Û        |           | 1     | ÞΩ          | abla             | 1           |       |       |             | Hoyeas         |
| Pain Management                    |       |         |       |       |          |           | J     |             |                  | `           |       |       |             |                |
| Safe and effective use of medica   | ı     |         |       |       | Г        |           |       |             | П                |             |       |       |             | Doctor / Nurse |
| Equipment (if required)            |       |         |       |       |          |           |       |             |                  |             |       |       |             |                |
| Name of Equipment                  |       |         |       |       |          |           |       |             |                  |             |       |       |             |                |
| Rehabilitation Techniques          |       | .<br>   |       |       | ١.       |           |       |             |                  |             |       |       |             |                |

| Need  | Date                    | ١ ١          | /isit         | 1             | Date.                         | ١ ١                     | /isit | 2 | Date | ١ | /isit | 3   | Signature        |
|---|-------------------------|--------------|---------------|---------------|-------------------------------|-------------------------|-------|---|------|---|-------|-----|------------------|
|   | 1                       | L            | Р             | 0             |                               | L                       | P     | 0 |      | L | Р     | 0   | ,                |
| Nutritional Guidance  |                         |              |               |               | 1 .                           |                         |       |   |      |   | ÿ     |     | Dietician        |
| Diet Instruction for patients at<br>Nutritional risk  |                         | P            | -ھ            | 2             |                               |                         |       |   | >    | 6 | Ωη    | J   | Maria Clarine Jo |
| Diet advice for home  |                         |              |               |               |                               | 7                       |       | = |      | ि | ar    | V   | Nurse            |
| Discharge Planning  |                         |              |               |               |                               | _                       |       |   |      | • |       |     |                  |
| Self care   |                         |              |               |               |                               | _                       |       |   |      |   | ┪     |     |                  |
| Follow up   |                         |              |               |               |                               |                         |       |   |      |   |       |     |                  |
| Reporting Concerns Immunizations  |                         |              |               |               |                               |                         |       |   |      |   |       |     |                  |
| Parenting education   | 1                       |              |               | Г             |                               |                         |       |   |      |   | _     | T   |                  |
| Others  |                         |              |               |               |                               |                         |       |   |      |   |       |     |                  |
| Risk Factor Reduction   | $\perp$                 |              |               |               |                               |                         |       |   |      |   |       |     |                  |
| Smoking Cessation   |                         |              |               |               |                               |                         |       |   |      | , |       |     | Doctor           |
| ☐ Weight Control  |                         |              |               |               |                               |                         |       |   |      |   |       |     |                  |
| ☐ Exercise  |                         |              |               |               |                               |                         |       |   |      |   |       |     |                  |
| Hypertension  |                         |              |               |               |                               |                         |       |   |      |   |       |     | •                |
| Other Risks   |                         |              |               |               |                               |                         |       |   |      |   |       |     |                  |
| LEARNER (L) - P-Patient, M - Mothe PROCESS (P)- OD - Oral Discussion OUTCOME (O) - RD - Return Demon Written Material given and explaine  | ı, D- Dem<br>stration,  | ons          | trati         | ion,          | W- Wri                        | itter                   |       |   |      |   | (     | Sta | te Relationsi    |
| LEARNER (L) - P-Patient, M - Mothe<br>PROCESS (P) - OD - Oral Discussion<br>OUTCOME (O) - RD - Return Demon<br>Written Material given and explaine  | ı, D- Dem<br>stration,  | ons          | trati<br>Verb | ion,          | W- Wri                        | itter                   |       |   |      |   | (     | Sta | te Relationsh    |
| LEARNER (L) - P-Patient, M - Mothe<br>PROCESS (P)- OD - Oral Discussion<br>OUTCOME (O) - RD - Return Demon<br>Written Material given and explained  | ı, D- Dem<br>stration,  | ons          | trati<br>Verb | ion,<br>paliz | W- Wri                        | itter                   |       |   |      |   | (     | Sta | te Relationsh    |
| LEARNER (L) - P-Patient, M - Mothe<br>PROCESS (P) - OD - Oral Discussion<br>OUTCOME (O) - RD - Return Demon<br>Written Material given and explaine  | ı, D- Dem<br>stration,  | ons          | trati<br>Verb | ion,<br>paliz | W- Wri                        | itter                   |       |   |      |   | (     | Sta | te Relationsh    |
| LEARNER (L) - P-Patient, M - Mothe<br>PROCESS (P) - OD - Oral Discussion<br>OUTCOME (O) - RD - Return Demon<br>Written Material given and explaine  | ı, D- Dem<br>stration,  | ons          | trati<br>Verb | ion,<br>paliz | W- Wri                        | itter                   |       |   |      |   |       | Sta | te Relationsh    |
| LEARNER (L) - P-Patient, M - Mothe PROCESS (P) - OD - Oral Discussion OUTCOME (O) - RD - Return Demon Written Material given and explained  | stration,<br>d (if any) | ons          | trati<br>Verb | ion,<br>paliz | W- Wri                        | itter                   |       |   |      | 1 |       | Sta |                  |
| LEARNER (L) - P-Patient, M - Mothe PROCESS (P) - OD - Oral Discussion OUTCOME (O) - RD - Return Demon Written Material given and explained  | stration,<br>d (if any) | ons<br>V - \ | trati         | on,           | W- Wri                        | ders                    |       |   |      |   |       |     |                  |
| LEARNER (L) - P-Patient, M - Mother PROCESS (P) - OD - Oral Discussion OUTCOME (O) - RD - Return Demon Written Material given and explained Reports Given :   | stration,<br>d (if any) | ons<br>V - \ | trati         | on,           | W- Wr                         | ders                    |       |   |      |   |       |     |                  |
| LEARNER (L) - P-Patient, M - Mother PROCESS (P) - OD - Oral Discussion OUTCOME (O) - RD - Return Demon Written Material given and explained Reports Given :  Given Pend Discharge Summary                                     | stration,<br>d (if any) | ons<br>V - \ | trati         | Diet          | W- Writed Und                 | ders                    |       |   |      |   |       |     |                  |
| LEARNER (L) - P-Patient, M - Mother PROCESS (P) - OD - Oral Discussion OUTCOME (O) - RD - Return Demon Written Material given and explained Reports Given :  Given Pend Discharge Summary ECG Report                          | stration,<br>d (if any) | ons<br>V - \ | trati         | Diet          | W- Write Advice Scan Re       | ders                    |       |   |      |   |       |     |                  |
| LEARNER (L) - P-Patient, M - Mother PROCESS (P) - OD - Oral Discussion OUTCOME (O) - RD - Return Demon Written Material given and explained and explained Given Pend Discharge Summary ECG Report Doppler Report X-Ray Report | stration,<br>d (if any) | ons<br>V - \ | trati         | Diet CT S     | Advice<br>Scan Re<br>Scan Fil | por m                   | t     |   |      |   |       |     |                  |
| LEARNER (L) - P-Patient, M - Mother PROCESS (P) - OD - Oral Discussion OUTCOME (O) - RD - Return Demon Written Material given and explained Reports Given :  Given Pend Discharge Summary ECG Report Doppler Report           | stration,<br>d (if any) | ons<br>V - \ | trati         | Diet CT S     | Advice<br>Scan Re             | epor<br>m<br>ort<br>Rep | t     |   |      |   |       |     |                  |

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- , •



Patient Details (Att.)
Mr.RAJASINGH P
59/Male/MH1202381562
08/01/2024/IPH2024000068
Dr.ANBARASU MOHANRAJ



## Inter Disciplinary Team Rounds (IDTR) Checklist

| inter Dis  | scipii   | illai y  |       | alli noullus (Ib                      | iii) Check      | iist         |
|--|----------|----------|-------|---------------------------------------|-----------------|--------------|
| Date: 8 1 24   | Time:    | 16.3     | U     |                                       | -               |              |
| Checklist  | Yes      | _        | AV    | Ac                                    | ction / Remarks |              |
| MEDICAL  |          |          |       | ,                                     |                 |              |
| Daily Consultant Visit                                     |          | -        | Ì     |                                       |                 |              |
| Plan of care discussed                                     |          | /        |       |                                       |                 |              |
| Discharge Planning   | X        | \\.\.\.  |       |                                       |                 |              |
| Others if any  |          |          |       | <del></del>                           |                 |              |
| NURSING  | ,        |          |       |                                       |                 | -            |
| Safety Precautions Ensured                                 |          |          |       |                                       |                 |              |
| Care of Lines and Tubes                                    |          |          |       | <del></del>                           | _               |              |
| Infection Control Measures                                 |          |          |       |                                       |                 |              |
| Skin Care  |          |          |       | · · · · · · · · · · · · · · · · · · · |                 |              |
| Response to assistance                                     |          |          |       |                                       |                 |              |
| Others if any  | X        |          |       |                                       |                 |              |
| DIETICIAN  | 3"       |          |       |                                       |                 |              |
| Diet Adequate  |          | ,        |       |                                       |                 |              |
| Special Request  |          |          |       |                                       |                 |              |
| PHYSIOTHERAPIST  |          | •        |       |                                       |                 |              |
| Available for Assistance for<br>Activities of Daily Living |          |          |       |                                       |                 |              |
| Others if any  |          |          |       |                                       |                 |              |
| PATIENT CARE SERVICES                                      |          |          |       |                                       |                 |              |
| Room Cleaning satisfactory                                 | vi       |          |       |                                       | _               |              |
| Room Amenities Adequate                                    |          |          |       |                                       |                 |              |
| Billing Update available                                   |          |          |       |                                       |                 |              |
| Non-Availability of any service                            |          |          |       |                                       |                 |              |
| Spiritual Needs (if yes specify)                           |          |          |       |                                       | -               |              |
| Others if any  |          |          |       |                                       |                 |              |
|  |          | Inter    | r Dis | ciplinary Team Members                |                 | •            |
| Doctor   | Signatur |          | 70    | Name<br>DR ADUKUUG                    | Reg. / Emp. No. | Date Time    |
| Nursing Staff  | W (0)    | == 184 F | )/.I  | R- 1. N/10/11                         | 0201            | 1 AN 1/-11/- |
| Dietician  | 7        | S VIII   | -     | wisha Catherine John                  | 2401            | 81 LD 18-00  |
| Physiotherapist  | (3.13)   | Ahar     |       | AKASU-GL                              | 0256            | 10/124 16:00 |
| Patient Care Service Staff                                 |          | - a      |       |                                       |                 |              |



### Mr.RAJASINGH P

59/Malc/MH1202381562 08/01/2024/IPH2024000068

Dr.ANBARASU MOHANRAJ



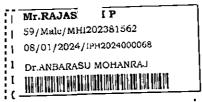
## **IN-HOUSE TRANSFER FORM**

| Pa               | rt A (to be filled by Nu        | rses)            |            |             |                 |                             |                                      |
|------------------|---------------------------------|------------------|------------|-------------|-----------------|-----------------------------|--------------------------------------|
| Da               | te of Transfer: 18112           | Time: 117        | 30 Tr      | ansferred   | from:S(         | <u>С () ·то:</u>            | 201                                  |
| Dia              | agnosis:                        | VI)              |            |             |                 |                             |                                      |
| Č Vita           | al Signs: Temp: 97.2 (°I        | F)   Pulse / HR: | 83         | (beats/n    | nin)   BP: 1 [q | g s (mmHg)   Respi          | ration: (breaths/min)                |
| Pai              | rt B (to be filled by Ph        | ysicians)        | Any Critic | al Investig | jations:        | <u></u>                     |                                      |
|                  | Check for                       |                  |            | Trai        | nsferring Docto | or                          | Receiving Doctor                     |
| <u> </u>         | piratory (Breath sounds)        | Clear            | Crepitat   | tion  F     | Rhonchi 🔲 O     | thers:                      | Yes No                               |
| Abo              | domen                           | Soft             | Tender     |             | Distended O     | thers:                      | Yes No                               |
| Hea              | irt Sound                       | Normal [         | Feeble     | E Loud      | d Others:_      |                             | Yes No                               |
| CNS              |                                 | Consciou         | us U Or    | iented      | GCS Sco         | re:                         | Yes No                               |
|                  | Surgical Patients<br>pplicable) | Surgical Site:   |            | · 🗀         |                 | thers:                      | Yes No                               |
| <u> </u>         | -                               | Prese            | nt Medic   | ation (for  | Medication R    | econciliation)              |                                      |
| S.<br>No         | I Current Wedic                 | cation           | Dose       | Route       | Frequency       | Date & Time<br>of last dose | To be continued during hospital stay |
| ŧ                | Syp Sucracta                    | ie Suspensi      | low        | Po          | 1-1             | 12/124 OT:30                | ☐ Yes ☐ No                           |
| 2.               | \ \\``                          |                  | 0.63 mg    | HH          | l-t-1-1         | 1 '14 '                     | ☐ Yes ☐ No                           |
| <u>3.</u>        | T. FRUSEMIDE                    | <u> </u>         | your       | Po_         | 1-1-0           | 18/1/24 @ 3:00              | ☐ Yes ☐ No                           |
| ا <sub>بر.</sub> | Tr Spikonioca                   | ,                | 25m        | - Po_       | 1-1-0           | 18/1/24 @ 10:00             | ⊉Yes □ No                            |
| ۶,               | T. BERLEY FO                    | RTE              | 1 TAB      | Po          | 1-0-0           | 18/1/24 08:08               | ☑ Ýes □ No                           |
| <u>ا</u>         | T. CLAPIDOGRE                   | L + Aspirad      | 75/25      | Po          | 0-1-0           | 11/1/24016:09               | ☑ Yes □ No                           |
| 7                | T. ROSUVALTAT                   | , ,              | 40 mj      | Po          | 0-0-1           | HILZY @ 21:00               | ☐ Yes ☐ No                           |
| 8                | T. PARACETAL                    |                  | 650mg      | Po          | 1-1-1           | 12/12/108:00                |                                      |
| 4,               | S. LACTULOSE                    | <u>.</u>         | 15m        | fo          | 0-0-1           | 11/11/24 @2(:00             | ⊠ Yes □ No                           |
| 10               | T. METAPROW                     | 1                | 25mg       | P-0         | 1-0-1           | M124 @ 8:00                 | - ☑ Yes □ No                         |
|                  | <u>'</u>                        |                  |            |             |                 |                             | ☐ Yes ☐ No                           |
|                  |                                 |                  |            |             |                 |                             | ☐ Yes ☐ No                           |
|                  |                                 |                  |            | _           |                 |                             | . ☐ Yes ☐ No                         |
|                  |                                 |                  |            |             | ,               |                             | ☐ Yes ☐ No                           |
| 1                | 1                               |                  |            |             |                 |                             |                                      |

| Additional Det         | tails (       | if any):                      |   |                   |             |          |         |
|------------------------|---------------|-------------------------------|---|-------------------|-------------|----------|---------|
| l:                     |               |                               |   |                   |             |          | ,       |
|                        |               |                               |   |                   |             |          |         |
|                        |               |                               |   |                   |             |          |         |
|                        |               |                               | <del></del> -   |                   |             |          |         |
|                        |               |                               |   |                   |             |          |         |
| Patient Condi          | tion:         | Stable                        | Sick-need urgent care Oth                                       | ers:              |             | _        |         |
|                        | Sign          |                               | Name  | Reg. No.          | Date        | <u> </u> | Time    |
| Transferring<br>Doctor |               | 8                             | Dr. Joranen   | 1122-36           | 12          | 11/24    | 1[:00   |
| Receiving<br>Doctor    |               | LM 3UNT                       | DR-ANWOUTH  | 134679            | 12          | 1/24     | 11.10   |
| Part C (to be f        | illed         | by Nurses)                    | ·   |                   |             | <u> </u> | ,<br>   |
| Check for              |               |                               | Transferring Nurse  |                   |             |          | g Nurse |
| Drains                 |               | Chest A                       | bdominal Others:  |                   |             | Yes      | No No   |
| Respiratory            |               | Air Way Type:  Oxygen Therapy |   | s:li/m            | in          | Yes      | ☐ No    |
| NG Tube / Oral         |               | Yes Avo                       | For Feeding Gastric Suction                                     | Fluid Restriction |             | Yes      | ☐ No    |
| Foley's Catheter       | •             | Yes No                        |   |                   |             | Yes      | ☐ No    |
| Intravenous Acc        | ess           | Peripheral Lir                | ne Central Venous Line Others                                   | <u></u>           |             | Yes      | ☐ No    |
| Pressure Injury        |               | Yes No                        | If Yes, give details:   |                   | <del></del> | Yes      | ☐ No    |
| Score                  |               | Fall Risk:                    | WELLS: NEWS / PEWS:   |                   |             | Yes      | . No    |
| Patient Belongin       | ıgs           | Yes No                        | If Yes, give details:   | <del></del>       |             | Yes      | ☐ No    |
| Handover Detail:       | s             |                               | inistration Record explained: Yes<br>Reports handed over: Yes N | <b>—</b>          |             | Yes      | □ No    |
| Patient Attendan       | ıt            | ☐ Yes ☐ No                    | If No, give details:  |                   |             | Yes      | ☐ No    |
| Additional Det         | tails (       | if any):                      |   |                   |             |          | ,       |
|                        |               |                               |   |                   |             |          |         |
|                        |               |                               |   |                   |             |          |         |
|                        |               | _                             | 4   |                   |             |          | ,       |
|                        |               |                               |   |                   |             | •        |         |
|                        |               |                               |   |                   |             |          |         |
|                        | Sign          |                               | Name  | Emp. No.          | Date        | , [      | Time    |
| Transferring           | <u></u>       | ν                             |   |                   | . 1         | ,        |         |
| Nurse                  | $\mathcal{Y}$ |                               | Mahalaughning   | 0819 .            | (4)         | 1        | 11:30   |
| Receiving<br>Nurse     |               | \$\frac{1}{2}                 | Agastayá  | ovt               | 12/1        | ાજિય     | 11.30   |
|                        |               |                               | 0 J <u> </u>  |                   |             |          |         |









## **FAMILY COUNSELLING FORM**

| CONSU   | LTANT-           | OR. ANB                           | ARBOU. DIAGNOSIS- CAD-IVD + lot   | E Main.                                   | _                   |                |
|---------|------------------|-----------------------------------|---|---|---------------------|----------------|
| DATE    | HOSPITAL MEMBERS | FAMILY<br>MEMBERS                 | MEDICAL UPDATE  | FINANCIAL UPDATE                          | PATIENT<br>REP-SIGN | DOCTOR<br>SIGN |
| 10,16A  | Claus A          | BIFARATIFI<br>RAJA SI NO<br>LOGID | policy.   | Warpy Wy.                                 | Ι.                  | ١١٠٨١          |
| 11/1/24 | 02 87 ·          | ВИЗН ЭГРСН<br>ВНЧБИДНІ            | Explained about the Condition of the patrents,<br>Need of ICU Stay, Medicinal suppositional<br>Visitory policy. | Jan San San San San San San San San San S | ١                   | 1112216        |
|         |                  |                                   |   |   |                     |                |
|         |                  |                                   |   |   |                     |                |

MHI/HOSP/2022/110



Mr.RAJASINGH P
59/Melc/MHI202381562
08/01/2024/IPH2024000068
Dr.ANBARASU MOHANRAJ



Every heart beat counts

### **WOUND ASSESSMENT CHART**

|  |       |       |     |         | <u> </u> |   |           |   |
|--|-------|-------|-----|---------|----------|---|-----------|---|
| DATE   | 12 12 | 74/11 |     |         |          |   |           | _ |
| SITE OF WOUND  |       | ŕ     |     |         |          |   |           |   |
| CHEST  |       |       |     |         | _        |   |           |   |
| LEG L/R  |       |       |     |         |          |   |           |   |
| ABDOMEN  |       |       |     |         |          |   |           |   |
| SACRAL REGION  |       |       |     |         |          |   |           |   |
| <u>'1EEL</u>   |       |       |     |         |          |   |           |   |
| OTHERS   |       |       |     |         |          |   | _         |   |
| SIZE OF THE WOUND  |       |       |     | ,       |          |   |           |   |
| SUPERFICIAL / DEEP IN NATURE   |       |       |     |         |          |   |           |   |
| PRESSURE<br>Specify system used :  |       |       |     |         |          |   |           |   |
| RISK FACTORS<br>Specify system used :  | DM    | HTN   | Age | Obesity |          |   |           |   |
|  | 1     |       |     | l I     |          | 1 |           |   |
| WOUND TISSUE TYPE(S) PRESENT   |       |       |     |         | _        |   |           |   |
| WOUND TISSUE TYPE(S) PRESENT necrotic  |       |       |     |         |          |   |           |   |
| <del></del>  |       |       |     |         |          |   |           |   |
| necrotic   |       |       |     |         |          | - |           |   |
| necrotic<br>slough   |       |       |     |         |          |   |           |   |
| necrotic<br>slough<br>undermining  |       |       |     |         |          |   |           |   |
| necrotic<br>slough<br>undermining<br>granulation   | 0     | 0 0 0 |     |         |          |   |           |   |
| necrotic<br>slough<br>undermining<br>granulation<br>overgranulation  |       |       |     |         |          |   |           |   |
| necrotic slough undermining granulation overgranulation epithelialisation other  |       |       |     |         |          |   | 0 0 0 0 0 |   |
| necrotic slough undermining granulation overgranulation epithelialisation other SURROUNDING SKIN TISSUE TYPE(S) macerated  |       |       |     |         |          |   |           |   |
| necrotic slough undermining granulation overgranulation epithelialisation other SURROUNDING SKIN TISSUE TYPE(S) macerated erythema                                 |       |       |     |         |          |   |           |   |
| necrotic slough undermining granulation overgranulation epithelialisation other  SURROUNDING SKIN TISSUE TYPE(S) macerated erythema oedematous                     |       |       |     |         |          |   |           |   |
| necrotic slough undermining granulation overgranulation epithelialisation other SURROUNDING SKIN TISSUE TYPE(S) macerated erythema oedematous cellulitis           |       |       |     |         |          |   |           |   |
| necrotic slough undermining granulation overgranulation epithelialisation other SURROUNDING SKIN TISSUE TYPE(S) macerated erythema oedematous cellulitis blistered |       |       |     |         |          |   |           |   |
| necrotic slough undermining granulation overgranulation epithelialisation other SURROUNDING SKIN TISSUE TYPE(S) macerated erythema oedematous cellulitis           |       |       |     |         |          |   |           |   |

## **WOUND ASSESSMENT CHART**

| EXUDATE AMOUNT  |        |                                       |            |   |       |                             | -          |            |
|---|--------|---------------------------------------|------------|---|-------|-----------------------------|------------|------------|
| none  |        |                                       |            |   |       |                             |            |            |
| evidence of some moisture   |        |                                       |            |   |       |                             |            |            |
| evidence of significant flow  |        |                                       |            |   |       |                             |            |            |
| EXUDATE   |        |                                       |            |   |       |                             |            |            |
| serous  |        |                                       |            | . 🗆   |       |                             |            | _          |
| sero - sanguinous   |        |                                       |            | . 🗀   |       |                             |            | │ □ │      |
| Purulent  |        |                                       |            |   |       |                             |            |            |
| ODOUR   |        |                                       |            |   |       |                             |            |            |
| поле  |        |                                       |            |   |       |                             |            |            |
| some evidence of odour  |        |                                       |            |   |       |                             |            |            |
| significantly malodorous  |        |                                       |            |   |       |                             |            |            |
| PAIN AT WOUND SITE  | 12     |                                       |            |   |       |                             |            |            |
| (nil) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (max)              | \ \    | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |            |   |       |                             |            |            |
| INFECTION SUSPECTED*  |        |                                       |            | _   |       |                             |            |            |
|   |        |                                       |            |   |       |                             |            |            |
| SWAB SENT   |        |                                       |            |   |       |                             |            |            |
|   |        |                                       |            |   |       |                             |            |            |
| ANTIBIOTIC THERAPHY   |        |                                       |            | _   |       |                             |            | _          |
|   |        |                                       | •          |   |       |                             |            |            |
| BLOOD GLUCOSE / URINE ANALYSIS                                      |        |                                       |            |   |       |                             |            |            |
|   |        |                                       | 1          |   |       |                             |            |            |
| PATIENT / CARER TO DO DRESSING                                      |        | 4                                     |            |   |       |                             |            |            |
| SIGNATURE   | Salv   | SW.                                   |            |   |       |                             |            |            |
|   |        |                                       |            | <u>,,, , , , , , , , , , , , , , , , , , </u> |       |                             |            |            |
| *SIGNS & SYMPTOMS OF WOUND INFECT                                   |        | ,                                     |            | <u> </u>                                      | ,<br> | V                           |            |            |
| Pytexia excess ex   | xudate | -                                     |            | ID INFECTION                                  |       | hoaling in -!               | owarthan - | ntiologica |
| <ul><li>licalised pain</li><li>erythema</li><li>offensive</li></ul> | odour  |                                       |            | ue bleeds ea<br>epithelium (                  |       | healing is sl<br>wound brea | ٠,         | uncipated  |
| localoedema   | - in   |                                       | ur increas |   |       |                             |            |            |







Every heart beat counts

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

### **VIP SCALE (VISUAL INFUSION PHLEBITIS)**

PATIENT NAME Mr.RAJASINGH P

59/Male/MHI202381562

08/01/2024/IPH2024000068

AGE / SEX:

Dr.ANBARASU MOHANRAJ

IP No. / UHID No

Ward / Bed No.

### ANY SCORE>O SHOULD BE MONITORED IN EVERY SHIFT

|        |       |                  | _     |                  | <u> </u> |           |                |
|--------|-------|------------------|-------|------------------|----------|-----------|----------------|
| DATE   | TIME  | SITE             | SCORE | DESCRIPTION      | ACTION   | FOLLOW UP | S/N<br>EMP No. |
| 8/1/24 | 1/30  | At Laturary      | pl    | palett           | fluh     | follows   | 661            |
|        |       | Molaces<br>Rf.   | 06    | Patent           | Aturbal  | followed  | <u>a</u> .     |
| aliles | 10.00 | netacapu         | 012   | falent<br>garant | fusher 1 |           | 2. D.          |
|        | 20.00 | D.( <del>-</del> | ]     | patent           | flushed  | <u>-</u>  | F. Cati        |
| ,,     | 800   | melacap          | 195   | patent           | Luche    |           | S Dyon         |
| 10/1/4 |       |                  |       |                  |          |           | <u> </u>       |
|        |       |                  |       |                  |          |           |                |
|        |       |                  |       |                  |          |           |                |
|        |       |                  |       |                  |          |           |                |
|        |       |                  |       |                  | _        |           |                |
|        |       |                  |       |                  |          |           |                |
|        |       |                  | · ·   |                  |          |           |                |
|        |       |                  |       |                  |          |           |                |
|        |       |                  |       |                  |          |           |                |
| 1      |       |                  |       |                  |          |           |                |
|        |       |                  |       |                  |          |           |                |
|        |       |                  |       |                  |          |           |                |







## VIP SCALE (VISUAL INFUSION PHLEBITIS)

PATIENT NAME:

Mr.RAJASINGH P 59/Male/MHI202381562

08/01/2024/IPH2024000068

AGE / SEX:

Dr.ANBARASU MOHANRAJ

IP No. / UHID No

Ward / Bed No.  $\mathcal{A}$  |  $\mathcal{W}$  - 4

### ANY SCORE>O SHOULD BE MONITORED IN EVERY SHIFT

|          |   | SCORE  | DESCRIPTION  | ACTION   | FOLLOW UP  | S/N<br>EMP No.  |
|----------|---|--|--|--|--|---|
|          |   |  | _  |  |  | () ha   |
| 3:0F(    | Russel  | 0(5  | rulème podént  | Theral   | No sign of PHLE  | 3013 Gonta  |
| 0.00     | CUBITAL   | 015  |  |  | NO YOUNS OF PHIE   |   |
| <u> </u> | Rt CUBIRL   | ols-   | SHEACTIFY  | - MS   | ON OBSERVATION   |   |
| 5:30     | Pubital   | ०।५:   | Total Comment  |  | on obbervation   | 857.  |
| (o.60)   | Pine 7<br>WBITEL  | 015  | Drane 12   | FWEHED ENL   | · No licens of   | - FRIS  |
| ioo      | RUHT  | 0(5  | DV LINE PATERY   | C NB   | PIACEBITIS   | 9   |
| yw.      | CUDITAL   | Ols  | To win perhand   | Plushet<br>ca  | phebus   | 8   |
| 00.0     | et whital   | ols  | IV UNE   | Plushed  | observation  | Jes   |
| ල්ව      | Phylos  | 015  | tretted  | fushed   | objervation  | Hayriss   |
| iy oo    | pet coubile   | 04   | , Su. 1  | flute  | Observetor   | De  |
| 000      | RT cubital  | 015  | Patont   | blushoo  | Ob. sorvation  | Y REST  |
|          |   |  | -IV LINE   | REMO   | VED -  |   |
|          |   |  |  |  |  | ·<br>•  |
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|          |   |  |  |  |  |   |
|          | 600<br>130<br>130<br>130<br>100<br>100<br>100<br>100<br>1 | 0.00 P. CUBITAL  130 P. CUBITAL  130 P. CUBITAL  130 P. CUBITAL  100 CUBITAL  100 CUBITAL  100 CUBITAL  100 P. | CONTRO OLS  COBITAL OLS  CONTRO OLS  CONTR | O'CO BOBITAL OLS IVINE PATENT SION PLUBIN OLS BY LINE PATENT OLS BY LINE PATENT ON THE PATENT OLS BY LINE PATENT OLS BY LINE PATENT OLS BY LINE PATENT OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLS BY LINE PATENT OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OLS BY LINE PATENT OLS BY LINE PATENT OLD CUBITAL OLS BY LINE PATENT OL | OD CUBITAL OLS IN LINE PATENT FLUSHED OLS BYTEAUTHY ENSSED OLS BYTEAUTHY ENSSED OLS BYTEAUTHY TOUSHED OLD CUBITAL OLS BY LINE PATENT FLUSHED OLD CUBITAL OLS BY LINE PATENT FLUSHED OLD CUBITAL OLS BY LINE PATENT FLUSHED OLD CUBITAL OLS BY LINE PATENT CAN PURCHED CON PLUSHED OLS BY LINE PATENT CAN PURCHED CON PURCHED OLS BY LINE PRIBATED CAN PURCHED OLD FUNCTION OLD FUNCTION OLD FUNCTION OLD FUNCTION OLD PURCHED OLD FUNCTION OLD FUN | CONTROL OLS WINE PATENT FLUSHED ON OBSERVATION  SON PT CUBINAL OLS BY LINE PATENT FLUSHED ON OBSERVATION  SON PRINCIPLY CINE SON OBSERVATION  DIGHT OLS BY CINE 15 FLUSHED INDICATE OF PATENT FLUSHED INDICATE OF PATENTS  ON PRINCIPLE OLS PATENT FLUSHED INDICATE OF PATENTS  ON CUBITAL OLS BY WINE PATENT FLUSHED INDICATE OF PHEBRITIS  ON CUBITAL OLS BY WINE PATENT FLUSHED INDICATE OF PHEBRITIS  ON CUBITAL OLS BY WINE PATENT PUBLICATION  ON PATENT CAN PHEBRITIS  ON PATENTS  ON PATENTS  ON OBSERVATION  ON OBSERVATION  ON OBSERVATION  ON CUBITAL OLS BY WINE PATENT FLUSHED INDICATION  ON PATENTS  ON OBSERVATION  ON CUBITAL OLS BY WINE PATENT OBSERVATION  ON PATENTS  ON OBSERVATION  ON |



Drug Chart:

Drug Details



### Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj



Height (cms):

MHI/PHARM/2022/028



Every heart beat counts

Weight (kg): チョビ

Doctor's Sign:

## **MEDICATION ADMINISTRATION RECORD**

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

**Description of Allergy** 

| DOCTOR INSTRU  1. Use generic name when pre 2. Write in BLOCK LETTERS, c 3. Sign and enter MCI registrat 4. No prescription should be al 5. Use 24-hour format when wr   | scribing drug learly and legibly ion no. or apply seal tered / overwritten 1. Che 2. Nurs 3. For the follo 4. Star Q8hi | NURSING STAFF INSTRUCT  1. Check entries in every section to avoid omissions 2. Nurse in-charge should verify drug chart on daily basis 3. For new prescription, follow the timings of doctor's prescription standard timings 4. Standard Timings: Q24hrly: 10:00hrs, Q12hrly: 10:00hrs, 22:0 Q8hrly: 06:00hrs, 14:00hrs, 22:00hrs or 09:00hrs, 14:00hrs, 21: 11:00hrs, 17:00hrs, 23:00hrs, Q4hrly: 02:00hrs, 06:00hrs, 10:00 |       |                                       |                |              | otion on Day 1 only, and then<br>Ohrs or 06:00hrs, 18:00hrs,<br>Obhrs, Q6hrly: 05:00hrs, |                 |  |
|--|---|---|-------|---------------------------------------|----------------|--------------|--|-----------------|--|
|  | Stat / Once   | Only / P  | remed | ication                               | Drugs          |              |  | ,               |  |
| Date Time  | Drug  | Dose  | Route | <u> </u>                              | Doctor Pag No. | <del> </del> | Administered   | F -             |  |
| 991242100 7  | PAN   | hinm  | DIn   | Sign.                                 | Reg. No.       | Sign.        | Emp. No.   | Time<br>श्री•०० |  |
| A-T m-1 sudiff   | 7 tito  | 110H<br>12C-01  | 9     | 100                                   | - 13116hg      | PL           | <del> </del>   | 21.00           |  |
| 1124 15·NO T-  | AMXCT   | 0.25  |       | Icho                                  | . 13465        | PC           | 0207   | 6.00            |  |
|  |   |   |       |                                       |                |              |  |                 |  |
|  |   |   |       |                                       |                |              |  |                 |  |
|  |   | , }   |       |                                       |                |              |  |                 |  |
| Constitution   |   |   |       |                                       |                |              |  |                 |  |
| The second secon |   |   |       |                                       |                |              | ,  |                 |  |
|  |   |   |       | <u> </u>                              |                |              |  |                 |  |
|  | <del></del> -   |   |       | · · · · · · · · · · · · · · · · · · · |                | <br>         |  |                 |  |
|  | ·<br>   | -   |       |                                       |                |              |  |                 |  |
|  | <u> </u>  | _   |       |                                       |                |              |  |                 |  |
|  |   | -   |       |                                       |                |              | , , , , , , , , , , , , , , , , , , ,  |                 |  |
|  | Following was considered to be ago, who we  |   |       |                                       |                |              |  |                 |  |

To be filled by Nursing Staff only. Sign and time given Date -> REGULAR PRESCRIPTIONS To be filled in by Doctors only Time ↓ 8/1 100 **DRUG NAME** T. ROSEDAY Clinical Pharmacist Medway Hearl Institute Dose Route Frequency 204 0-07 Start Date & Time Dr. Sign & Reg. No. / Seal 20.00 Stop Date & Time Ø/ Additional Info: **DRUG NAME** Npo 8.00 TPLAURDON MR Clinical Pharmacist Medway Heart Institute Dose Route Frequency plo 1001 38M Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time 9 30,30 20.00 Additional Info: **DRUG NAME** 7. PROLOMET Clinical Pharmacist Aedway Heart Institute 8-36 Route Frequency Npa Dose 8-00 a9 100 Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time **@** Additional Info: 8230 N/20 DRUG NAME 8.00 SORBETRATE T' CITN Route Clinical Pharmacished Dose Frequency 2-64 Plo 12 Start Date & Time Dr. Sign & Reg. No. / Seal 16.00 Stop Date & Time Additional Info: 8-30 DRUG NAME NR 8.00 T. RANOZBY Frequency Dose Route 8004 1001 Clinical Pharmacist \$4 20.50 Start Date & Time Dr. Sign & Reg. No. / Seal 10.00 0-04 DC Stop Date & Time Additional Info: Area in-charge **Nurse Signature:** 

To be filled by Nursing Staff only. Sign and time given Date → REGULAR PRESCRIPTIONS To be filled in by Doctors only Time ↓ **DRUG NAME** 7.00 T'RABLRT Route Dose Frequency po 1207 201, Start Date & Time 1800 Dr. Sign & Reg. No. / Seal 19.00 Stop Date & Time Additional Info: DRUG NAME The POND ARED Route 1000 Dose Frequency 10.00 tarmacist ad Institute Start Date & Time 18-00 Dr. Sign & Reg. No. / Seal Stop Date & Time 94 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 Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: Area In-charge

Cl.ncal Pharmacist

5 ₹

**Nurse Signature:** 

|             |         | Di                        | et orders   | (to be pre | escribe | d by Doctors | only)                     |           |          |
|-------------|---------|---------------------------|-------------|------------|---------|--------------|---------------------------|-----------|----------|
| Date        | Time    | Dict                      | Signature   | Reg. No.   | Date    | Time         | Diet                      | Signature | Reg. No. |
| 8/1/04      | -7:00Ba | LAWSOLL, LAWFOL           | 2 P4        | 183077     |         |              |                           |           |          |
| 9/1/24      | 8AM     | Lowsalt, Lowfor           | lim         | 134559     |         |              |                           |           |          |
| 0/1/24      | 8.100   | NPO                       | lub_        | Bunn       | ,       |              |                           |           |          |
|             |         |                           |             |            |         |              |                           |           |          |
|             |         |                           |             |            |         |              |                           |           |          |
|             |         | (to be entered by all the |             |            |         | N RECORD     | ons prescribed in the cha | art)      |          |
| Date        | Shift   | Name of Nurse             | Emp. No.    | Initials   | Date    | Shift        | Name of Nurse             | Emp. No.  | Initials |
|             | Morning |                           |             |            |         | Morning      |                           |           |          |
|             | Evening |                           |             |            |         | Evening      |                           |           |          |
| 81.124      | Night   | A. ALBINUS                | 0088        | a          |         | Night        |                           |           |          |
| 9/1/24      | Morning |                           | 2208        |            |         | Morning      |                           |           |          |
| 9/0/29      | Evening |                           | 0(16        | 2          |         | Evening      |                           |           |          |
| 9/1/24      | Night   | Λ                         | 0207        | F.C        |         | Night        |                           |           |          |
| <del></del> | Morning |                           |             |            |         | Morning      |                           |           |          |
|             | Evening | 3                         |             |            | 1       | Evening      |                           |           |          |
|             | Night   |                           |             |            |         | Night        |                           |           |          |
|             | Morning | 3                         |             |            |         | Morning      |                           |           |          |
|             | Evening |                           |             |            |         | Evening      |                           |           |          |
|             | Night   |                           | <del></del> |            |         | Night        |                           | 1.        | • •,     |

## **SAFETY FIRST**







### Mr.RAJASINGH P

59/Male/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj

MHI/PHARM/2022/028



Every heart beat counts

## **MEDICATION ADMINISTRATION RECORD**

| Drug Chart: 2 of  | •  | Weight (kg): <u> </u>                                    |
|---|--|--|
| Drug Details  | LERGIES (if NONE is confirmed, write NKDA in Description of Allergy  | box 1)  Doctor's Sign:                                   |
| NKDA  | NIL  | Name: ER PRAVEE!  JEYAKUMAR                              |
|   |  | Reg. No. 112236  |
| DOCTOR INSTRUCTIONS   | NURSING STAFF INSTRUC  | TIONS  |
| Use generic name when prescribing drug     Write in BLOCK LETTERS, clearly and legibly     Sign and enter MCI registration no. or apply seal     No prescription should be altered / overwritten     Use 24-hour format when writing time | 1. Check entries in every section to avoid omissions 2. Nurse in-charge should verify drug chart on daily basis 3. For new prescription, follow the timings of doctor's prescription standard timings 4. Standard Timings: Q24hrly: 10:00hrs, Q12hrly: 10:00hrs, 22:0 Q8hrly: 06:00hrs, 14:00hrs, 22:00hrs or 09:00hrs, 14:00hrs, 21:11:00hrs, 17:00hrs, 23:00hrs, Q4hrly: 02:00hrs, 06:00hrs, 10:00 | 00hrs or 06:00hrs, 18:00hrs,<br>00hrs, Q6hrly: 05:00hrs, |
| Stat / C  | Once Only / Premedication Drugs  |  |

| , Date Time |       | Drug                | Dose      | Route |           | Doctor   | Administered     |                |              |  |
|-------------|-------|---------------------|-----------|-------|-----------|----------|------------------|----------------|--------------|--|
| Date        | THILE |                     | บบริษ     | noute | Sign.     | Reg. No. | Sign.            | Emp. No.       | Time         |  |
| 10/12       | 17.10 | PERRENORPHINE PERCH | lovale    |       | 8         | 112236   | Ofto 3           | ' <i>0</i> 074 | <u> </u> ਸਾਹ |  |
| Male        | 18:05 | IN. MYDDYROLENE     | J,<br>5µ↓ | IV    | 8         |          | Lung (           |                | 18.02        |  |
| 11/24       | 21·30 | T. ECOSPRIN         | TSMg      | 960   | <b>\$</b> | 112236   | 200              | 2366           | 21.30        |  |
|             |       | INT. PARACETAMOL.   | 136       | IV    | .9⁄       | 112256   | 9                | 0287           | 5:45         |  |
| 12/0/2      |       | POLENIEMA           |           | P/R   | W/2       | Bunna    | 8)               | 0182           | 140          |  |
| , , ,       | ·     |                     |           |       | ,         |          | ,                | <b>V</b> -     |              |  |
|             |       |                     |           |       | -         |          |                  |                |              |  |
|             |       |                     |           |       |           |          |                  |                |              |  |
| -           |       |                     |           |       |           |          |                  |                |              |  |
|             |       |                     |           |       |           |          |                  |                |              |  |
|             |       | ·                   |           | į. ·  |           |          | IUM (s<br>oregie | , '            |              |  |
|             |       | · West              |           | ,     |           |          |                  |                |              |  |
|             |       |                     |           |       |           |          |                  |                |              |  |
|             | ·     |                     |           |       |           |          |                  |                |              |  |

|   | DECI   | LAR PRESCRIP             | - PIAOIT                             | Date →            | To be         | filled b   | y Nurs                             | ing Sta                                 | ff only.   | Sign a       | nd time                                      | given                  |
|---|--|--------------------------|--------------------------------------|-------------------|---------------|--|------------------------------------|---|--|--------------|--|------------------------|
|   |  | filled in by Doctor      |                                      | Time <b>↓</b>     | A91/01        | 1  | <del>. \</del>                     | · ·                                     | 14/01  | 1            |  |                        |
|   | DRUG NAME                                    |                          |                                      | 3.00              |               | 3.0€<br>B_   |                                    |   |  |              |  |                        |
| Clinical Pharmacist                           | Dose PARE                                    | Route                    | Frequency                            | 11.00             |               | 10.00  | ,                                  | <del></del>                             | \rightary  |              |  |                        |
| Clinical                                      | Dr. Sign & Reg. N<br>Dr. PRAVEEN JI          | lo. / Seal               | Start Date & Time                    |                   | 19.00         | دممي   |                                    |   |  |              |  |                        |
| ما  | Reg. No:1                                    | 12 <b>236</b>            | Stop Date & Time                     |                   | Saus .        |  |                                    |   |  |              |  |                        |
|   | Additional Info:                             | ·                        |                                      |                   |               | -  |                                    |   |  | _            |  |                        |
|   | DRUG NAME                                    |                          |                                      |                   |               | 1.30   | 132                                | 7/30                                    | न-३०   |              | <br>   |                        |
|   | sup wer                                      | LEATE SUS                | 261110H                              | 7.30.             |               | 0  |                                    | 1000                                    | Resort   |              |  |                        |
| Parmacist<br>ad Institute                     | Dose   | Route                    | Frequency                            | 13.30             | >             | 1318   | 3)<br>3,39                         | 13%                                     | 13.90<br>03%65   | <b></b>      | <br>   | <b>[</b>               |
| Official Pharmacist Medway Heart Institute    | Dr. Sign & Repen                             | lo / Seal<br>I JEYAKUMAR | Start Date & Time                    |                   | 22.0          |  | 94                                 | 9<br>20 2                               |  |              |  |                        |
| d   | 4  | :112236                  | Stop Date & Time                     | 19.3 <sub>0</sub> |               | ***  | 14.00                              | F-301                                   |  | ,            |  |                        |
|   | Additional Info:                             |                          |                                      |                   | <u> </u>      |  |                                    |   | <u> </u>   |              |  |                        |
| <b></b>                                       | DRUG NAME<br>NEB LEVO                        | 6B. LEVOSALBUTAMOL       |                                      |                   |               |  | SP<br>Ju                           | 5.00<br>600                             | 5.00<br>2.00<br>5.00   |              |  |                        |
| Clinical Pharmacist                           | Dose<br>O Bama                               | Route<br>のいわ             | Frequency 6 6 th holy                | 11.00             | >             | 2000   | 10:30                              |   | 6.60<br>6.60<br>6.60<br>6.60<br>6.60<br>6.60<br>6.60<br>6.60 |              |  |                        |
| Ţ   | Dr. Sign & Reg. N<br>Dr. PRAVEEN<br>Reg. No: |                          | Start Date & Time 10 1 2 4 0 + 18 00 | 14.00             | 18.00<br>Sing |  | 26.0                               | 800 V                                   | ·  |              |  |                        |
| O.  | Additional Info:                             |                          | Stop Date & Time                     | 3.00              | 23.00         | 2300   | 31.30                              | 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |  |              |  |                        |
|   | DRUG NAME                                    | <u> </u>                 |                                      | <i>\$</i> -       | 9_            | Q 20   | 3.00<br>200                        | 2801<br>24.30                           | _  |              |  | ┝─┤                    |
| St<br>the                                     | TOB PRUS                                     | EMIDE                    |                                      | 8.00              | ··            | (A)  |                                    |   | · <del>,</del>   |              | <br>   |                        |
| Olinical Pharmacist<br>Indigay Bead Institute | Dose<br>Homa                                 | Route                    | Frequency                            |                   |               |  |                                    |   | 1  | × CZ         |  |                        |
| Clinica                                       | Dr. Sign & Reg. N<br>Dr. PRAVEEN             | lo / Seal<br>JEYAKUMAR   | Start Date & Time<br>リルロ みそうり        | (6.00             |               | 15.00  | 94                                 | ·c                                      |  | معمل         | <u>}</u>                                     |                        |
| Ø   | <b>-</b>                                     | :112236                  | Ston Dale & Time                     | ١٥٠               |               | JO"  | 16-70                              |   |  |              |  |                        |
|   | Additional Info:                             | <u></u>                  |                                      |                   |               |  |                                    | 200                                     |  |              | -  | $\vdash \vdash \vdash$ |
|   | DRUG NAME<br>するら、多かにも                        | AUTONE                   |                                      | 60-01             | <del></del> } | 100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 | 10.3                               | 1000                                    | }<br>}   | <b>-</b>     | <br>   |                        |
| acist   | Dose 25 mg                                   | Route                    | Frequency                            |                   |               |  |                                    |   | \\p  | <u> </u>     |  |                        |
| Clinical Pharmacist                           | Dr. Sign & Reg. N                            |                          | Start Date & Time                    | 17.00             |               | 15 P   | 949<br>17.00                       |   | <del> </del>   | <del>}</del> |  |                        |
| o G   | Additional Info:                             |                          | Stop Date & Time                     |                   |               |  |                                    |   |  |              |  |                        |
|   | Area In-charge Nurse Signature               | <u> </u>                 | <u> </u>                             |                   | L             | 8)<br>500>   | 8                                  | NA                                      | Noch   |              |  |                        |
| ĺ   |  |                          |                                      |                   | 2003          | OO)  | $\langle \mathcal{O}_{02} \rangle$ | /                                       |  |              | <u>.                                    </u> | L                      |

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| •   | REGUI                        | REGULAR PRESCRIPTIONS                        |                   |                  |           | filled b        | y Nurs           | ing Sta    | ff only.     | Sign a   | nd time      | given         |   |
|---|------------------------------|--|-------------------|------------------|-----------|-----------------|------------------|------------|--------------|--|--------------|---------------|---|
| ٠,  |                              | filled in by Doctor                          |                   | Time <b>↓</b>    | בנונה     | 41/2            | 13 01            | 14/01      |              |  |              | _             |   |
|   | DRUG NAME                    |  |                   |                  | 3.29      | 8:00            | 8:30             | 7.00       |              |  |              |               |   |
| # S   | TAB. BEPL                    | EX FORTE                                     |                   | 8.00             | (V)       |                 | N                | 200        |              |  |              | <u> </u>      |   |
| s. rist<br>Imaginte                           | Dose                         | Route  | Frequency         |                  |           |                 |                  | <u> </u>   |              | ļ  | ļ            | <u> </u>      |   |
| J.Pha<br>y Head                               | Itab                         | Plo  | 1500              |                  |           | <u> </u>        | <u> </u>         |            | <u> </u>     |  | <u> </u>     |               |   |
| OCIInical Phas.                               | Dr. Sign & Reg. N            |  | Start Date & Time |                  |           | <b> </b>        |                  | <i></i> -  |              | ,  | <b></b>      | <br>          | İ   |
| 02/   | Dr. PRAVEEN .<br>Reg. No:1   |  | Stop Date & Time  |                  |           |                 | <u> </u>         |            | <u> </u>     |  |              |               |   |
|   |                              |  |                   | i                |           | <br>            |                  | 11223      | eg. (2)      |  | <b></b>      |               |   |
|   | Additional Info:             |  |                   |                  |           | <u> </u>        | ļ                |            | <b> </b>     |  |              | <b>├</b> ─┤   |   |
|   | DRUG NAME                    |  |                   | i.               |           | <br>            |                  | <b></b>    | <b>-</b>     |  | <b> </b>     | <br>          |   |
|   |                              | PUREL + ASP                                  |                   | <u> </u>         | ļ         | <u> </u>        | <u> </u>         |            |              |  |              | <del>  </del> |   |
| acist<br>stitute                              | Dose                         | Route ·                                      | Frequency         |                  |           | <b></b>         | <br>  <b></b>    |            | <br>         |  |              |               | )ziora<br>Nota                            |
| Clinical Pharmacist                           | 15/75mg                      | <u>  Plo _ </u>                              | 0-1-0             |                  |           | hud             | <del>au</del> t  | J. 00      | <u> </u>     | <br>   | ├            | }             | Jaioramad'i IsoinilO<br>Notes Desktarabet |
| nical F<br>dwar h                             | Sign & Reg. N<br>Dr. PRAVEEN | io. / Seal<br>JEVAKIMAD                      | Start Date & Time | <b>A</b> 15 o 75 | 14.00     | 70              | 14.00            | I -        | <b></b> -    |  | <del> </del> | <b>-</b>      | isoinii<br>Tinic                          |
|   | Reg. No                      | :112236                                      | Stop Date & Time  | <b>9</b> 14.00   | <u> </u>  | 4.87            | 40               | -050       | -            | <del></del> -                                    |              | ╁—-           |   |
| 10N   |                              |  |                   |                  | [         | {- <b></b>      | { <b>-</b>       | { <b>-</b> |              | <b></b>  | {·           | { <b></b>     | ĺ   |
|   | Additional info:             |  | <del></del>       | <del></del>      |           | <del> </del>    | <u> </u>         | <br>       | ├            | <del>                                     </del> | ├            | <del> </del>  | ł   |
| ı   | DRUG NAME                    |  |                   |                  | - <b></b> | <b>-</b>        |                  | <b>-</b>   |              |  | {- <b></b>   | <b>{</b> ∤    | l   |
| ᇸ   | TAB. ROSUVI                  |  | Fraguesay         |                  |           | <del> </del>    | <del>  -</del> - |            | <del> </del> | <del> </del> -                                   | ├            | <del> </del>  | <u>.</u> - ي                              |
| Clinical Pharmacist<br>Medway Heart Institute | Dose<br>40<br>Aoma           | Route <sup>*</sup>                           | Frequency         |                  | <b></b>   | }               | <b>-</b> -       |            | }            | - <b></b>  | }- <i></i>   | <b></b>       | 1, 100 t.                                 |
|   | Dr. Signj&iRegre             | by 4Seal                                     | <u> </u>          |                  |           | - ma18          | 91.pr            |            | ├—           |  |              | <del> </del>  |   |
| Clinic<br>Medwi                               | Rea. N                       | OY JEYAKUMAF<br>lo:112236                    | 11/1/24 at 21:00  | 21.00            | 300       | 2100<br>200     | v.ixi<br>a.2€    |            | } <i></i>    | <b>}</b>   |              |               | 1<br>12<br>12 -                           |
| Of.   | 8                            |  | Stop Date & Time  | 81,00            | 4         | <i>\$4</i> -500 | \$453W           |            | <u> </u>     |  | $\vdash$     | <del>  </del> |   |
|   | Additional Info:             |  | <u> </u>          |                  | <b></b>   |                 |                  | <b>-</b>   | <b></b>      | - <b></b>  | - <i></i>    | ~             | ĺ   |
|   | DRUG NAME                    |  |                   |                  |           | 2:00            | 8.30             | Ø -00      |              |  |              |               |   |
|   | -BB. PARAC                   | ETA MOL                                      |                   | 60.8             |           |                 | u                | Off        | <br>         | <b>-</b> -                                       | <b></b>      | <b></b>       |   |
| رو ب <u>ـ</u>                                 | ∟ose                         | Route  | Frequency         |                  | 14:50     | 34              | gy.              | 14.00      |              |  |              |               | -> <sub>58</sub>                          |
| macis<br>Institut                             | 650mg                        | <u> </u>                                     | 1-1-1             | 14,20            |           | K-60            | 100              | بيون       |              |  | <b></b>      |               | 10. 101 <sub>0</sub>                      |
| Plinical Pharmacist<br>Medway Heart institute | Dr. Sign & Reg. N            | lo. / Seal                                   | Start Date & Time |                  | 20.00     | 81.00           | 21.00            |            |              |  |              |               | E THE ST                                  |
| Clinic  | D at                         | JE <b>YAKUMAR</b><br>:112 <b>236</b>         | Stop Date & Time  | )<br>DO ∙ ⊙      | u         | 12 ko7          | 2009<br>0009     |            |              |  |              |               | -   |
| ah  | S neg. No                    | :1122 <b>36</b>                              | Crop Date & Time  |                  | 5         |                 |                  |            |              | -  | _            |               | j   |
|   | Additional Info:             |  | •                 | L                |           |                 |                  |            |              |  |              |               |   |
|   | DRUG NAME                    |  | - ·-              | _                |           |                 |                  |            |              |  |              |               |   |
|   | SUP LACT                     | uos€   |                   | ·<br>            |           |                 |                  |            |              |  |              |               |   |
|   | Dose                         | Route  | Frequency         |                  |           | <br>            |                  |            |              | <b></b>  |              |               |   |
| acist<br>stitule                              | 15mL                         | Plo  | 0-0-1             |                  |           |                 |                  |            |              |  |              |               | İ   |
| Clinical Pharmacist<br>Medway Heart Institute | Dr. Sign & Reg. N            | lo. / Seal<br><sup>I</sup> JEYAKU <b>MAR</b> | Start Date & Time |                  |           | 21.00           |                  |            | <u> </u>     | <b></b>  |              | <b> </b>      |   |
| nical F<br>tway H                             | Reg. 7                       | ' JEYAKU <b>MAR</b><br>36 -                  | Stop Date & Time  | 21.00            | dh        | DC.             | 250              |            | ļ            |  | <u> </u>     |               |   |
| 1   | У                            |  | <u> </u>          |                  |           | <b> </b>        | - <b></b>        |            |              |  |              |               |   |
| ON  | Additional Info:             |  | ļ                 |                  | <u> </u>  |                 |                  | <u> </u>   |              |  | <b>  </b>    |               |   |
| `   | Area In-charge               |  |                   | a.               | 300>      | عور             | 7000             | <u> </u>   |              | ,  |              | İ             |   |
|   | Nurse Signature              |  | 2005              | 000              | Mych      | Mil             |                  |            |              |  |              |               |   |

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To be filled by Nursing Staff only. Sign and time given Date -**ANTIMICROBIALS** To be filled in by Doctors only Time **↓ DRUG NAME** 2-20 2:10 In CEFURDXIME SODIUM Frequency Dose Route 1.58m a 12+8 bo Qν Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236 Start Date & Time 1,10 14:1p 11/1/24 OF 2·10 Ston Date & Time 24 ac 14:30 Additional Info: **DRUG NAME** Route Frequency Dose Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Route Dose Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: Area in-charge **Nurse Signature:** 

Clinical Pharmacist
Medway Heart Institute

|          |       | P           | ARENTE   | RAL INFL  | ISION F | RESCRIPTION AND ADM | INISTR   | ATION I | RECOI    | RD               |            |             |             |
|----------|-------|-------------|--|-----------|---------|---------------------|--|---------|----------|------------------|------------|-------------|-------------|
| Date     | Time  | Intravenous | Volume   | Rate /    | <br>    | Additive Drug       |  |         |          | ctor             |            | ninistratio | <del></del> |
|          | 11110 | Fluid       | - Toramic  | Duration  | Route   | Name                | Dose   | Range   | Sign.    | Reg. No.         | Start Time | End Time    | Sign.       |
| 10/1/24  | 15·05 | KABILYIE    | 500µ1  | 10001/67  | _ iv    |                     |  |         | F-       | 112256           | 15:05      |             | Paris 1     |
| 10/1/24  | 18.00 | KABILYÎE.   | rsonu  | coul for  | IV      |                     |  | _       | ¢.       | 112236           | 18:00      | 00.00       | 00 g        |
| u11/24   | 00.00 | KABILYTE    | Sooul  | 100m/HR   | 1V      |                     |  |         | 8        | المعالم          | 00.00      | 04.00       | 22          |
| erlitan  | 31.00 | Consugre    | Stoul  | 100 mlh   | ١٧      |                     | -  |         | <u>s</u> | 112236           | 21.00      | 0116        | 14          |
| 12/1/24  | 01.00 | CABILYTE    | 500ml  | roome the | ľV      |                     |  | _       | <u> </u> | (12236           | 01.60      | cs.20       | 盘           |
|          |       |             |  |           |         |                     |  |         |          |                  |            |             |             |
| <u> </u> |       |             |  |           |         |                     |  |         | li       |                  |            |             |             |
|          |       |             |  |           |         |                     |  |         |          |                  |            |             |             |
|          |       |             |  |           | _       |                     |  |         |          |                  |            |             |             |
|          |       |             | -  |           |         |                     | <del>                                     </del> |         |          |                  |            |             |             |
|          |       |             |  |           |         |                     |  |         |          |                  |            |             |             |
|          |       |             | -  |           |         |                     |  |         |          | <del>  -  </del> |            | <del></del> |             |
|          |       |             | <del>                                     </del> |           |         | <del></del>         |  |         | <u> </u> |                  |            |             |             |

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| ,       |       | P           | ARENTE | RAL INFU | SION P    | RESCRIPTION AND ADMI  | NIS1:         | TION     | RECO  | RD       |            |                    | 1 412                |
|---------|-------|-------------|--------|----------|-----------|-----------------------|---------------|----------|-------|----------|------------|--------------------|----------------------|
| Data    | Time  | Intravenous | Valuma | Rate /   |           | Additive Drug         |               |          | Do    | ctor     | Adn        | ninistration       | 1 ,                  |
| Date    | Time  | Fluid       | Volume | Duration | Route     | Name                  | Dose          | Range    | Sign. | Reg. No. | Start Time | <del></del>        | Sign.                |
| 10   24 | 15.05 | NO 09%      | 504l   | Sully    | <i>IV</i> | INP. DOPPMINE         | dong          |          | ۴     | 112446   | 16.05      |                    | (20)<br>(20)<br>(20) |
| 10 1 24 | 16.0E | Nony        | 50H    | sulthr   | ١V        | 1MY NORADRENALINE     | 249           |          | 8     | 112256   | 16.05      | <del></del> -      | Bul 9<br>0014        |
| 10/1/24 | 16.15 | NS094.      | 40ml   | Aulthr   | , i       | INJ. HUMAN ACTRAND    | 40 <u>T</u> U | <u>-</u> | ۴     | 112236   | 16:15      | 10/1/24<br>19:30 9 | 00")<br>20074        |
| 111/24  | 6-30  | NS0.9%.     | Soml   | 2 SM/HR  | iv        | INS PO TASSIUM CHIORI | E2 antig      | <u></u>  | 8     | 112271   | 6.30       | 8:30               | \$ 3m                |
|         |       |             |        |          |           | 25.                   |               |          |       |          |            |                    |                      |
|         |       |             |        |          |           | •                     |               |          |       |          |            |                    |                      |
| ,       | •     |             |        |          |           |                       |               |          |       |          |            |                    |                      |
|         |       |             |        |          |           |                       |               |          |       |          |            |                    |                      |
| ٠٠,٠    |       |             |        |          | ,         | ;                     |               |          |       |          |            |                    |                      |
|         |       |             |        |          |           |                       |               |          |       | _        |            |                    |                      |
|         |       |             |        |          |           |                       |               |          |       |          |            |                    |                      |
|         |       |             |        |          |           |                       |               |          |       |          |            |                    |                      |
|         |       | ·           |        |          |           | 27<br>24              |               |          | _     |          | -          |                    |                      |

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## 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 |                  | **       |          | 14/1/04 | Morning | B Manis       | 0192     | Quy'     |
| 10/124  | Evening | Sonia Florance.s | 00-1A    | Shio     | ,,,,,   | Evening |               |          |          |
| 101124  | Night   | ARUD             | 2355     | <b>B</b> |         | Night   | <del>-</del>  |          |          |
| 11129   | Morning | MAHALAUSHMIN     | 0219     | Du       |         | Morning | <del>-</del>  |          |          |
| 11124   | Evening | ASUA C BHAVANI.  | OKSM     | di       |         | Evening |               | 1        |          |
| 11/1/24 | Night   | Asha.c           | bota     | 750      |         | Night   |               |          |          |
| 12112   | Morning | Mahalaughm M     | 02/9     |          |         | Morning | • • •         |          | <b>T</b> |
| 12/124  | Evening | A. ALBIYUS       | 0081     | 8        |         | Evening |               |          | 1        |
| 2018    | Night   | F. Cathrine      | ೧೩೦-೭    | F.C      |         | Night   |               |          |          |
|         | Morning | Sunter           | trop     | ay       |         | Morning | ,             |          |          |
| 13/124  | Evening | A. ALBINUS       | 0088     | 4        |         | Evening |               |          |          |
| 13/1/24 | Night   | F. Cathrine      | WADT.    | F.C      |         | Night   |               |          | ,        |

CHA-7 LAD

844-7 LASTOM & PDA [369]

Medway Hospitals
The way to better health
(A unit of United Allance Healthcre PM Ltd)





| •         | Mr.RAJASINGH P<br>59/Malc/MHI202381562 |        | 1        |                  | М     | HI/ICU/2022/076 |
|-----------|--|--------|----------|------------------|-------|-----------------|
| Name      | 08/01/2024/IPH2024000068               |        |          |                  |       | Sheet No.       |
| UHID No.  | JHID No.                               |        |          |                  | Sex   | 1               |
| Blood Gro | up Otre                                | Height | <b>Υ</b> | Weight<br>귀마-১(c | BSA 2 | A               |

SURGICAL PROCEDURE:

POST-OP DAY: DATE OF SURGERY: 10 1 64 VENTIL ATORS PARAMETERS BLOOD GAS

|          | l.    |        |         | _        |                  |               | VENTIL      | AIORS P       | ARAMEI | EKS          |      |                  |       |       |                  | BLOOD           | GAS              |      |      |               |
|----------|-------|--------|---------|----------|------------------|---------------|-------------|---------------|--------|--------------|------|------------------|-------|-------|------------------|-----------------|------------------|------|------|---------------|
| D,       | ATE . | TIME   | MODE    | RATE     | PRESS<br>SUPPORT | PEAK<br>PRESS | PEEP        | MEAN<br>PRESS | мv     | lπv          | ETV  | FiO <sub>2</sub> |       | рН    | PCO <sub>2</sub> | PO <sub>2</sub> | HCO <sub>2</sub> | SAT% | BE   |               |
| 10       |       | 5.05   | Jour G  | e)<br>14 |                  | 22.0          | 5.0         | 9.0           | 8,4    | 600          | 596. | 80               |       | 4.432 | 36.9             | 84.3            | 24.0             | 96.6 | -0.3 |               |
|          | ,     | 1.7.00 |         | '        |                  |               | _           |               |        |              |      | 60%              |       |       |                  |                 | _                |      |      |               |
|          |       | 18.00  |         | 12_      |                  |               | <b>5</b> ·0 |               |        |              |      | boy.             |       | -     |                  |                 |                  |      |      | <u>Ω</u>      |
|          |       | 18.25  | psv     | 10       |                  |               | 6.0         |               |        |              |      | 60               |       | 4.380 | 43,1             | 103.7           | 24.9             | 97.6 | 6.2  | CRITICAL CARE |
|          | _     |        |         |          |                  |               |             |               |        |              |      |                  |       |       |                  |                 | _                |      |      | AL CA         |
| $\vdash$ | \     | 19.45  | <u></u> | JIENT    | ]                | UBAT          | ED.         |               |        | <del> </del> | ]    |                  | 8C C. |       |                  |                 |                  | -    |      |               |
|          | G     | 20-00  |         |          | ON               | _Q            | 4M          | d14           |        | <u> </u>     | <br> | mat              | per   | 7.428 | 40.7             | 129.1           | 26.3             | 78.7 | 1.9  | ξ             |
|          |       |        |         |          |                  |               |             |               |        |              |      |                  |       | ,     |                  |                 |                  |      |      | FLOWCHART     |
|          |       | Ì2-00  |         |          | on               |               | 02          | ma            | K      |              |      | 8 lit            |       |       |                  |                 |                  |      |      | 27            |
|          |       |        |         |          |                  |               |             |               |        |              |      |                  |       |       |                  |                 |                  |      |      |               |
| -        | _     |        |         |          |                  |               |             |               |        |              |      |                  | _     |       |                  |                 |                  |      |      | -             |
|          |       |        |         |          |                  |               |             |               |        |              |      |                  |       |       |                  |                 |                  | 1    |      |               |

RECEIVED THE PATIENT FROM OF MT: 15.05
OF DRINE: SHOW

### **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**

Br-Brisk

SI-Sluggish

∩-∆hsent

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

**CAPILLARY REFILL** 

### **MOTOR ARMS/LEGS**

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

### PUPILS SCALE (mm)

| • |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|   |   |   |   |
|   | 5 | 6 |   |
|   |   |   |   |
|   | 7 | 8 |   |

### **PUPILS REACTION**

| Br-Brisk    |
|-------------|
| SI-Sluggish |
| O-Absent    |

### **CARDIOVASCULAR**

| O-Absciit    |
|--------------|
| HEART SOUNDS |
| S1 S2        |
| M-Murmur     |
| Rb-Rub       |

G-Gallop SM-Sound muffled

### **EDEMA**

D-Dependent G-Generalised O-Absent

### **NECK VEINS**

JVP N-Normal In-Increased

### VALVE CLICK/ SHUNT NUMBER

Valve Replaced / Shunt +Present O-Absent

### **PULMONARY**

| WORK OF BREATHING                                 | • |
|---|---|
| Ab-Abdominal<br>TA-Thoraco-abdomial<br>L-Laboured |   |

| BREATH SOUNDS   | SECRETIONS   | CHARACTER   |
|---|--|---|
| CL-Clear<br>Ro-Ronchi<br>Wh-Wheezes<br>CR-Crackles<br>BECL-Bilat<br>equal & clear | COLOUR<br>CL-Clear<br>Y-Yellow<br>W-White<br>Pk-Pink | M-Moderate<br>Sc-Scanty<br>Th-Thin<br>Tk-Thick<br>Cs-Copious<br>R-Red |

### **GASTROINTESTINAL**

| BOWEL SOUNDS | NGT POSITION  |
|--------------|---------------|
| +Present     | Air injected  |
| O-Absent     | +Heard in Abd |
|              | O-Absent      |

GA-Gastric contents aspirated Dr-Dependent Drainage

SUCTION

N-Nasal

Or-Oral

ET-Endotracheal

### **ABDOMINAL TONE**

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

### **LIVERSIZE**

N-Normal E-Enlarged

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







|           | Mr.RAJASINGH P<br>59/Malc/MHI202381562 | MHI/ICU/2022/076 |                  |              |            |  |  |
|-----------|--|------------------|------------------|--------------|------------|--|--|
| Name      | 08/01/2024/IPH2024000068               | Ī                |                  | •            | Sheet No.  |  |  |
| UHID No   | Dr.Anbarasu mohanraj                   |                  | Age              | Sex          | <b>©</b>   |  |  |
| Blood Gro | Dup Height 161                         |                  | Weight<br>イギャッシャ | BSA<br>1-86m | - <b>A</b> |  |  |

SURGICAL PROCEDURE:

Medway Hospitals

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

DATE OF SURGERY: 10 1 24

POST-OP DAY: DOS

| 30110   | IICAL PR | COLDO | /I \L.   |                  |               |        |               | ואט    | L 01 3 | ONGLIN | · 10             | 1/24  |       |                  | /31-OF          | DAT.             | 07           |     |
|---------|----------|-------|----------|------------------|---------------|--------|---------------|--------|--------|--------|------------------|-------|-------|------------------|-----------------|------------------|--------------|-----|
|         |          |       |          |                  |               | VENTIL | ATORS P       | ARAMET | ERS    |        |                  | ,     |       |                  | BLOOD           | GAS              |              |     |
| DATE    | TIME     | MODE  | RATE     | PRESS<br>SUPPORT | PEAK<br>PRESS | PEEP   | MEAN<br>PRESS | M∨     | ITV    | ETV    | FiO <sub>2</sub> |       | pН    | PCO <sub>2</sub> | PO <sub>2</sub> | HCO <sub>2</sub> | SAT%         | BE  |
| 11/1/24 | 01.00    |       | 00       |                  | 02            |        | mask          |        |        |        | 81¥              |       |       |                  |                 |                  |              |     |
|         |          |       |          | ,                |               |        | _             |        |        |        |                  |       |       |                  |                 |                  |              |     |
|         | 05.00    |       | <u> </u> |                  | Nas           | e)     | pgt           | orgs   |        |        | 4 lit            |       |       |                  |                 |                  |              |     |
|         |          |       | _        |                  |               |        |               |        |        |        |                  | 6.30. | 7.470 | 34.7             | 80.8            | 24.7             | 96.6         | 1.0 |
|         |          |       |          |                  |               |        |               |        |        |        |                  |       |       |                  |                 | <u> </u>         | <del> </del> |     |
|         |          |       |          |                  |               |        |               |        |        |        |                  |       |       |                  |                 |                  |              | _   |
|         |          |       |          |                  |               |        |               |        |        |        |                  |       |       |                  |                 |                  |              |     |
|         |          |       | <u> </u> |                  |               |        |               |        |        |        |                  |       |       |                  |                 | <u> </u>         |              |     |

### **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**

Br-Brisk

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

**CAPILLARY REFILL** 

### **MOTOR ARMS/LEGS**

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

### **PUPILS SCALE (mm)**

| • | • |          |
|---|---|----------|
| 1 | 2 | 3 4      |
|   |   |          |
|   | 5 | <u>6</u> |
|   |   |          |
|   | 7 | 8        |

### **PUPILS REACTION**

| Br-Brisk    |   |
|-------------|---|
| SI-Sluggish | 1 |
| O-Absent    |   |

### **CARDIOVASCULAR**

**EDEMA** 

| SI-Sluggish<br>O-Absent |
|-------------------------|
| HEART SOUNDS<br>S1 S2   |
| M-Murmur                |
| Rb-Rub                  |
| G-Gallop                |
| SM-Sound muffled        |

**D-Dependent** 

G-Generalised O-Absent

NECK VEINS JVP N-Normal In-Increased

### VALVE CLICK/ SHUNT NUMBER

Valve Replaced / Shunt +Present O-Absent

( )

### **PULMONARY**

| WORK OF BREATHING   | SUCTION         |
|---------------------|-----------------|
| Ab-Abdominal        | ET-Endotracheal |
| TA-Thoraco-abdomial | N-Nasal         |
| L-Laboured          | Or-Oral         |

| BREATH SOUNDS   | SECRETIONS   | CHARACTER   |
|---|--|---|
| CL-Clear<br>Ro-Ronchi<br>Wh-Wheezes<br>CR-Crackles<br>BECL-Bilat<br>equal & clear | COLOUR<br>CL-Clear<br>Y-Yellow<br>W-White<br>Pk-Pink | M-Moderate<br>Sc-Scanty<br>Th-Thin<br>Tk-Thick<br>Cs-Copious<br>R-Red |

### **GASTROINTESTINAL**

**NGT POSITION** 

Air injected

**BOWEL SOUNDS** 

+Present

**LIVERSIZE** 

N-Normal

E-Enlarged

| O-Absent   | +Heard in Abd O-Absent GA-Gastric contents aspirated Dr-Dependent Drainage |
|--|--|
| ABDOMINAL TONE So-Soft F-Firm Tn-Tender Ob-Obese D-Distented | GASTRIC RESIDUAL G-Green B-Bleeding Y-Yellow C-Coffee ground               |

CRCABX 3 GRAFGS

LIMA —7 [AD]

SVG —) LASTOM & PDA [SEQ]







| Name 08/01/2024/IPH2024000068  Dr.ANBARASU MOHANRAJ  UHID No. Sex 3 |             | Mr.RAJASINGH P 59/Malc/MHI202381562 | 7    | М   | HI/ICU/2022/076 |
|---|-------------|-------------------------------------|------|-----|-----------------|
| OHID No. Sex  | Name        | 08/01/2024/IPH2024000068            | <br> |     | Sheet No.       |
| Blood Group I Deight BSA  | UHID No.    | DEANBARASU MOHANRAJ                 | 9    | Sex | 3)              |
| Othe bicm Hasing 1.86m2 A   | Blood Group | Ligigin                             | 1.   | a_  | Α               |

SURGICAL PROCEDURE:

DATE OF SURGERY: 10 1 2A

POST-OP DAY:

| SURG  | ICAL PR | OCEDU | KE:<br>      |                  |               |        |               |          |          | JRGERY   | : 10/1           | 12A_ |    | PC               | OST-OP [        |      |      |    |
|-------|---------|-------|--------------|------------------|---------------|--------|---------------|----------|----------|----------|------------------|------|----|------------------|-----------------|------|------|----|
| DATE  |         |       | <del> </del> | _                | T.            | VENTIL | ATORS P       | ARAMET   | ERS      | ı        | 1                |      |    | 1                | BLOOD           | GAS  | 1    |    |
| DATE  | TIME    | MODE  | RATE         | PRESS<br>SUPPORT | PEAK<br>PRESS | PEEP   | MEAN<br>PRESS | MV       | , ITV    | ETV      | FiO <sub>2</sub> |      | pН | PCO <sub>2</sub> | PO <sub>2</sub> | HCO₂ | SAT% | BE |
| 11/24 | 0400    |       | <i>ο</i> λ   |                  | Nasa          | }      | Prong         | 78       | _        |          | 4-lit            |      |    |                  |                 |      |      |    |
|       |         | _     |              |                  |               |        |               | <u> </u> | _        | i        |                  |      |    |                  |                 |      |      |    |
|       |         |       |              |                  |               |        | ,             |          |          |          |                  |      |    |                  |                 |      |      |    |
|       |         |       |              |                  |               |        |               |          |          |          |                  |      |    |                  |                 |      |      |    |
|       |         |       | _            |                  |               |        |               |          |          |          |                  |      |    |                  |                 |      |      |    |
|       |         |       |              |                  |               |        |               |          |          |          |                  | _    |    |                  |                 |      |      |    |
|       |         |       |              |                  |               |        |               |          | <u> </u> |          |                  |      |    |                  |                 |      |      |    |
|       |         |       |              |                  |               |        |               |          | · ·      |          |                  |      |    |                  |                 |      |      |    |
|       |         |       |              |                  |               |        |               |          |          |          |                  |      |    | <u> </u>         |                 |      |      |    |
|       |         |       |              |                  |               |        | <del></del>   |          |          | <u> </u> |                  |      |    |                  |                 |      |      |    |

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**CAPILLARY REFILL** 

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## **PUPILS SCALE (mm)**

| • | • |     |
|---|---|-----|
| 1 | 2 | 3 4 |
|   |   |     |
|   | 5 | 6   |
|   |   |     |
|   | 7 | 8   |

## **PUPILS REACTION**

| Br-Brisk    |
|-------------|
| SI-Sluggish |
| O-Absent    |

## **CARDIOVASCULAR**

# SI-Sluggish O-Absent **HEART SOUNDS**

Br-Brisk

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

## **EDEMA**

N-Normal

In-Increased

D-Dependent G-Generalised O-Absent

# NECK VEINS VALVE CLICK/ SHUNT NUMBER

Valve Replaced / Shunt +Present O-Absent

#### **PULMONARY**

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|---------------------|-----------------|
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| TA-Thoraco-abdomial | N-Nasal         |
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### **GASTROINTESTINAL**

+Present O-Absent

## **ABDOMINAL TONE**

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

## **LIVERSIZE**

N-Normal E-Enlarged

## **NGT POSITION**

Air injected +Heard in Abd O-Absent

GA-Gastric contents aspirated Dr-Dependent Drainage

# GASTRIC RESIDUAL

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

| Chantilla | Name      | 59/Mulc/MHI202381562<br>08/01/2024/IPH2024000068 | ]'-  |        |               |
|-----------|-----------|--|--|--------|---------------|
| Sheet No. | UHID No.  | DI.ANBARASU MOHANRAJ                             | <u>                                     </u> | Age    | Sex           |
| В         | Blood Gro | Up Othe  | Height                                       | Weight | BSA<br>1.86 m |





MHI/ICU/2022/076



|               |         | _    |       | BIOCH | EMISTRY     |       |        |                   |                  | VITA             | L PARA      | METERS | 5      |                     |      | CARDI | AC ASSIST | DEVICE   |              |
|---------------|---------|------|-------|-------|-------------|-------|--------|-------------------|------------------|------------------|-------------|--------|--------|---------------------|------|-------|-----------|----------|--------------|
| DATE          | TIME    | НЬ   | Na    | К     | Ca<br>SUGAR | BLOOD | TIME   | ETCO <sub>2</sub> | BREATH<br>SOUNDS | Sao <sub>2</sub> | RR/MT       | N₁BP   | TEMP°F | Abd <sup>om</sup> G | TIME | IABP  | 1         | PACEMAKE | R SETTING    |
| 10 01<br>2024 | 15.10   | 13.0 | 138   | 3.65  | 1.09        |       | 15.05  |                   |                  | 96%              | Simy<br>'14 |        |        |                     |      | RATIO | DURATION  | RATE     | MODE         |
|               |         |      |       |       |             |       | 16.00  |                   | cl               |                  | 14/mt       |        | 43.1°E |                     |      |       |           |          | _            |
|               |         |      |       |       |             |       | 17.00  |                   | d                | a=1              | 14/et       |        |        | _                   |      |       |           |          | _            |
| _             | ره. پاک | 13.1 | . 136 | 3.61  | 106         |       | 12.00  |                   | cl               | <u>041.</u>      | 13/mt       |        |        |                     |      |       |           |          | Λ <b>1</b> 0 |
|               |         |      |       |       |             |       | 19.00  |                   | e\               | aay.             | 15/04       |        |        |                     |      |       |           |          | You ar       |
|               |         |      |       |       | A4          |       | 20.00  |                   | cl               | agr.             |             |        | 94.69  | -                   |      |       |           |          |              |
| _             | 21.15   | 13.2 | 138   | 3.91  | 0.95        |       | Q 1°°° |                   | را               | 99-1.            | Junt        |        |        |                     |      | ı.    |           |          |              |
|               |         |      |       |       |             |       | 22.00  | _                 | cl               | (00%             | 20mt        |        |        |                     |      |       |           |          |              |
|               |         |      |       |       |             | ,     | 93.00  |                   | ol               | ₹ <i>00`/</i> .  | 17m+        |        |        |                     |      |       |           |          |              |
|               |         |      |       |       |             |       | 0000   |                   | cl               | 100%             | limi        |        |        |                     |      |       |           |          | _            |
|               |         |      |       |       |             |       |        |                   |                  |                  |             |        |        |                     |      |       |           |          |              |
|               |         |      |       |       |             |       |        |                   |                  |                  | ļ<br>1      |        |        |                     |      |       |           |          |              |

18:00 HE GOT FORM MODER ALL RIMBS

|                   | SHIFT             | DAY | EVE              | NING   | Nic            | 3HT                              |
|-------------------|-------------------|-----|------------------|--------|----------------|----------------------------------|
|                   | TIME              |     | 5.05             | 16.00  | 22.00          | 00.00                            |
|                   | EYES              |     | Ĉ                | A      | И              | 4                                |
| NEURO             | VERBAL            |     | <u>(1</u> p      | 13     | 5              | 5                                |
| N N               | MOTOR             |     | cp               | 3      | G              | B                                |
|                   | ARMS R/L          |     | CD.              | #8     | St             | SŁ                               |
|                   | LEGS R/L          | _   | ıρ               | 8F     | S <del>†</del> | St                               |
| PUPILS            | R.SIZE/REACTIION  |     | 3/131            | 3/199  | 3/BR           | <sup>न्</sup> र्वे <del>८१</del> |
| PUF               | L.SIZE/REACTION   |     | <u>কু</u><br>স্থ | 3/87   | 3(80c          | 3 BR                             |
| Ä                 | HEART SOUNDS      |     | 9152             | 3192   | SISE           | - 5, <u>5</u> 5                  |
| CULL              | VALVE CLICK       | _   |                  | ١      |                | ,                                |
| CARDIO-VASCULAR   | CAPILLARY REFILL  |     | Bi               | BI     | Br             | BR                               |
| RDIO              | EDEMA             |     | 0                | 0      | 0              | 0                                |
| S                 | NECK VEINS        |     | 7                | 7      | ₽<br>P         | ০                                |
| ARY               | WORK OF BREATHING |     | 7A               | 90     | TA             | T <del>9</del>                   |
| PULMONARY         | SUCTION           |     | 1                | -      |                |                                  |
| PUL               | SECREATIONS       |     | 1                | 1      |                |                                  |
| Ar                | BOWEL SOUNDS      |     | +                | +      | ÷              | +                                |
| STIN              | ABDOMINAL TONE    |     | So               |        | S              | S                                |
| NTE               | N/G POSITION      |     | inidu            | INSTSU | TUC            |                                  |
| GASTRO INTESTINAL | GASTRIC RESIDUAL  |     | 4                | c      |                |                                  |
| GAS               | LIVER             |     | N                | 2      | w              | 2                                |

|   | Nic                  | GHT            |   |         | SHIFT              | D/ | AY | EVE             | <br>NING     | NIC          | 3HT          |
|---|----------------------|----------------|---|---------|--------------------|----|----|-----------------|--------------|--------------|--------------|
| ) | 22.00                | 00.00          |   |         | DESCRIP.OF URINE   |    |    | 4               | cl           | ol           | cı           |
|   | И                    | 4              |   | G.U.    | PD - FUNCTION      |    |    | -               |              |              |              |
|   | 5                    | 5<br>6         |   | 9       | DRAINAGE           |    |    | ı               | í            |              |              |
|   | G<br>St              | S <del>t</del> |   |         | PD - SITE          |    |    | į               | 1            |              |              |
|   | St                   | St             |   |         | COLOUR             |    |    | Û               | <del>-</del> |              |              |
|   | 3/BR                 | 7 <u>4</u> BP  |   |         | Sx WOUND-CHEST     |    |    | T               | را           | d            | cſ           |
| _ | 3(BO                 | 3 BR           |   |         | LEG                |    |    | 5               | cl           | ol           | cl           |
| • | SISE                 | -9197          | - | SKN     | DRESSING           |    |    | ō               | 01           | OT           | <i>ЭТ</i>    |
|   | -Br                  | 32             |   |         | PRESSURE SORE-SITE |    |    | اللا            | Nil          | ا، وم        | હ્ય          |
| _ | 0                    | 0              |   |         | AREA               |    | ,  | į               |              |              |              |
|   | 2                    | ર              |   |         | DRESSING CONDITION |    |    | Ţ               | -            |              |              |
|   | TA                   | T4             |   |         | POSITION CHANGE    | _  |    | CS <sub>I</sub> | 024          | azit         | Q2H          |
|   | <u> </u>             |                |   | MISCELL | CHEST-PHYSIO       |    |    | Buc             | Andia<br>Ch  | SPIRO        | Neb<br>SPIRO |
|   |                      |                |   | MIS     | ACTIVITY           |    |    | СР              | γ.ε<br>2     | A CO         | PE           |
|   | +                    | 4 <            |   |         |                    |    | -  | A13p<br>CUp     | PER          | ABP          | ABP          |
| Ù | 5<br>T <sup>3(</sup> | S              |   |         | S/N NAME           |    | -  | -               | 0 (6         | AROW         | Apur         |
|   | 10                   |                |   |         | TIME               |    |    | 15.05           | 16.00        | <b>23.00</b> | 00.00        |
|   | W                    | 2              |   |         | SIGNATURE          |    |    | 5.05            | Jan          | 2            | 2            |

59/Malc/MHI202381562

08/01/2024/IPH2024000068 Name

Dr.Anbarasu mohanraj UHID No.

10 BELL 1881 KERLINGG KERLINGG KERLINGG KERLINGG KERLINGG Age Blood Group Height В Othe

Sheet No.

Weight BSA 161cm FASRS 1.86m

Sex





MHI/ICU/2022/076



|         |      |              |     | BIOCH    | EMISTRY     |       |       |                   |                  | VITA | L PARAI | METER | s         |                     |      | CARDIA | AC ASSIST | DEVICE   |          |
|---------|------|--------------|-----|----------|-------------|-------|-------|-------------------|------------------|------|---------|-------|-----------|---------------------|------|--------|-----------|----------|----------|
| DATE    | TIME | Hb           | Na  | К        | Ca<br>SUGAR | BLOOD | TIME  | ETCO <sub>2</sub> | BREATH<br>SOUNDS | Sao  | RR/MT   | N,BP  | TEMP°F    | Abd <sup>∞™</sup> G | TIME | JABP   |           | PACEMAKE | RSETTING |
|         |      |              |     |          |             | -     | 01.00 |                   |                  |      | 23mt    |       |           |                     |      | RATIO  | DURATION  | RATE     | MODE     |
|         |      |              |     |          |             |       | 02.00 | -                 | લ                | 60.  | 1       |       |           |                     |      |        |           |          |          |
|         |      |              |     |          |             |       | 03-00 |                   | c۱               |      | 18mt    |       | <u>  </u> |                     |      |        | ,         | _        |          |
|         |      | <del> </del> |     |          |             |       | oktoo | _                 | cl               | 100% | 19mt    |       |           |                     |      |        |           |          | <u></u>  |
|         |      |              | -   | <u> </u> |             |       | 05.00 |                   | c (              | 100% | 212     |       |           |                     |      |        |           |          |          |
|         |      | _            |     |          |             |       | 06.00 |                   | ور               | 947  | 2 Hmt   |       | 94.99     |                     |      | _      |           |          |          |
| 11/1/24 | 6.30 | ルフ           | 134 | 3.68     | 1.01<br>158 |       | 07.00 | _                 | cl               | 97%  | 23m+    | -     |           |                     |      |        |           |          |          |
|         |      |              |     |          |             |       |       |                   |                  |      |         |       |           |                     |      |        | _         | _        |          |
|         |      |              |     |          |             |       |       |                   |                  |      |         |       |           |                     |      | _      | _         |          |          |
|         |      |              |     |          |             |       |       |                   |                  |      |         |       |           |                     |      |        |           |          | <b>.</b> |
|         | _    |              |     |          |             |       |       |                   |                  |      |         |       |           |                     |      |        |           |          |          |
|         |      |              |     |          |             |       |       |                   |                  |      |         |       |           |                     |      |        |           |          |          |

|                   | SHIFT             | DAY | EVENING | NIGHT |
|-------------------|-------------------|-----|---------|-------|
|                   | TIME              |     |         | #H:00 |
|                   | EYES              |     |         | 4     |
| NEURO             | VERBAL            |     |         | *     |
| NEL               | MOTOR             |     |         | 6     |
|                   | ARMS R/L          |     |         | St    |
|                   | LEGS R/L          |     |         | st    |
| ILS               | R.SIZE/REACTIION  |     |         | 3/BR  |
| PUPILS            | L.SIZE/REACTION   |     |         | 3/BR  |
| J.R.              | HEART SOUNDS      |     |         | SiSz  |
| CULY              | VALVE CLICK       |     |         |       |
| CARDIO-VASCULAR   | CAPILLARY REFILL  |     |         | Be    |
| RDIO              | EDEMA             |     |         | 0     |
| ζ                 | NECK VEINS        |     |         | N     |
| ARY               | WORK OF BREATHING |     |         | TA    |
| PULMONARY         | SUCTION           |     |         |       |
| PUL               | SECREATIONS       |     |         |       |
| <br>   <br>       | BOWEL SOUNDS      |     |         | 1     |
| STIN,             | ABDOMINAL TONE    |     |         |       |
| INTE              | N/G POSITION      |     |         |       |
| GASTRO INTESTINAL | GASTRIC RESIDUAL  |     |         |       |
| GAS               | LIVER             |     |         | 2     |

|         | SHIFT              | DAY | ′ E\ | /ENING | NIC | 3HT   |
|---------|--------------------|-----|------|--------|-----|-------|
|         | DESCRIP.OF URINE   |     |      |        |     | cl    |
| G.U.    | PD - FUNCTION      |     |      |        |     |       |
|         | DRAINAGE           |     |      |        |     |       |
|         | PD - SITE          |     |      |        |     |       |
|         | COLOUR             |     |      |        |     |       |
|         | Sx WOUND-CHEST     |     |      |        |     | cl    |
|         | LEG                |     |      |        |     | d     |
| SKN     | DRESSING           |     |      |        |     | 01    |
|         | PRESSURE SORE-SITE |     |      |        |     | PII   |
|         | AREA               |     |      |        |     |       |
|         | DRESSING CONDITION |     |      |        |     |       |
|         | POSITION CHANGE    |     |      |        |     | 824   |
| MISCELL | CHEST-PHYSIO       |     |      |        |     | 2000  |
| MIS     | ACTIVITY           |     |      |        |     | P F2  |
| _       |                    |     |      |        |     | ABP   |
|         | S/N NAME           |     |      |        |     | Apoil |
|         | TIME               |     |      |        |     | 24.00 |
|         | SIGNATURE          |     |      |        |     | 9     |

59/Malc/MHI202381562 08/01/2024/IPH2024000068

Height

Dr.ANBARASU MOHANRAJ

UHID No.

Blood Group В Othe

Name

Sheet No.

Sex

Weight BSA 1. Som 161cm 77.50g

Medway Hospitals
The way to better health
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MHI/ICU/2022/076



|          |      |    |    | ВІОСН | EMISTRY     |       |        |       |                  | VITA             | L PARA    | METER       | 3         |                    |      | CARDI | AC ASSIST | DEVICE   |           | 7  |
|----------|------|----|----|-------|-------------|-------|--------|-------|------------------|------------------|-----------|-------------|-----------|--------------------|------|-------|-----------|----------|-----------|----|
| DATE     | TIME | Hb | Na | к     | Ca<br>SUGAR | BLOOD | TIME   | ETCO, | BREATH<br>SOUNDS | Sao <sub>2</sub> | RR/MT     | N.BP        | TEMP°F    | Abd <sup>∞</sup> G | TIME | IABP  |           | PACEMAKE | R SETTING | 1  |
| 1 1 - 10 | =    |    |    |       | SUGAR       |       |        | 1.002 | SOUNDS           |                  |           |             | ,=,,,,    |                    |      | RATIO | DURATION  | RATE     | MODE      | ┨  |
| 11/1/24  |      |    |    | ,     |             |       | 8.00   |       | 01               | 97%              | 21m4      |             |           |                    |      |       |           |          | _         |    |
|          |      |    |    |       |             |       | 9100   |       | U_               | ati              | admit     |             | 91.15     | ).<br>             |      |       |           |          |           |    |
|          |      |    |    |       |             |       | DO:00  |       | J                | 95%              | නුව න     | -           |           |                    |      |       |           |          |           | ], |
|          |      |    |    |       |             |       | 00:71  |       | u                | 001              | aym       | 7.          |           |                    |      |       |           |          |           |    |
|          | _    |    |    |       |             |       | 13:00  |       | \J               | 100%             | aulat     | 030         | (a)       |                    |      |       |           | <u> </u> | _         |    |
|          | _    |    |    |       |             |       | 1300   |       | Jean             | 1001             | 22 b/m    | 12260       | 1)q4.9.jf |                    |      |       |           |          |           |    |
|          |      | ,  |    |       |             |       | 14:00  |       | Gross            | 95%              | DIX1      | 1308        | 1         |                    |      |       |           |          |           |    |
|          |      |    |    |       |             |       | 12:00  |       | clease           | 95%              | 22<br>61m | 110<br>4008 | P         |                    |      |       |           |          |           |    |
|          |      |    |    |       |             |       | 16:00  |       | deson            | 95%              | 24<br>blm | 104         |           |                    |      |       |           | <u>-</u> |           |    |
| _        |      |    |    |       |             |       | 17:00. |       | clean            | 96-4             | 22        | 11 Co       | <b>a</b>  |                    |      |       |           |          | `         |    |
|          |      |    |    |       |             |       |        | _     |                  |                  |           |             |           |                    |      |       |           |          |           |    |
|          |      |    |    |       |             |       |        |       |                  |                  |           |             |           |                    |      |       |           |          |           |    |

|                   | SHIFT             | D,       | AY             | EVE        | NING | NIC | GHT |
|-------------------|-------------------|----------|----------------|------------|------|-----|-----|
|                   | TIME              | 9:00     | là:00          | ر<br>سيطا( |      |     |     |
|                   | EYES              | 7        | 4              | •          |      |     |     |
| NEURO             | VERBAL            | \$       | 5              |            |      |     |     |
| Ä                 | MOTOR             | ٥        | Ь              |            |      |     |     |
|                   | ARMS R/L          | st       | S <del>7</del> |            |      |     |     |
|                   | LEGS R/L          | 37       | á)-            |            |      |     |     |
| PUPILS            | R.SIZE/REACTIION  | 3/82     | <u> </u>       |            | _    |     |     |
| PUF               | L.SIZE/REACTION   | 3/130    | 3/80           |            |      |     |     |
| 格                 | HEART SOUNDS      | 3152.    | 3132           |            |      |     |     |
| CUL               | VALVE CLICK       |          |                |            |      |     |     |
| CARDIO-VASCULAR   | CAPILLARY REFILL  | 130      | <b>B</b> 6     |            |      |     |     |
| RDIC              | EDEMA             |          | ·-             |            |      |     |     |
| ර්                | NECK VEINS        |          |                |            |      |     |     |
| ARY               | WORK OF BREATHING |          | •              |            |      |     |     |
| PULMONARY         | SUCTION           |          | _              |            |      |     |     |
| In.               | SECREATIONS       |          | _              |            |      |     |     |
| <br>              | BOWEL SOUNDS      | +        | 4-             |            |      |     |     |
| STIN              | ABDOMINAL TONE    | 30       | 30             |            |      |     |     |
| NTE               | N/G POSITION      | -        | -              |            |      |     |     |
| GASTRO INTESTINAL | GASTRIC RESIDUAL  |          |                |            |      |     |     |
| GAS               | LIVER             | <u> </u> | N              |            |      |     |     |

|         | SHIFT              | D.       | AY    | EVE               | NING | NIC      | 3HT |
|---------|--------------------|----------|-------|-------------------|------|----------|-----|
|         | DESCRIP.OF URINE   | 2        | 4     | d                 | 1    |          |     |
| Gʻʻ.    | PD - FUNCTION      | 1        | _     |                   |      |          |     |
|         | DRAINAGE           | -        | 1     | ł                 |      |          |     |
|         | PD - SITE          | l        | _     |                   |      |          |     |
|         | COLOUR             | ļ        | -     | J                 |      |          |     |
|         | Sx WOUND-CHEST     | 3        | ¥     | d                 |      |          |     |
|         | LEG                | 7        | J     | 1                 |      | ,        |     |
| SKN     | DRESSING           | i        | _     |                   |      |          |     |
|         | PRESSURE SORE-SITE | ı        | -     | -                 |      |          |     |
|         | AREA               | l        | _     | 1                 |      |          |     |
|         | DRESSING CONDITION | 1        |       | }                 |      |          |     |
|         | POSITION CHANGE    | P21+     | P2H   | <b>Q1H</b>        |      |          |     |
| MISCELL | CHEST-PHYSIO       | 223      | NEB . | abibo<br>SER:     |      |          |     |
| MIS     | ACTIVITY           | pe<br>pe | 125   | PF                |      | <u> </u> |     |
|         |                    | Cup      | AMPEP | 1/18P             |      |          |     |
|         | S/N NAME           | Maho     | Maho  | - Marie - Control |      |          |     |
|         | TIME               | 8:00     | 12:00 | 16.6              |      |          |     |
|         | SIGNATURE          |          | Di.   |                   |      |          |     |

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| Name 08/01/2024/IPH2024000068  Dr.ANBARASU MOHANRAJ  UHID No.  Blood Group  Height  Weight  BSA  C | •           | Mr.RAJASINGH P<br>59/Malc/MH1202381562  |          |               | М                      | HI/ICU/2022/076 |
|--|-------------|---|----------|---------------|------------------------|-----------------|
| UHID No.   | Name        |   |          | <del></del> - |                        | Sheet No.       |
| Blood Group  Height Weight BSA  C    blcm = 7.5   ce   1.86 m <sup>2</sup>                         | UHID No.    | II AH IBI IN HALIMIN HALIMIN HALIMIN HA | <u> </u> | је            | Sex                    | 1               |
|  | Blood Group | (7.)                                    | Height   | 1             | BSA 1.86m <sup>2</sup> | . С             |

|       |       | UR         | INE   |        | CI     | EST D | RAINAG | E    |             | GAS  | TRIC  | LAB S           | AMPLE       |                 | VOL          | DHE         | NF     | <u>, /o∙∕AY</u><br>UŞIONS | 3    |   |
|-------|-------|------------|-------|--------|--------|-------|--------|------|-------------|------|-------|-----------------|-------------|-----------------|--------------|-------------|--------|---------------------------|------|---|
| DATE  | TIME  | AMT        | TOTAL | RT.PL. | LT.PL. | MED   | PERIC  | HR.T | G.T.        | AMT. | TOTAL | AMT.            | TOTAL       | TOTAL<br>OUTPUT |              | Pos         |        | NORAD<br>4 50             |      |   |
| 10/01 | 15.05 |            |       |        |        |       |        |      |             |      |       |                 |             |                 |              |             | ర్డ్ ర |                           | WIRP | , |
|       | 16.00 | 150        | 16°   |        |        | 60    |        | 50   | 50          |      |       | 7.0             | 7.0         | 700             | KABII<br>200 | 1.5         | 6.0    | l                         | 1:0  |   |
|       | 3.00  | 50         | 200   |        |        |       |        |      | 50          |      |       |                 | 70          | JAF             | 100          | 300         | ľ      | 2.0                       | 4.0  |   |
|       | 18.00 | <b>1</b> K | J75   |        |        | 20    |        | 20   | 70_         |      |       |                 | J.0         | 352             | 200          | 500         | 50     | 2.0                       | 4.0  |   |
|       | 19.00 | 160        | A26   |        |        | 20    |        | ನಂ   | 90          |      |       |                 | <u> 4.0</u> | 522             | KAB<br>100   | LYTE<br>600 | 5.0    | 2.0                       | 40   |   |
|       | 20.00 | 200        | 625   |        |        | AO    |        | teo  | 130         |      |       | _               | 7.0         | 762             | 100          | 700         | 5.0    | 2.0                       | _    |   |
|       | 21.00 | [10        | 135   | 1      |        | 20    |        | 20   | 150         |      |       | 1.0             | 8.0         |                 | 00           | 800         | 5.0    | 2.0                       |      |   |
|       | 22.00 |            | Nay   |        |        | 20    |        | 20   | 170         |      | _     | · <del></del> - | 8.0         | 1172            | 100          | 900         | 5.0    | 2.0                       |      |   |
|       | 23.00 | 180        | 1115  |        |        | 20    |        | 20   | <b>।</b> ९७ |      |       |                 | 4. O        |                 | 100          | 1000        | 5.0    | 20                        |      |   |
|       | 0000  | 200        | 1315  |        |        | 10    |        | (0   | 200         |      |       |                 | g. o        | 1523            | 100<br>KUBIL | 1100        | 415    | 2.0                       |      |   |

# SPECIFIC OBSERVATIONS/PROBLEMS

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

des: 113 de at 15.10

| <b>GENITOURINARY</b> ( | GU) |
|------------------------|-----|
|------------------------|-----|

| GI   | ENITOURINARY (GU)  |  |  | SKIN  |   |
|--|--|--|--|---|---|
|  | PD   |  | COLOUR   | SURGICAL (SX) WOUND   | DRESSING  |
| URINE  | FUNCTION   | DRAINAGE   | Pk-Pink<br>F-Flushed<br>P-Pale   | C-Clean<br>Oz-Oozing<br>G-Gaping  | B-Betadine<br>Al-Antibiotic<br>Irrigation   |
| CL-Clear<br>T-Turbid<br>Stained  | Dr-Draining<br>B-Blocked   | CL-Clear<br>BS-Blood   | Cy-Cyanotic<br>M-Mottled<br>D-Dusky  | Op-Open<br>I-Infected   | migaton   |
| HC-High Coloured   | SITE   |  | J-Jaundice   |   |   |
| BS-Blood Stained<br>HA-Haematuria  | C-Clean<br>R-Redness<br>BD-Block discolora                                       | ion  |  | PRESSURE SORE   |   |
| OISITION CHANGE Su-Supine RL-Right lateral LL-Left Lateral ACTIVITY PE-Passive exercise Am-Ambulated | MISCELLANEOUS  CHEST   V-Vibrate CP-Ches DC-Deep N-Nebuli TRANSI PARAME ABP-Arte | PHYSIO  or  the percussion of breath & cough zer  DUCER ZERO | SITE S-Sacrum Sc-Scapular Oc-Occiput  CONDITION H-Healing SCo-Status quo S-Sloughing                                     | 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 |
|  | PAP-Puľ  | monary Arterial Pressure<br>Arterial Pressure                | O-No redness, sy R-Redness at site Sw-Swelling at si Dr-Draining D/c-Discontinued P-Positional HL-Heparin Lock B-Blocked | velling, no leak, no air<br>e<br>te                                     |   |

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|                  | Mr.kaJaSINGH P<br>59/Male/MHI202381562 |                 |             | M                         | HI/ICU/2022/076 |
|------------------|--|-----------------|-------------|---------------------------|-----------------|
| Name<br>UHID No. | Dr.Anbarasu mohanraj                   | ,               | ge          | Sex                       | Sheet No.       |
| Blood Group      | ) tre                                  | Height<br>161cm | Weight<br>→ | BSA<br>1.86m <sup>2</sup> | . C             |
| -                | <del>-</del> -                         |                 |             |                           |                 |

|         |                   | UR   | INE   |        | Cŀ     | IEST DI | RAINAG | È    |      | GAS  | TRIC  | LAB S | AMPLE |                 | VOL          | JHE. | INF  | USIONS | 3     |       | 1 |
|---------|-------------------|------|-------|--------|--------|---------|--------|------|------|------|-------|-------|-------|-----------------|--------------|------|------|--------|-------|-------|---|
| DATE    | TIME              | AMT  | TOTAL | RT.PL. | LT.PL. | MED     | PERIC  | HR.T | G.T. | AMT. | TOTAL | AMT.  | TOTAL | TOTAL<br>OUTPUT | AMI          | T    | DOPA | 200 AD |       |       |   |
| 11/129  | 01.00             | ردړ٥ | 1465  |        |        | 10      |        | 10   | 210  |      |       |       | 8.0   | 1683            | KABIY<br>(UO | 1200 |      | 2.0    |       |       |   |
|         |                   | 180  | १६५5  |        |        |         |        |      | 210  |      |       |       | 8.0   | 1863            | 100          | 1300 | 3.2  | 2.0    |       |       |   |
|         | 23500             | 160  | 1805  |        |        | 20      |        | 20   | 280  |      |       |       | g-0   | 2043            | 100          | (400 |      | 20     |       | _     |   |
|         | 041 <sup>00</sup> | 200  | 2005  |        |        | (0      |        | (0   | 240  |      |       |       | 80    | 4953            | 100          | 1500 | 2.5  | 2-0    |       |       |   |
|         | 05.00             | 150  | 2155  |        |        | 30      |        | 30   | 270  |      |       |       | 8.0   | 2433.           |              | 1500 | 2.5  | 1.0    |       |       |   |
|         | 06:00             | 100  | 2255  |        |        | 40      |        | 40   | 310  |      |       |       | g-0   | 2573            |              | 1500 | 2.5  |        | 20/50 | \<br> |   |
|         | 07.00             | િછ   | 2355  |        |        | to      |        | ιo   | 320  |      |       | 1.0   | q.0   | 26 <b>8</b> #   |              | 1500 | 2.5  |        | 25.0  |       |   |
| <u></u> |                   |      |       |        |        |         |        |      |      |      |       |       |       |                 |              |      |      |        |       |       |   |
|         |                   |      |       | ,      |        |         |        |      |      |      |       |       |       |                 |              |      |      |        |       | _     |   |
|         |                   |      |       |        |        |         |        |      |      |      |       |       |       |                 |              |      | ,    |        |       |       |   |

## SPECIFIC OBSERVATIONS/PROBLEMS

| DATE | TIME |
|------|------|
|      |      |
|      |      |
|      |      |
|      | 1    |

| G  | BENITOURINART (G  | u)   |  | Oitill                                      |   |
|--|---|--|--|---|---|
|  | PD  |  | <b>COLOUR</b><br>Pk-Pink   | SURGICAL (SX) WOUND<br>C-Clean              | DRESSING B-Betadine   |
| URINE  | FUNCTION  | DRAINAGE   | F-Flushed<br>P-Pale  | Oz-Olean<br>Oz-Oozing<br>G-Gaping           | Al-Antibiotic<br>Irrigation   |
| CL-Clear<br>T-Turbid<br>Stained<br>HC-High Coloured  | Dr-Draining<br>B-Blocked<br><b>SITE</b>   | CL-Clear<br>BS-Blood   | Cy-Cyanotic<br>M-Mottled<br>D-Dusky  | Op-Open<br>I-Infected                       | ingation  |
| BS-Blood Stained<br>HA-Haematuria  | C-Clean<br>R-Redness<br>BD-Block discolo  | pration  | J-Jaundice SITE  | PRESSURE SORE                               | DRESSING / Rx   |
|  | MISCELLANEOUS   |  | S-Sacrum<br>Sc-Scapular  | R-Redness<br>BD-Black discoloration         | IR-Infra Red<br>DU-Dueodem  |
| OISITION CHANGE Su-Supine RL-Right lateral LL-Left Lateral ACTIVITY PE-Passive exercise Am-Ambulated | V-Vibr<br>CP-Cl<br>DC-D-<br>N-Net<br><b>TRAN</b><br>PARA<br>ABP-/<br>RAP-I<br>PAP-F | rator hest percussion eep breath & cough oulizer  ISDUCER ZERO  METER Arterial BP Right Arterial Pressure Pulmonary Arterial Pressure Left Arterial Pressure | CONDITION H-Healing SCo-Status quo S-Sloughing LINES / TUBES O-No redness, s R-Redness at sit Sw-Swelling at s Dr-Draining | condition<br>welling, no leak, no air<br>te | E-Eptoin dressing B-Betadine dressing EU-Eusol sitz bath ST-Sofra Tulle |
|  |   |  | D/c-Discontinued<br>P-Positional<br>HL-Heparin Lock<br>B-Blocked   |   |   |

SKIN

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|             | Mr.RAJASINGH P<br>59/Malc/MHI202381562 |                 | ]               | М             | HI/ICU/2022/076 |
|-------------|--|-----------------|-----------------|---------------|-----------------|
| Name        | 08/01/2024/IPH202400006                | 8               |                 |               | Sheet No.       |
| UHID No.    | Dr.Anbarasu mohanraj                   |                 | ige             | Sex           | 3 .             |
| Blood Group | 0 tre                                  | Height<br>1614m | Weight<br>₹1.50 | BSA<br>1.86m² | C               |

|        |         |     |             |        |        |        |               |       |      |      |       |       | <del>-                                    </del> |                 | <u> </u> | _ ,, | <del>7/                                    </del> |                      |          |     |
|--------|---------|-----|-------------|--------|--------|--------|---------------|-------|------|------|-------|-------|--|-----------------|----------|------|---|----------------------|----------|-----|
|        |         |     |             |        |        |        |               |       |      |      |       |       |  |                 |          |      | 2-8mi   | <i>5</i>             |          |     |
|        |         | UR  | INE         |        | CI     | HEST D | RAINA         | 3E    |      | GAS  | TRIC  | LAB S | AMPLE  | J               | LVOL     | DHE  |   | USIONS               | <u> </u> | _   |
| DATE   | TIME    | AMT | TOTAL       | RT.PL. | LT.PL. | MED    | PERIC         | HR.T  | G.T. | AMT. | TOTAL | AMT.  | TOTAL  | TOTAL<br>OUTPUT | 1        | 301  | DOPPEO  | 105.<br>KCL<br>20/50 |          |     |
| 11/124 | 8.00    | 100 | 100         |        | 20     |        | `             | 20    | 20.  |      |       |       |  | 120             |          |      | 2,5   | 25.0                 |          |     |
|        | D. 100. | 100 | 800         |        | 10     |        |               | 10    | 30-  |      |       |       |  | 230             |          |      | 1:10  | <b>-</b>             |          |     |
|        | 10:00   | 00/ | 300         |        |        |        |               |       | 30   |      |       |       |  | 330             |          |      | -,  |                      |          | -   |
|        | 11:00   | 10  | 310         |        | ನಿಂ    |        |               | 20    | 50   |      |       |       |  | 420             |          |      |   |                      |          |     |
|        | 12.00   | -15 | <u> ૫૫૬</u> | ,      | lo     |        |               | lo    | 60   |      |       |       | ,  | 50s             |          |      |   |                      |          | _   |
|        | 13:00   | 70  | 515.        |        | 70     | JUBE E | Noine 6       | 10.   | 130  |      |       |       |  | 645             | ,        |      |   |                      |          | l   |
|        | 14:00   | 50  | 262         |        |        |        |               |       | 130  |      |       |       |  | 695             |          |      |   |                      |          |     |
|        | 15:00   |     | 635         |        |        |        |               | ,     | 130  |      |       |       |  | 765             |          |      |   |                      | _        |     |
|        | 16:00   | 50  | 685         |        |        | REMO   | DRAIN<br>VED@ | IP:10 |      |      |       |       |  | 815             |          |      |   |                      |          | · · |
|        | 14:100  | 100 | 785         |        |        |        |               |       |      |      |       |       |  | 915.            |          |      | _   |                      |          | _   |

# SPECIFIC OBSERVATIONS/PROBLEMS

| DATE       | TIME  |   |
|------------|-------|---|
| 11/1/24    | 11:10 | ARTERIAL LINE PEMOVEDB (DR-ANBARASU) CHEST DRAIN REMOVED. |
| V- V- V- V |       |   |

# CENTOURINARY (CU)

| GI   | ENITOURINARY (           | GU)   | SKIN                                       |                                     |   |  |  |  |  |  |  |
|--|--------------------------|---|--|-------------------------------------|---|--|--|--|--|--|--|
|  | PD                       |   | COLOUR                                     | SURGICAL (SX) WOUND                 | DRESSING                                  |  |  |  |  |  |  |
| URINE  | FUNCTION                 | DRAINAGE  | Pk-Pink<br>F-Flushed<br>P-Pale             | C-Clean<br>Oz-Oozing<br>G-Gaping    | B-Betadine<br>Al-Antibiotic<br>Irrigation |  |  |  |  |  |  |
| CL-Clear<br>T-Turbid                             | Dr-Draining<br>B-Blocked | CL-Clear<br>BS-Blood  | Cy-Cyanotic<br>M-Mottled                   | Op-Open<br>I-Infected               | iriigation                                |  |  |  |  |  |  |
| Stained<br>HC-High Coloured                      | SITE                     |   | D-Dusky<br>J-Jaundice                      |                                     |   |  |  |  |  |  |  |
| BS-Blood Stained<br>HA-Haematuria                | C-Clean<br>R-Redness     |   |  | PRESSURE SORE                       |   |  |  |  |  |  |  |
| 11/1   lacinatuna                                | BD-Block disco           | oloration   | SITE                                       | AREA                                | DRESSING / Rx                             |  |  |  |  |  |  |
|  | MISCELLANEOU             | S   | S-Sacrum<br>Sc-Scapular                    | R-Redness<br>BD-Black discoloration | IR-Infra Red<br>DU-Dueodem                |  |  |  |  |  |  |
| OISITION CHANGE                                  | CH                       | EST PHYSIO  | Oc-Occiput                                 | BL-Blister<br>SP-Skin Peeling       | E-Eptoin dressing B-Betadine dressing     |  |  |  |  |  |  |
| Su-Supine<br>RL-Right lateral<br>LL-Left Lateral | CP-<br>DC-               | ibrator<br>Chest percussion<br>Deep breath & cough  |  | D-Deep                              | EU-Eusol sitz bath<br>ST-Sofra Tulle      |  |  |  |  |  |  |
| ACTIVITY   | IN-IN                    | ebulizer  | CONDITION                                  |                                     |   |  |  |  |  |  |  |
| PE-Passive exercise<br>Am-Ambulated              | PAF<br>ABF<br>RAF        | ANSDUCER ZERO RAMETER P-Arterial BP P-Right Arterial Pressure P-Pulmonary Arterial Pressure | H-Healing<br>SCo-Status quo<br>S-Sloughing |                                     |   |  |  |  |  |  |  |
|  |                          | P-Left Arterial Pressure  | O-No redness, sw<br>R-Redness at site      |                                     |   |  |  |  |  |  |  |

Sw-Swelling at site
Dr-Draining
D/c-Discontinued
P-Positional

HL-Heparin Lock B-Blocked

|             | Mr.Rajasingh P                             |           |
|-------------|--|-----------|
|             | 59/Mulc/MHI202381562                       |           |
| Name        | 08/01/2024/IPH2024000068                   | Sheet No. |
|             | Dr.ANBARASU MOHANRAJ                       |           |
| UHID No.    | Sex  | 1         |
| Blood Group | Height Weight BSA  THE I bicm 77.50g 1.86m | - D       |
|             | · · · · · · · · · · · · · · · · · · ·      |           |





MHI/ICU/2022/076



Every heart beat counts

|                 | FLU   | IID ASSESSMENT (con |      | ·     |       |       | HAEN   | /IODYNA | MICS   |                    |       |     | _   |     | Bloc | od Gro | oup: | 0+  | ve. |                |    |
|-----------------|-------|---------------------|------|-------|-------|-------|--------|---------|--------|--------------------|-------|-----|-----|-----|------|--------|------|-----|-----|----------------|----|
| DATE            |       | INFUSIONS (contd.   | )    | TOTAL | N/G/  | ORAL  | TOTAL  | TOTAL   | HD/mt  | RYTHYM             | ST    | ADD | MAD | RAP | LAP/ | PERI   | PP   | СО  | CI  | SVR            |    |
| DATE            | TIME  |                     | HISC | TOTAL | AMT.  | TOTAL | INTAKE | BALANCE | LINIII | KIIIIW             | 51    | ABP | MAP | KAP | RAP  | FERI   | R/L  | CO  | G   | SVK            |    |
| id <sup>1</sup> | 15.0F |                     |      |       |       |       |        |         | 75     | Swu                | 0.01  | 134 | 87  | .8  |      | C001   | 4=1  |     |     |                |    |
|                 | 16.00 |                     | מיא  | 13.0  |       |       | ১/3    | 46      | 69     | SINU S             | 0.01  | 125 | 84  | 9   |      | Mrso   | 44   |     |     |                | -  |
|                 | 17.00 |                     | 2.0  | 13.0  |       |       | 326    | +69     | 12     | SIMUS              | .03   | 173 | 89  | 8   |      | WIRE   | 44   |     |     |                |    |
| ٠               | 18.00 | <u> </u>            | 20   | 130   |       |       | 639    | 1187    | 68     | SWU?               | P.08  | 126 | 86  | 7   |      | COLLAN | 14   |     |     | 35             | 50 |
|                 | 19.00 |                     | 2.0  | 13.0  |       |       | 152    | 4130    |        | DIVAZ              | l     | 114 | ह   | 9   |      | cogin  |      |     |     | W.             | 삵  |
|                 | 20.00 |                     | 2.0  | 9.0   |       |       | 761    | -1      |        |                    |       | 116 | g 1 | 5   |      | OUDSTA | ₽₹   | . 1 |     | Q <sub>0</sub> | l  |
|                 | थ.००  |                     | 2-0  | ן ויט |       |       | 870    | -23     | 100    | chu <sub>n c</sub> | 0.01  | 138 | 83> | 4   |      | ubsn   | ++   |     |     |                |    |
|                 | 22.00 |                     | 2.0  | 9.0   | CP1 C |       | 979    | 134     | 99     | GNV5               | 0.02  | 148 | 48  | ٦   |      | Wasn   | ۴۴   |     |     |                |    |
|                 | 23.00 |                     | 2.0  | 90    | 150   | 150   | 1238   | -75     | too    | শ্ৰেক্ষ            | 0.00  | 154 | 104 | 4   | <br> | abon   | ++   |     |     |                |    |
|                 | 0000  |                     | 2.0  | 8.5   | 50    | 200   | 1397   | 126     | 17     | وكدمارى            | ۱۰۰۰) | 40  | 94  | 3   |      | war    | 4 -  |     |     |                | ]  |

STAT DRUGS 18:05 MY MY OPYROLPIE BUI IV SIFI GIVÊN DR. AJECHA PREVIOUS DAY ...... HRS DRAINAGE: TOTAL INTAKE:

**URINE:** 

TØTAL OUTPUT:

**TOTAL BALANCE:** 

|                                       | DAY | EVENING | NIGHT |
|---------------------------------------|-----|---------|-------|
| PATIENT CARE                          |     |         |       |
| BATH                                  |     |         |       |
| ORAL CARE                             |     |         |       |
| EYE CARE                              |     |         |       |
| BACK CARE                             |     |         |       |
| DRESSING/EQUIPMENT                    |     |         |       |
| CHANGED                               |     |         |       |
| WOUND                                 |     |         |       |
| CEN.LINE                              |     |         |       |
| I.V.SET                               |     |         |       |
| TUBINGS                               |     |         |       |
| HUMIDIFIER H2O                        |     |         |       |
| ELECTRODES                            |     |         |       |
| ALARMS VERIFIED                       |     |         |       |
| VENT - HUMIDIFIER                     |     |         |       |
| -SETTINGS                             |     |         |       |
| HRT.RATE                              |     | 184/W   |       |
| B.P.                                  |     | 12A/60  |       |
| · · · · · · · · · · · · · · · · · · · |     | WWHS.   |       |

| DATE | TIME | REMARKS / PLAN |
|------|------|----------------|
|      |      |                |
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|      |      |                |

| INFUSION PU | MPS      |                   |              |                       |          |     |  |
|-------------|----------|-------------------|--------------|-----------------------|----------|-----|--|
| LINES/TUBES | SITE     | INSERTION<br>DATE | DAYS         | INFUSION/<br>DRAINAGE | DAY      | EVE | NIGHT  |
| Fired @ 22  | 8.5      | 10 1 24           | 1            |                       |          | P   | R  |
| NG TUBE     | Þ        | 10/1/24           | 1            |                       |          | P   | P  |
| IJ          | <u> </u> | 10/1/24_          | 1            |                       |          | Р   | P  |
| ART LINE    | RAD      | 10/1/4            | 1            | <u> </u>              |          | ρ   | P  |
| PERI LINE   |          | 10/1/44           | 1            | _                     | ļ        | P   | P  |
| NIXAVI      |          | 10/1/4            | t            |                       |          | P   | P  |
| JR. DOME    | ļ        | 10/1/4            | 1            |                       |          | p   | P  |
| U. CASH     | ļ        | 10/1/01           |              |                       |          | P   | <u> </u>   |
| 3. TNBING   | -        | 10(1(1)4          | 1            |                       |          | Ρ   | P  |
| V. TUBING   |          | wilas             | t            |                       |          | P   | R  |
| ONTUBAG     |          | 10 1 24           | 1            |                       |          | P   | R  |
| MAQUAST VE  | <u> </u> | 10 (1 (NA         | 1            |                       | 1        | P   | R  |
| MEDIA       | 3        |                   | ļ            |                       |          |     | P  |
| PLEURAL     | LI)      | 10/1/04           | 1            |                       |          | P   | P  |
|             |          | ,                 |              | 1                     |          |     | <u> </u>   |
|             |          |                   |              |                       |          |     | -  |
|             |          |                   | -            |                       |          |     | <u> </u>   |
|             |          |                   |              |                       |          |     | <u> </u>   |
|             | ļ        |                   | <u> </u>     |                       |          |     | <del>                                     </del> |
|             | ļ        |                   | ļ <u>-</u> - |                       | <u> </u> |     | <u> </u>   |
|             |          |                   |              |                       | ļ .      |     | ļ  |
|             |          |                   |              |                       |          |     |  |

|             | Mr.RAJASIN<br>59/Malc/MHI   |                 | (_               | ĺ             |    |          |         |
|-------------|-----------------------------|-----------------|------------------|---------------|----|----------|---------|
| Name        | 08/01/2024/1<br>Dr.ANBARASU | PH202400006     |                  | <u> </u>      | Si | heet No. | <u></u> |
| UHID No.    |                             |                 |                  | Sex           |    | _        |         |
| Blood Group | Othe                        | Height<br>(&lcm | Weight<br>サン・Sid | BSA<br>1.86 m | -  | D        |         |
|             |                             |                 |                  | ()            |    |          |         |





MHI/ICU/2022/076



Every heart beat counts

| FLUID ASSESSMENT (contd.) |   |
|---------------------------|---|
| INFLICIONS (contd.)       | Г |

|           | FI    | LUID ASSESSMEN |          | <u> </u> |      |             | HAEN   | MODYNA           | MICS  |           |                 |     |     |     | Bloc | od Gro | oup: | 044  | le, |     | _ |
|-----------|-------|----------------|----------|----------|------|-------------|--------|------------------|-------|-----------|-----------------|-----|-----|-----|------|--------|------|------|-----|-----|---|
| DATE      | TIME  | INFUSIONS      | (contd.) | TOTAL    |      | ORAL        | TOTAL  | TOTAL<br>BALANCE | HD/mt | DVTHVM    | ST              | ABP | MAP | RAP | LAP/ | PERI   | PP   | со   | CI  | SVR | ĺ |
| DATE      | TIME  |                | Hige     | TOTAL    | AMT. | TOTAL       | INTAKE | BALANCE          |       |           |                 |     | WAP | KAP | RAP  | PERI   | R/L  | - 00 | 5   | SVK |   |
| וי/ו/אייו | 01.00 |                | 2-0      | 8°0      | 100  | 30 C        | 1605   | 78               | 100   | CINUS     | 0.00            | 豐   | 97  | H   |      | worn   | 4+   |      |     |     |   |
|           | 02.00 |                | 2.0      | ۲۰5      |      | 30 <i>0</i> | 1712-5 | 50-5             | 101   | Chy, C    | .o <sup>M</sup> | 196 | 86  | 5   |      | nton   | 1+   |      |     |     | 9 |
|           | 03.00 |                | 2.0      | 7-0      | 150  | 450         | 1969.5 | 73.5             | a8    | وير بهارك | o, op           | 26  | 24  | 6   |      | Norm   | ++   |      |     |     |   |
|           | 04.00 |                | 2-0      | 6.5      | 100  | ·550        | 2176   | 77               | 100   | ديهامك    | 0.0             | 36  | 93  | 4   |      | ಎಂ೯೬   | ft   |      |     |     |   |
|           | 05.00 |                | 2.0      | 5.5      |      | 550         | 2[81.5 | 251.3            | 96    | St Mus    | 0-00            | 38  | 92  | 6   |      | wasm   | f ←  |      |     |     | í |
|           | 06.00 |                | 2.0      | 4.5      | 150  | 700         | 2236   | 237              | 94    | જાયજ      | ا ه٠٥           | 135 | 90  | 7   |      | WOSM   | ++   | ,    |     |     | 3 |
|           | 7.00  |                | 2.0      | 29.5     | 150  | 850         | 2515.5 | 1685             | 98    | 94V5      | 0.00            | 136 | 92  | .8  |      | Loon   | 4-   |      |     |     |   |
|           |       |                |          |          |      |             |        |                  |       |           |                 |     |     |     |      |        |      |      |     |     | - |
|           |       |                |          |          |      |             |        |                  |       | _         | _               |     |     |     |      |        |      |      |     |     |   |
|           |       |                |          |          |      |             |        |                  |       |           |                 |     |     |     |      |        |      |      |     |     |   |

| STAT DRUGS | PREVIOUS DAY | HRS            |
|------------|--------------|----------------|
| TIME       | DRAINAGE:    | TOTAL INTAKE:  |
|            | URINE:       | TOTAL OUTPUT:  |
|            |              | TOTAL BALANCE: |

P.T.O.

**CRITICAL CARE FLOWCHART** 

|                    | DAY | EVENING | NIGHT       |
|--------------------|-----|---------|-------------|
| PATIENT CARE       |     |         |             |
| BATH               |     |         | 1           |
| ORAL CARE          |     |         | 7           |
| EYE CARE           |     |         | 1           |
| BACK CARE          |     |         |             |
| DRESSING/EQUIPMENT |     |         | /           |
| CHANGED            |     |         |             |
| WOUND              |     |         |             |
| CEN.LINE           |     |         |             |
| I.V.SET_           |     |         |             |
| TUBINGS            |     |         |             |
| HUMIDIFIER H2O     |     |         |             |
| ELECTRODES         |     |         | -           |
| ALARMS VERIFIED    |     |         |             |
| VENT - HUMIDIFIER  |     |         |             |
| -SETTINGS          |     |         |             |
| HRT.RATE           |     |         | Colbert     |
| B.P.               |     |         | 129/69 (80) |

| INFUSION PU   | MPS       |                   |          |                       |                | _        |       |
|---------------|-----------|-------------------|----------|-----------------------|----------------|----------|-------|
| LINES/TUBES   | SITE      | INSERTION<br>DATE | DAYS     | INFUSION/<br>DRAINAGE | DAY            | EVE      | NIGHT |
| 7,0           | # Pu      | 10/01/24          | d        |                       |                |          | P     |
| ARTICALE      | en o      | 10/01/24          | 2        |                       |                |          | P     |
| DERI UNE      | R1<br>CUB | 10/01/24          | 2        |                       |                |          | P     |
| IU EXIN       |           | 10/01/24          | 2        |                       |                |          | P     |
| TR. DOME      |           | 10/01/24          | 2_       |                       | ļ              |          | P     |
| Media         |           | 10/01/24          | 2        |                       | ļ              |          | P     |
| PLEURAL       | 47        | 10/01/24          | 2_       |                       | <u> </u>       |          | P     |
| U-CATH        |           | 10/01/24          | 2_       |                       | <u> </u>       |          | P     |
| S. TUBIALY    |           | 10/01/24          | 2        |                       | <del> </del>   |          | P     |
| N. prontus    |           | 10/01/24          | 2        |                       | ļ              |          | R     |
|               |           | ,                 |          |                       |                | ļ        |       |
|               |           |                   |          |                       |                |          |       |
| <u> </u>      |           | •                 |          | _                     | <u> </u>       | ļ        |       |
|               |           |                   |          | -                     | ļ              |          |       |
|               |           |                   |          |                       | <del> </del> - | <b></b>  |       |
|               |           |                   | <u> </u> |                       |                | -        |       |
|               |           |                   |          |                       |                |          |       |
| ļ <del></del> |           |                   |          |                       | <u> </u>       | <b> </b> |       |
|               |           |                   |          |                       | -              |          |       |
|               |           |                   |          |                       | 1              |          |       |
|               |           |                   | <u> </u> |                       |                |          |       |
|               |           |                   |          |                       |                |          |       |

| DATE | TIME | REMARKS / PLAN |
|------|------|----------------|
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|             | 59/Malc/Mi | 11202381562 |        |         |   |          |
|-------------|------------|-------------|--------|---------|---|----------|
| -Name       | 08/01/2024 | /IPH2024000 | 068    |         | S | heet No. |
|             | Dr.ANBARAS | SU MOHANR   | LA     |         |   |          |
| UHID No.    | <u> </u>   |             |        | ex      |   | 3        |
| Blood Group |            | Height      | Weight | BSA     |   | <u> </u> |
|             | Otre       | 161cm       | 47.564 | 1.86 m2 |   |          |





MHI/ICU/2022/076



Every heart beat counts

|        | ı     | FLUID ASSESSN | MENT (contd.) | <u> </u> |      |       | HAE    | MODYNA  | MICS    |        |          |     |     |          | Bloc | od Gre          | oup:  | <b>(</b> )++ | ie. |     | _         |
|--------|-------|---------------|---------------|----------|------|-------|--------|---------|---------|--------|----------|-----|-----|----------|------|-----------------|-------|--------------|-----|-----|-----------|
| DATE   | TNAT  | INFUSIO       | INS (contd.)  | TOTAL    |      | ORAL  | TOTAL  | TOTAL   | HD/mt   | RYTHYM | ST       | ADD | MAD |          | LAP/ | PERI            | PP    | co           | Cī  | SVR |           |
| DATE   | TIME  |               | Mac           | TOTAL    | AMT. | TOTAL | INTAKE | BALANCE | riviiit | KIIIIM | 51       | ABP | MAP | RAP      | RAP  | PERI            | R/L   |              | Ci  | SVK |           |
| 11/124 | 8.00  |               | 2.0           | देवा- ०  | 50   | 50    | 89.    | El.     | loy     | SINUS  | 0.01     | 30  | a a | 9        |      | ոտո             | 1+4-  |              |     |     |           |
|        | 9700  |               | 2.0           | 3.0      | 100  | 0,21  | 182    | 48      | tor     | S) nu  | <u>-</u> | 153 | 67  | 12       |      | veun            | n +1- |              |     |     | CRITICAL  |
|        | loine |               | 2.0           | 20       | 150  | 300   | 334    | + 4     | loh     | 9inu   | D-02     | 111 | 13  | 3        | 1    | / <u>/</u> 228m | 11-   |              |     |     | ĪΩ        |
|        | 11:00 |               | 2.0           | 2.0      | 75   | 315   | 411    | 9       | 100     | sinu   | 0.01     | 133 | 69  | 7        | u    | <i>ie</i> un    | 41    |              |     |     | CARE      |
|        | 12:00 |               | 2.0           |          | 100  | 415   | স্থা   | 46      | ab      | siw    | 0.01     |     |     | <u> </u> | \    | Leum            | 1+    |              |     |     | E E       |
|        | 13,00 |               |               | _        | 50   | 525   | 561.   |         |         | ひってい   |          |     |     |          |      | Many            | ++    | 1            |     |     | 8         |
|        | 14:00 |               | _             | _        | 140  | 625   | 661    | 34      | 96      | 31409  | 0.02     | _   |     |          |      | Mosa            | ++    |              |     |     | FLOWCHART |
|        | 12:00 |               |               | -        | 50   | GF 5  | 711    | 54      | l .     | 21400  |          | _   |     |          |      | Mosen           | ++    |              |     |     | ᄰ         |
|        | 10:00 |               | -             | -        | 150  | 825   | 861    | 76      | 1       | BINNS  | i -      | _   |     |          |      | Marae           | ++    |              |     |     |           |
|        | 17:00 |               | -             |          | 75   | 900   | 936    | +21     | 92      | 81197E | 0.02     | -   |     |          |      | Non             | ++ .  |              |     |     |           |

**STAT DRUGS** TIME

PREVIOUS DAY 16 HES SEMIS HRS

DRAINAGE: 320m.

TOTAL INTAKE: 2515.5ml

URINE: 2335 ml

TOTAL OUTPUT: 2684m1

TOTAL BALANCE: 1 68.5 m 1

|                    | DAY      | EVENING     | NIGHT |
|--------------------|----------|-------------|-------|
| PATIENT CARE       |          |             | _     |
| BATH               |          |             |       |
| ORAL CARE          |          |             |       |
| EYE CARE           |          |             |       |
| BACK CARE          |          |             |       |
| DRESSING/EQUIPMENT |          |             |       |
| CHANGED            |          |             |       |
| WOUND              |          |             |       |
| CEN.LINE           |          |             |       |
| I.V.SET            |          |             |       |
| TUBINGS            |          |             |       |
| HUMIDIFIER H2O     |          |             |       |
| ELECTRODES         |          |             |       |
| ALARMS VERIFIED    |          |             |       |
| VENT - HUMIDIFIER  |          |             |       |
| -SETTINGS          |          |             |       |
| HRT.RATE           | 966/m    | 926/m-      |       |
| B.P.               | 117[89mm | 18 PETH BIL | )_    |
|                    |          | J. Hours.   |       |

| DATE | TIME | REMARKS / PLAN |
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| INFUSION PU | MPS              |  |      | -                     |              |          |          |
|-------------|------------------|--|------|-----------------------|--------------|----------|----------|
| LINES/TUBES | SITE             | INSERTION<br>DATE                            | DAYS | INFUSION/<br>DRAINAGE | DAY          | EVE      | NIGHT    |
|             | 175<br>2 4       | 10/01/24                                     | 2.   |                       |              | 6        |          |
| ARTUALE     | R <sub>A</sub> D | 10/01/24                                     | 2    |                       | ļ ·          | R        |          |
| DERIUNTE    | R7<br>WB         | 10 0124                                      | 2_   |                       |              | P        |          |
| FUT FORTH   | <u> </u>         | 10/01/24                                     | 2    |                       | <u> </u>     | P        |          |
| PR. DomE    |                  | 10/01/24                                     | 2    |                       |              | P        |          |
| MEDIA       |                  | 10/01/24                                     | 2    |                       |              | R        |          |
| PLEURAL     | 4                | 10/01/24                                     | 2_   |                       |              | R        |          |
| U-ch-1#     |                  | 10/01/24                                     | 2    |                       |              | P        |          |
| S. TUBINLY  |                  | 10/01/24                                     | 2    |                       |              | R        |          |
|             |                  | · · · · · · · · · · · · · · · · · · ·        |      |                       |              |          |          |
|             |                  | _  |      |                       | 1            | <u> </u> |          |
|             | <u> </u>         | <u>.                                    </u> |      |                       |              |          |          |
|             |                  |  |      |                       |              |          |          |
|             | ļ                |  |      |                       |              | ļ        |          |
|             |                  |  |      |                       |              | <u> </u> |          |
|             |                  |  |      |                       |              | ļ        |          |
|             |                  |  |      |                       |              |          | ļ        |
| ·           | <u> </u>         |  |      |                       | <del> </del> | ļ        |          |
|             |                  |  |      |                       |              |          |          |
|             |                  |  |      |                       | <u> </u>     |          | <u> </u> |
|             |                  |  |      |                       |              |          | ļ        |
|             |                  |  |      |                       |              |          |          |

.

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OPCAB X 3 GRAFTS LIMA -> LAD

SVG -> LAST OM AND PDA [SEQ]







MHI/ICU/2022/064

Institute

Every heart beat counts

# INTERMEDIATE CARE FLOWCHART

MI.RAJASINGH P

NAME: 59/Malc/MHI202381562

08/01/2024/IPH2024000068

SURGIC Dr.ANBARASU MOHANRAJ

POSTOL PAL

POD - 1

UHID NO:

AGE:

SEX:

FLUID REQUIREMENT: 2.4 Litrus

| DATE          | UR     | INE              | Cŀ      | IEST C      | RAIN | AGE  | TOTAL  |      | I.V. F   | LUIDS              |          | ORAI  | _/ R.T.      | TOTAL   | TOTAL<br>BALANCE |
|---------------|--------|------------------|---------|-------------|------|------|--------|------|----------|--------------------|----------|-------|--------------|---------|------------------|
| TIME          | н.т.   | G.T.             |         | AIR<br>LEAK | H.T. | G.T. | OUTPUT |      |          |                    | H.T.     | н.т.  | G.T.         | INTEKE  |                  |
| 130)S         | 100    | <del>৪</del> 85  |         |             | r    | 130  | 1012   |      |          |                    | ·        | 50    | 9 <u>5</u> 0 | 986     | 29               |
| 197,00        | 50     | 935              |         |             | ,    | 130  | 1065.  |      |          |                    |          | \$5 . | 1025         | 1061    | 14               |
| 20.00         | 75     | low              |         |             |      | 132  | िमार्ग |      |          | kabi               | <u> </u> |       | 1025         | 1061    | 79               |
| ઢાજ           | 45     | છક્ક             | -       |             |      | 130  | 1215   |      |          | 100                |          | 100   | 1125         | 1261    | +<br>11 b        |
| స్తానిత       | 100    | 1185             | -       |             | _    | 130  | 1315   |      |          | loo                |          | 75    | (200         | 1436    | 121              |
| 23.00         | 120    | 1305             | <i></i> |             |      | 130  | 1435   |      | _        | loo                | _        |       | 1200         | 1536    | io (             |
| <b>ე</b> 0,₀ට | 200    | 1405             |         |             |      | 130  | 1635   |      |          | 100                |          |       | 1200         | لد 63 أ | + 1.0            |
| 01.00         | tso    | १४४४             |         |             |      | 130  | 1785   |      |          | [0 <sup>()</sup> ] |          |       | (200         | 1736    | 49               |
| 0೩ಉ           | ISO.   | 1705             |         |             |      | 130  | 1935   |      |          | Kabu<br>100        | ηE       | 50    | เลซ          | 18-81   | -49              |
| <b>03</b> 00  | too    | 1805             | _       |             |      | 130  | 2035   | -    | <u> </u> | ાજા                |          |       | 1210         | 1986    | -49              |
| 04·00         | اعدا   | 1925             | •       |             |      | 120  | 2155   |      |          | wo                 |          |       | 1250         | 2086    | -69              |
| 02,00         | 100    | 2045             |         |             |      | 130  | 2275   |      |          | 100                |          | 75    | 1325         | 2261    | -14              |
| 06.00         |        | <sub>ชิอนร</sub> |         |             |      | 130  | 2975   |      |          |                    |          | เดอ   | ।५२5         | 236     | 86<br>4          |
| 7.00          |        | 20US             | _       |             |      | 130  | 2275   |      |          |                    |          |       |              | 2361    | +<br>86          |
|               |        |                  |         |             |      |      |        |      |          |                    |          |       |              |         | -                |
| SPECI         | FIC OF | BSERVA           | TIONS/  | REMAR       | KS   |      |        | MEDI | CATION   | I / DRUG           | ss       |       | _            |         |                  |

AT 5.00 U. CATH REMOVED BYO

DR ANBARASU







59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj 118 118 1811 118 1818 1181 1181 1811 1811 1811 1811 INTERMEDIATE CARE FLOWCHART

**UHID NO:** 

AGE:

SEX:

BLOOD GROUP: 5 TVC.

HEIGHT: 161CM

WEIGHT: 77.5Kg

B.S.A: 1.86.02.

|       |          | НА              | EMOD   | YNAM   | ics    | •      |                | RESI | P. PARAMET   | TERS         | INVESTIGATIONS / |  |
|-------|----------|-----------------|--------|--|--------|--------|----------------|------|--------------|--------------|------------------|--|
| TEMP  | H.R.     | RHY.            | ST.    | B.P.   | R.A.P. | PERI.  | P.P.           | RR   | BREATH       | SPO2         | OTHER DATA       |  |
| भ-१५  | 9H<br>9H | 31 <i>NU</i> S  | 0.07   | 103  |        | Мост   | ++             | 18   | الحمعك       | 954          | ON Roson AIR     |  |
| 97-2F | 88<br>88 | <i>ભાગ</i>      |        |  |        | Moon   | ++             | 16   | clean.       | 954-         |                  |  |
|       | 81       | ราพบร           | D. 0 h | 123  | 90     | Wan    | 41             | 18   | લ            | <b>ч</b> η/, |                  |  |
|       | 83       | 20112           | ۲٥٠٥   | 110<br>74                                    | 86     | gan    | ના             | 19   | <del>U</del> | 92/,         |                  |  |
|       | 91       | Scho?           | 0:01   | 124  | 89     | ๛๛     | 44             | 2ા   | cl           | 93/          | ,<br>            |  |
|       | ୩୦       | gwar            | 0.01   | 119  | 88     | Wow    | ·let           | 25   | વ            | 93%          |                  |  |
| 98 E  | 90       | S(NO)           | 0.01   | 115-   | 85     | wou    | <del>-  </del> | 15   | cl           | 92%          |                  |  |
|       | 92       | sialus          | 0.01   |  |        | wala   | 44             | 19   | cl           | 93%          |                  |  |
|       | P4       | Blulos          | 9.0[   | 112  | 62     | wcha   | + 4            | 91 P | c۱           | 93%          |                  |  |
|       | 86       | Sulvs           | 0.02   |  |        | Wam    | 4              | ઢા   | 7            | 93>          |                  |  |
|       | 8-6      | guns            | 0-61   | 106<br>74                                    | 85     | wan    | 4-1            | 23   | ч            | 92%          |                  |  |
|       | 85       | <u> </u> ડાપાઝડ | 0.0)   | 107  | 85     | Wam    | 41-            | 18   | cl           | 92%          |                  |  |
|       | 86       | Shurs           |        |  | 91     | erpur, | 44-            | 19   | cl           | 93/          |                  |  |
|       | 85       | કામગ            | /ଦ୯    | 123  | 98     | waw    | 11-            | ઢા   | С            | 94%          | AG               |  |
|       |          |                 |        |  |        |        |                |      |              |              |                  |  |
|       |          |                 |        |  |        |        |                |      |              |              |                  |  |
|       | I        | <u> </u>        |        | <u>.                                    </u> | L      |        | <u> </u>       |      |              |              |                  |  |

**PREVIOUS DAY - HOURS** 

DRAINAGE

URINE

**TOTAL INTAKE** 

**TOTAL OUTPUT** 

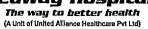
BALANCE

OPCAB X 3 GRAFTS

LIMA -> LAD

ADD AND POOL BUT LONG [GFQ]







MHI/ICU/2022/064



# **INTERMEDIATE CARE FLOWCHART**

Mr.RAJASINGH P

59/Male/MHI202381562

NAME: 08/01/2024/IPH2024000068

**UHID NO:** 

AGE: 59431

SEX: Male

Dr.ANBARASU MOHANRAJ SURGIC \_\_\_\_\_

POSTOP DAY: P0D - 2

FLUID REQUIREMENT: 2.4 Litres.

| DATE            | URINE |         | CHEST DRAINAGE |             |        |      | TOTAL  | I.V. FLUIDS |        |          |             | ORA  | L/ R.T.     | TOTAL    | TOTAL    |
|-----------------|-------|---------|----------------|-------------|--------|------|--------|-------------|--------|----------|-------------|------|-------------|----------|----------|
| &<br>TIME       | H.T.  | G.T.    | -              | AIR<br>LEAK | н.т.   | G.T. | OUTPUT |             |        |          | H.T.        | н.т. | G.T.        | INTEKE   | BALANCE  |
| 12/1/24<br>8:00 |       |         |                |             |        |      |        |             |        |          |             | 50   | 50          | 50_      | +<br>50. |
| 9:00            | 100   | 100     |                |             |        | _    | 100.   |             | _      |          | <del></del> | 150  | <u> 201</u> | ଶ୍ଚିତ୍ରତ | 100      |
| fo::00          |       | 100     |                |             |        |      | 100    | •           |        |          |             | ,    | 200         | 200      | 100.     |
| 11:00           |       |         |                | _           |        |      | 100    |             |        |          |             | 60   | 260         | 260      | 160      |
|                 |       |         | <u>.</u>       | _           |        |      |        | -           |        |          |             |      |             | _        | _        |
|                 |       |         |                |             |        |      |        |             |        |          |             |      |             |          |          |
|                 |       |         |                |             |        |      |        |             |        |          |             |      |             |          |          |
|                 |       |         |                |             |        |      |        |             |        |          |             |      |             |          |          |
|                 |       |         |                |             |        |      |        |             |        |          |             |      |             |          |          |
|                 |       |         |                |             |        |      |        |             |        |          |             |      | <u> </u>    | _        |          |
|                 |       |         |                |             |        |      |        |             |        |          |             |      |             |          |          |
|                 |       |         |                |             |        |      | -,     |             |        |          |             |      |             |          |          |
|                 |       |         |                | _           |        |      |        |             |        |          |             |      |             | _        |          |
|                 |       |         |                |             |        |      |        | _           |        |          |             |      |             |          |          |
|                 |       |         |                | _           |        |      |        |             |        |          |             |      |             |          |          |
| SPEC            | FIC O | BSERVAT | IONS/          | REMAR       | KS<br> |      |        | MEDI        | CATION | I / DRUC | GS<br>      |      |             |          |          |
|                 |       |         |                |             | L      | •    | ,      |             |        |          |             |      |             |          |          |







59/Malc/MHI202381562 08/01/2024/IPH2024000068

Dr.Anbarasu mohanraj

118 DE LET DE LET BERTHE BENEFIE BERTHE BENEFIE BERTHE

# **INTERMEDIATE CARE FLOWCHART**

**UHID NO:** 

AGE: 5949W

SEX: 19 ale

BLOOD GROUP: 0 TVe

HEIGHT: 161 Cm

WEIGHT:

77.5.Kg

B.S.A: 1.86m2.

|          |            | НА            | EMOD    | YNAM | ICS    |        |      | RES        | P. PARAMET  | TERS | INVESTIGATIONS /                        |  |  |
|----------|------------|---------------|---------|------|--------|--------|------|------------|-------------|------|---|--|--|
| TEMP     | H.R.       | RHY.          | ST.     | B.P. | R.A.P. | PERI.  | P.P. | RR         | BREATH      | SPO2 | 0 |  |  |
| 97.4     | 83         | Sinu,         | 9.01    | 110  | 96_    | lalaim | ++   | ] <u> </u> | _ <u>_ </u> | 947  | on room Air.                            |  |  |
| <u> </u> | 38         | Si`nu         | 3 0·01  | 119  | qu     | Irlau  | 1+   | lylm       | r el        | 90%  | ^,                                      |  |  |
|          | 91         | Situs         | 0.01    |      | 93     | nlOU   | 14   | امال       | u '         | 91%  |   |  |  |
|          | <b>9</b> 5 | <u> Sirus</u> | 0-c0    | 13   | 92     | lvesm  | 11   | 16/m       | u           | 93%  |   |  |  |
|          |            |               | ,       |      |        |        |      |            |             |      |   |  |  |
|          |            |               | ,       |      |        |        |      |            |             |      |   |  |  |
| !<br>    |            |               | <u></u> |      |        |        |      |            |             |      |   |  |  |
| <u> </u> | _          |               |         |      |        |        |      |            |             |      |   |  |  |
|          |            |               |         |      |        |        | ı    |            |             |      |   |  |  |
|          |            |               |         |      |        |        |      |            |             |      |   |  |  |
|          |            | _             |         |      |        |        |      | •          |             |      |   |  |  |
| ,        |            |               |         |      |        |        |      |            |             |      |   |  |  |
|          |            |               |         |      |        |        |      |            |             |      |   |  |  |
|          |            |               |         | _    |        |        |      | _          |             |      | : '                                     |  |  |
| -        |            |               |         |      |        | _      |      |            |             |      |   |  |  |
|          |            |               |         |      |        |        |      |            |             |      |   |  |  |

24 HRS PREVIOUS DAY - HOURS

DRAINAGE 130 m

URINE 2045 W

TOTAL INTAKE 2361 W

TOTAL OUTPUT 2245 W

BALANCE +86 W



# MRD CHECKLIST

|     | PARTICULARS   | YES      | NO     |
|-----|---|----------|--------|
| -   | IP Number allocated to each Patient   |          |        |
| _   | Name, Age & Sex of Patient  |          |        |
| _   | General Admission Consent   | \        | _      |
| -   | Initial Assessment of Patient / Diagnosis   | ~        |        |
| -   | Nutritional Assessment by Consultant  | \        |        |
| -   | Plan of care counter signed by the Consultant   | ~        |        |
| -   | Treatment Orders - Date, Time, Name & Sign.   | ~        |        |
| -   | Medication Order / Drug Chart - Date, Time, Name & Sign.                                | ~        |        |
| -   | Vital Signs Chart (TPR Chart)   | <b>←</b> |        |
| -   | Intake Output Chart   | _        |        |
| -   | Drug Chart (Duly filled)  | _        | S<br>S |
| -   | 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   | <u></u>  |        |





# Mr.RAJASINGH P 59/Malc/MHI202381562 29/12/2023/12H2023002633 Dr.NARENDRAN M



Every heart beat counts

# Medvay Hospitals The way to better health (A Unit of United Alliance Healthcase Politics)

Consuman.

| (A Unit of United Alliance Healthcare PVt Ltd)  ADIVIDSION SLIP                                  |
|--|
| Admitting Doctor: Dr. Naren Jona Gerannely, Speciality: Condialog                                |
| Advised Date & Time: 29 12 2020 12-32 1M   |
|  |
| CAO   CA II   W LV FUNDA   |
| Reason for Admission: Medical Management Surgical Management                                     |
| Others (please specify details)  |
| Admission Type: Day Care ER Ward   |
| CU (Specify details)   |
| Surgery / Procedure Name (if planned):   |
| Blood Product Requirement: No Yes (Kindly specify details of components required in space below) |
| Expected Duration of Stay: Paycav  |
| Expected Cost of Treatment (as per Financial Counseling Form):                                   |
| Payer: Self Insurance Others:  |
|  |
| Instructions to Nurse (if any):  |
|  |
|  |
| Any other Instructions (if any):   |
| [6000-1.   |
| Doctor's Signature Name Reg. No. 39 h 6 9 29 12-32 P   |

| For admission desk staff     | only:  |              |                       |
|------------------------------|--|--------------|-----------------------|
| Room Category:               | Others                                       |              |                       |
| Admission intimatio  Date    | Time   | Admission Ti | Time                  |
| 29/12/2023                   | 12.3910                                      | 29/12/2019   | 12.38pm               |
| \                            | OPD ER Direct d requirement specified by the | 19           | □ No                  |
| Front office Staff Signature | Name   | Emp. No.     | Date 29 Time 29 12/39 |
|                              |  |              |                       |

/





59/Male/MHI202381562 29/12/2023/IPH2023002633

Dr.NARENDRAN M





MHI/HOSP/2022/129

# **ADMISSION FORM**

|                  | ABIMOGICIA I CITIM                                 |                         |
|------------------|--|-------------------------|
| Marital Status   | Full Address                                       | Telephone Number        |
| Occupation       | No. 478/3, Bharathyn Stored, Kamatchi Arman        | nNg, 1 73584468 10      |
| RL               | Pasaniputhun, Kundrattur, Chemai - 60012           | .2   4 994061775        |
| Do. Novener      | Date of Time of Admission Date & Time of Discharge | Total No. of Days       |
| Dr. Major        | 29/12/23 at 29/14/23 of 12-wo 29/14/23 of          | 6 hr 30 nun             |
| Dr. Crano        |  |                         |
| pl               | MLC Yes No If Yes AR No. :                         |                         |
| ,                | FINAL DIAGNOSIS                                    | ICD Code                |
|                  | CORONARY ARTERY DISLASS                            | 725:1                   |
|                  | EYERTIONAL ANGINA CLASS III                        | 720.8                   |
|                  | MOLMAL LU FUNCTION                                 | T.50·1                  |
|                  | SYSTEMIC HYPERTENSION                              | Tio                     |
|                  | 2 (2)  2 (1)                                       | 110                     |
|                  | <del>-</del>                                       |                         |
|                  |  |                         |
|                  | •  |                         |
| DATE             | OPERATION / PROCEDURES                             | ICPM Code               |
| 22/12/27         | CORONARY PONGOGRAM                                 | 88.70                   |
| DATE             | TYPE OF ANESTHESIA                                 |                         |
| 29/144 0         | GENERAL ☐ SPINAL ☐ LOCAL ☐ REGIONA                 | AL EPIDURAL             |
|                  | DISCHARGE STATUS                                   | -                       |
| ☐ Cured          | ☐ Discharge at Request                             | ☐ Expired < 48 hours    |
| Improved         | ☐ Against Medical Advice                           | ☐ Expired > 48 hours    |
| ☐ Unchanged      | ☐ Absconded  | ☐ Post-Operative Death  |
|                  | Transferred to                                     |                         |
| . Apr            | Mars)  | Millers                 |
| Signature of the | ne Consultant Signature of I                       | Medical Records Officer |

## **AUTHORISATION FOR TREATMENT I PAYMENT**

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

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

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

I have read out and explained the contents of the above to the Signatory in his vernacular . சிகீச்சை, 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 சிகீச்சை செய்யவும் அதிகாரம் வழ்ங்குகீறேன். நான் / இதீல் குறித்துள்ள நோயாளின் செலவுக்கன தொகை முழுவதும் செலுத்த இதன் மூலம் உறுதி அளிக்கீறேன்.

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

மருத்துவமனையின் பொது சட்ட தீட்டங்கள் பற்றி தெரிவிக்கீப்பட்டிருக்கீறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.

செவிலியர் கையொப்

Signature of Admitting Nurse

**ී**නුන්

Date 29/12/23

எனது/உறவினர்/காப்பாளர் கையொப்பம்

EATHER SON

Signature of the Patient / Relative / Gurdian

உறவுமுறை -

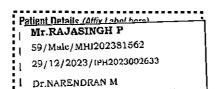
Nature of Relationship



discharge.









# **GENERAL CONSENT FOR ADMISSION**

|   | the Patient or Representative of patient have lease tick the correct option above and below)  |
|---|---|
|   | Been explained this consent form in English, which I fully understand.  |
| • | I give my full consent and authorization for admission and treatment at this hospital. The proposed treatment plan has been explained to me.  |
| • | I consent and authorize the hospital, treating doctors, nursing, technical and paramedical staff to provide relevant care and to conduct diagnostic as deemed necessary by the treating doctor/team.  |
| • | I also consent to use of assistants such as resident doctors, other doctors, nurses, and other healthcare workers by the hospital and treating doctor/ team.  |
| • | I consent for clinical consultation, admission, disclosure of information required for clinical management (under confidence), routine medical examination (physical examination, palpation, percussion, auscultation), routine lab and imaging investigations, general nursing care, diet and physiotherapy assessment and counselling.  |
| • | I have been explained about the proposed care plan, expected result(s), possible outcome(s) and expected cost of treatment/ hospital stay.  |
| • | I understand that the hospital will take due care of me / my patient but, that there is always a possibility of an unexpected complication(s) which may necessitate longer stay and / or use of intensive care services. In such cases, procedure different from those contemplated and other intervention(s) may sometimes be needed.  |
| • | I declare that, I have and will inform the doctor of my medical history including previous illnesses, allergies, drug reaction(s), surgical procedure, relevant medical family history and all other facts relevant to my treatment. I shall not hold the hospital/ doctor responsible for any consequences which may arise due to non-disclosure of relevant information on my part. |
| • | I declare that I have been explained about my rights and responsibilities.  |
| • | I have been made aware of the rules and regulations of the hospital including those related to security and I promise to abide by them.   |
| • | I understand that in case of some unexpected event occurring during the course of my stay I may be suggested a transfer to another hospital / healthcare organization, as considered appropriate by my treating doctor.   |
|   | Lunderstand 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

- I further declare that I have been given an opportunity to ask question(s) related to my admission, care plan-and proposed hospital stay, and that such questions have been answered to my satisfaction.
- I declare that I have received and fully understood the information provided in this consent form, that I have been
  given an opportunity to ask questions relating to my admission, care plan and proposed hospital stay, and that
  all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes
  in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my
  presence at the time of my signing this form.
- I, the above-named Patient / named patient's representative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

|   | Signature / Thumb Impression*       | Name   | Date     | Time  |
|---|-------------------------------------|--|----------|-------|
| Patient                                 | P. Ryunder                          | P. RAJASINGH   | 29/12/23 | 12:32 |
| Surrogate/Guardian<br>(if applicable #) | RAA :                               | R. HARISH PONSINGH<br>(Write name and relationship with patient) | J= ,-    | 12/32 |
| Reason for surrogate consent            | Patient is unable to give consent I |  |          | •     |
| Witness                                 | Bhanthi Price                       | BHARATHI   | 29/12/23 | 12:32 |
| Interpreter<br>(if applicable)          | ,                                   |  |          |       |

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







# DAY CARE DISCHARGE SUMMARY

IP No. UHID

IPH2023002633

MHI202381562

Name

Mr. RAJASINGH .P

Age / Gender

59 Years /MALE

Consultant

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

Chief Cardiologist

D.O.D

D.O.A

D.O.P

Room No. : RL

: 29/12/2023

÷ 29/12/2023

: 29/12/2023

### DIAGNOSIS:

CORONARY ARTERY DISEASE EXERTIONAL ANGINA CLASS III NORMAL LV FUNCTION SYSTEMIC HYPERTENSION

PROCEDURE: CORONARY ANGIOGRAM DONE ON 29.12.2023 - DISTAL LM AND TRIPLE VESSEL DISEASE.

## **BRIEF HISTORY:**

Mr. Rajasingh .P, 59 years old male, presented with complaints of chest pain on exertion. He was advised Coronary angiogram and referred to Medway Heart Institute on 29.12.2023 for which he has been admitted.

## **ON EXAMINATION:**

HR: 74bpm;

BP: 128/92mmHg;

SPO<sub>2</sub>: 99% in room air

C''S: S1S2+; RS: Clear;

CNS: NFND;

Abd: Soft

#### **INVESTIGATIONS:**

BLOOD: Hb-14.2gm/dl, Urea – 17.9mg/dl, Creatinine – 1.07mg/dl.

 $\dot{\mathbf{E}}\mathbf{C}\mathbf{G}$ : sinus rhythm, HR – 82 bpm.

ECHO: No RWMA. Normal LV systolic function. EF - 60%. Normal valves and chambers. Normal chamber dimensions. Mild concentric LVH. Mild MR. Normal RV function. Normal PA pressure.

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

• @MedwayHospitals

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medway-hospitals

@medwayhospitals



**Medway Group of Hospitals** 

Medway Centre of Excellence (Chennai)

Kodambakkam 044-2473 4455 044-26530011

Kumbakonam Chengaipattu 044-2473 4455

Villupuram 044-27426829 04146-242000

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

MHI/HOSP/2022/118



UHID: MHI202381562



#### Every heart beat counts

(A Unit of United Alliance Healthcare Pvt Ltd)

## CORONARY ANGIOGRAM FINDINGS:

ight dominant system; DISTAL LM AND TRIPLE VESSEL DISEASE. (reports enclosed)

**DVICE:** CABG x grafts to LAD, MAJOR OM & PDA/PLV.

#### **ADVICE MEDICATIONS:**

| SI. | NAME OF THE DRUGS WITH                     | DOSAGE    | FRE | QUE | NCY | ROUTE | RELATION       | DURATION                         |
|-----|--|-----------|-----|-----|-----|-------|----------------|----------------------------------|
| NO  | GENERIC NAME                               |           | M   | A   | N   |       | SHIP WITH FOOD |                                  |
| 1   | CAP. CLOPILET-A<br>(ASPIRIN & CLOPIDOGREL) | 75/150 MG | 0   | 1   | 0   | ORAL  | AFTER FOOD     | TO STOP 5 DAYS<br>BEFORE SURGERY |
| 2   | TAB. ROSEDAY<br>(ROSUVASTATIN)             | 20 MG     | 0   | 0   | I   | ORAL  | AFTER FOOD     | TO CONTINUE                      |
| 3   | TAB. FLAVEDON MR<br>(TRIMETAZIDINE)        | 35 MG     | 1   | 0   | 1   | ORAL  | AFTER FOOD     | TO CONTINUE                      |
| 4   | TAB. PROLOMET XL<br>(METOPROLOL SUCCINATE) | 25 MG     | 1   | 0   | 0   | ORAL  | AFTER FOOD     | TO CONTINUE                      |
| 5   | TAB. GTN SORBITRATE (NITROGLYCERIN)        | 2.5 MG    | 1 - | 0   | 1   | ORAL  | AFTER FOOD     | TO CONTINUE                      |
| 6   | TAB. RANOZEX<br>(RANOLAZINE)               | 500 MG    | 1   | 0   | 1   | ORAL  | AFTER FOOD     | TO CONTINUE                      |
| 7   | TAB. RABLET<br>(RABEPRAZOLE)               | 20 MG     | 1 , | 0   | \1  | ORAL  | BEFORE FOOD    | TO CONTINUE                      |

| DISCHARGE ADVICE    |                              |  |  |  |  |
|---------------------|------------------------------|--|--|--|--|
| DIET                | LOW FAT, SALT DIET.          |  |  |  |  |
| PHYSICAL ACTIVITIES | AVOID STRENUOUS ACTIVITIES.  |  |  |  |  |
| REVIEW              | REVIEW WITH DR. NARENDRAN.M. |  |  |  |  |

To report:

If temp > 101 'F / Difficulty in breathing / chest pain / Giddiness/ palpitations.

In case of emergency Contact: Medway Hospitals @ 4310 8959.

Junderstood the Content or me Typedischarge summary."

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

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

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

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medwayhospitals

**1800 572 3003** 

Medway Hospitals Trustpuram, Chennai Tel: 044-2473 4454 Medway Hospitals Kodambakkam, Chennai Tel : 044 - 2473 4455 Medway Hospitals Mogappair, Chennai Tel: 044-26530011

Medway Hospitals Kumbakonam Tel: 0435 - 2412345





Mr.RAJASINGH P 59/Malc/MHI202381562

59/Male/MH1202381562 29/12/2023/1PH2023002633

Dr.NARENDRAN M





# DAY CARE INITIAL ASSESSMENT FORM

Date: 29 12 93 Time of arrival: 18.40.

| Poit A (to be filled by Alurage)  |  |               |        |         |      |  |  |  |
|---|--|---------------|--------|---------|------|--|--|--|
| Part A (to be filled by Nurses)         Vital Signs: Temp 98.6(°F)   Pulse / HR: 14 (beats/min)   BP: 128 92. (mmHg)         Respiration: 20. (breaths/min)   SpO <sub>2</sub> .97% (%)   Height: 67 (cms)   Weight: 15.5 (kgs)   BMI: 25.1 kg/m²   |  |               |        |         |      |  |  |  |
| -   | Any Language Barrier: Yes No If yes, please call Language Coordinator / Translator  Allergies: Yes No If Yes, specify:   |               |        |         |      |  |  |  |
| Alcoi<br>Do ye  | Psychosocial Assessment:  Alcohol Intake:   Yes No Substance Abuse:  Yes No Smoking:  Yes N |               |        |         |      |  |  |  |
| Pain: Yes No. If Yes, Score: Compain Scale used: PIPPS (28 weeks to < 38 weeks) CRIES (38 weeks - 2 months)  FLACC Scale (2 months - 7 years) Wong-Baker FACES Pain Rating Scale (7 years - 12 years)  Numerical Rating Scale (Age more than 12 years)  Duration: Location: Burning Referred / Radiant Pain |  |               |        |         |      |  |  |  |
| Nutritional Screening:  Last 3 months Appetite ☐ Increased ☐ Decreased ☐ No Change  Last 3 months Weight ☐ Increased ☐ Decreased ☐ No Change  |  |               |        |         |      |  |  |  |
| Fall Risk Screening for adults: No Risk  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 met initiate detailed fall assessment and fall prevention protocol  |  |               |        |         |      |  |  |  |
| Fall Risk Screening (for pediatrics)  H/O fall in last 3 months Neurological problem (vertigo, seizure, etc) Deranged Mobility No Risk  In case of 2 or more criteria met initiate detailed fall assessment and fall prevention protocol  |  |               |        |         |      |  |  |  |
| Nurse   | Signature  | Name<br>Aouth | 6282 - | 9 18 93 | Time |  |  |  |

| Part B (to be filled by Physicians) |                         |  |             |             |  |                                       |  |
|-------------------------------------|-------------------------|--|-------------|-------------|--|---------------------------------------|--|
| Chief Complaints                    |                         |  |             |             |  |                                       |  |
| cfo of thest pain on evention.      |                         |  |             |             |  |                                       |  |
|                                     | 90 9                    |  | ŕ           |             |  |                                       |  |
|                                     |                         |  |             |             |  |                                       |  |
|                                     |                         |  | <del></del> |             |  |                                       |  |
| Pas                                 | t Medical History       |  |             |             | ,  | . • •                                 |  |
|                                     |                         |  |             |             |  |                                       |  |
|                                     |                         |  |             | -<br>,      |  |                                       |  |
| Pe                                  | rsonal History          |  |             | -           | • • ;  | •                                     |  |
|                                     |                         |  |             |             |  |                                       |  |
|                                     |                         | _  | -           |             |  |                                       |  |
|                                     |                         |  |             |             |  |                                       |  |
| Sig                                 | nificant Family History |  |             |             |  |                                       |  |
|                                     |                         |  |             |             |  |                                       |  |
|                                     | - <b>-</b>              |  |             |             |  |                                       |  |
|                                     |                         |  |             |             | ·  |                                       |  |
|                                     | <del></del>             |  | _           |             |  |                                       |  |
| Cur                                 | rent Medication         |  |             |             | ·  | , , , , , , , , , , , , , , , , , , , |  |
| S.<br>No.                           | Current Medication      | Dose   | Route       | Frequency   | Date & Time<br>of last dose                            | To be continued during hospital stay  |  |
|                                     | T. CLOPILLET_A          | 7/10   | plo         | 6-1-0       | 28/12/28/2pm   | ☐ Yes ☐ No                            |  |
|                                     | 7- ROSE 1844            | 20 mg  | p/0         | 201         | 28/12/2> estan   | ☐Xes ☐ No                             |  |
| •                                   | T-FLAVELOON MIR         | 35mg   | plo         | 1001        | 29/12/25et com   | □-Yes □ No                            |  |
|                                     | 7-PROLOMET XL           | 2514   | plo         | 1-0-0       | 29/14/25 018/54  | ☑-¥e's ☐ No                           |  |
| ,                                   | T- GAIN SOLBIRATE       | 2-514  | plo         | 1-0-1       | 29/12/23 ad 8m   | ∐Yes □ No                             |  |
|                                     | 7-RANOZZX               | Soony  | plo         | 100-1       | 29/12/23 ad 8m<br>29/12/28 ed 8 am<br>21/12/23 ad 8020 | ☐ Yes ☐ No                            |  |
|                                     | T' RABLET               | 20 mg  | y/0         | 100-1       | 21/11/23 atom  | ☐ Yes ☐ No                            |  |
|                                     |                         | <del>                                     </del> | <u> </u>    |             |  | ☐ Yes ☐ No                            |  |
|                                     | <u> </u>                |  |             |             |  | ☐ Yes ☐ No                            |  |
|                                     | · ·                     |  |             | <del></del> | <del>  -</del>   | ☐ Yes ☐ No                            |  |

Clinical Examination / Investigation

CNS- SISL® Normal Soft / Abdonen Soft /

Hb - 14.2. Coreal--1.07 Crea - 17.9 Schology. Negative

**Provisional Diagnosis** 

CAD STERTIONAL ANCINA COASSIII NORMAL LY FUNCTION SYSTEMIC HYPERTENSION

Plan of Care (including Investigations Ordered)

CAG

**Doctor's Signature** 

Name Decephitron Reg. No. 8385) Date 9/12/13 Time 13.00





# Mr.RAJASINGH P 59/Male/MHI202381562 29/12/2023/1PH2023002633 Dr.NARENDRAN M

MHI/IP/2022/041

Medway

Heart

Institute

y heart beat counts

**DOCTOR'S PROGRESS NOTES** DATE **NOTES** - et radial occus -SF Cheata -SF- Ma > CAG dove &5F€BV300 2- dominut Adv: CARG 97241 12.55







Every heart beat counts

# Department of Dietetics

## NUTRITION ASSESSMENT AND CARE PLAN FORM

|  | A/CA                                 | D-DCD HSA                                  | 411814 ( N                               | 165  | 1-100-1                                |  | 4,000  |
|--|--------------------------------------|--|--|--|--|--|--|
|  | .cms                                 | OLD ASY                                    |  |  | es, specity                            |  | <del></del>  |
| us Beliefs:                                    |                                      | Vegetarian                                 | Won Veget                                | tarian                                       |  | ☐ Eggetarian                                     | lain   |
| escription:                                    | 900 C                                | alsols                                     | owlat                                    | الماضيات                                     | Solt                                   | -لفنك  |  |
| ECTIVE   | E GLOB/                              | AL ASSESSMENT                              | (ADULTS)                                 |  | •                                      |  |  |
|  | (A) -                                | -Patient's related Medical Histo           | γ. γ. γ. γ. γ. γ. γ. γ. γ. γ. γ. γ. γ. γ | 1 /  |  | 1.4000   |  |
|  | 1)                                   | Weight Change (overall change              | <u></u>                                  | - <del></del>                                |  |  |  |
|  | 0                                    | Br. Links                                  | 2  | . □3·.                                       | 14 213                                 |  | 5  |
|  |                                      | No weight change/<br>gain                  | c5% ¥                                    | 5-10%  | <u></u>                                | 10 - 15%   | >15%   |
| 2)   | Dietary Intake                       | Duration:                                  |  | 19.5   | -1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |
|  |                                      | 54   | □ 2                                      | 3  | -                                      | □ 4 j  | □5   |
|  | Oral                                 | No change                                  | Sub-optimal<br>solid d/et                | Full tiquid die<br>moderate<br>overall decri |  | Hypo-caloric<br>liquid diet                      | Starvation   |
|  | Enteral /<br>Parenteral<br>Nutrition | Adequate/<br>Excessive                     | Sub-optimal - : (                        | inadéquate                                   | \$7. E                                 | Typo - caforic<br>feeds                          | Starvation   |
| -  | Cartestanas                          |  | <u> </u>                                 | _ <del></del>                                | 1 1                                    | 1- 1-1   |  |
| 3)   | Gastrointestir                       | nal Symptoms Duration:                     | 102                                      | 103  | <del></del>                            |  |  |
|  | -                                    | <del></del>                                | Hausea                                   |  |  | Diarrhoea  |  |
|  |                                      | No symptoms                                | Assumed to the state of                  | Vomidng/<br>moderate Gi<br>symptoms          | rect                                   |  | seyere anorexia                                      |
| 4)   | Functional C                         | apacity (Nutrition related functional imp  | <del>'</del>                             |  | ·                                      | <u> </u>   | <del></del>  |
|  | Turcomarca                           | Z 1  | 2 4                                      | 2 - 13                                       |  | 1,04   | 5 ,  |
|  | •                                    | None /improved                             | Difficulty with ambulation               | Difficul                                     |  | Light activity                                   | Bed / chair-<br>ridden with no<br>of little activity |
| 5)   | Co - morbidity                       | (Disease and its relationship to nutrition | <u> </u>                                 |  |  | <u></u>  | - 1  |
|  |                                      | □ 1  |  | 1. /63                                       | <del>/</del> -                         |  | □ 5  |
|  |                                      | Healthy                                    | Mild co-<br>morbidity                    | mo   | ferate co -<br>rbidity/ age<br>i years | severe co-<br>morbidity                          | Very severe ' ' multiple co - ' morbidity            |
|  | T = :-                               | <u> </u>                                   | <u> </u>                                 | •  |  | <u> </u>   |  |
| В)   | Physical exam                        |  | <del>-,</del> ,                          |  | <u>-</u>                               | _ <del></del>                                    | _ <del></del>  |
| 1)   | Decreased fat                        | stores or Joss of Subcutaneous fat         |  | <del></del>                                  | 1 + 3 C                                | <del></del>                                      |  |
|  |                                      | Z1/  |  | □ ³  |  | <u> </u>   | 5  |
| <u>-                                      </u> | 1. /                                 | Normal                                     | Mild A                                   | Moderate                                     | <u>-</u>                               | <del>,                                    </del> | Severe   |
| 2)   | Sign of muscle t                     | <del></del>                                | +  |  |  | <u> </u>   | <del></del>  |
|  | -                                    | <u> </u>                                   | 2  | 3<br>  | ·                                      |  | S  |
|  |                                      | Normal                                     | Wild                                     | Moderate                                     |  |  | . Severe   |
| Total Score ≠ S                                | ium f above 7 com                    | ponents                                    |  |  |  | 4 1867   | <u> </u>   |
|  |                                      |  |  |  | <b></b>                                | <del></del>                                      |  |
| Nutritional Sta                                | atus : Based on this                 | patient is                                 |  | €.\$~ **                                     |  | <u> </u>   |  |
|  | Well Nourished                       | ()   |  | 77 (014)                                     | /41]                                   |  |  |
|  | Moderately Ma                        | inourished                                 |  | (15 to 18)                                   |  |  |  |
|  | Severely Malno                       | urished                                    | [  | (19 to 35)                                   | <del></del>                            |  | <del></del>  |
| Nutrition inter                                | rvention:                            |  | ·  |  |  |  |  |
|  | Oral Oral                            |  |  | ☐ Enteral                                    |  | Parenteral                                       |  |
| Diet counsellir                                | ng provided:                         | Yes  |  | iii No                                       |  |  |  |
|  |                                      |  |  |  | ☐ Fort - night                         | ☐ Monthly  |  |
| Frequency of I                                 | re-assessment;                       | Weekly                                     |  |  |  | I D WOULDIN                                      |  |

Dietitian Signature / Name / Date / Time:

tross 2/12/23/6100

| DATE AND TIME  | DIETITIAN NOTES                                    | SIGNATURE  |
|--|--|------------|
| Confidential Confidence of the | X 59 years old gentlemen<br>came & clo chest pain. |            |
| 29/12/23   | was assessed sto be                                | Charge .   |
| 13,00  | well-nousus ded as enfolant of Sen                 | 0786       |
| •  | KICLO HSHIM IN WING THE                            | Day.       |
|  | patient enited to catalob for                      |            |
|  | proceduce (CAG). Kept on NBM.                      | <u> </u> - |
|  | patient succined to Radial                         |            |
|  | lounge. Nomover, patient                           |            |
|  | rolanted liquid diet. Can instate of solid diet.   | . ,        |
|  | Educated me patient & Family                       | <u> </u>   |
|  | on 1600 calories, cowfat,                          |            |
| 29/12/23.  | Low salt diet on discharge                         |            |
| 00:41  | emphasized on small                                |            |
| -  | Broquent moals. Diet                               |            |
|  | modifications d'elarfications                      | Jose to    |
|  | done.  | · .        |
| -  | piet chart given on dis charge                     | 2          |
|  |  |            |
|  |  |            |
|  |  | -          |

A STATE OF THE STA





# Mr.Rajasingh P 59/Male/MHi202381562 29/12/2023/IPH2023002633 Dr.NARENDRAN M



PATIENT TRANSFER FORM DIAGNOSTICS / PROCEDURES

| Diagnosis: CAD SYSRTIONAL ANGLA CLASS III Allergies if any: AKDA.  ALORMAI LU FUNCTION, S'AT  |  |                   |           |              |         |   |                     |                |              |
|---|--|-------------------|-----------|--------------|---------|---|---------------------|----------------|--------------|
| From (Area  |  | To (Area          |           | Date         | Time    |   | n for Transfer / Na | ame of Pro     | cedure       |
| RL  | RL cathlab 29/10/23/14.55 CAG1.  |                   |           |              |         |   |                     |                |              |
| Method of Tra   | nsfer: [   | On Bed 🖫 On       | Wheeld    | hair 🗌 On 🤄  | Stretch | er  |                     |                |              |
|   | ASSESSMENT OF PATIENT:  General condition of Patient: Conscious Conscious Un-conscious |                   |           |              |         |   |                     |                |              |
| Language Bai  | rier: 🗌  | Yes 🖳 No 🗀 If     | Yes, spe  | cify:        |         |   |                     |                |              |
| Fall Risk Cate  | gory: 🗌  | Low Risk 🗌 Med    | dium Ris  | sk 🛮 High R  | Risk    |   |                     |                |              |
| Vital Signs (to I   | e docur  | nented at the tim | e of shif | ting):       |         |   |                     |                |              |
| Temp (°F)   | RR (t  | oreaths/min)      | Puls      | e (beats/mir | n)      | SpO <sub>2</sub> (%)                          | BP (mmHg)           | Pain           | Score        |
| 98.6  | 2:   | blm               | 7         | ublm         |         | 91.1.   | [a8 9a              | - 01           | 0.           |
| Pain Scale used: ☐ PIPPS (28 weeks to ≤ 38 weeks) ☐ CRIES (38 weeks - 2 months) ☐ FLACC Scale (2 months - 7 years) ☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years) ☐ Numerical Rating Scale (>12 years) ☐ CPOT (ventilator / comatose)  Any pre-medication given: |  |                   |           |              |         |   |                     |                |              |
| Any specific re   | comme  | ndation:          |           |              |         |   |                     |                |              |
| Handover by   |  | atura             | Nar       | ne<br>Sate   | m<br>m  |   | 698€                | Date           | Time<br>U-57 |
| Handed over to  | <b>)</b>   | July 1            |           | Prijo        | 2-1     |   | 0273                | 29/10/23       | 15.00        |
| After Procedure:  Procedure completed:  Yes   Any critical information:   |  |                   |           |              |         |   |                     |                |              |
| Vital Signs (to be documented at the time of shifting):   |  |                   |           |              |         |   |                     |                |              |
| Temp (°F)   | <u> </u>   | oreaths/min)      |           | e (beats/mir | n)      | SpO <sub>2</sub> (%)                          | BP (mmHg)           | <del>  /</del> | Score        |
| Pain Scale used: ☐ PIPPS (28 weeks to ≤ 38 weeks) ☐ CRIES (38 weeks - 2 months) ☐ FLACC Scale (2 months - 7 years) ☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years) ☐ Mumerical Rating Scale (>12 years) ☐ CPOT (ventilator / comatose)                            |  |                   |           |              |         |   |                     |                |              |
| <u> </u>  | Sign   | ature             | Nai       | me           |         |   | Emp. No.            | Date           | Time         |
| Handover by   | <del></del>  |                   |           | Jugs .S      | 4       |   | 0233                | 29/12/23       | 17.15        |
| Handed over to  | ) ~  | 127               |           | foula        | nya     | <u>,                                     </u> | DISC                | 24/123         | [4.]         |



Mr.RAJASINGH P

59/Malc/MH1202381562

29/12/2023/IPH2023002633

Dr.NARENDRAN M





# CONSENT FOR CORONARY ANGIOGRAM / CORONARY ANGIOPLASTY

### CONDITION AND PROCEDURE

Dr M. and Andruh has explained that I have the following condition:

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

#### RISKS OF THIS PROCEDURE

The risk of coronary angiography depends on:

(i)The nature of coronary artery disease (ii)The pumping status of the heart (iii) Your age and general health These are some of the more serious risks that can happen, but are not the only risks:

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

### PATIENT CONSENT:

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

On the basis of the above statements,

### I REQUEST TO HAVE THE PROCEDURE

|                                    | Signature | Name             | Date     | Time   |
|------------------------------------|-----------|------------------|----------|--------|
| Patient/Guardian with relationship | () A      | mr. Reja Srah.   | 29/12/23 | 12-45  |
| witness                            | X R       | me. Howsh (80n). | 29/10/23 | 12-45  |
| Doctor                             | dr.       | Dr-Salai sudhan  | 29/12/23 | lanes. |
| Interpreter                        |           | 1                |          |        |







| (A Unit of United Alliance Healthcare Pvt Ltd) |  |
|--|--|
| Patient Details (Affix Label here)             |  |

Name: UHID:

DOB: Sex:

| Cholin Characterine Tills Till Company Company | இருதய | ஆன்ஜியோகீராம் | <u>பரிசோதனைக்கான</u> | <u>ஒப்பம்</u> |
|--|-------|---------------|----------------------|---------------|
|--|-------|---------------|----------------------|---------------|

### நீலை மற்றும் செயல்முறை

பழைய இரும்புக் குழாய்களில் துருபிடிப்பதைப் போல். தமனிகளில் கொமுப்பு மற்றும் கால்சியம் சேரும். இது ஆன்ஜினா அல்லது மாரடைப்பினை ஏற்படுத்துகிறது. இதயத்திற்கு ரத்தத்தினை வழங்கும் ரத்தக்குழாயான இதயச்சுவர் சிரை தமனிகளில் நோயின் அளவினை கண்டறிய கரோனரி ஆஞ்சியரேகிராஃபி செயல்முறை மேற்கொள்ளப்படும். ஒரு மோக்கல் அனஸ்தீப்புக் (மயக்க மருந்து) வழங்கப்பட்ட பின், ஒரு சிறிய குழாயானது (கதீட்டர்) கவட்டை/கையிலுள்ள தமனியில் செலுத்தப்படும். இந்த குழாய் ஒவ்வொரு இதயச்சுவர் சிரை தமனிகளிலும் மாற்றி மாற்றி கவனமாக வரிசையாக செலுத்தப்படும். எக்ஸ்ரே மற்றும் பிற அயோடின் கொண்டுள்ளா கான்புராஸ்ட மீடியத்தினை (எண்ஸ்ரே டை.) பயன்படுத்தி, பல வீடியோ படங்கள் வரிசையாக எடுக்கப்படும். இதயத்தின் முக்கிய ஏற்றியிறைத்தல் அறையில் (இடதுபக்க இருதய கீழறை) இந்த கான்புராஸ்ட மீடியம் உட்செலுத்தப்படலாம். இது இதயத்தின் அளவினை மதிப்பிடவும் மற்றும் அது எவ்வாறு பம்ப் செய்கிறது என்பதை மதிப்படவும் மேற்கொள்ளப்படும். இப்படங்கள் நமக்கு இதயச்சுவர்சிரை தமனிகள் குறித்த ஒரு படத்தினை வழங்கும். இது உங்களுக்கு ஏதேனும் அடைப்பு இருக்கிறதா என்பதை கண்டறிய உதவும். பின்னர் உங்கள் படங்களை கவனமாக பார்த்த பின் மருத்துவரால் உங்களுக்கு ஏற்ற சிகீட்சையை மேற்கொள்ள முடியும். இவை பை-பாஸ் அறுவை சிகீட்சையாகவும் இருக்கலாம் அல்லது ஆன்ஜியோபிளாஸ்டி (பனுன் வடிவம் கொண்டதொரு சிறிய சாசேஜ் கொண்டு தமனியை அகைப்படுத்துகள் மட்டுமே போதுமானதாக இருக்கலாம்.

### **இச்சையல்முறையிலுள்ள இடர்பாடுகள்**

இதயுச்சுவர் சிரை ஆன்ஜியோகிராஃபியிலுள்ள இடர்பாடுகள் பின்வருபவைகளையே சார்ந்திருக்கும்

(i) இதயச்சுவர் சிரை தமனி நோயின் தன்மை — (ii) இதயத்தின் ஏற்றியிறைத்தல் நிலை — (iii) இதயத்தின் வயது மற்றும் பொது ஆரோக்கியம் ஏற்பட வாய்ப்புள்ள சில தீவிர கேடர்பாடுகள் வின்வருமாறு. ஆனால் கிலவகள் மட்டுமே முழுமையான கேடர்பாடுகள் அல்ல

| 10.00- <b>ல் ஒருவ</b> ருக்கும் கீழ்<br>(0.0001 ச <b>தவிக்</b> தம்) | (a) கதிர்வீச்சின் காரணமாக ஏற்படும் தோல் பாதீப்பு. சருமம் சிவந்து போதல்  |
|--|---|
| 1000-ல் ஒருவருக்கு (0.001 சதவிகீதம்)                               | <ul> <li>(b) வலிப்பு. இது பக்கவாதம் மற்றும் நீண்டநாள் ஊனத்தை ஏற்படுத்தலாம்</li> <li>(c) மாரடைப்பு</li> <li>(d) எக்ஸ்-ரே காண்ட்ராஸ்ட் மீடியத்தீன் (டை) ஆபத்தான விளைவுகள் . இவை ஏற்பட்டால்<br/>உங்களுக்கு ஆஸ்துமா, அதீர்ச்சி மற்றும் வலிப்பு போன்றவைகள் ஏற்படலாம். 2,50,000<br/>முதல் 4,00,000 ஊசிகளில் ஒன்று மரணத்தையும் விளைவிக்கலாம்.</li> <li>(e) குந்தப்பட்ட இடத்தீல் பெரிய அறுவை சிகீச்சை மேற்கொள்ள வேண்டியது வரலாம்.</li> <li>(f) அவசரகால இதய அறுவை சிகீச்சை அல்லது ஆன்னயோபிளாஸ்டிக் தேவைப்படலாம்.</li> <li>(g) எக்ஸ்ரே கதீர் பாதீப்பு காரணமாக அதீக வாழ்நாள் அச்சுறுத்தல் இடர்பாடு.</li> <li>(h) இறப்பு</li> </ul> |
| 100-ல் ஒருவருக்கு (0.01 சதவிகீதம்)                                 | <ul> <li>(1) இதயும் சரியான முறையில் துடிக்காமல் இருக்கலாம். அதற்கு அவசரமாக சிகீச்சை தேவைப்படும்</li> <li>(j) குத்தப்பட்ட கவட்டை பகுதியில் அறுவை சிகீச்சை சரியாடு. இதனால் மருத்துவமனையில் நீண்ட நாட்கள் தங்கியிருக்க வேண்டியது வரலாம்</li> <li>(k) தோல் அரிப்பு போன்ற சிறு விளைவுகள்</li> <li>(l) கான்ட்ராஸ்ட் மீடியம் காரணமாக சிறுநீரகம் செயல்படாமை அல்லது அதன் வலுகுறைதல்</li> </ul>   |
| 20-ல் ஒருவருக்கு (0.01 சதவிகீதம்)                                  | (m) குத்தப்பட்ட இடத்தீல் பெரிய அளவிலான சிராய்ப்பு அல்லது வீக்கம்  |
| வரும்பாலான மக்களுக்கு  | (n) சிறிய அளவிலான சிராய்ப்பு  |

#### நோயாளி ஒப்புதல்

#### செயல்முறையை எனக்கு மேற்கொள்ளுமாறு கேட்டுக்கொள்கிறேன்

|                                 | கையெழுத்து | பெயர் | தேதி  | நேரம் |
|---------------------------------|------------|-------|-------|-------|
| நோயாளி (பாதுகாவலா்)<br>உறவுமுறை |            |       | es. 1 |       |
| சாட்சி                          | ٦          | 1     |       |       |
| மருத்துவர்                      |            |       |       |       |
| மொழிபெயர்ப்பாளர்                |            |       |       |       |









Every heart beat counts

## TRANSRADIAL CORONARY ANGIOGRAM REPORT

| Patient Name:                  | Mr. RAJASINGH.P | ID:         | MHI202381562, |                  |
|--------------------------------|-----------------|-------------|---------------|------------------|
| Age/Gender :                   | 59 M            |             | IPH:          | IPH2023002633    |
| Cath No. :                     | 3506            | -           | DOP:          | 29.12.2023       |
| Done by Assisted by Technician |                 | Technician  | Phy           | sician assistant |
| Dr.M.Narendran                 | Ms. Sandhiya    | Mr. Prathap | Ms. Shalini   |                  |

DIAGNOSIS: CAD; EXERTIONAL ANGINA CLASS III; HBP; NORMAL LV FUNCTION

Access: Right radial artery

Total exposure time: 1126"

Hardware used: 5F sheath, 5F TIG, 5F EBU 3.0

DAP: 101.33 Gy.cm<sup>2</sup>

Contrast used: CONTRAPAQUE 50ml

Total RAK: 263.30 mGy

Medications given: Inj NTG 200 mcg & Inj Heparin 2500 IU IA

Hemodynamic data: Aortic pressure 117/88(99) mmHg; HR 80 bpm; SpO2 100%

Selective Coronary angiogram done in multiple angulated views:

| ARTERY    | FINDINGS  |
|-----------|---|
| LEFT MAIN | Distal LM has 70% tubular stenosis. Bifurcates into LAD & LCX.  |
| LAD       | Type 3 vessel. Ostioproximal LAD has 80% long segment stenosis. Mid LAD has 80% tubular stenosis. Distal LAD has luminal irregularities. Gives 2 major diagonals which have luminal irregularities.   |
| LCx       | Non Dominant. Proximal LCX before OM1 shows 95% tubular stenosis. Distal has luminal irregularities with TIMI I flow. Gives 2 major OMs. OM1 proximal part shows 95% long segment disease. OM2 proximal part shows 95% tubular stenosis.    |
| RCA       | Dominant. Proximal RCA has 50% tubular stenosis. Mid RCA has luminal irregularities. Distal RCA near bifurcation has 99% discrete stenosis. PDA proximal part has diffuse disease upto 70% stenosis. PLv mid part has 70% tubular stenosis. |
| IMA       | LIMA & RIMA are normal.   |

FINDINGS: RIGHT DOMINANT; DISTAL LM AND TRIPLE VESSEL DISEASE

ADVICE: CABG X Grafts to LAD, Major OM & PDA/PLV

Dr. G. Gnanavelu MD, DM (cardio), FACC by DR. M.NARENDRAN, MD, DM Chief Cardiologist

Reg. No: 39469

| #9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel: 044 - 4310 8959 |                      |                      |                  |  |  |  |  |  |
|---|----------------------|----------------------|------------------|--|--|--|--|--|
| ¶@MedwayHospitals   | (i) @medwayhospitals | in @medway-hospitals | @medwayhospitals |  |  |  |  |  |



Medway Centre of Excellence (Chennai) **Medway Group of Hospitals** Institute of Pulmonology **Heart Institute** Kodambakkam Mogappair Kumbakonam Chengalpattu Villupuram 044-27426829 04146-242000 044 - 4310 8959 044-2473 4454 044-2473 4455 044-26530011 | 044-2473 4455 | E-mail: info@medwayhospitals.com | Website: www.medwayhospitals.com | CIN: U74900TN2011PTC083665 MHI/HOSP/2022/118



Mr.RAJASINGH P 59/Malc/MHI202381562 29/12/2023/1РН2023002633 Dr. NARENDRAN M

<u>!</u>/048

| DATE & TIME |  | Observation / Action  |            |           | Signature<br>with Emp.No |  |  |  |  |
|-------------|--|---|------------|-----------|--------------------------|--|--|--|--|
| 29/12/23    | Patient                                | Received &  | rom KL     |           | 4 ,                      |  |  |  |  |
| 12.40.      | Patlent i                              | e conscious   | 4 Osier    | red .     | D                        |  |  |  |  |
|             | pi-vitals                              | oul mon   | Porting    | · ,       | 0282                     |  |  |  |  |
|             | Ship por                               | epasation c   | long!      | :         |                          |  |  |  |  |
|             |  | CATH  |            | •         |                          |  |  |  |  |
|             | · · ·                                  |   | · ·        |           |                          |  |  |  |  |
| 29/12/23    |  | COTH LAB  |            |           |                          |  |  |  |  |
| 15.00       |  | patient received from RL to<br>the lab. pt concious and wiented |            |           |                          |  |  |  |  |
|             | cath lab. pt                           | - conciols and  | x oriente  | 2/<br>3/- | 1213                     |  |  |  |  |
| 15.10       | ll                                     | ble. Iv line  | xeght s    | 10e_      | D'-077                   |  |  |  |  |
| 10          | follow !                               |   | Simon 1    |           | Prons'                   |  |  |  |  |
| 16.15       | CAG Started                            | sapping done  | · proceou  | <u>mo</u> | Ploess                   |  |  |  |  |
| 16.20       |  |   | vouch w    | ndon.     | PAGOS                    |  |  |  |  |
| 10.20       | local anest                            | l actory app  | 1000 5 (1) |           | Piorsi                   |  |  |  |  |
| 16.20       |  | gioo mag + IN:  | т неран    | in        | 7200                     |  |  |  |  |
|             |  | iven o/B pro  |            |           | Diozi                    |  |  |  |  |
| 16.25       |  | it Bp: 1:18/88/99   |            |           |                          |  |  |  |  |
|             | Sp0211004, vi                          |   |            |           | Ph08113                  |  |  |  |  |
|             | => procedure                           | cas done.   | Rt Red     | ial       |                          |  |  |  |  |
|             | artery Shee                            | eth removal.  | zight p    | laston    |                          |  |  |  |  |
|             | bandayo                                |   |            |           |                          |  |  |  |  |
|             | —————————————————————————————————————— | <del></del>   |            |           |                          |  |  |  |  |
|             |  |   |            |           |                          |  |  |  |  |
|             | Signature                              | Name  | Emp . No.  | Date      | Time                     |  |  |  |  |
| Document .  | Jigilatule                             | Mattie  |            |           | Tane                     |  |  |  |  |
| endorsed by | Joyl                                   | Jayarons.).   | 000        | erlinhi   | 12-30                    |  |  |  |  |



| DATE &<br>TIME          | Observation / Action   | Signature<br>with Emp.No |
|-------------------------|--|--------------------------|
| 16:50                   | Pecing nots  pt received from cere less to rein  pt is vitis stible, had one fluid  pt voided  proportient ho  cogning is right federal reproved ho  cogning is heemstorm.   | Q<br>om                  |
| OR; K.e.                | Dischage hots  of the 14 his removed  over to the pot offende.  of the Dischage Summing captains  to the pt offende  of purple offende  of the pt offende  offende  offende  offende  offende  offende  offende  offende  offe | Q<br>our.                |
| Document<br>endorsed by | Signature Name Emp. No. Date  Joy Aug. Pro. 2000 Ell 121   | Time                     |

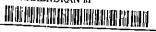




### SAFE PROCEDURE CHECKLIST Adapted from WHO Safe Surgery Checklist

Mr.RAJASINGH P 59/Male/MHI202381562 29/12/2023/IPH2023002633

Dr.NARENDRAN M



Medway
Heart
Institute

Every heart beat counts

| Name of the Procedure:   | Procedural Sedation :          | Location: Cath lab II   | Date & Time :   | patient label  |  |  |  |
|--|--------------------------------|---|---|--|--|--|--|
| SIGN IN 16.15 Before Induction of Procedural Se                          | edation                        | TIME OUT [6.20 After procedural Sedation and before procedure   | SIGN OUT [6, 45 When Doctor Indicates that the Procedure is completed |  |  |  |  |
| (Anaesthetist / Qualified Physicia<br>Sedation + Nurse + Technician + Do | n administering Procedural     | (Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure |   |  |  |  |  |
| Patient Confirmation   | con perioriting the procedure) | All team members introduce themselves by Name and Role  | To be done for each procedure in case of multiple procedures          |  |  |  |  |
| Identity by two identifiers  | ✓Yes                           | Identity by two identifiers   | ✓ Yes   | Name of the Procedure done written down                    |  |  |  |
| Procedure  | ☑Yes∕                          | Procedures CAG  | ☑Yes ✓  | Name and site of all specimens / investigations ☐ Yes ☐ NA |  |  |  |
| Side   | DART □LT □NA                   | Side Rt Radial ortery approach  | DAKI □LI □NA  | confirms labeling and sent to lab                          |  |  |  |
|  |                                | Expected Blood loss NA  |   | _  |  |  |  |
| Consent  | ☑ Yes                          | Position Supune   | Z Yes   | Any recovery concerns : Yes None                           |  |  |  |
| Known Allergy  | □Yes □∕Ño                      | Consent   | <b>1</b> Yes ∕  | If Yes, Pis. specify:                                      |  |  |  |
|  | If yes, plaese specify         | Required equipment and implants available   | □Yes □NA  |  |  |  |  |
| Difficult airway / aspiration risk                                       | No ☐ Yes, equipment            | Essential Imaging displayed   | ✓Yes □NA  |  |  |  |  |
| / dentures   | and assistance available       | Antibiotic prophylaxis within last 60 minutes   | ☐Yes ☑NA  |  |  |  |  |
| Possibility of hypothermia   | No ☐ Yes, warmer in place      | Name of the Antibiotic given  |   | Any Equipment / instrument problem that needs to be        |  |  |  |
|  |                                | Venous Thromboembolism Prophylaxis Provided   | ☐Yes ☐NA  | addressed: ☐ Yes ☐ None                                    |  |  |  |
| All concerned anesthesia equipment                                       | and medication check complete  | Anticipated duration briefed  | Yes   | If Yes, Pls. specify:                                      |  |  |  |
| Spo2 MBP Other   | s pls. specify_ECG_            | Anticipated blood loss briefed  | ZYes □ NA   |  |  |  |  |
| Pre OP medication taken  | ☐Yes ☑No                       | Adequate fluids and blood available   | DYES (INA   |  |  |  |  |
| Pie OP medication taken  | 163 12110                      | Team briefed on any critical or unexpected steps  | Yes   | Corrective action :  |  |  |  |
| Required equipment for   | 4 Yes □NA                      | For procedural sedation cases   |   |  |  |  |  |
| procedure available  | <b>_</b>                       | Any patient specific concerns :   | ☐ Yes ☐ None  |  |  |  |  |
|  |                                | Intra procedure glycernic control Any concerns about sterility  | ☐Yes ☐NA /  |  |  |  |  |
|  |                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |  |  |  |  |
| Anaesthetist / Doctor giving   | Doctor performing th           | he   Nurse: R/N Sourdhigh Ti  | echnician: MY, F  | Others Please Specify:                                     |  |  |  |
| Procedural Sedation  | Procedure :                    | 9724 0004   | echnician: MY, F  |  |  |  |  |
| L ( //   | 1. 1. 1.                       | 4724  |   | -DUS   |  |  |  |
| Date:  | Date: 29 [12]                  | 2] Date: 29/12/23 D   | ate: 29/12/27   | Date:  |  |  |  |
| Time:  | Time: 16.55                    | Time: 16.55   | ime: 16.55  | Time:  |  |  |  |







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

### **Procedure Monitoring Sheet (Cath Lab)**

| Every | hoart | bast |       |
|-------|-------|------|-------|
| cverq | nearc | beat | count |

Patient Name

Mr.RAJASINGH P

59/Male/MHI202381562

UHID / IP:

Dr.NARENDRAN M

Consultant:

29/12/2023/iPH2023002633

Ward Unit:

Age / Sex:

Diagnosis:

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

| PARAMETERS  | YES           | NO      | NA     |
|---|---------------|---------|--------|
| Vital signs: BP: 28. 92Temp. R. B. Pulse . L. RR 22. SP02:991 |               |         |        |
| Urine voided  |               |         |        |
| Bowel preparation   |               |         |        |
| Pre-procedure medication administered                         |               |         |        |
| Procedure site marked   |               |         |        |
| Skin preparation done   | 1             |         |        |
| NPO! 9.80 am.   |               |         |        |
| Loose Tooth removed   |               | <b></b> |        |
| Contact lenses / Eye glasses removed                          |               | •       |        |
| Prosthesis present  |               |         |        |
| Jewellery/Nail polish removed                                 |               |         |        |
| Checked for Allergies (Drug / food)                           |               |         | -      |
| IV line/In-situ   |               |         | -      |
| Consent taken   |               |         |        |
| Investigation reports / Documents received                    |               |         |        |
| Signature of Nurse 1970                                       | Date & Time : | 29-12-5 | 230-12 |

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

| Time  | HR/min  | RR / min   | BP mmHg     | SpO <sub>2</sub> % | Medication / Remarks | Sign. of Nurse |
|-------|---------|------------|-------------|--------------------|----------------------|----------------|
| 16-20 | 23 bHmt | 20 br/mt   | 115/77 (95) | 100%               |                      | 2013           |
| 16.30 |         | 20 brint   | 127/93 (97) | 100%               |                      | P20253         |
| 16,40 | 80 bHnt | 20 bylat   | 114/52 (84) | 100%               |                      | 1 Pro233       |
|       |         | proc       | edre got    | - <u>pvor -</u>    |                      |                |
|       |         | — <i>p</i> | ð           |                    |                      | ļ              |
|       |         |            |             |                    |                      |                |
|       |         |            |             |                    |                      |                |
|       |         |            |             |                    |                      |                |

|  |  | F  | ost Proce                    | edure Follow Up                       | Data (to   | be filled by the de           | octor)                          | -               |
|--|--|--|------------------------------|---------------------------------------|------------|-------------------------------|---------------------------------|-----------------|
| Time:  |  | 16.50  |                              |                                       | Route:     | Rt Radial                     | ortey o                         | uppyoàs         |
|  | cation : ¡   |  |                              |                                       |            |                               | J                               | 11              |
| BP: 1  | 36/83 (<br>ad<br>Pulse:  | 97)<br>Felt  | mmHg, HR                     | 2: <u>82 bHmt</u><br>, Puncture Site: | , RR :<br> | 20 br/mb-sp02<br>ozing no hen | :- 99<br>natoma                 | <u> </u>        |
| Advise   |  |  |                              |                                       |            |                               |                                 |                 |
| <ul><li>◆ Bed</li><li>◆ Obs</li><li>◆ Wa</li><li>◆ Die</li></ul> | d rest up<br>serve pur<br>tch for P<br>t Nowh                      | ulse in _<br>al Die                                      | e for bleedir<br>RH Rac<br>L | <u>sucul</u> artery.                  |            | •                             | , ;                             |                 |
| a)<br>b)<br>c)<br>♦ Rei<br>to tl                                 | If patien<br>If dressin<br>If limbs a<br>move <u>P</u><br>he consu | t complairing is Loos<br>are Cold /<br>- Podia<br>Itant. | Absent Pul<br>Lautor di      | iscomfort<br>ed with Blood            | 2/23       | at <u>)b.3</u>                | <u>D</u> ам /Рм<br>Л            | after informing |
| ♦ Spe  | ecial insti  | ruction if a   | any: 小『)                     |                                       |            |                               | Hr2                             | <u></u>         |
|  |  | •  | •                            |                                       |            | N                             | ۹ <u>۱</u> ۶<br>ame & Signature | e of Consultant |
|  |  | •  |                              | POST PROCED                           | URE OF     | SERVATION                     |                                 |                 |
| Date & Time  | BP   | HR RR  | SpO2%                        | Site Evalua                           | tion       | Extremity Status              | Remarks                         | Sign. of Nurse  |
|  |  |  |                              |                                       | 1          |                               |                                 |                 |
|  |  |  |                              |                                       | -//        |                               |                                 | <del></del>     |
|  | _  |  |                              |                                       | 4          |                               |                                 | <del> </del>    |
| _ ; - ;  | _  |  |                              |                                       |            |                               |                                 |                 |
| Nurses   | Notes :  | <u>                                       </u>           |                              |                                       |            |                               | <u>l</u>                        | <u> </u>        |
|  | þ  | Yocec  | lure                         | CAG done                              | . R        | + Radial                      | arlery                          | Sheath          |
| remov  | ed.  | Tight  | plas                         | her banda                             | ge o       | applied. ne                   | o sozina                        | g no            |
| hema   | foma   |  |                              |                                       |            |                               |                                 |                 |
| Condition  |  | <b>—</b>   | ocedure :<br>Recovery F      | Stable                                | _          | tical                         |                                 |                 |
| Name 8   | Signatu  | re of the I  | Vurse :                      |                                       |            | Date & Time                   | : 29/12/28                      |                 |

Pig233





### Mr.RAJASINGH P

59/Male/MHI202381562

29/12/2023/IFH2023002633

[ Dr.NARENDRAN M





Every heart beat counts

| (A Unit of United Al   | llance Healthcare Pvt Ltd)  |   |  | _ cverg  |      | CUC CU |       |
|--|---|---|--|--|------|--------|-------|
|  | BRADEN S  | CALE FOR PREDICTI   | NG PRESSURE INJUR  | Y RISK Date:   | 29   | 12_    | 23    |
| 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      |       |
| MOISTURE<br>degree to which<br>skin is exposed<br>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   | Skin is usually dry, linen only requires changing at routine intervals   |      | 4      |       |
| ACTIVITY degree of h physical activity   | Bediast 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 }  |        |       |
| MOBILITY ability to change and control body position                               | 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   | Slight Limited     Makes frequent through slight changes in body or extremity position independently   | 4. No Edmitation Makes major and frequent changes in position without assistance   | 4    | 4      | _     |
| NUTRITION<br>usual food<br>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 diary 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, diary 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 diary products. Occasionally eats between meals. Does not require supplementation | 3    | 2      |       |
| FRICTION<br>& 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 strength to lift up completely during move. No or chair  |  | 3    | 84     | 1/1/2 |
| Score  | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; h   | High Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp. No.   | oou, | 1      |       |



PAIN RE-ASSESSMENT & MONITORING CHART



### Mr.RAJASINGH P

59/Malc/MHI202381562 29/12/2023/IPH2023002633

Dr.NARENDRAN M



MHI/NUR/2022/052



Every heart beat counts

| Date &<br>Time      | Pain<br>Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting,<br>burning, referred / radiant pain) | Duration          | Location / Site | Interventions          | Staff Initial<br>& Emp. No.           | Senior Staff<br>Initial &<br>Emp. No. |
|---------------------|---------------|--|-------------------|-----------------|------------------------|---------------------------------------|---------------------------------------|
| 29 18 19<br>12 - 40 | 0/10          | No pais  |                   | _               |                        | S S S S S S S S S S S S S S S S S S S | Juloon                                |
| 12.40               | 0/10          | No pate  |                   |                 |                        | ann                                   | Jolos                                 |
|                     |               | P  | ای ا <del>ر</del> | tested to       | From Couth las at 1715 |                                       |                                       |
|                     |               |  | Kece              | ened /          | Imm can as act 1711    | <del> </del>                          | <del></del>                           |
| 12-15               | %             | Mo pain  | _                 |                 |                        | fr                                    | Jack                                  |
| 18-15               | %0            | Mo pain  |                   | _               |                        | 220                                   | Salfor                                |
| 9-15                | %             | X10 pais   | -                 |                 |                        | Logic                                 | Juso                                  |
|                     |               |  |                   | Dle             |                        |                                       |                                       |
|                     |               |  |                   |                 |                        |                                       |                                       |
| <u> </u>            |               |  |                   |                 |                        |                                       |                                       |
|                     |               |  |                   |                 |                        |                                       |                                       |
|                     |               |  |                   |                 |                        |                                       |                                       |



| Date &<br>Time | Pain<br>Score                           | (dull, achy, | ain Character<br>sharp, stabbing, shooting,<br>, referred / radiant pain)           | Duration   | Location / Site   |  | Interventions   | Staff Initial & Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |
|----------------|---|--------------|---|--|---|--|---|--------------------------|---------------------------------------|
|                |   |              |   |  |   |  |   | _                        |                                       |
|                |   |              |   |  |   |  |   |                          |                                       |
|                | •                                       |              |   |  |   |  |   |                          | , <b>:</b>                            |
|                |   | ,            |   |  |   |  | ,   | :                        | .51                                   |
|                |   |              | <del></del>   |  | P.  | AIN SCALES   | <del></del>   | . ]                      |                                       |
| (28 weel       | PIPPS<br>(s to <u>&lt;</u> 38           | s weeks)     | 6 or less = Minimal to no<br>7 - 12 = Mild pain - Provid<br>>12 = Moderate to sever | de comfort me                                    |   |  |   | ,                        | <u>-</u>                              |
| (38 we         | CRIES<br>eks - 2 m                      | onths)       |   |  |   |  | ore of 10 is possible. If the CRIES score is > ated for a score of 6 or higher.   | 4,                       |                                       |
|                | ACC Sca<br>inths - 7 y                  |              | 0: Relaxed & comfortable  | e, 1-3: Mild d                                   | iscomfort, 4-6: Mod   | erate discomfort, 7-10: Seve   | re discomfort / pain / both   |                          | , , ,                                 |
| , Pain         | j-Baker F/<br>Rating S<br>ars - 12 y    | cale:        | O 2 No Hurts Little Bit   | 4 Hurts Little More                              | 6<br>Hurts<br>Even More   | 8 10  Hurts Whole Lot Worst  | Numerical Rating Scale (age I   | 7 8·                     | years) 9 10                           |
| Observa        | ical care l<br>ation Tool<br>ator / com | (CPOT)       | COMPLIANCE WITH VE  | Absence of m<br>NTILATION (in<br>Selaxed, 1 - Te | novements or normal<br>ntubated patients):<br>nts): 0 - Talking on n<br>ense, Rigid, 2 - Very 1 | position, 1 - Protection, 2 - Re<br>0 - Tolerating Ventilator or Mov<br>ormal tone or no sound, 1 - Signese, Rigid | stlessness / Agitation<br>rement , 1 - Coughing but tolerating, 2 - Fighting<br>ghing, Moaning, 2 - Crying out, sobbing | g ventilator (or)        |                                       |
|                | harmacol<br>tervention                  |              | Cutaneous Stimulation a<br>Thermal Therapies (no lo                                 | and massage:<br>onger than 15                    | E - Positioning; F - I<br>to 20 minutes): G - C   |  | ntal exercisers<br>ation; I - Shortwave diathermy<br>social therapy/counselling: K - Individual Cour                    | nseling; L - Family      | / counseling                          |
| Pharmac        | ological i                              | ntervention  | is as per doctor's prescrip   | tion   |   |  |   |                          |                                       |





#### Mr.RAJASINGH P

59/Male/MHI202381562 29/12/2023/IPH2023002633

Dr.NARENDRAN M





### **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

| <u> </u>    | D-L-  | [An] h-       |               | <u> </u>      |               | <u> </u>      |               | I           |
|-------------|---|---------------|---------------|---------------|---------------|---------------|---------------|-------------|
|             |   | 20 .45        |               | <u> </u>      |               |               | ļ             | <u> </u>    |
| <del></del> | Time  | 14.40         |               |               |               | <u> </u>      | <del></del>   | _           |
| S. No.      | PARAMETERS  |               |               |               |               |               |               |             |
| 1           | Active cancer (on-going treatment or diagnosed within 6 months or palliative care)  | 0             |               |               |               |               |               |             |
| 2           | Bedridden recently >3 days or major surgery within four weeks   | 0             |               |               |               |               |               |             |
| 3           | Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)   | 0             | _             |               | _             | _             |               |             |
| 4           | Collateral (nonvaricose) superficial veins present (Assess for both legs)   | 0             |               |               |               |               |               |             |
| 5           | Entire leg swollen (Assess for both legs)   | O             |               |               |               |               |               |             |
| 6           | Localized tenderness along the deep venous system (Assess for both legs)  | 0             |               |               |               |               |               |             |
| 7           | Pitting edema, greater in the symptomatic leg (Assess for both legs)  | 0             |               |               |               |               |               |             |
| 8           | Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)  | Ø             |               |               | _             |               |               |             |
| 9           | Previously documented DVT (Assess for both legs)  | 0             |               |               |               |               |               |             |
| 10          | Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture. | 0             |               |               |               |               |               |             |
|             | FINAL SCORE   | 0             |               |               |               |               |               |             |
| Low R       | tisk: -2 to 0   Moderate Risk: 1 to 2   High Risk: 3 to 8   |               |               |               |               |               |               |             |
|             | DVT prophylaxis started   | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | □ Yes<br>□ No | □Yes<br>□No |
|             | Signature & Emp. No. of RN  | Aller         |               |               |               |               |               |             |
|             | Signature & Emp. No. of Sr. RN  | 9             |               |               |               |               | _             |             |
|             |   | e000          |               |               |               |               |               |             |



(A Unit of United Alliance Healthcare Pvt Ltd)



Mr.RAJASINGH P

59/Male/MHI202381562 29/12/2023/IPH2023002633

Dr.NARENDRAN M



### MODIFIED MORSE FALL RISK ASSESSMENT CHART

|  |      |  | 1          | ره      |           |         |          |        |          |      |
|--|------|--|------------|---------|-----------|---------|----------|--------|----------|------|
|  | Date | 29/19/2  | 28/14      | V       |           |         |          |        |          |      |
| Variables  | Time | 12.40  | 1700       |         |           |         |          |        |          |      |
| History of falling   | No   | 0  | <b>(d)</b> | 0       | 0         | 0       | 0        | 0      | 0        | 0    |
| (immediate or within 6 months)   | Yes  | 25   | 25         | 25      | 25        | 25      | 25       | 25     | 25       | 25   |
| Secondary diagnosis  | No   | 0  | 0          | 0       | 0         | 0       | 0        | 0      | 0        | 0    |
| (≥ 2 medical diagnosis)  | Yes  | (15)   | (15)       | 15      | 15        | 15      | 15       | 15     | 15       | 15   |
| Intravenous Therapy /  | No   | 0  | 0          | 0       | 0         | 0       | 0        | 0      | 0        | 0    |
| Heparin Lock / Tubes Insitu  | Yes  | (20)   | (20)       | 20      | 20        | 20      | 20       | 20     | 20       | 20   |
| AMBULATORY AID   |      |  | ) (        |         |           |         |          |        |          |      |
| None / Bed Rest / Nurse Assist   |      | (6)  | (O)        | 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  |      | (o)  | (A)        | 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  |      | ( <b>(0</b> )  | (%)        | 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,        | No   | ٩  | 0          | 0       | 0         | 0       | 0        | 0      | 0_       | 0    |
| immunosuppresent, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics | Yes  | (15)   | <b>75</b>  | 15      | 15        | 15      | 15       | 15     | 15       | 15   |
| Total Score  |      | 800  | 50         |         |           |         |          |        |          |      |
| Low Risk (0 - 24)  |      |  | ĺ          |         |           |         |          |        |          |      |
| Medium Risk (25 - 44)  |      |  | , —        |         |           |         |          |        |          |      |
| High Risk (45 or above)  |      |  | /          |         |           |         |          | -      |          |      |
| Signature & Emp. No. of RN   |      | THE STATE OF THE S | the        |         |           |         |          |        |          |      |
| Signature & Emp. No. of Sr. RN   |      | 12   | To         |         |           |         |          | -      |          |      |
|  |      | 050-   | 24: Low    | Risk, 2 | 5 - 44: N | /ledium | Risk; 45 | or abo | ve: High | Risk |

|   |           |                     |   | ~  |  |  |  |  |  | _        |
|---|-----------|---------------------|---|--|--|--|--|--|--|----------|
| INTERVENTIONS Tick as per the Risk Score  | Date      | liston              | 9/12  | D'   |  |  |  |  |  |          |
|   |           | 12/2                | 20  |  |  | <del> </del>                                     |  |  | -  |          |
| nok as per the rusk score   | Time      | प्रथ0               | 3   |  |  |  | <u> </u>   |  |  |          |
| Low Risk Interventions (0 - 24)   |           |                     |   |  |  |  |  | Ì  | ·  | -        |
| Familiarize the patient with the immediate surround                               |           |                     |   | <u> </u>   |  |  | <u> </u>   |  | 1  |          |
| Remind the patient to use call bell before getting out of bed                     |           |                     |   | ļ  |  | 1  |  |  | <u> </u>   |          |
| Keep the two side rails in the raised position at all times for                   |           | /                   |   |  |  |  | 1  | ļ  |  |          |
| all patients regardless of age  |           | ļ .                 | /   | <del> </del>                                     | <b>!</b>   | <u> </u>   |  |  | -  |          |
| Keep the call bell, bedside table, water, glasses within the patient's easy reach |           | /                   |   |  | 1  |  |  |  | 1  |          |
| Remove excess equipment or furniture to make                                      | a clear   | · · · ·             | <del>-/-</del>                                    | <del> </del>                                     |  | <del> </del>                                     | <del>                                      </del>  | <del></del>                                      | <del> </del>                                     |          |
| path  |           | /                   | 1   |  | 1  |  |  |  |  |          |
| Keep the patient's bed in the low position at all time.                           | s except  |                     | <del>                                     </del>  | <del>  `</del>                                   | <del>                                     </del> | 1  | +  | <u> </u>   | <del>                                     </del> |          |
| during procedure  |           | /                   | · /   |  |  |  |  |  |  |          |
| Teach fall-prevention techniques, such as sitting                                 | up for a  |                     | 1   | <u> </u>   |  | 1  | 1  |  | <del>                                     </del> | <u> </u> |
| moment before rising from the bed   | -         |                     | /   |  |  |  |  |  |  | ĺ        |
| Bed wheels should be locked   |           |                     |   |  |  |  |  |  |  |          |
| Encourage family participation in the patient's care                              |           |                     |   | ĺ  |  |  |  |  |  | _        |
| Ensure that floor of the bathroom is dry and not slippery                         |           |                     |   |  |  |  |  |  |  |          |
| Review medications for potential side effects t                                   | hat can   | _                   | 1 7   | 1  |  |  |  |  |  |          |
| promote falls   |           |                     | _/_   | <u> </u>   |  |  | <u> </u>   |  |  |          |
| Use safety belts during movement in wheelchair                                    |           |                     |   | ļ  |  | ļ  | 1  | ļ <u>-</u>                                       | <u> </u>   |          |
| The patients are not ambulated by themselves. The                                 | ey are to |                     |   | 1  |  |  | 1  |  |  |          |
| be ambulated only with assistance   |           |                     |   |  |  |  | j  |  |  |          |
| Medium risk interventions (25 - 44)   |           |                     |   |  |  | <del>                                     </del> | <del>                                     </del>   |  | <del> </del>                                     | -        |
| Apply all the low risk interventions  |           | /                   |   | ļ  |  | ļ  | 1  | <u> </u>   | <u> </u>   |          |
| Tie yellow fall risk tag in the bed and Wheel chair / Stretcher                   |           | ļ                   | <u> </u>  | l  |  | <u> </u>   | <del> </del>                                       | <u> </u>   |  | _        |
| Make sure that proper transfer precautions are in                                 |           |                     |   | ì  |  |  | Ì  |  |  |          |
| for heavy or debilitated patients in a bed or wheel on a toilet seat              | Chair or  | _                   | 1   | <u> </u>   |  |  | ]  |  |  |          |
| Use restraints and bed monitors as ordered by the                                 | doctor    | <u> </u>            | <del>  /                                   </del> | <del> </del>                                     |  | +  | <del>                                       </del> | <del> </del>                                     | 1  |          |
| Allow the patient to ambulate only with assistance                                |           |                     | /   | <del> </del>                                     |  | -  | +  | +  |  |          |
| Consider peak effects of the medications that effe                                | cts level |                     | <del>-/</del>                                     |  |  | 1  | 1  | +  | <del>                                     </del> | _        |
| of consciousness, gait and elimination when p                                     |           |                     | '   |  |  |  |  |  |  |          |
| patient's care  |           | ′                   | _   |  |  |  |  |  |  |          |
| Do not leave patients unattended in diagno  | ostic or  |                     | /   |  | <u> </u>   |  |  |  |  |          |
| treatment areas   |           |                     | ,   |  |  |  |  |  |  |          |
| Accompany the patient while going to bathroom                                     |           |                     |   | i —  |  | 1  |  | 1  |  |          |
| Advice the patient to use grab bars near the toilet,                              | bathtub,  |                     |   |  |  |  |  |  |  |          |
| and shower  |           |                     |   |  |  |  |  |  |  |          |
| Make sure the family and other visitors underst                                   | and the   | ,                   |   |  |  |  |  |  |  | ì        |
| restrictions mentioned above  |           |                     |   |  |  | 1  |  |  |  |          |
| High-risk interventions (45 or above)   |           |                     | i   | <del>                                     </del> |  | 1  | <del>                                     </del>   | <del> </del>                                     | <del> </del>                                     |          |
| Apply all the low and medium risk interventions                                   | <b>.</b>  | -                   | /   | <u> </u>   | <del>-</del>                                     | <del> </del>                                     | <del> </del>                                       |  | <u> </u>   |          |
| Tie red fall risk tag in the bed, wheel chair and streto                          |           | <del>  `</del>      | <i>y</i>  | <del> </del>                                     | <del> </del>                                     | -  |  | <del> </del>                                     | <del> </del>                                     | <u> </u> |
| Locate the high-risk patients in a room close to the                              | nurses    |                     |   | ļ .  |  |  |  |  |  |          |
| station Answer these patients call bells as quickly as possil                     | hle       | /                   | <del>                                     </del>  |  | <del>                                     </del> | + -  | <del>                                     </del>   | +  | <del>                                     </del> |          |
| Provide a commode at bedside (if appropriate)                                     | <u> </u>  | _                   | <del>                                     </del>  |  | <del>                                     </del> | + -  | +  | +  | <del> </del>                                     |          |
| Urinal/bedpan should be within easy reach (if appropriate)                        |           | $\vdash \leftarrow$ |   |  |  |  |  | +  | 1  |          |
| Encourage family members or other visitors to s                                   |           | 100                 |   | [.   | <del> </del>                                     | +  | 1  | <del>                                     </del> |  |          |
| them  |           | NA                  | ,   |  |  |  |  |  |  |          |
|   | s: safety |                     | 11.   |  |  |  |  |  |  |          |
| If appropriate, consider using protection devices                                 |           |                     | Y .   | <sub> </sub> -                                   |  | 1  | 1  | ŀ  | 1  | ļ        |
| <u>-</u>  |           |                     | <u> </u>  | IZ.  |  |  |  |  |  |          |
| If appropriate, consider using protection devices belts                           |           | 1/0/                | Qx  |  |  | <del>                                     </del> |  |  |  |          |
| If appropriate, consider using protection devices                                 | of RN     | 200                 | S.F.  |  |  |  |  |  |  |          |

### **MEDWAY HOSPITALS**

### KODAMBAKKAM (HEART)

i, 1st Main Road, United India Colony , Kodambakkam, Chennai, Tamilnadu, Inc. 044-2473 4455

care@medwayhospitals.com

Registration No : MHI202381562

Patient Name

: RAJASINGH P

Age

: 59

Gender

: Male

IP Number

: MMH/HM/IPH2023002633

Discharge Date

: 29/12/2023 6:57:00PM

Bill No

: MMH/HM/IPH00648

Bill Date

: 29/12/2023 5:56:07PM

Ward Name

: RADIAL LOUNGE

**Bed Name** 

: V\_RL-9

### NO DUE





