

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	✓	



ADMISSION SLIP

Admitting Doctor: Dr. ANBARASU MOHANRAJ Speciality: CARDIO

Advised Date & Time: 30/12/2023 8:22 PM

Provisional Diagnosis:
STACU MVI2 VMI2
(B) Hypertension

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):

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

Expected Duration of Stay: 3 Days

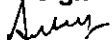
Expected Cost of Treatment (as per Financial Counseling Form):

Payer: ☒ Self ☐ Insurance ☐ Others: _____

Instructions to Nurse (if any):
Admission call

Any other Instructions (if any):

Doctor's Signature



Name

Dr. Anish Nelson
 Reg. No: 88434

Reg. No.

Dr. Anish Nelson
 Reg. No: 88434

Date

30/12/23

Time

8:22

For admission desk staff only:

Room Category: ☐ General Ward

☐ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☒ Others CCU

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

30/12/23

8.22 pm

30/12/23

8.22 pm

Source: ☐ OPD

☐ ER

☒ Direct

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

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

Front office Staff Signature

Name

Emp. No.

Date

Time



Isabel R / Cruz

MH/0273

30/12/23 8.22 pm

ADMISSION FORM

Marital Status Married	Full Address No-7, St. Mary's Road, Mandaveli, Chennai - 600028	Telephone Number 94486567603 9962797014
Occupation		

Referred from Dr. TAMILARASU SIVANMURUGAN K.M.	Date of Time of Admission 30/12/23 8:22P	Date & Time of Discharge 21/1/24	Total No. of Days 4 days
UNIT Cardiothoracic	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		

FINAL DIAGNOSIS		ICD Code
STUCK MITRAL PROSTHESIS - MEDIAL LEAFLET STUCK, LATERAL		Z95.2
LEAFLET PARTIALLY MOBILE MODERATE PULMONARY ARTERY HYPERTENSION - MODERATE LEFT PLEURAL EFFUSION MILD MITRAL		I27.2
REGURGITATION MILD AORTIC REGURGITATION PROXIMAL AORTIC		J91
FIBRILLATION RIGHT UPPER LIMB DEEP VEIN THROMBOSIS - SEPTEMBER 2023.		I34.0 / I35.1
RECURRENT LEFT FRONTAL HEMORRHAGE - INTRACRANIAL HEMORRHAGE MASS EFFECT - AUGUST 2023.		I48.0
LEFT MCA TERRITORY INFARCT AND RIGHT HEMIPLEGIA JUNE 2023 RECURRENT CEREBRAL VASCULAR		
DATE	OPERATION / PROCEDURES	ICPM Code
	ACCIDENT - POSTERIOR CIRCULATION STROKE AND RIGHT MCA TERRITORY PROSTHETIC VALVE THROMBOSIS THROMBOLYSED WITH ENO STREPTOKINASE - 2016 CABG NORMAL EPICARDIAL CORONARIES - 2014 RHEUMATIC HEART DISEASE AORTIC AORTIC	I22.0
	LOW SYSTOLIC FUNCTION - EF 54 - TYPE II DIABETES MELLITUS	I50.1
	SYSTEMIC HYPERTENSION	I10
DATE	TYPE OF ANESTHESIA	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL	

DISCHARGE STATUS		
<input checked="" type="checkbox"/> Cured	<input type="checkbox"/> Discharge at Request	<input type="checkbox"/> Expired < 48 hours
<input type="checkbox"/> Improved	<input type="checkbox"/> Against Medical Advice	<input type="checkbox"/> Expired > 48 hours
<input type="checkbox"/> Unchanged	<input type="checkbox"/> Absconded	<input type="checkbox"/> Post-Operative Death
<input type="checkbox"/> Transferred to		
Signature of the Consultant Dr. Anbarasu Mohanraj		Signature of Medical Records Officer N. R. D. 2568

AUTHORISATION FOR TREATMENT I PAYMENT

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

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

இதன் மூலமாக நான் நிர்வாகம், மருத்துவம், தாதியர், ஏனைய மருத்துவ ஊழியர்கள் எனக்கு / நோயாளிக்கு தேவைப்பட்ட சோதனைகளை செய்து மருந்துகளை கொடுக்கவும். மயக்க மருந்துகள் கொடுத்து செய்முறைகள்/அறுவை சிகிச்சை செய்யவும் அதிகாரம் வழங்குகிறேன். நான் / இதில் குறித்துள்ள நோயாளின் செலவுக்கான தொகை முழுவதும் செலுத்த இதன் மூலம் உறுதி அளிக்கிறேன்.

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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


மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.


செவிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date 30/12/2023


எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

உறவுமுறை Husband

Nature of Relationship



GENERAL CONSENT FOR ADMISSION


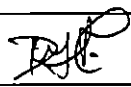
I, D. Kalaimani the ☐ Patient or ☐ Representative of patient have
(please tick the correct option above and below)

☐ Read

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

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

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


	Signature / Thumb Impression*	Name	Date	Time
Patient		D. Kalaimani	30/12/23	8:22 AM
Surrogate/Guardian (if applicable #)		Elangovan (Write name and relationship with patient)	30/12/23	8:22 AM
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		Deepthi TC	30/12/23	8:22 AM
Interpreter (if applicable)				

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

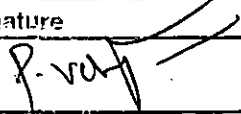


ADMISSION CRITERIA FOR INTENSIVE CARE UNIT

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


S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE			
8	Endocrine System and Metabolism related				
	Diabetic ketoacidosis complicated by hemodynamic instability, altered mental status, respiratory insufficiency, or severe acidosis				
	Thyroid storm or myxedema coma with hemodynamic instability				
	Hyperosmolar state with coma and/or hemodynamic instability or Serum Glucose more than 800 mg/dl				
	Other endocrine problems such as adrenal crises with hemodynamic instability				
	Severe hypercalcemia (Serum Calcium more than 15 mg/dl) with altered mental status, requiring hemodynamic monitoring				
	Hypo or hypernatremia (Serum Sodium less than 110 mEq/L or more than 155 mEq/L) with seizures, altered mental status				
	Hypo or hypermagnesemia with hemodynamic compromise or dysrhythmias				
	Hypo or hyperkalemia (Serum Potassium less than 2.0 mEq/L or more than 6.0 mEq/L) with dysrhythmias or muscular weakness				
Hypophosphatemia with muscular weakness					
Doctor	Signature 	Name Dr. Anish Nelson Reg. No: 88434	Reg. No. Dr. Anish Nelson Reg. No: 88434	Date 30/12/22	Time 4pm

DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE			
1	Stable hemodynamic parameters	✓			
2	Stable respiratory status (Pt. extubated with stable arterial blood gases) & airway patent				
3	Minimal oxygen requirement (not more than 3 L by nasal prongs)				
4	Intravenous / Inotropic / Vasopressor support and vasodilators are no longer necessary				
5	Cardiac dysrhythmias are controlled				
6	Presence of distal pulses				
7	No signs of bleeding and hematoma at puncture site				
8	End of life care pathway chosen				
Doctor	Signature 	Name Dr. Vcl	Reg. No. 93468	Date 31/12/22	Time 6pm



Medway Hospitals®
The way to better health

Ms. KALAIMANI.D
52 / Female / MH1202378998
30 2023 / IPH2023002640
Dr. ANBARASU MOHANRAJ


KUMBARANAM: No. 142-B, Sri Balasubramaniam Nagar, Pilliyam Pettai,
Ammachathiram (Post), Thiruvudaimarudhur (Taluk), Kumbakonam - 612103.
(Tanjore Dist). Ph: 0435 - 2412345 | Mob: 7397720491
E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com

MH/PRINT /0036/ ICU / NRS

2/26, 1st Main Road, United India Colony, Kodambakkam,
Chennai - 600024. Tel : 044 - 2473 4455 | Mobile No : 9962 985 985

DIL / HIGH RISK FORM

I was informed that Mr./Mrs.
under the care of Dr. is seriously ill.

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

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

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


I also accept the prognosis of the patient.

Witness :

1.

2.

Signature : 

Relationship : 



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DISCHARGE SUMMARY

IP No.	: IPH2023002640	D.O.A	: 30.12.2023
UHID	: MHI202378998	D.O.D	: 02.01.2024
Name	: Mrs. KALAIMANI.D	Room No.	: 205
Age / Gender	: 52Years / FEMALE		
Consultant	: Dr. Anbarasu Mohan Raj, MS, DNB, M.Ch (CTVS), FRCS (Glasg) Director and Clinical lead – Cardio Vascular and Thoracic Surgery		

DIAGNOSIS:

STUCK MITRAL PROSTHESIS - MEDIAL LEAFLET STUCK, LATERAL LEAFLET PARTIALLY MOBILE
 MODERATE PULMONARY ARTERY HYPERTENSION
 MODERATE LEFT PLEURAL EFFUSION
 MILD MITRAL REGURGITATION
 MILD AORTIC REGURGITATION
 PAROXYSMAL ATRIAL FIBRILLATION
 RIGHT UPPER LIMB DEEP VEIN THROMBOSIS – SEPTEMBER 2023
 RECURRENT LEFT FRONTAL HEMORRHAGE - INTRACRANIAL HEMORRHAGE MASS EFFECT – AUGUST 2023
 LEFT MCA TERRITORY INFARCT AND RIGHT HEMIPLEGIA – JUNE 2023
 RECURRENT CEREBRAL VASCULAR ACCIDENT – POSTERIOR CIRCULATION STROKE AND RIGHT MCA TERRITORY INFARCT - 2020
 PROSTHETIC VALVE THROMBOSIS – THROMBOLYSED WITH INJ. STREPTOKINASE - 2016
 S/P MITRAL VALVE REPLACEMENT – 25MM ON-X MECHANICAL VALVE -2014
 CAG – NORMAL EPICARDIAL CORONARIES -2014
 RHEUMATIC HEART DISEASE
 ADEQUATE LV SYSTOLIC FUNCTION – EF: 54%
 TYPE II DIABETES MELLITUS
 SYSTEMIC HYPERTENSION

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

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94457 94457
1800 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Kumbakonam 044-2473 4455	Chengalpattu 044-27426829	Villupuram 04146-242000
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Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118



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NAME : MRS. KALAIMANI

UHID : MHI202378998

IPNO: IPH2023002640

BRIEF HISTORY:

Mrs. Kalaimani.D. 52 years old female, a known case of Type II diabetes mellitus, Systemic hypertension Rheumatic Heart disease, CAG – Normal epicardial coronaries, S/P Mitral valve replacement – 25 mm on – X mechanical valve - 2014, Prosthetic valve thrombosis – Thrombolysed with inj. Streptokinase – 2016, Recurrent cerebral vascular accident – posterior circulation stroke and right MCA territory infarct – 2020, Left MCA territory infarct and Right hemiplegia – June 2023, Recurrent left frontal hemorrhage -intracranial hemorrhage mass effect – August 2023, Right upper limb deep vein thrombosis – September 2023, Paroxysmal Atrial fibrillation, Adequate LV systolic function, presented to ER with complaints of breathlessness on exertion which gradually progressed to MYHA class III – IV. Hence, she was advised for admission. No H/O Syncope or Swelling of Legs. No H/O CKD or Hypothyroidism.

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

TEMP - 98.6 ° F
HR - 130bpm
BP - 120/70 mmHg
SPO₂ - 99% in 5 liters O₂
CVS - S1S2 (+)
RS - BAE (+), bilateral crepts (+)
Abdomen - Soft, non – tender
CNS - NFND

BLOOD INVESTIGATIONS:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	13.5	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
TWBC	10540	4000 - 10000	Cells/Cumm
POLYMORPHS	73.5	40-70	%
LYMPHOCYTES	21.1	20 - 40	%
EOSINOPHILS	0.9	0 - 6	%
MONOCYTES	3.8	0 - 6	%
BASOPHILS	0.7	0 - 2	%
PLATELET	179000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Cells/cumm
Urea	38	14 - 40	mgs/dl
Creatinine	1.20	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na ⁺)	140	135 - 145	mmol/l
Potassium (K ⁺)	4.40	3.4 - 5.5	mmol/l
T. Bilirubin	0.61	0.2-1.0	mg/dl
I. Bilirubin	0.40	0.4-0.6	mg/dl
D. Bilirubin	0.19	0.00 – 0.4	mg/dl
S.G.O.T	22	<38	U/L

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

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94457 94457
1800 572 3003

Medway Group of Hospitals

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

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

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

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Every heart beat counts

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NAME : MRS. KALAIMANI

UHID :

MHI202378998

IPNO: UPH2023002640

S.G.P.T	22	<41	U/L
ALP	73	Adult: 42 - 141	U/L
Total Protein	6.3	6.0 - 8.0	gm/dl
S. Albumin	3.7	3.5 - 5.0	gm/dl

PROTHROMBIN TIME	10.6	Normal : 0.9 - 1.5 INR Therapeutic Level Myocardial Infarction : 2.0 - 3.0 Deep Vein Thrombosis : 2.0 - 3.0 Pulmonary Embolism : 2.0 - 3.0 Artificial Cardiac Value : 3.0 -4.5	
INR	0.8	Recur.Systmic Embolism: 3.0 - 4.5 INR	

(02.01.2024)

PROTHROMBIN TIME	12.9	Normal : 0.9 - 1.5 INR Therapeutic Level Myocardial Infarction : 2.0 - 3.0 Deep Vein Thrombosis : 2.0 - 3.0 Pulmonary Embolism : 2.0 - 3.0 Artificial Cardiac Value : 3.0 -4.5	
INR	1.0	Recur.Systmic Embolism: 3.0 - 4.5 INR	

ECG: HR – 128bpm, sinus tachycardia, VPC's (+), right axis deviation.**PRE ECHO:** NO RWMA, ADEQUATE LV SYSTOLIC FUNCTION – EF : 54%, MITRAL VALVE GRADIENT – 22/32 MM HG AT HR – 127, MILD MR, MEDIAL LEAFLET STUCK, LATERAL LEAFLET PARTIALLY MOBILE, MILD AR, MILD TO MODERATE TR, TRPG – 48 M HG, MODERATE PAH, TRACE PERICARDIAL EFFUSION, LEFT MODERATE PLEURAL EFFUSION.**POST ECHO:**S/P MVR WITH 25MM ON - X MECHANICAL VALVE STUCK MITRAL PROSTHESIS – THROMBOLYSED 27.02.2023, DILATED LA, OTHER CHAMBERS NORMAL SIZED, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION, EF: 61%, NORMAL RV SYSTOLIC FUNCTION. RV TDI: 10CM/S, TASPE: 15MM, THICKENED AROTIC VALVE, OTHER VALVES STRUCTURALLY NORMAL, IAS/IVS INTACT, IVC NORMAL IN SIZE AND COLLAPSING, AORTIC GRADIENT – MAX GRADIENT – 4MMHG, MEAN GRADIENT – 3MMHG, MITRAL GRADIENT – MAX GRADIENT – 6MMHG, MEAN GRADIENT – 3MMHG, NORMAL FUNCTION OF MITRAL PROSTHESIS, TRIVIAL VALVULAR LEAK, NO PARAVALVULAR LEAK, NO AS/AR, TRIVIAL TR, NO PAH, MILD BILATERAL PLEURAL EFFUSION, NO CLOT/ VEGETATION/ PERICARDIAL EFFUSION.**CXR:** AP film, mitral prosthesis in position, pulmonary congestion (+)

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044-2473 4454

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MHI/HOSP/2022/118



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NABH ACCREDITED



NAME : MRS. KALAIMANI

UHID : MH1202378998

IPNO: 12312023002640
(A Unit of United Alliance Healthcare Pvt Ltd)**COURSE IN THE HOSPITAL:**

Mrs. Kalaimani.D. 52 years old female, was admitted with above mentioned complaints. Baseline investigations were done. She was shifted CCU. Her echo showed stuck mitral prosthesis - medial leaflet stuck, lateral leaflet partially mobile. She underwent CT brain which showed Chronic infarct with age related cerebral, cerebellar atrophy with small vessel ischemic changes and chronic lacunar infarcts as described. Patient and attenders were explained about the valvular disease, risks and need for the thrombolysis were explained in detail. After obtaining high risk consent, she was thrombolysed with inj. Streptokinase on 30.12.2023. Post thrombolysis, her echo showed normal functioning of mitral prosthesis, mitral gradient – 6/3mmHg, trivial valvular leak, no paravalvular leak. She was treated with NIV, Oxygen, antiplatelets, LMWH, Diuretics, Anti hypertensive and other supportive medications. She improved symptomatically with the above line of management. She was shifted to ward on 31.12.2023. Her medications are optimized and she is being discharged in a stable clinical status.

CONDITION ON DISCHARGE:

HR - 84/min BP - 110/78mmHg
SPO2 - 92% in room air

ADVICE MEDICATIONS:

SL. NO.	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. ACITROM (NICOUMALONE)	1 TABLET	3MG	0	0	1	ORAL	AFTER FOOD	AT 7 PM
2	TAB. ECOSPRIN (ASPIRIN)	1 TABLET	75MG	0	1	0	ORAL	AFTER FOOD	TO CONTINUE
3	TAB. ROSUVAS (ROSUVASTATIN)	1 TABLET	10MG	0	0	1	ORAL	AFTER FOOD	TO CONTINUE
4	TAB. CORDARONE (AMIODARONE)	1 TABLET	100MG	1	0	1	ORAL	AFTER FOOD	X 1 WEEK
6	TAB. BRIVAPRIDE (BRIVARACETAM)	1 TABLET	50 MG	2	0	2	ORAL	AFTER FOOD	TO CONTINUE
7	TAB. LASIX (FURSEMIDE)	1 TABLET	40MG	½	½	0	ORAL	AFTER FOOD	X 2 WEEKS
8	INJ. FONDARED (FONDAPARINUX)		2.5MG	1	0	0	S/C		X 2 DAYS

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NAME : MRS. KALAIMANI

UHID : MHI202378998

IPNO: MPH2023002640
(A Unit of United Alliance Healthcare Pvt Ltd)

DISCHARGE ADVICE	
DIET	1. VITAMIN K RESTRICTED 2. HIGH PROTEIN DIET
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION	1800ML/DAY
REVIEW	REVIEW WITH DR. ANBARASUMOHANRAJ AFTER 04/01/2024 WITH PT/INR AND SCREENING ECHO REPORT

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: Hari

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

V. S.

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

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MHI/HOSP/2022/118

INPATIENT INITIAL ASSESSMENT

Date: 30/12/23

Time of arrival in ward: 9:30 pm

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 96.6 (°F) | Pulse / HR: 130 (beats/min) | BP: 120/70 (mmHg)

Respiration: 26 (breaths/min) | SpO₂: 96 (%) | Height: 160 (cms) | Weight: 75 (kgs) | BMI: 29.2 kg/m²
(46.04)

Pain: ☐ Yes ☒ No. If Yes, Score: 0/10

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

Duration: _____ Location: _____

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

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

SITTING UP OF BREATH - PROGRESSION X 2 DAYS
DISCHARGED AS STABLE VALUE TO GET HOME FOR FURTHER Rx.

PAST MEDICAL HISTORY (with duration of illness):

Diabetes Mellitus: ☒ Yes ☐ No. If Yes, duration: >10 yrs Hypertension: ☒ Yes ☐ No. If Yes, duration: >10 yrs

Others:

RHD
DVT - RUL (JAN 2022) ON FRAXMIN (DALTEPARIN) - DUE TO ICH
RECURRENT CVA APPROXIMATE AF - SINCE 2023
(FROM ICH (2023))

Past Surgical History:

MVR (2014) - STABLE VALUE IN 2016 - STABLE VALUE
NOW AGAIN

Present Medication (for Medication Reconciliation):

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

Family History:**Personal / Social History (Tick whichever is applicable)**Lifestyle: ☐ Sedentary ☐ Active Occupation: _____Smoking: ☐ Yes ☒ No Alcohol: ☐ Yes ☒ No Recreational Drug Use: ☐ Yes ☒ No

Others: _____

Menstrual and Obstetric History (to be filled up for female patients):**General Physical Examination:**Pallor: ☐ Yes ☐ NoIcterus: ☐ Yes ☐ NoClubbing: ☐ Yes ☐ NoEdema: ☒ Yes ☐ NoLymphadenopathy: ☐ Yes ☐ No

SYSTEMIC EXAMINATION

CVS:

S₁S₂ normal

Respiratory System:

R/L crackles ++

Gastrointestinal System:

SuH

Central Nervous System:

RETROPHARYNGEAL

GCS - 15/15

Urinary / Reproductive / Locomotor System:

Skin / Ophthalmic / ENT

Suspected of contagious disease: ☐ Yes ☒ No

Immuno compromised status: ☐ Yes ☒ No

Isolation required: ☐ Yes ☒ No, if yes, ☐ Contact ☐ Airborne ☐ Droplet

Psychological Evaluation:

☒ Normal ☒ Anxious ☐ Depressed ☐ Others: _____

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

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

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

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

Is the BMI < 20.5? ☐ Yes ☒ No

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

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

Provisional Diagnosis:

MUR (2014) - SPINAL VENTRICLE -
MULTIPLE CVA - (R + R)
NOW AUG 2023 - (C) CAT E, (R) RPN

Plan of Care:

USIS - E CTX.

NEUROLOGICAL MONITORING 9/14

Investigations Advised:

CBC/RFI COAGULATION PROFILE

Diet Advice:

- ☐ Nil per Oral
 ☐ Clear liquid diet
 ☐ Normal liquid diet
 ☐ Diabetic liquid diet
☐ Semisolid diet
 ☐ Soft solid diet
 ☒ South Indian normal diet
 ☐ North Indian normal diet
☐ Neutropenic liquid diet
 ☐ Others: _____

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

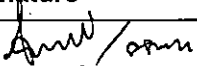


PFE: Patient Family Education

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

Others:

DIL
 CT BRAIN
 NEURUS
 CONSTANT RISK THROMBOSIS

NIV LOS

	Signature	Name	Reg. No.	Date	Time
Resident Doctor		Dr. Anish Nelson Reg. No: 88434	Dr. Anish Nelson Reg. No: 88434	30/12/23	9pm
Consultant		DR. ANANDARAMAN	55476	30/12/23	9pm
Patient Attendant		Relationship INDRANI	MOTHER	30/12/23	9pm

CONSENT FORM FOR CRITICAL CARE (ICU)

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

☒ Read

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

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

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

CENTRAL VENOUS CATHETER INSERTION

Brief description of the Procedure:

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

Intended benefits:

Common reasons for having a central line include:

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

Possible risks and complications:

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

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

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

Alternative Forms of Treatment: Peripheral Venous Access

Dr. ANBARASU MOHANRAJ

ENDOTRACHEAL INTUBATION

Brief description of the Procedure:

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

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

Intended benefits:

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

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

Possible risks and complications:

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

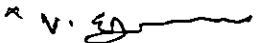
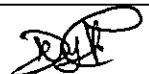
Possible alternatives:

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

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

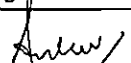
For the above-mentioned procedures that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said procedure on myself or my above-named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives.

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

	Signature / Thumb Impression*	Name	Date	Time
Patient				
Surrogate/Guardian (if applicable #)		V. Blangovan (Write name and relationship with patient)	30/12/23	9.30 pm
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		Deepthi K	30/12/23	9.30 pm
Interpreter (if applicable)				

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

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

	Signature	Name	Reg. No.	Date	Time
Doctor		Dr. Anish Nelson Reg. No: 88434	Dr. Anish Nelson Reg. No: 88434	30/12/23	9.30 pm

உயிரகாப்பு சிகிச்சைக்கான (அவசர சிகிச்சைப் பிரிவு / ஐசியு) ஒப்புதல் படிவம்

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

☐ வாசித்திருக்கிறேன்

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

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

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

மைய சிரையில் கதிட்டர் உட்செருகல்

மருத்துவ செயல்முறையின் சுருக்க விவரணை:

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

அடைய திட்டமிடப்படும் பலன்கள்:

மைய லைனை பொருத்துவதற்கான போது காரணங்களுள் கீழ்க்கண்டவை உள்ளடங்கும்:

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

சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள்:

- பொருத்தப்படும்போது அசௌகரியம்: ஊசியால் குத்தும்போது மற்றும் கதிட்டரைப் பொருத்தும் நேரத்தில் அதனை உட்செலுத்துகின்ற நேரத்தில் அசௌகரியம் ஏற்படக்கூடும்.
- இரத்தக்கசிவு: கதிட்டர் உட்செலுத்தப்படும் நேரத்தில் இரத்தக்கசிவு நிகழக்கூடும். இந்த இரத்தக்கசிவு வழக்கமாக மிகச்சிறிய அளவில் லேசாக இருக்கும் மற்றும் அது தானாகவே நின்றுவிடும்.
- தொற்று: உடலுக்குள் நுழைக்கப்படும் எந்தவொரு குழாயும் (கதிட்டர்), சருமத்திலிருந்து பாக்கிரியா இரத்த ஓட்டத்திற்குள் கலப்பதற்கு இதனை எளிதானதாக ஆக்கிவிடும். கதிட்டர் பொருத்தப்படும் இடத்தை தூய்மைப்படுத்துவது மற்றும் பேண்டேஜ் செய்வதில் சிறப்பு கவனம் செலுத்தப்படுவது தொற்றுக்கான இடர்வாய்ப்பைக் குறைக்கக்கூடும்.
- இரத்தஉறைவு
- ஒழுங்கற்ற இயத்தாடிப்பு
- நுகரையால் உறைக்காற்று நோய் (நுகரையால் துவண்டு மடிதல்): மாப்பு பகுதியில் ஒரு மைய சிரைகதிட்டர் பொருத்தப்படும்போது ஊசி சிரை / நாளத்தின் வழியாக கடந்து செல்லுமானால் அல்லது அதை தவறவிடுமானால் அந்த ஊசி நுகரையிலுக்குள் ஊடுருவி, நுகரையால் துவண்டு மடிவதை விளைவிக்கும். இது நிகழமானால், நுகரையிலிருந்து வெளியே கசிந்திருக்கின்ற காரணை அகற்றுவதற்கு விலாக்களுக்கு இடையே ஒரு சூழாயை வைப்பதன் மூலம் நுகரையால் மீண்டும் மீட்டி வீக்கம் பெறுமாறு செய்யப்படும்.

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

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

சிகிச்சையின் மாற்று வழிமுறை விடவங்கள்: புறவெளி சிரை / நாளத்திற்கு அணுகுவசதி

முச்சுப் பெருங்குழலுள் குழாய் செருகுதல்

மருத்துவ செயல்முறையின் சுருக்கமான விவரணை:

முச்சுப் பெருங்குழலுள் குழாய் செருகுதல் (Endotracheal Intubation) என்பது, தாங்களே சுயமாக சுவாசிக்க இயலாத அல்லது நினைவிழந்துவிட்ட நபர்களுக்கு செய்யப்படும் ஒரு அவசரநிலை சிகிச்சை செயல்முறையாகும். இது, ஒரு திறந்தநிலை முச்சுப்பாதையை பராமரிக்க வகை செய்கிறது மற்றும் முச்சுத்திணை நிகழாமல் தடுக்கிறது. நீங்கள் சுவாசிப்பதற்கு உதவு, உங்களுக்கு / உங்களுக்கு நோயாளியின் முச்சுக்குழலுக்கு ஒரு நெகிழ்வுத்திறன் கொண்ட பீளாஸ்டிக் குழாய் வாய் வழியாகப் பொருத்தப்படுகிறது. முச்சுக்குழாய் என்றும் அழைக்கப்படுகின்ற இந்த முச்சுக்குழல், ஆக்சிஜனை நுரையீரல்களுக்கு எடுத்துச்செல்லும் ஒரு குழாயாகும். சுவாசிப்பதற்கான இந்த குழாயின் அளவு நோயாளியின் வயது மற்றும் தொண்டை அளவிற்குப் பொருத்தமானதாக தேர்வு செய்யப்படும். உட்செலுத்தப்பட்டதற்குப் பிறகு குழாயை சுற்றி விரிவடைகின்ற காற்றின் ஒரு சிறிய சுற்றுப்பட்டையின் மூலம் உட்செலுத்தப்பட்ட குழாய் அதே இடத்தில் இருக்குமாறு வைக்கப்படும். முச்சுக்குழாய், குரல்வலைக்கு சுற்றுக்கீழே தொடங்குகிறது மற்றும் மாற்பு எலும்பிற்கு பின்னே வரை அது நளிகிறது. அதன்பிறகு முச்சுக்குழாய் இரு சிறு குழல்களாக பிரிகிறது: வலது மற்றும் இடது பிரதான முச்சு சிறுகுழாய்கள் ஒவ்வொரு சிறுகுழாயும், ஒவ்வொரு நுரையீரலோடு இணைக்கப்பட்டிருக்கிறது. இந்த முச்சு சிறுகுழாய், அதன்பிறகு நுரையீரலுக்குள் சிறு சிறு காற்றுப் பாதைகளாக தொடர்ந்து பிரிகின்றன. முச்சுக்குழாய் என்பது, கடினமான குருத்தெலும்பு, தசை மற்றும் இணைப்புத்திசு ஆகியவற்றால் உருவானது. இதன் அகவுரை மிகுதுவான திசுக்களால் ஆனது. ஒவ்வொரு முறையும் நீங்கள் / உங்களுக்கு நோயாளி காற்றை உள்ளே சுவாசிக்கும்போது முச்சுக்குழாய் சற்றே நளமானதாக மற்றும் விரிவானதாக ஆகிறது. முச்சு வெளியே விடும்போது அதன் முந்தைய தளர்வான நிலைக்கு அது திரும்புகிறது. முச்சுப்பாதையில் எந்தவொரு இடமும் சேதமடைந்திருக்குமானால் அல்லது தடை பட்டிருக்குமானால் உங்களுக்கு சுவாசிக்க இயலாமல் போகலாம் அல்லது சுவாசிப்பதில் சிரமம் இருக்கலாம். இத்தகைய தருணத்தில் தான் முச்சுப் பெருங்குழலுள் குழாய் செருகுதல் அவசியமாக இருக்கக்கூடும். இந்த செயல்முறை உங்களுக்கு முச்சு / காற்றுப்பாதையை அடைப்பின்று திறந்த நிலையில் வைக்கிறது. நீங்கள் சுவாசிக்கும்போது உங்களுக்கு நுரையீரலிலிருந்து மற்றும் நுரையீரலுக்கு ஆக்சிஜன் தடையின்றி, தராளமாக சென்று வருவதை இது அனுமதிக்கிறது.

அடையத் திட்டமிடப்பட்டுள்ள பலன்கள்:

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

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

சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள்:

- பற்கள் அல்லது பற்கட்டமைப்பிற்கு காயம்
- தொண்டை அல்லது முச்சுக்குழாயில் காயம்
- இரத்தக்கசிவு
- நுரையீரல் சிக்கல்கள் அல்லது காயம்
- உறிஞ்சி வெளியிடும்போது (வயிற்றிலுள்ள உணவுப்பொருட்களும், அமிலங்களும் நுரையீரல்களில் சேர்ந்திருக்கும்போது)
- பிற இடர்கள் (ஏதும் இருக்குமானால்):

சாத்தியமுள்ள மாற்று வழிமுறைகள்:

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

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

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

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


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

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

	கையொப்பம்	பெயர்	பதிவு எண்.	தேதி	நேரம்
மருத்துவர்					

DOCTOR'S PROGRESS NOTES

DATE	NOTES
	Mrs. Kalaimani -
	S2/F
30/12/23 7:15 PM	S/B Dr. Lalitha Sudhan (Duty cardio)
	RHD Sp MVR - 25mm Oxy mechanical valve (2014) CAG (S) Coronaries
	Prosthetic valve thrombosis lysed TTK (2016)
GCH - Sin bradycardia - VEC	Recurrent CVA - 2020 - posterior circulation stroke & RT MCA infarct June 2023 - Lt MCA infarct - RT ULN weakness Aug/Sep 2023 - Left frontal hemorrhage (ICH - mass effect)
Screening ECHO - NO Aortic, Altered Septal motion (P) - EF - 55%, Adequate LVF - MVA - 22/32 mmHg @ LVE 127	T2DM / SHTN / paroxysmal AF / RT ULNUT UTI (Feb 2023)
	Stopped warfarin after ICH ↓ Currently on Dab. Fragmin 500 U S/O OD
- Mild MR - Mild to moderate TR - TRPH - 48 mmHg, Moderate PPH - Trace pericardial effusion - Lt moderate pleural effusion	C/o clonus in biceps x 2 days atypical chest pain (P) O/E = Conscious, oriented Tachypneic PR - 125/min, BP - 107/72 (84) SpO2 99% on 4L O2 Cns 2/4 (P) Rt BAE (P) R/c cmpt (P)
	(Pro)


DATE	NOTES
	<u>Sup.</u> Atrial Pacemaker prosthetic valve (25mm Omx valve)
	Thrombolysis / Adequate wsf / T2DM / SHTN /
	- PT had recent ICH
	3 months ago.
	- Contraindicated for thrombolysis.
	Revised
P/W Dr. Ambrose Sr.	- DIL
Dr. Gnanasekar Sr.	- CT brain
	- Coagulation profile, CBC, RFT.
- To do Baseline CT Brain	X - <u>Sup.</u> Clexane 0.6ml q/c BD.
& Coagulation profile	- T. Cordarone 100mg 1-0-1
- High risk & informed	- T. Rosuvast 10mg 0-0-1
Consent for Thrombolysis	- T. Briv 50mg 2-0-2
	- <u>Sup.</u> PARV 40mg IV 1-0-1
- Start Thrombolysis & Streptokinase	X - T. Ecospin 75mg 0-1-0
after informed consent --	- To discuss with CNS team
	for further management.
	- PT is sick ..
- <u>Sup.</u> Streptokinase (1 ml = 1 lakh Unit).	
2.5 lakh Bolus (5 ml/hour for 30 min)	
↓ after 30 min	91211
1 lakh U/hour for 12 hrs (1 ml/hour)	
- Neurological status monitoring	

Date: 30/12/23

Time: 10.47pm

Doctor's Name: Dr. Abishek

ICU PROGRESS NOTES

ICU SCORES (as Appropriate)	CLIF ACLF / AD score: SOFA score:	MELD score: SAPS II score:	AARC score: APACHE II score:
ICU Day <u>(D1)</u> Background Prosthetic valve thrombosis / Reversal CVA Paroxysmal AF / <u>(R)</u> UL DVT / T2DM / SHTN	Issues last 24 hours Essential dyspnea Pain for thrombolysis		
Central nervous system Conscious / oriented / sedated with Sedation score GCS - E ₄ V ₅ M ₆ 15/15 Pupils BIL PERL Pain score Drains	Cardiovascular system HR - 108/min Rhythm - <u>sin</u> Cardiac Output - BP - 124/69 CVP - <u>aus</u> → 5132 ⊕ Cardiac Medications:		
Respiratory system → on NIV - PC mode Oxygen supplementation of ventilation i Saturation / PaO ₂ - <u>FiO₂ - 35% RR - 15/min</u> Ventilator : Spontaneous / Controlled PC - 5. PEEP - 5  Last CxR - <u>Aus</u> → BIL AE ⊕ i Drains - <u>basal cups</u>	GIT <u>Soft</u> P/A Bowels - <u>Y/N</u> Loose stools / Melena Drains NG tube : <u>Y/N</u> Day NGA- USG CT		
Nutrition & Fluids Oral feeds / NG feeds TPN - formula used Supplements Calories / Proteins achieved : IV fluids - 24 hour Urine output Fluid balance Creatinine clearance Acidosis Lactate RRT - SLED / IHD / CRRT	Microbiology Invasive lines 1. <u>Peripheral line</u> [Don't put lines on R or L] 2. Foley's Yes / No ET Tube / Tracheostomy tube - <u>Y/N</u> Day Culture reports Antimicrobials with days 1. <u>-</u> 2. 3.		
Labs 30/12 Hb 13.5 TC 10540 Platelets 1.79 Lakhs Urea 38 Creatinine 1.20 Na 140 K 4.40 Bilirubin 0.61 AST 22 ALT 23 INR 10.6/0.8 Others	DVT prophylaxis - <u>Y/N</u> Drugs : Mechanical - TEDS / SCD Stress Ulcer Prophylaxis - <u>Y/N</u> Drugs Pressure sore <u>Y/N</u> Alpha bed <u>Y/N</u>		

Plan for the day

1) Patient's Condition been informed to
~~attending~~

↓

Started Thrombolysis @ 10.45 AM

Inf. Streptokinase 2.5 L Unit bolus over 30 min

At 1 L 0/hr for 2 min

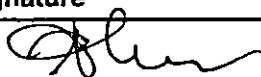
Can discuss information to duty Cardiology
Dr. Salai Sudhan

2) Patient put on NIV (PC mode) - PS → not
plus increase Complaint
oxygenation

Post NIV RR has settled.

3) To monitor Vitals (Bp & HR) continuously
for 2 hours.

4) To follow duty nurse
for doctor's orders.

Doctor	Signature	Name	Reg. No.	Date	Time
		Dr. Abhishek	133362	30/12/22	10.40 PM

Plan for the day

31/12/2023

Ms. KALAIMANI.D

52/Female/MHI202378998

30/12/2023/IPH2023002640

Dr. ANBARASU MOHANRAJ



② 2.20 Am

→ patient also pain in
both the legs (from knee to foot)

and temp rate were same

(RR → 60-65/min)

then Dig. Stropharia were stopped (40/1)



Temp rate has been down

now more (20-26/min)



③ 2.45 Am Cerebral reflexes were
Dr. Salari had been down

then to submit Dig. Stropharia
@ 1cc/hr

and also do Cerebral

monitoring of Vitals.

(Cerebral pulses were palpable.)

Doctor	Signature	Name	Reg. No.	Date	Time
		Dr. Anbarasu	133262	31/12/23	10.00

Date :

ICU PROGRESS NOTES

Time :

Doctor's Name :

ICU SCORES
(as Appropriate)

CLIF ACLF / AD score:
SOFA score:

MELD score:
SAPS II score:

AARC score:
APACHE II score:

ICU Day
Background

Issues last 24 hours

Central nervous system

Conscious / oriented / sedated with
Sedation score
GCS - E V M Pupils
Pain score Drains

Cardiovascular system

HR - Rhythm - Cardiac Output -
BP - CVP -
Cardiac Medications:

Respiratory system

Oxygen supplementation -
Saturation / PaO2-
Ventilator : Spontaneous / Controlled



Last C x R -
Drains -

GIT

P/A
Bowels - Y / N Loose stools / Melena
Drains
NG tube : Y / N Day NGA-
USG
CT

Nutrition & Fluids

Oral feeds / NG feeds
TPN - formula used
Supplements
Calories / Proteins achieved
IV fluids -
24 hour Urine output
Fluid balance
Creatinine clearance
Acidosis Lactate
RRT - SLED / IHD / CRRT

Microbiology

Invasive lines
1. 2.
Foley's Yes / No
ET Tube / Tracheostomy tube - Y / N Day
Culture reports
Antimicrobials with days
1.
2.
3.

Labs

Hb TC Platelets
Urea Creatinine
Na K
Bilirubin AST ALT
INR
Others

DVT prophylaxis - Y/N

Drugs : Mechanical - TEDS / SCD

Stress Ulcer Prophylaxis - Y/N

Drugs

Pressure sore Y / N

Alpha bed Y / N

Date: 31/12/23

Time: 8-00

Doctor's Name: Dr. Karthikeyan

ICU PROGRESS NOTES

ICU SCORES (as Appropriate)	CLIF ACLF / AD score: SOFA score:	MELD score: SAPS II score:	AARC score: APACHE II score:
ICU Day Background	Issues last 24 hours Tachypnea. O ₂ Requirement 4L		
Central nervous system Conscious / oriented / sedated with <u>② hemiplegia</u> Sedation score <u>15/15</u> GCS - E V M <u>15/15</u> Pain score <u>0/10</u> Pupils <u>0/10</u> Drains <u>0/10</u>	Cardiovascular system HR - <u>127</u> Rhythm <u>sinus</u> Cardiac Output - BP - <u>100/60</u> CVP - Cardiac Medications: <u>streptokinase 1mg/kg</u>		
Respiratory system Oxygen supplementation - <u>BAZLE</u> Saturation / PaO ₂ - <u>SpO₂: 97% on</u> Ventilator : Spontaneous / Controlled <u>RA: 33</u> Last C x R - <u>0/10</u> Drains - <u>0/10</u>	GIT <u>soft</u> P/A <u>0/10</u> Bowels - Y/N <u>Loose stools / Melena</u> Drains <u>0/10</u> NG tube : Y/N <u>Day</u> NGA- USG <u>0/10</u> CT <u>0/10</u>		
Nutrition & Fluids Oral feeds / NG feeds <u>only feeds</u> TPN - formula used <u>4/20</u> Supplements <u>0/10</u> Calories / Proteins achieved : IV fluids - <u>520</u> 24 hour Urine output Fluid balance Creatinine clearance Acidosis Lactate RRT - SLED / IHD / CRRT	Microbiology <u>peripheral lines</u> Invasive lines 1. <u>0/10</u> 2. <u>0/10</u> Foley's Yes / No ET Tube / Tracheostomy tube - Y / N Day Culture reports Antimicrobials with days 1. <u>0/10</u> 2. <u>0/10</u> 3. <u>0/10</u>		
Labs Hb TC Platelets Urea Creatinine Na K Bilirubin AST ALT INR Others	DVT prophylaxis - Y/N Drugs : Mechanical - TEDS / SCD Stress Ulcer Prophylaxis - Y/N Drugs Pressure sore Y/N Alpha bed Y/N		

Plan for the day


C/O/W DR. ARAVINDS (NEUROLOGY)

DO R/W CT BRAIN IMAGES - STAT.

CAN GO AHEAD & RISKY EXPERIMENTED.

TO INFORM IF ANY NEURO DETERIORATION

FOLLOW SITE PROTOCOL -

Doctor	Signature	Name	Reg. No.	Date	Time
	Dr. Anish Nelson Reg. No: 88434		Dr. Anish Nelson Reg. No: 88434	3/12/24	8:20




Date : 31/12/23

Time : 8.00

Doctor's Name : DR - KARTHIK RAS

ICU PROGRESS NOTES

ICU SCORES (as Appropriate)	CLIF ACLF / AD score: SOFA score:	MELD score: SAPS II score:	AARC score: APACHE II score:
ICU Day Background	Issues last 24 hours Tachypnea O ₂ Requirement NIV - on work		
Central nervous system Conscious / oriented / sedated with Sedation score 15/16 GCS - E V M Pain score Pupils 3/4 RNL Drains	Cardiovascular system HR - 120 Rhythm - Sin Cardiac Output - BP - 120/60 CVP - Cardiac Medications: 5mg-on flow 1ml/hr.		
Respiratory system Oxygen supplementation - BMB Saturation / PaO ₂ - SpO ₂ : 97% on Ventilator : Spontaneous / Controlled Crepes  Last C x R - Drains -	GIT P/A Soyr. Bowels - Y/N Loose stools / Melena Drains NG tube : Y / N Day NGA- USG CT		
Nutrition & Fluids Oral feeds / NG feeds Oral feeds. TPN - formula used 24/24 Supplements 520 Calories / Proteins achieved : IV fluids - 24 hour Urine output Fluid balance Creatinine clearance Acidosis Lactate RRT - SLED / IHD / CRRT	Microbiology Invasive lines penicillin. 1. 2. Foley's Yes / No ET Tube / Tracheostomy tube - Y / N Day Culture reports Antimicrobials with days 1. 2. 3.		
Labs Hb TC Platelets Urea Creatinine Na K Bilirubin AST ALT INR Others	DVT prophylaxis Y/N Drugs : Mechanical - TEDS / SCD Stress Ulcer Prophylaxis Y/N Drugs Pressure sore Y/N Alpha bed Y/N		

Plan for the day

Adv

to cont same drugs
oral feeds.

Refers consult to Dr. Arbutson
HD chart

Monitor ABs

cont STK infusion.

NLV - SOS.

basal infusion - mg/hr.

1 hr

85851.

Doctor	Signature	Name	Reg. No.	Date	Time
	<u>K</u>	Dr. Karthi	85851.	31/12/23	8.00



DOCTOR'S PROGRESS NOTES

DATE	NOTES
31/12/23 8 AM	<p><u>2/8 Dr. Salai Sudham (Cardio)</u></p> <p>- Pt reviewed</p> <p>SOB ↓ ed.</p> <p>10 hrs</p> <p>I / 211 0 / 570</p> <p>CBG - 167</p> <p>Screening Echo</p> <p>- MV gradient - 4/8 mm Hg @ 125 bpm</p> <p>- Trivial TR.</p> <p>- TRPG - 30 mm Hg, mild PAH</p> <p>- Trace pericardial effusion</p> <p>- Moderate to pleural effusion.</p> <p>Rpt RFT</p>
	<p>O/E = Conscious, oriented</p> <p>PR - 122/min, BP - 100/70.</p> <p>SpO₂ 98% on 2L O₂</p> <p>Cul = S₁L₂ (+) crack (+)</p> <p>R₂ = BAE (+)</p> <p>Basal crep (+)</p> <p>P/W Dr. Anbarasu sir Dr. Gnanaretnam sir Adv</p> <p>- Dig. Lasix infusion 2mg/min</p> <p>- plan to stop stat infusion & change to elixir after rounds.</p> <p>97211</p>

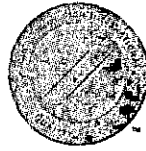
DATE	NOTES
31/12/23 11:00	S/B Dr. Ambrose / Dr. Prasen
	C/O P-MVR (Nub) 2014 / P+VT thrombolysed 2016
	P- Rt post cric stroke 2020 / Lt post infarct E
	Rt hemiparesis Jun 2022 / Lt frontal hemorrhage Aug 2021
	Ischaemic AF / Rt in DVT
	Thrombolysed E stroke alone
	MV gradually improved.
	Pt. Conscious, oriented
	BP 110/70 mm Hg
	HR 120/min Bn
	SpO2 - 98% in 2L O2 NP
	Rt JL, Lt weakness
	No other neurological signs
	Plan
	- Continue medical management
	- Continue clozapine
	- T. AcetONE 2mg Q-O-1
	Cont ICU care.
	Prasen 11:22 S.B.



ray
rt
 te
 punts

DATE	NOTES
21/12/23	8th Driveline in P/wire
8m	<ul style="list-style-type: none"> - Pt. removed reviewed - not new wires
9/8	Consensus
	Overhead
	<div style="display: flex; justify-content: space-between;"> <div> <p>Hz - 112/115</p> <p>BP - 110/100 mmHg</p> <p>SpO₂ - 96% 2h NO</p> <p>PR - 18/14</p> </div> <div> <p>Wt - 5.52 (5)</p> <p>AC - 3/L equal AB</p> <p>ALA - Soft</p> <p>CNI - N/A</p> </div> </div>
	Plan
	<ul style="list-style-type: none"> • Shift toward • continue consensus
9/8	

DATE	NOTES
31/12/23	S/B Dr. Mohamed Hydous
10pm	S/P MVR (Mech) 2014 / recurrent CVA / T2DM IHTN / (R) UL DVT
	Patient Conscious oriented Afebrile -
Vitals	CVS → S, S2 (+) RS → BAC (+) P/A → soft, NT
PR - 91/min	
RR - 18/min	
BP - 116/80 mmHg	
SpO2 - 97% on 4L O2	
	Adm - Monitor vitals - Follow dx chart
	(mm)



DOCTOR'S PROGRESS NOTES

DATE	NOTES
01/1/24	S/B Dr. Anasuya
10:00AM	patient reviewed No breathlessness reduced now Vitals stable
12:45PM	Advice continue the same TO give Tab. F Cosprin today
1/1/24	S/B Dr. Mohamed Hydross
10PM	S/P MVR(2014) / recurrent CVA / T2DM / HTN / (R) UL DVT
	Patient conscious oriented. Afebrile.
	Wtals Stable.
	crs → S.S. ⊕ rns → B.A. ⊕ p/A → soft NT
	Adv - monitor vitals - to do ECHO, PT, INR - to remove Catheter
	known to follow up dent



MICROBIOLOGY SHEET

DATE	30/12/23		
COLOUR	Pale yellow		
REACTION			
SPECIFIC GRAVITY			
APPEARANCE	Slightly Turbid		
ALBUMIN			
SUGAR	Nil		
ACETONE			
BILE SALT			
BILE PIGMENT			
UROBILINOGEN			
PUS CELLS	8-10		
EPITHELIAL CELLS	2-4		
RBC	2-3		
CASTS	2 Nil		
CRYSTALS			
OTHERS	Bacteria present		

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

Sex:

MICROBIOLOGY SHEET

DATE			
COLOUR			
REACTION			
SPECIFIC GRAVITY			
APPEARANCE			
ALBUMIN			
SUGAR			
ACETONE			
BILE SALT			
BILE PIGMENT			
UROBILINOGEN			
WBC			
EPITHELIAL CELLS			
RBC			
CASTS			
CRYSTALS			
OTHERS			

[illegible]

DIABETIC CHART

Ms. KALAIMANI.D

52/Female/MHI202378998

30/12/2023/IPH2023002640

Dr. ANBARASU MOHANRAJ



ACTUAL WEIGHT 75 kg HbA_{1c}

PREVIOUS DIABETIC MEDICATIONS

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
30/12/23	8:30 pm	112 mg/dl	-	<u>UOL</u> 220	DR. ANISH.
21/12/23	6:30	167 mg/dl	-	<u>Pam</u> 059	DR. ABISHEK.
	12:10	139 mg/dl	-	<u>P</u> 277	DR. KATHIR.
	12:30	153 mg/dl	-	<u>Hay</u> 400	<u>1602</u>
11/12/23	6:30	135 mg/dl	-	<u>Past</u> 72	<u>Be</u> 600

INSTRUCTIONS FOR INSULIN INFUSIONS

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

BLOOD GROUP

Ms. KALAIMANI.D

52/Female/MHI202378998

30/12/2023/IPH2023002640

Dr. ANBARASU MOHANRAJ



INVESTIGATION SHEET

Date	30/12/23	31/12/23	2/1/24			
HAEMATOLOGY						
Hb	13.5					
P.C.V						
Platelets	179000					
TLC	10540					
Polymorphs	73.5					
Lymphocytes	21.1					
Eosinophils	0.9					
Mono / Basophils	3.8 / 0.7					
E.S.R						
BIO-CHEMISTRY						
Urea	38	44				
Creatinine	1.20	1.12				
Sodium	140	140				
Potassium	4.40	4.04				
Bicarbonate	18	20				
Chloride	102.8	105				
Magnesium						
Calcium	8.8	8.3				
Phosphorus	4.8	3.5				
LFT						
T.Bilirubin	0.61					
D.Bilirubin	0.19					
I.Bilirubin	0.42					
S.G.O.T	22					
S.G.P.T	22					
ALP	73					
GGT	20					
Total Protein	6.3					
S.Albumin	3.7					
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp						

[illegible]



2/066
Medway
Heart
Institute
ry heart beat counts

[illegible]



Date	From: 1/1/24	To: 2/1/24	Bed No: 113	INTAKE & OUTPUT CHART													
24 Hrs : Started Time : 7:30am														Ended Time : 7:00			
NPO Started at :														NPO Over at :			
SHIFT	Morning			Afternoon			Night			Restricted Fluid (RF)							
INTAKE	650ml			400ml			400ml			2. litres							
OUTPUT	450			300ml			500ml										
Total Intake: 1450ml				Total Output: 1750ml				Difference: 300									
INTAKE (ml)							OUTPUT (ml)										
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by		
			Type of Fluid	Additions	Amount												
7.00	200					200	12.00	450					450				
7.45	100					300	16.00	400					950				
8.45	200					500	19.00	300					1250				
10.00	150					650	6.30	500					1750				
12.30	100					750											
14.00	150					900											
17.00	50					950											
19.00	100					1050											
20.30	100					1150											
22.10	100					1250											
23.00	100					1350											
6.30	100					1450											
							TOTAL INTAKE = 1450										
							TOTAL OUTPUT = 1750										
							BALANCE = 300										

Nad
2024

T_2 DM / H₂N.



Ms.KALAIMANI.D

52/Female/MH1202378998

30/12/2023/IPH2023002640

Dr.ANBARASU MOHANRAJ



VITAL INFORMATION SHEET

BLOOD GROUP

ON ADMISSION

Height in CM

Weight in Kg.

160 cm.

12 75 kg

Diagnosis: STUCK MVP VALVE, T2 DM, HTN.

Procedure :

NO. OF DAYS	Day-0	Day-1	DAY-2	DAY-3
DATE	30/12/23	31/12/23	1/1/24	2/1/24
HOUR	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10
PULSE	89	119 122	105 100	85
RESP	36	29 31	22 22	20
B.P.	131/103	100/100 111/80	149/90 130/90	110/79
SPO2	99%	97 94	98 99%	92%
DAILY WEIGHT	75kg	76 kg	76.5	
24 HRS INTAKE	211.5ml	469ml	1150mc	
24HRS OUTPUT	570 ml	1005ml	1750 ml	
BALANCE	358.5ml	536 ml	300 mc	
MOTION	✓	x		



52/Female/MH1202378998

30/12/2023/IPH2023002640

Dr.ANBARASU MOHANRAJ



MHI/IP/2022/103



Medway
Heart
Institute

Every heart beat counts

EARLY WARNING SCORE MONITORING CHART

Name:

Age/Sex:

Patient Id No:

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

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

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

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Patient Details (Affix Label here)
Name: Mr. KARANAN, D
UHID: KMH02378998
DOB: 52 year Sex: Male
DOA: 30/12/23
Consultant: DR. ANANDARAO.



Recent CVA (2020) / S/P MUR (2014) / RAD / EF-54% / DM / HTN
Diagnosis: Moderate Pulmonary Artery Press / mod. (K) Pleural effusion / (R) Upper limb Deep Vein Thrombosis (2023) / (R) Portal Hemorrhage /
Height: 2160 cms Weight: 87.5 Kgs Food allergies: Yes/ No; if yes, specify.....
Religious Beliefs: ☐ Vegetarian ☒ Non Vegetarian ☐ Eggetarian ☐ Jain
Diet Prescription: Low sodium, low fat, low salt, avoid vitamin K, diabetic diet + (Anticoag drug).

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

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

Dietitian Signature / Name / Date / Time:

Maria Catherine John 31/12/24, 10:00
Senior Dietitian

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
3/1/24, 10:00	<p>A 52 year old female came to the shortness of breath clinic (2 days) was advised to be well nourished as evident by SGA.</p> <p>Klebs - DM / HTN / DVT / PAD / CVA.</p> <p>Patient <u>void</u> to ward. Educated the patient and family on 1600 calories, low fat, low salt, avoid vitamin K, diabetic diet. Emphasized on more fruit meals & low glucose control.</p>	 Maria Catherine John Senior Dietitian
2/1/24, 10:40	<p>Patient <u>void</u> to ward. Oral intake is good. Educated the patient and family on 1600 calories, low fat, low salt, avoid vitamin K, diabetic diet <u>on discharge</u>. Emphasized on more fruit meals & low glucose control & importance of avoidance of vitamin K rich food. Diet modification and clarification done. <u>Diet chart</u> given on discharge.</p>	 Maria Catherine John Senior Dietitian



Ms. KALAIMANI.D

52/Female/MHI202378998

30/12/2023/IPH2023002640

Dr. ANBARASU MOHANRAJ



re)

PSYCHOLOGICAL WELLBEING REPORT

Date: 02/01/24

Time: 12.30pm.

Unit: 113

Clinical diagnosis: S/P MVR, CVA, T2DM, HTN

Surgery/ Procedure:

Impression: Functioning well

- calm affect, responsive, oriented
- no psychological distress reported.
- sleep & appetite (N)

Employee ID: NH102789984

Litha.B.
Signature of the Psychologist:




Medway
Heart
Institute

Every heart beat counts

Oral Anticoagulation Chart

Ms. KALAIMANI, D

Name : 52/Female/MH1202378998
30/12/2023/IPH2023002640
UHID / IP No. : Dr.ANBARASU MOHANRAJ
Consultant : 

Age / Sex

Ward Unit

Diagnosis

Date :

Time

Name of Surgery :

Date of Surgery :

[illegible]

[illegible]

THROMBOLYSIS CHECK LIST

Name: MS. KALAIMANI.D Age: 52 yrs Sex: Female CC No.: _____

Diagnosis: STUCK MVR VALVE (DM/SH/TN) Wt: _____ Date: 30/12/23

Time of thrombolysis - From: _____ To: _____

ELIGIBILITY CRITERIA

	YES	NO
Clinical: Chest pain for less than 12 hours	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ECG: ST elevation ≥ 1 mm in ≥ 2 limb leads	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST elevation ≥ 2 mm in ≥ 2 chest leads	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONTRAINDICATIONS - Check list

Absolute contraindications

	YES	NO
* Any active internal bleeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Known intra-cranial neoplasm	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* History of previous haemorrhagic CVA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Suspected aortic dissection	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Relative contraindications

	YES	NO
* Active peptic ulcer disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Recent internal bleed (< 2 - 4 weeks)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Persistent hypertension of (> 180/110 mmHg)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Previous use of streptokinase (5 days - 2 years)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Pregnancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* History of recent embolic or ischaemic CVA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Current anticoagulation therapy (INR > 2-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Major trauma or Surgery (< 2 - 4 weeks)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Non-compressible vascular punctures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* History of chronic severe hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>

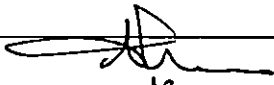
Risk assessment of Intra-cerebral haemorrhage

	YES	NO
* Age more than 65 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Weight less than 70Kg	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Hypertension at presentation (> 180/110 mmHg)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Use of t-PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

Thrombolytic used: _____

Dose: _____


Signature of the Doctor

Date: 30/12/23 Time: 10:45 PM

NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 30/12/23 Time of Arrival: 8-22 Mode of Admission: ☐ Walking ☐ Wheelchair ☒ Stretcher

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

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

Contact No.: 9486567603 Primary language spoken: ☒ Tamil ☐ English ☐ Indian ☐ International

Interpreter needed: ☐ Yes ☒ No

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

Menstrual History : LMP : _____ Menopause: _____

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

Drugs History : Antiplatelet _____ (Specify)

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

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

If Yes, specify details: _____

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

Vital Signs: Temp: 98.1 (°F) | Pulse / HR: 126 (beats/min) | BP: 99/86 (mmHg)

Respiration: 29 (breaths/min) | SpO₂: 97 (%) | CBG: _____ (mg/dl) | Height: 160 (cms) | Weight: 75 (kgs)

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

If Yes, specify: _____

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

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

Duration: _____ Location: _____

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

Nutritional Screening:

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

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

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

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: Mrs. Catherine Time: 8-37

Orient Patient if: ☒ Conscious

Orient Patient Attendant if: ☐ Unconscious ☐ Disoriented

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

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

Functional Assessment:

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

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

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

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

Total Score: 13 Action needed: ☐ Yes ☒ No Pressure injury present at the time of admission: ☐ Yes ☒ No

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

Witnessed by: _____ Signature: _____ Relationship: _____

MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)

Fall Risk Assessment (Modified Morse Scale):		
Variables		Numeric Value
History of falling (immediate or within 6 months)	No	0
	Yes	25
Secondary diagnosis (≥ 2 medical diagnosis) <u>15</u>	No	0
	Yes	15
Ambulatory Aid None / Bed Rest / Nurse Assist Crutches / Cane / Walker Furniture		0
		15
		30
Intravenous Therapy / Heparin Lock / Tubes Insitu <u>20</u>	No	0
	Yes	20
Gait Normal / Bed Rest / Wheel Chair Weak Impaired		0
		10
		20
Mental Status Oriented to own stability <u>0</u> Overestimated or forgets limitations		0
		15
Medications Includes PCA / opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, hypoglycemics, sedatives, immunosuppressant and psychotropics <u>15</u>	No	0
	Yes	15
Score Interpretation: 0-24: Low-risk; 25-44: Medium Risk; Above 45: High Risk		
Total Score		<u>60</u>

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk interventions (25 - 44)

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

High-risk interventions (above 45)

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

Special Assessment to Special Needs and Vulnerability of Patient:

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

DVT RISK ASSESSMENT

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

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

Risk Score Interpretation (Probability of DVT):

Tick the score obtained (✓)

Final Score

+1

		✓	Action Taken	Date	Time
Low Risk	-2 to 0	<input checked="" type="checkbox"/>		30/12/23	8:37
Moderate Risk	1 to 2	<input checked="" type="checkbox"/>		30/12/23	8:37
High Risk	3 to 8	<input type="checkbox"/>			

Personal Belongings / Valuables:

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

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

Patient / Patient's Attendant	Sign.	Name	Emp. No.	Date	Time
	A. Indrani	INDRANI	Relationship MOTHER	30/12/23	8:37 PM
Nurse	Moharaj	A. Moharaj	2352	30/12/23	8:37 PM
Unit In-Charge	Jayadev	JAYADEV. J	0002	30/12/23	8:37 PM

[illegible]

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 29/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: STUR MVR valve, T2 DM, HFN.

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☒ Yes ☐ No

Barrier nursing: ☐ Yes ☒ No

Left: Cephalic.

Day: -

Day: DI

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Allergies if any: ALKDA

On room air / oxygen: -

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98.2 (°F) | Pulse / HR: 129 (beats/min) | Respiration: 32 (breaths/min)

BP: 133/108 (mmHg) | SpO₂: 99 (%) | Height: 160 (cms) | Weight: 75 (kgs) | BMI: 29.2

Others: -

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

Fall Risk Score: 60 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Current diet: DM diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -


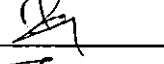
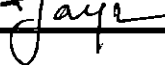
Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		Mohanraj	2552	31/12/23	8-2
Handover taken by		Danya	0159	31/12/23	8-30
Document endorsed		JAYADEVI	0002	31/12/23	8-30

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
30/12/23 20.22	pt got admission on ccv. pt complains of breathless ness. pt vitals are recorded	
20.45	pt @ cephalic line present & patent. pt abdomen soft.	Wah 2302
21.40	pt CT Brain Taken. Drug dexamethasone 2 stat given.	Wah 2302
22.00	pt Catheterization done. Foley cath size: 16F. Inserted & patent.	Wah 2302
22.45	pt Had a pm diet. administered the medication as per drug chart. Blood Investigations sent.	Wah 2302
23.00	Drug STR started. 30min in 2.5 lank on going to flow after 2 lank on flow.	Wah 2302
23.20	pt NIV started PS mode P102:90 pt complains of pain. Both legs. Drug STR stopped.	Wah 2302
23.45	STR started. pt Home no complains.	Wah 2302
4 AM	pt comfortable sleep.	
6.00	pt V/S are checked and recorded	Hab 2352
7.30	pt Hand over to morning duty staff	Hab 2352
Document endorsed by	Signature Jaya	Name JAYARAJ
		Emp. No. 0002
		Date 30/12/23
		Time 17:13

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 31/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: STUB NVR VALVE/ TDDN HTN

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☒ Yes ☐ No

Barrier nursing: ☐ Yes ☒ No

Left: Cephalic

Day: D2

Day:

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0.5

B

BACKGROUND

Type of surgery: -

Allergies if any: NEDA

On room air / oxygen: Np 2L/min on flow

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97.2°F | Pulse / HR: 119 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/91 (mmHg) | SpO₂: 99 (%) | Height: 160 (cms) | Weight: 75 (kgs) | BMI: 29.2 kg/m²

Others: -

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

Fall Risk Score: 60 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Current diet:

Drains: -

on diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

Afternoon round shifted plan.

	Signature	Name	Emp. No.	Date	Time
Handover given by		Devi A. R	019	31/12/23	13:30
Handover taken by		Mathur M. R	024 H	31/12/23	13:45
Document endorsed		JAYADEVI J	0002	31/12/23	13:45

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 31/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: Stuck mVR valve [2PM] HTN
NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☒ Yes ☐ No

Barrier nursing: ☐ Yes ☒ No

Left:

Day: 2

Day:

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0/5

B

BACKGROUND

Type of surgery:

Date of surgery: —

Allergies if any: SKAD

On room air / oxygen: on NP O2 2 ltr/hr

IV fluids on flow: —

Complaints / New Symptoms in last shift:

A

ASSESSMENT

Vital Signs: Temp: 97.2 (°F) | Pulse / HR: 100 (beats/min) | Respiration: 23 (breaths/min)

BP: 124/96 (mmHg) | SpO₂: 94 (%) | Height: 160 (cms) | Weight: 75 (kgs) | BMI: 29.2 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet:

DM diet

Drains: —

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:





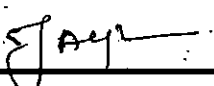
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: —

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by		Madhumitha	0244	31/12/23	18.30
Handover taken by		RIN Bharata	002	31/12/23	19.30
Document endorsed		Jayadev S. J	0002	31/12/23	17.30




NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
31/12/23 13.45	Pt hand over taken from morning duty staff. Pt was haemodynamically stable. Pt on NP O ₂ 2 litres. Dig. Wix - 2mg/kg on flow. CBD @ D2. Pt v/s are checked and recorded.	 02HH
14.00	Pt oral diet taken.	
14.30	3IB Dr. Velmurugan.	
15.00	Pt was sleeping	 02HH
16.00	Pt I/O was maintained	
17.00	Pt v/s are checked and recorded.	
17.30	Pt shifted to ward.	
31/12/23	<u>leaving note</u>	
18.00	Pt removed from care at 18.00	
	Pt is stable & conscious	 01H
	vital is checked & recorded w. cath @ D2	
	There is no skin issue	
19.00	Pt on O ₂ 2 ltr SpO ₂ - 96% with pt hand over to night duty staff	 01H
Document endorsed by	Signature 	Name JAYADEV. J.
	Emp. No. 0002	Date 31/12/23
	Time	

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 8/1/23 Shift: ☐ Morning ☐ Evening ☒ Night

S	SITUATION Diagnosis: STUCK MVR Valve / T2 DM / HTN NEWS / PEWS Score: GCS: 15/15 Ventilator day: POD: Peripheral line day: Right: Left: Cephalic Ryle's Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: 2 Urinary Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: Barrier nursing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MDR: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, specify organism: Central line days: - VIP Score: 15
	BACKGROUND Type of surgery: - Date of surgery: - Allergies if any: NKDD On room air / oxygen: O2 2 liter IV fluids on flow: - Complaints / New Symptoms in last shift: -
A	ASSESSMENT Vital Signs: Temp: 96 (°F) Pulse / HR: 98 (beats/min) Respiration: 20 (breaths/min) BP: 120/80 (mmHg) SpO2: 98 (%) Height: 160 (cms) Weight: 75 (kgs) BMI: 29.2 kg/m² Others: - Pain Score: 0/m Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: 50 Fall Risk Protocol: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Braden Score: <input type="checkbox"/> Minimal Risk: 23-18 <input type="checkbox"/> At Risk-Mild Risk: 18-15 <input type="checkbox"/> Moderate Risk: 14-13 <input type="checkbox"/> High Risk: 12-10 <input type="checkbox"/> Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Wound Dressing done: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Current diet: DM diet Drains: -
	RECOMMENDATION Referral doctors: Pending medications: Pending medication indent: Pending lab reports / Investigations: Critical value alert and its corrections: Changes in nursing care plan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, modified care plan date: - Pending follow-up orders: - Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		RIN Bhavathi	0271	1/1/24	7:20
Handover taken by		Ravisha	0072	1/1/24	7:30
Document endorsed		Nalini	6024	2/1/24	10:35

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 1/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: S/P MVR
NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Left: ☒

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0

B

BACKGROUND

Type of surgery:

Date of surgery:

Allergies if any: NKDA

On room air / oxygen: 2L/min

IV fluids on flow:

Complaints / New Symptoms in last shift: Nil

A

ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 104 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/80 (mmHg) | SpO₂: 99 (%) | Height: 160 (cms) | Weight: 75 (kgs) | BMI: 29.2 kg/m²

Others:

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Normal diet

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		Pausha	0072	1/1/24	7.30
Handover taken by		A. monisha	0041	1/1/24	7.30
Document endorsed		Nalini	0024	1/1/24	10.30

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 1/12/24

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: 5/p mur

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: D3 Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: -

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: not known

On room air / oxygen: on Room air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

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

BP: 120/80 (mmHg) | SpO₂: 96 (%) | Height: 160 (cms) | Weight: 75 (kgs) | BMI: 29.2 kg/m²

Others: -

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

Fall Risk Score: 8 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Normal diet

Drains: nil

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: nil

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Montsha	0121	1/12/24	19:30
Handover taken by		RN Bhargathi	0281	1/12/24	19:30
Document endorsed		Nalini	0024	1/12/24	10:30

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 1/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: 2/P MVR
NEWS / PEWS Score: weine
Ventilator day: 03
Peripheral line day: Right: 03 Left: 03
Ryle's Tube: ☐ Yes ☒ No Day:
Urinary Catheter: ☒ Yes ☐ No Day:
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism:

GCS: 15/15

POD: 015

Central line days: —

VIP Score: 015

B

BACKGROUND

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

Date of surgery: —

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 96.2°F | Pulse / HR: 92 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 98% | Height: 165 (cms) | Weight: 75 (kgs) | BMI: 29.2 kg/m²

Others: —

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

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

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

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

Current diet: Normal diet

Drains: NIL

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —









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

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by		RIN Bhargava	0271	21/1/24	7:30
Handover taken by		A. Jidney	0219	21/1/24	7:30
Document endorsed		Nalini	0024	21/1/24	10:30

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
11/1/24	<u>Night duty Notes</u>	
19:30	⇒ Patient hand over from evening duty staff.	 00241
20:30	⇒ Night shift Medication given as per.	 00241
22:00	⇒ vitals checked & recorded.	 00241
23:30	Patient Side room patient stable well.	 00241
01:00	Patient sleeping now. Eng. Choline given as per order.	 00241
	Monitor Intake & output chart	 00241
	Vitals checked & recorded. Vitals are stable.	 00241
	Patient hand over from morning duty staff.	 00241
Document endorsed by	Signature Nalini	Name Nalini
	Emp. No. 0024	Date 21/1/24
	Time 10.30	

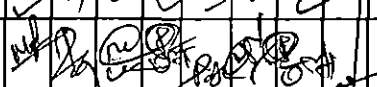
PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 21/12/24 Shift: ☒ Morning ☐ Evening ☐ Night

S	SITUATION Diagnosis: S/PNUR NEWS / PEWS Score: Ventilator day: Peripheral line day: Right: 03 Left: 03 Ryle's Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: Urinary Catheter: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Day: Barrier nursing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MDR: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, specify organism: GCS: 15/15 POD: Central line days: - VIP Score: 0/5
B	BACKGROUND Type of surgery: Allergies if any: Not known On room air / oxygen: on room air IV fluids on flow: Complaints / New Symptoms in last shift: Date of surgery:
A	ASSESSMENT Vital Signs: Temp 97.4 (°F) Pulse / HR: 94 (beats/min) Respiration: 20 (breaths/min) BP: 120/80 (mmHg) SpO ₂ : 98 (%) Height: 160 (cms) Weight: 75 (kgs) BMI: 29.2 kg/m ² Others : Pain Score: 0 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: 50 Fall Risk Protocol: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High Braden Score: <input checked="" type="checkbox"/> Minimal Risk: 23-19 <input type="checkbox"/> At Risk-Mild Risk: 18-15 <input type="checkbox"/> Moderate Risk: 14-13 <input type="checkbox"/> High Risk: 12-10 <input type="checkbox"/> Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Wound Dressing done: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Current diet: normal Diet Drains: nil
R	RECOMMENDATION Referral doctors: Pending medications: Pending medication indent: Pending lab reports / Investigations: nil Critical value alert and its corrections: Changes in nursing care plan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, modified care plan date: Pending follow-up orders: Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		Parvisha	0072	21/12/24	13:00
Handover taken by		Monisha	01141	21/12/24	12:30
Document endorsed		Nalini	0024	21/12/24	12:30

HAI BUNDLE

Date & Time of Intubation		Date of extubation:				Date of Reintubation:				Total Days			
DATE													
S.no	VAE Bundle	M	E	N	M	E	N	M	E	N	M	E	N
1	Elevate HOB 30° - 45° & patient not sliding down												
2	Perform hand hygiene before & after each respiratory care												
3	Perform regular oral care with antiseptic oral rinse if needed												
4	Review sedation target daily												
5	Assess readiness to wean and extubate to daily												
6	Drain condensate of the ventilator circuit before repositioning of patients												
7	Check and maintain appropriate ETT cuff pressure 25 - 30 cmH2o												
8	verify correct placement of the NG tube at regular interval												
9	Regular assessment of patient's tolerance to NG tube feeding												
10	Stress ulcer prophylaxis												
11	DVT prophylaxis												
Date & Time of Insertion		Date of Removal:				Date of Reinsertion:				Total days:			
DATE													
S.no	CLABSI Bundle	M	E	N	M	E	N	M	E	N	M	E	N
1	Perform hand hygiene												
2	Dressing intact and labelled properly												
3	Site inspected												
4	Catheter stabilized/no tension on line												
5	Dormant lumens clamped												
6	Caps changed-administering blood & if there is visual observation of blood in the caps												
7	Caps sanitized with alcohol before & after each use. "scrub the hub".												
8	Lumens flushed with minimum volume 10cc every 12 hours												
9	Iv bags and tubing's labelled properly												
10	All tubing changed every 24 hours												
Date & Time of Insertion		Date of Removal:				Date of Reinsertion:				Total days:			
30/12/23 @ 22:30		2/1/24				30/12/23				3 days			
DATE		30/12/23				31/12/23				1/1/24			
S.no	CAUTI Bundle	M	E	N	M	E	N	M	E	N	M	E	N
1	Maintain sterility of closed urinary drainage												
2	Wash hands prior to handling the urinary drainage system & catheter												
3	Maintain unobstructed urinary flow & specimens from sampling port												
4	Keep collection bag below the bladder & off the floor												
5	Don't change indwelling catheter or collection bag routinely												
6	Tie/secure catheter to patient tubing to bed												
RN SIGNATURE / E. NO:													

SURGICAL SITE INFECTION

Ward :	Contact No :	Consultant Name :
Diagnosis :	Surgeon Name :	
Surgery / Procedure :	ASA GRADE : 1 2 3 4 5 E	
DOA :	DOS :	DOD :
Diabetes :	HB A1C	Pre op FBS : mg/dt Time :
Weight / BMI :		

PRE OPERATIVE PREPARATION

S.NO:	CRITERIA	DATE	TIME	RN NAME
1	Pre operative chlorhexidine bath (Previous day of surgery) - 1			
2	Pre operative skin preparation (Previous day of surgery)			
3	Pre operative chlorhexidine bath (On the day of surgery) - 1			
4	Pre operative chlorhexidine mouth wash gargle (on the day of surgery)			
5	Sterile preparation (before shifting to OT)			

TO BE FILLED BY OT NURSE

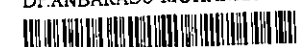
Incision Time :	Duration of Surgery :				
1ST DOSE OF ANTIBIOTICS DETAILS	IF SURGERY EXCEEDING MORE THAN 4 HOURS INTRA OPERATIVE ANTIBIOTICS DETAILS				
TIME	DRUG NAME	DOSE	TIME	DRUG NAME	DOSE

POST OPERATIVE ANTIBIOTICS DETAILS

DRUG NAME	DOSE	FREQUENCY	FROM	TO	TOTAL DOSAGES

ADULT NURSING CARE PLAN

Ms. KALAIMANI.D
S2/Female/MH1202378998
30/12/2023/PH2023002640
Dr. ANBARASU MOHANRAJ



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 31/12/23 Time: 8:00		Modified Date: Time:	
Reason for Modification:		Diagnosis: STROKE MVR VALVE / T2DM / HTN.	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M \rightarrow pt on NP diet / on flow E Pt on oral diet taken N Pt on oral diet
OXYGENATION <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M \rightarrow pt on NP / on flow E Pt on NP O ₂ 2liters on flow N Pt SpO ₂ 98% 2liters on flow
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M \rightarrow pt on I/O chart maintained E I/O was maintained N I/O chart maintained

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input checked="" type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M → pt on well bed rest E pt bed mobilized N pt on mobilized well	[Signature] [Signature] [Signature]
ELIMINATION <input checked="" type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as toley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenc / volume / Hemetemeses as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M → pt on CBD (+) E pt on CBD (+) D2 N → pt on CBD	[Signature] [Signature] [Signature]
SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M → pt on (N) skin integrity E pt maintain (N) skin integrity N pt maintained (N) skin integrity	[Signature] [Signature] [Signature]

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input checked="" type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input checked="" type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M <i>Sp on day clean & well groomed</i> E <i>Pt clean & well groomed</i> N <i>Pt cleaned well</i>	<i>Ph</i> <i>02/11</i> <i>02/11</i>
SAFETY <input type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M <i>Sp on check ID band</i> E <i>Pt ID band</i> N <i>Pt ID band checked</i>	<i>Ph</i> <i>02/11</i> <i>02/11</i>
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E <i>Pt comfortable position</i> N <i>Pt uncomfortable position</i>	 <i>02/11</i> <i>02/11</i>
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M <i>Sp on v/s checked & recorded</i> E <i>Pt v/s are checked and recorded</i> N <i>Pt v/s checked & recorded</i>	 <i>02/11</i> <i>02/11</i>
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E — N —	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M <i>→ Pten Good Communication</i> E <i>Pt well communication</i> N	<i>[Signature]</i> <i>[Signature]</i>
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input checked="" type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M <i>→ medication given as per drug chest</i> E <i>Pt medication given as per drug chest</i> N	<i>[Signature]</i> <i>[Signature]</i>
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>Nae</i>	<i>Nalini</i>	<i>0024</i>	<i>31/12/23</i>	<i>16.00</i>

ADULT NURSING CARE PLAN

Ms. KALAIMANI.D
52/ Female/ MHI202378998
30/12/2023/ IPH2023002640
Dr. ANBARASU MOHANRAJ

Initial Date: 30/12/23 Time: 9pm		Modified Date: Time:		
Reason for Modification: L2 11		Diagnosis: STUCK MVR valve, T2DM, SHTN		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M E N pt Had a Dm diet	 not 23rd
OXYGENATION <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remains within established limits <input type="checkbox"/> Patient will indicates, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M E N pt on O ₂ mask 4 litre O ₂	 not 23rd
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M E N pt take a oral fluids.	 not 23rd

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials	
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M E N pt Good Verbal Communication	 	
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:	<input type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M E N Administered the medication as per direction	 	
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Jay	JAY ADELL J	0002	8/10/23	9:05

ADULT NURSING CARE PLAN

P Ms. KALAIMANI.D
I 52/Female/MHI202378998
L 30/12/2023/IPH2023002640
D Dr. ANBARASU MOHANRAJ
D
C


Initial Date: 11/1/24 Time: 7:30		Modified Date: Time:		
Reason for Modification:		Diagnosis: S/P CNYR		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Takes normal diet E pt had good diet N pt had good diet	Poshn Poshn Poshn
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Patient is on room air E SpO ₂ - 98% N SpO ₂ - 96%	Poshn Poshn Poshn
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Takes adequate oral fluids E also chest monitoring N Plo chest monitoring	Poshn Poshn Poshn

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

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M effective verbal communication E pt communicate well N pt communicate	8/1/24 HAH! @ 0241
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M medications given as per E medication from med given N medication given as per	Pddm HAH! @ 0241
Endorsed by	Signature	Name	Emp. ID	Date	Time
	NAL	Nalini	0024	2/1/24 30/12/23	11.00

ADULT NURSING CARE PLAN

P. **Ms. KALAIMANI.D**
N 52/Female/MHI202378998
U 30/12/2023/IPH2023002640
D^r Dr. ANBARASU MOHANRAJ
Dⁱ
C^t 

Initial Date: <u>21/1/24</u> Time: <u>7:30</u>		Modified Date: Time:		
Reason for Modification:		Diagnosis: <u>S/P MVR</u>		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M <u>Takes Adequate diet</u> E N	<u>PSH</u>
OXYGENATION <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input checked="" type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M <u>Patient is on room air</u> E N	
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M <u>Patient takes adequate oral fluids</u> E N	<u>PSH</u>

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

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input checked="" type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M <i>effective verbal communication</i> E N	<i>offm</i>
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M <i>medications given as per chart</i> E N	<i>offm</i>
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>Nal</i>	<i>Nalini</i>	<i>0024</i>	<i>26/24</i>	<i>11.00</i>

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort			3
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals			3
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours			1
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance			2
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation			2
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair				2
					TOTAL SCORE		13
					Initial & Emp. No. of Staff Nurse:		let 23/12
					Initial & Emp. No. of Sr. Staff Nurse:		gaur 30/12

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

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



Pat	Ms. KALAIMANI.D
Na	52/Female/MHJ202378998
UH	30/12/2023/IPH2023002640
DO	Dr.ANBARASU MOHANRAJ
DC	
Co	

MHI/NUR/2022/045



Every heart beat counts

Date: 11/24
Time: 11:00

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

[illegible]

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

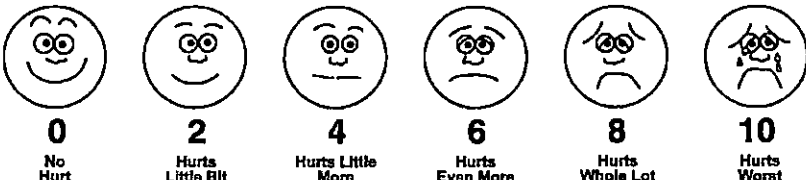
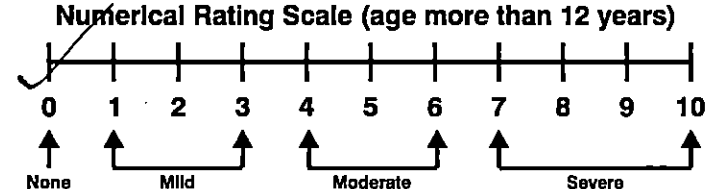
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
30/12/23 8:30	0/10	No pain	-	-	-	Kor 2302	Jay 0502
9:30	0/10	No pain	-	-	-	Kor 2302	Jay 0502
10:30	0/10	No pain	-	-	-	Kor 2302	Jay 0502
11:30	0/10	No pain	-	-	-	Kor 2302	Jay 0502
00:30	0/10	No pain	-	-	-	Kor 2302	Jay 0502
01:30	0/10	No pain	-	-	-	Kor 2302	Jay 0502
02:30	0/10	No pain	-	-	-	Kor 2302	Jay 0502
3:30	0/10	No pain	-	-	-	Kor 2302	Jay 0502
4:30	0/10	No pain	-	-	-	Kor 2302	Jay 0502

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
3/12/23 5:30	0/10	No Pain	—	—	—	<i>[Signature]</i>	<i>Jaye over</i>
6:30	0/10	No Pain	—	—	—	<i>[Signature]</i>	<i>Jaye over</i>
7:30	0/10	No Pain	—	—	—	<i>[Signature]</i>	<i>Jaye over</i>
8:30	0/10	No pain	—	—	—	<i>[Signature]</i>	<i>Jaye over</i>

PAIN SCALES

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

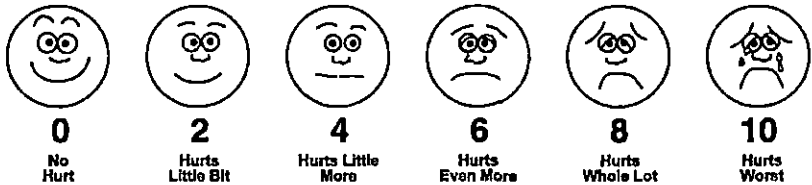
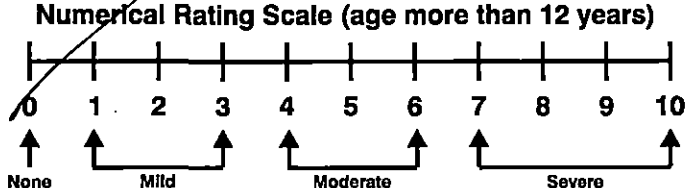


PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
31/12/23 9:30	0/10	No pain	—	—	—	Ran	Jayl 008
10:30	0/10	No pain	—	—	—	Ry	Jayl 008
11:30	0/10	No pain	—	—	—	Ry	Jayl 008
12:30	0/10	No pain	—	—	—	Ry	Jayl 008
13:30	0/10	No Pain	—	—	—	0244	Jayl 008
14:30	0/10	No Pain	—	—	—	0244	Jayl 008
15:30	0/10	No Pain	—	—	—	0244	Jayl 008
16:30	0/10	No Pain	—	—	—	0244	Jayl 008
20:30	0/10	No Pain	—	—	—	0244	Jayl 008

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
1/24 2:00	0/10	No pain	-	-	-	P 24/	Naz 004
1/24 4:00	0/10	No pain	-	-	-	P 24/	Naz 004
8:00	0/10	No pain	-	-	-	P 24/	Naz 004
12:00	0/10	No pain	-	-	-	P 24/	Naz 004

PAIN SCALES

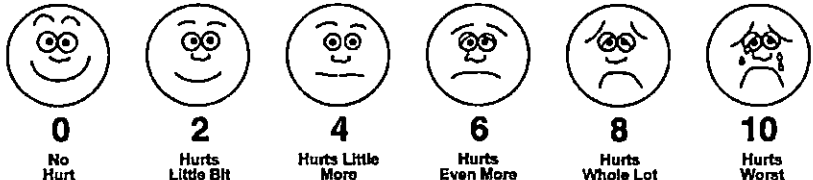
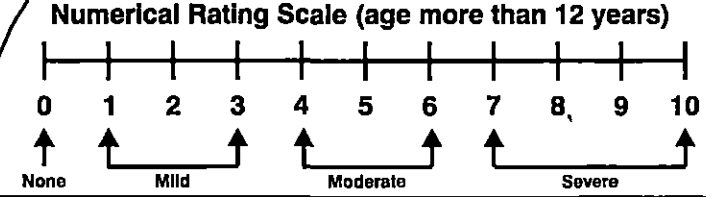
PIPPS (28 weeks to \leq 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible.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

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
16:20	0/10	no pain	-	-	-	[Signature]	Nae 0024
20:00	0/10	No pain	-	-	-	[Signature]	Nae 0024
21/12/24 00:00	0/10	No pain	-	-	-	[Signature]	Nae 0024
4:00	0/10	No pain	-	-	-	[Signature]	Nae 0024
8:00	0/10	No pain	-	-	-	[Signature]	Nae 0024
12:00	0/10	No pain	-	-	-	[Signature]	Nae 0024

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

PAIN SCALES

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



DVT RISK ASSESSMENT

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

		Date	20/12/23	21/12/23	11/2/24	21/1/24			
		Time	9:00	9:00	2:00	2:00			
S. No.	PARAMETERS								
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	0	0	0	0				
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0	0	0				
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0	0	0				
5	Entire leg swollen (Assess for both legs)	0	0	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	1	1	1				
9	Previously documented DVT (Assess for both legs)	0	0	0	0				
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESKD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0	0	0				
FINAL SCORE		1	1	1	1				
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		mod	mod	mod	mod				
DVT prophylaxis started		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature & Emp. No. of RN		[Signatures]							
Signature & Emp. No. of Sr. RN		[Signatures]							



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	30/12/23	31/12/23	31/12/23	31/12/23	31/12/23	1/1/24	1/1/24	1/1/24	2/1/24
	Time	9pm	8:00	11:00	12:00	20:00	8:00	11:00	20:00	8:00
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	10	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		60	60	60	60	60	60	60	60	60
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)		✓	✓	✓	✓	✓	✓	✓	✓	✓
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

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

[illegible]

MHI/IP/2022/055

 **Medway
Heart
Institute**

Every heart beat counts

[illegible]

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

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

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

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

Written Material given and explained (if any)

Reports Given :

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

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse _____ Signature : _____

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input checked="" type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>2/1/22</u> Time <u>8-00</u>		Nurse Signature : <u>[Signature]</u>

Learning Record

[illegible]

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

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

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Written Material given and explained (if any)

Reports Given :

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

Name of Attendant / Patient : V. F. Langovan

Signature : *[Signature]*

Name of Discharge Nurse : E. Nalini

Signature : *[Signature]*
0024

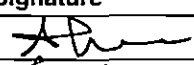
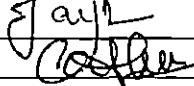
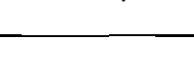


Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 30/12/23 Time: 9pm

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

Inter Disciplinary Team Members

	Signature	Name	Reg. / Emp. No.	Date	Time
Doctor		Dr. Abishek	1333.67	30/12/23	9pm
Nursing Staff		JAYADEVS. J Maria Catherine John Senior Distition	0002	30/12/23	9pm
Dietician			2401	30/12/23	10:00
Physiotherapist					
Patient Care Service Staff					



FAMILY COUNSELLING FORM

CONSULTANT- DR. Anbarasu Mohanraj.			DIAGNOSIS- Aortic MVR valve, T2DM, HTN.			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
30/12/23	DOCTOR	MOTHER	Condition explained.		D. Gidder	[Signature]
31/12/23	DOCTOR	DAUGHTER	Pt condition explained & ward shifted		E. Nalini	[Signature]
			I			

[illegible]

[illegible]

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

30/12 31/12 1/1 2/1

DRUG NAME

T. COROGRONS

Dose

100mg

Route

P.O.

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

[Signature]
20/12/23

Start Date & Time

30/12/23 @ 8.30 pm

Stop Date & Time

Additional Info:

DRUG NAME

7.20 SUVAS

Dose

10mg

Route

P.O.

Frequency

0-0-1

Dr. Sign & Reg. No. / Seal

[Signature]
20/12/23

Start Date & Time

30/12/23 @ 8.30 pm

Stop Date & Time

Additional Info:

DRUG NAME

7. BRIVA

Dose

50mg

Route

P.O.

Frequency

2-0-2

Dr. Sign & Reg. No. / Seal

[Signature]
20/12/23

Start Date & Time

30/12/23 @ 8.30 pm

Stop Date & Time

Additional Info:

DRUG NAME

INS. PAN

Dose

40mg

Route

bu i

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

[Signature]
20/12/23

Start Date & Time

30/12/23 @ 8.30 pm

Stop Date & Time

Additional Info:

DRUG NAME

7. EEDSPRIN

Dose

75mg

Route

P.O.

Frequency

0-1-0

Dr. Sign & Reg. No. / Seal

[Signature]
20/12/23

Start Date & Time

30/12/23 @ 8.30 pm

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

8Am

20.00

20.00

8.00

20.00

8.00

19.00

14.00

30/12 31/12 1/1 2/1

8Am 9.00 9.00

20.00 22.00 21.30 21.00

20.00 22.00 21.30 21.00

8.00 8.30 9.00 9.1

20.00 22.00 21.30 21.00

8.00 8.30 9.00 9.1

20.00 22.00 21.30 21.00

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20.00 22.00 21.30 21.00

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8.00 8.30 9.00 9.1

20.00 22.00 21.30 21.00

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20.00 22.00 21.30 21.00

8.00 8.30 9.00 9.1

20.00 22.00 21.30 21.00

8.00 8.30 9.00 9.1

20.00 22.00 21.30 21.00

8.00 8.30 9.00 9.1

20.00 22.00 21.30 21.00

8.00 8.30 9.00 9.1

20.00 22.00 21.30 21.00

8.00 8.30 9.00 9.1

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

DRUG NAME

INS. CLEXANE

Dose

0.6ml

Route

S/c

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

Start Date & Time

30/12/23 @ 8.30 p.m.

Stop Date & Time

2/1/23 at 8.30

Additional Info:

DRUG NAME

T. ACETAM

Dose

2g

Route

PO

Frequency

0-0-1-0

Dr. Sign & Reg. No. / Seal

Start Date & Time

21/12/23 @ 13.50

Stop Date & Time

31/12/23 @ 19.30

Additional Info:

DRUG NAME

2p-LASIN

Dose

20mg

Route

IV

Frequency

1-1-0

Dr. Sign & Reg. No. / Seal

Start Date & Time

31/12/23 @ 16.00

Stop Date & Time

Additional Info:

DRUG NAME

Inj. FONDOPRE

Dose

2.5mg

Route

IV

Frequency

1-0-0

Dr. Sign & Reg. No. / Seal

Start Date & Time

2/01/24 @ 9.00 am

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

Nea
Duf

Nea
Duf

Nea
Duf

Nea
Duf

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

[illegible]

PARENTERAL INFUSION PRESCRIPTION AND ADMINISTRATION RECORD

[illegible]

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
30/12/23	9 pm	DM diet	[Signature]	133567					
31/12/23	8:00	DM diet	[Signature]	85851					
1/1/24	8:00	Diabetic diet	[Signature]	134559					
2/1/24	8:00	Diabetic diet	[Signature]	134559					

NURSE IDENTIFICATION RECORD

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

Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
	Morning					Morning			
	Evening					Evening			
30/12/23	Night	Achamraj	2352	[Initials]		Night			
31/12/23	Morning	Danya	0159	[Initials]		Morning			
31/12/23	Evening	Maathuranga	0244	k		Evening			
31/12/23	Night	RIN Bharathi	0271	[Initials]		Night			
1/1/24	Morning	Pavithra	0072	[Initials]		Morning			
1/1/24	Evening	H. Devila	0186	[Initials]		Evening			
1/1/24	Night	RIN Bharathi	0271	[Initials]		Night			
2/1/24	Morning	D. Lidiya	0249	[Initials]		Morning			
2/1/24	Evening	panam sune	0333	N.		Evening			
	Night					Night			

Size: ST & MVR VALVE, DM, HPT.



Ms. KALAIMANI.D		MHI/ICU/2022/076	
Name	52/Female/MHI202378998	Sheet No.	
UHID No.	30/12/2023/IPH2023002640	①	
Blood Group	Dr. ANBARASU MOHANRAJ	Age	Sex
		52	F
		Weight	BSA
		75	1.4m ²
		A	

SURGICAL PROCEDURE:

DATE OF SURGERY:

POST-OP DAY:

DATE	TIME	VENTILATORS PARAMETERS										BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂	pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
10/12/23	10:45	-			NP on 4 litre O ₂ .												
	11:45	NW	25		14	5	9	8.0	534	524	35%						
	00:45	NIV PS	32		12	5	4	8.1	493	400	35%						
	01:45	NIV PS	31		10	6	9	9.6	445	386	35%						
	02:45	PR FMO ₂ 4 litres on flow.															
	03:45			11													
	04:45			11													
	05:45			11													
	06:45			11													
	07:00			11													

CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

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

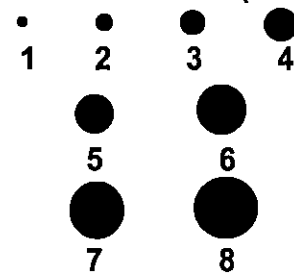
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

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

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

ASIS STUCK MVR VALVE / T2DM / HTN

MHI/ICU/2022/076



Ms. KALAIMANI.D

52 / Female / MHI202378998

30/12/2023 / IPH2023002640

Dr. ANBARASU MOHANRAJ



Sheet No.

92

A

Age

52

Sex

F

Height

160

Weight

75kg

BSA

1.4m²

SURGICAL PROCEDURE:

DATE OF SURGERY:

POST-OP DAY:

DATE	TIME	VENTILATORS PARAMETERS										BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FIO ₂	pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
31/12/23	8:00		pt on		NP			4L/min / on flow									
	9:00						"										
	10:00						"										
	11:00						"										
	12:00		pt on		ROOM			AIR									
	13:00		pt on		NP			4L/min / on flow									
	14:00				"												
	15:00				"												
	16:00				"												
	17:00				"												

CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

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

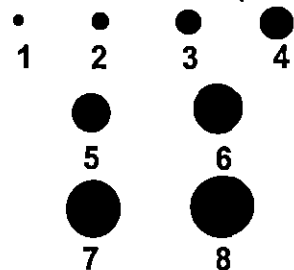
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

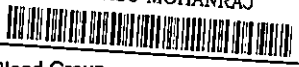
So-Soft
F-Firm
Tn-Tender
Ob-Obese
D-Distended

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

Sheet No. B	Ms. KALAIMANI.D 52/Female/MHI202378998 30/12/2023/IPH2023002640 Dr. ANBARASU MOHANRAJ 			
	Blood Group	Age 52	Sex F	
	Height 160	Weight 75	BSA	



MHI/ICU/2022/076




Every heart beat counts

DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
	10:45						10:45		Bld	99	34	108 69	98.1°						
	11:45						11:45		Bld	100	24	119 78	97.8.						
	00:45						00:45		Brld	100+	31	107 74	98°F						
	01:45						01:45		Brld	100+	37	118 78	98°F						
	02:45						02:45		Brld.	97+	25	117 83	98°F						
	03:45						3:45		Bld	99%	24	108 74	98.2°F						
	04:45						4:45		Bld	100%	22	112 76	98.7°F						
	05:45						5:45		Brld	99+	21	103 64	98°F						
	06:45						6:45		Brld	99+	20	118 78	98°F						
	07:00						7:00		Brld	98+	21	105 55	98°F						

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME					11pm	3pm.
	EYES					4	4
	VERBAL					5	5
	MOTOR					4	6
	ARMS R/L					WK	WK.
	LEGS R/L					St	St
PUPILS	R.SIZE/REACTION					3mm	3mm
	L.SIZE/REACTION					3mm	3mm
CARDIO-VASCULAR	HEART SOUNDS					S1S2	S1S2
	VALVE CLICK					+	+
	CAPILLARY REFILL					BY	BY
	EDEMA					0	0
	NECK VEINS					N	N
PULMONARY	WORK OF BREATHING					Ab	Ab
	SUCTION					oral	oral
	SECREATIONS					-	-
GASTRO INTESTINAL	BOWEL SOUNDS					pres	pres
	ABDOMINAL TONE					soft	soft
	N/G POSITION					-	-
	GASTRIC RESIDUAL					-	-
	LIVER					AL	N

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE					D	
	PD - FUNCTION					-	
	DRAINAGE					-	
	PD - SITE					-	
SKN	COLOUR					-	
	Sx WOUND-CHEST					-	
	LEG					-	
	DRESSING					-	
	PRESSURE SORE-SITE					-	
	AREA					-	
	DRESSING CONDITION					-	
MISCELL	POSITION CHANGE					Bed mobile	
	CHEST-PHYSIO					-	
	ACTIVITY					FE	
	S/N NAME					Kate	
	TIME					11pm	
	SIGNATURE					Kate	

Sheet No. (2)	Ms. KALAIMANI.D 52/Female/MHI202378998 30/12/2023/IPH2023002640 Dr.ANBARASU MOHANRAJ 	Age 52 y Sex Female Height 160. Weight 75 BSA 1.4m ²
B		



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Medway Heart Institute

Every heart beat counts

DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd ^{mm} G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
21/12/23	8.00						8.00		Br/d	96	29	112/73	97.4						
	9.00						9.00		Br/d	97	31	101/69	97.4						
	10.00						10.00		Br/d	96	24	100/60	97.4						
	11.00						11.00		Br/d	96	21	97/48	97.4						
	12.00						12.00		Br/d	96	21	96/53	97.3						
	13.00						13.00		Br/d	97	22	100/63	97.1						
	14.00						14.00		Br/d	96	23	126/96	97.2						
	15.00						15.00		Br/d	96	24	111/80	97.2						
	16.00						16.00		Br/d	97	24	128/96	97.2						
	17.00						17.00		Br/d	96	29	110/90	97.2						

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING	NIGHT	
NEURO	TIME	8.00	12.00	16.00		
	EYES	4	4	4		
	VERBAL	5	5	5		
	MOTOR	6	6	6		
	ARMS R/L	WK	WK	WK		
	LEGS R/L	WK	WK	WK		
PUPILS	R.SIZE/REACTION	3mm	3mm	3mm		
	L.SIZE/REACTION	3mm	3mm	3mm		
CARDIO-VASCULAR	HEART SOUNDS	S1S2	S1S2	S1S2		
	VALVE CLICK	+	+	+		
	CAPILLARY REFILL	BV	BV	BV		
	EDEMA	0	0	0		
	NECK VEINS	N	N	N		
PULMONARY	WORK OF BREATHING	AB	AB	AB		
	SUCTION	oral	oral	oral		
	SECREATIONS	-	-	-		
GASTRO INTESTINAL	BOWEL SOUNDS	12/1	+	+		
	ABDOMINAL TONE	soft	soft	so		
	N/G POSITION	-	-	-		
	GASTRIC RESIDUAL	-	-	-		
	LIVER	N	N	N		

	SHIFT	DAY		EVENING	NIGHT	
G.U.	DESCRIP.OF URINE	cl	cl	cl		
	PD - FUNCTION	-	-	-		
	DRAINAGE	-	-	-		
	PD - SITE	-	-	-		
SKN	COLOUR	-	-	-		
	Sx WOUND-CHEST	-	-	-		
	LEG	-	-	-		
	DRESSING	-	-	-		
	PRESSURE SORE-SITE	-	-	-		
	AREA	-	-	-		
	DRESSING CONDITION	-	-	-		
MISCELL	POSITION CHANGE	4hly	4hly	4hly		
	CHEST-PHYSIO	2hly	2hly	2hly		
	ACTIVITY	PE	PE	PE		
	S/N NAME	Dy	St	St		
	TIME	18.00	12.00	16.00		
	SIGNATURE	Dy	St	St		

N: Ms. KALAIMANI.D		Age 52		Sex F	Sheet No. C
U: 52/Female/MHI202378998		Weight 75		BSA 1.4m	
B: 30/12/2023/IPH2023002640		Height 160			
Dr. ANBARASU MOHANRAJ					

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	INFUSIONS					
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL							
	10:45	-	150											150	2.5					
	11:45	40	190											190	1					
	0:45	75	265											265	4					
	1:45	75	340											340	1					
	2:45	50	390											390	1					
	3:45	40	430											430	1					
	4:45	40	470											470	1					
	5:45	50	520											520	1					
	6:45	30	550											550	1					
	7:00	20	570											570	1					

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

GENITOURINARY (GU)

PD

URINE

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS

POSITION CHANGE

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN

COLOUR

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

Ms. KALAIMANI.D
52/Female/MHI202378998
30/12/2023/IPH2023002640
Dr. ANBARASU MOHANRAJ



Sheet No. 20		
Age 52 yrs	Sex F	C
Height 160	Weight 75	
BSA 1.4m ²		

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	INFUSIONS					
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL							
21/12/23	8:00	30	30											30	1					
	9:00	20	50											50	1	FI				
	10:00	20	70											70	1	1				
	11:00	30	100											100	1	2				
	12:00	25	125											125	2/C	2				
	13:00	30	155											155		2				
	14:00	150	305											305		2				
	15:00	200	505											505		2				
	16:00	80	585											585		2				
	17:00	120	705											705		2				

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

CRITICAL CARE FLOWCHART

GENITOURINARY (GU)

PD

URINE

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COLOUR

Pk-Pink
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M-Mottled
D-Dusky
J-Jaundice

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx



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

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H-Healing
SCo-Status quo
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Ms. KALAIMANI.D 52/Female/MH1202378998 30/12/2023/IPH2023002640 Dr. ANBARASU MOHANRAJ UH 		Sheet No. <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">  </div>				
Blood Group	Height 160	Age 52	Weight 75	Sex F	BSA 1.9m ²	D



MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
								AMT.	TOTAL														
	10:45							-	100	103.5	47.5	119	8mm Slightly tachy						Warm	++			
	11:45							-	100	103.5	86.5	119	8mm Slightly tachy						Warm	++			
	00:45							-	100	104.5	160.5	108	8mm Slightly tachy						Warm	++			
	01:45							-	100	105.5	224.5	106	8mm Slightly tachy						Warm	++			
	02:45							-	100	106.5	283.5	102	8mm Slightly tachy						Warm	++			
	3:45							-	100	107.5	322.5	106	8mm Slightly tachy						Warm	++			
	4:45							-	100	108.5	361.5	108	8mm Slightly tachy						Warm	++			
	5:45							-	100	109.5	410.5	105	8mm Slightly tachy						Warm	++			
	6:45							100	200	210.5	339.5	120	8mm Slightly tachy						Warm	++			
	7:00							-	200	211.5	358.5	121	8mm Slightly tachy						Warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

Ms. KALAIMANI.D
 52 / Female / MHI202378998
 30/12/2023 / IPH2023002640
 Dr. ANBARASU MOHANRAJ

Sheet No. **2**
 Age **52 yrs** Sex **F**
 Height **160** Weight **75** BSA **1.4m²**
D



MHI/ICU/2022/076



FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/ RAP	PERI	PP R/L	CO	CI	SVR
							AMT.	TOTAL														
21/12/23	8.00						50	50	51	21	120	ST						warm	++			
	9.00						50	100	102	52	124	ST						warm	++			
	10.00							100	104	34	118	ST						warm	++			
	11.00							100	106	7	120	ST						warm	++			
	12.00							100	109	16	121	ST						warm	++			
	3.00							100	111	44	121	ST						warm	++			
	14.00						100	200	213	92	104	ST						warm	++			
	15.00							200	215	290	110	ST						warm	++			
	16.00						50	250	264	318	119	ST						warm	++			
	17.00							250	269	436	118	ST						warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY 10 hours HRS

DRAINAGE: - TOTAL INTAKE: 211.5 ml

URINE: 570 ml TOTAL OUTPUT: 570 ml

TOTAL BALANCE: 358.5 ml

P.T.O.



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REQUISITION FO

Ms. KALAIMANI.D

52/Female/MHI202378998

30/12/2023/IPH2023002640

Dr. ANBARASU MOHANRAJ



Name of Patient

Age / Sex

Consultant Name

IP No. :

DOA :

UHID No. :

Room No. : CCU.

S.No.	Date	Medicine Name	Qty.
1	30/12/23	T. Acetamin 2mg	5
2	"	Ins Poun homg	2
3	"	D/S 5ml, 10ml	3.

Nurse Name

Pharm Bill & Name



00.00

REQUISITION

Ms. KALAIMANI.D

Name of Patient: 52/Female/MHI202378998
30/12/2023/IPH2023002640

Age / Sex: Dr. ANBARASU MOHANRAJ

Consultant Name

IP No. :

DOA :

UHID No. :

Room No. :

23

CCU

S.No.	Date	Medicine Name	Qty.
1	30/12/2023	venflom 15 g 100g	①
2	"	Easy fix	①
3	"	100ml water	①
4	"	Post flush	①
5	"	Atosol prons	①
6	"	Uro meter	①
7	"	Glyuk stab	②
8	"	Aligono gel	①
9	"	10ml D/S	②
10	"	5ml D/S	②
11	"	Foley Catheter 16 size	①
12	"	Glove studio	①
13	"	paridone 100ml	①
14	"	NIIV mask (m)	①
15	"	Circuit venti	①

Nurse Name

Pharm Bill & Name

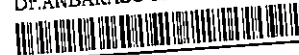

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REQUISITION FOR A
Ms. KALAIMANI.D

52/Female/MHI202378998

30/12/2023/1PH2023002640

Dr. ANBARASU MOHANRAJ



Name of Patient :

Age / Sex :

Consultant Name :

No. :

OA :

HID No. :

Room No. :

S.no.	Date	Medicine Name	Qty.
16	30/12/23	mg. clexane o.b	2
17	"	1. corderone 10mg	10
18	"	1- fosuvir 10mg	10
19	"	1- 501v 50mg	10
20	"	mg. 12cm 10mg	10
21	"	10ml 5/c	10
22	"	5ml 1/5	10
23	"	1- Ecosprin 75mg	10
24	"	1- 10ml 1/c	10
25	"	10ml 1/c	10
26	"	10ml 1/c	10

Nurse Name

Pharm Bill & Name


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Where heart beat never stops...
REQUISITION FOR
Ms. KALAIMANI, D

52/Female/MHI202378998

30/12/2023/IPH2023002640

Dr. ANBARASU MOHANRAJ



IP No. :

DOA :

UHID No. :

Room No. :

Name of Patient :

Age / Sex :

Consultant Name :

S.No.	Date	Medicine Name	Qty.
		20g ken	(1)
		10 cm Exd	(1)
		posi f/s h	(1)
		sey fix	(1)
		O2 mask	(1)
		pmo line	(1)
7.	"	50ml D/S	(1)
8	"	Easy Bath	(1)
9.	"	mouth wash	(1)
10.	"	Hydrocort	(1)
11.	"	ECUP food	15
12.	"	18g needle	(1)
13.	"	500ml A/S pouch	(1)
14.	"	Bed pan	(1)
15	"	SPY - silk 15 feet	(1)

Nurse Name

Pharm Bill & Name

[illegible]