

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



Medway Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Mr. PRASAD SUGUMARAN

42/Male/MHI202381576

30/12/2023/IPH2023002639

Dr. T. PALANIAPPAN



MHI/IPD/2022/002



Every heart beat counts

ADMISSION SLIP

Admitting Doctor: DR. Palaniappan

Speciality: General Medicine

Advised Date & Time: 30/12/23 16:20

Provisional Diagnosis: PNEUMONIA
DM - CKD -
NEPHROPATHY / NEPHROSIS / NEPHROPTIC

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 - 5 Days

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

Payer: ☐ Self ☐ Insurance ☐ Others:

Instructions to Nurse (if any): ADMIT IN WARD / WITH BILIRUBIN
MONITOR WBP

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

16:20

For admission desk staff only:

Room Category: ☐ General Ward

☒ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☐ Others _____

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

30/12/23

4.30 pm

30/12/23

4.30 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

S. Vignesh

S. Vignesh

02620

30/12/23
4.30 pm

4.30 pm



ADMISSION FORM

Marital Status M	Full Address 59, Lakshmi Nagar, Katturpakkan, Ch - 56.		Telephone Number 9944131417
Occupation 101	Referred from Relative Siva		Date of Time of Admission 30/12/23 @ 2:30 PM
Date & Time of Discharge 5/1/23 @ 18:30		Total No. of Days 6 days	
UNIT General Medicine	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		
FINAL DIAGNOSIS			ICD Code
CHRONIC KIDNEY DISEASE			N18.9
ACCELERATED HYPERTENSION, ACUTE			I10
PULMONARY EDEMA, TYPE II DIABETES			J81.0
MELLITUS, VIRAL PNEUMONITIS, BENIGN			E11.9, N40
PROSTATE HYPERTROPHY, HYPOTHYROIDISM			E03.9
HYPERKALEMIA, HYPOALBUMINEMIA			E87.5
			E88.0
DATE	OPERATION / PROCEDURES		ICPM Code
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 K. S. 134555		Signature of Medical Records Officer Nimitha	

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.....PRASAD who is myHusband (Relationship).

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

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

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.


செவிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date 30/12/23

எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian



உறவுமுறை wife

Nature of Relationship



GENERAL CONSENT FOR ADMISSION

I, Prasad 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	For C. Prasad	Prasad - S	30/12/20	4:30 PM
Surrogate/Guardian (if applicable #)	C. Prasad	RENUKA - C (Write name and relationship with patient)	30/12/20	4:30 PM
Reason for surrogate consent	Patient is unable to give consent because:			
Witness	C. Prasad	C. RENUKA	30/12/20	4:30 PM
Interpreter (if applicable)				

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



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DISCHARGE SUMMARY

IP No.	IPH2023002639	D.O.A	: 30/12/2023
UHID	MHI202381576	D.O.D	: 05/01/2024
Name	Mr. PRASAD SUGUMARAN	Room No.	: 109
Age / Gender	42 Years / MALE		
Consultant	<p>(1) Dr. T. Palaniappan MBBS MD DNB MNAMS MRCP (UK) Senior Consultant Internal Medicine</p> <p>(2) Dr. Jaishankar. K MD., DM., FIAMS Director and Clinical Lead Cardiology and Electrophysiology</p> <p>(3) Dr. Elakiya Mathimaran M.D. Respiratory Medicine Pulmonologist</p> <p>(4) Dr. Yuvaraj Consultant Urologist</p> <p>(5) Dr. Aswin Medical Gastroenterologist</p>		

DIAGNOSIS:

CHRONIC KIDNEY DISEASE
ACCELERATED HYPERTENSION
ACUTE PULMONARY EDEMA
TYPE II DIABETES MELLITUS
VIRAL PNEUMONITIS
BENIGN PROSTATE HYPERTROPHY
HYPOTHYROIDISM
HYPERKALEMIA
HYPOALBUMINEMIA

PRESENT COMPLAINTS

A 42 years old male came with History of high grade fever with chills on and off for 3 days.
H/o Burning micturition, associated with lower abdominal pain on and off for 3 days.
H/o Shortness of breath on and off, associated with history of bilateral swelling of both legs for 3 days.
H/o decreased urine output for past 3 days.
Now admitted here for further management.

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PATIENT
HELPLINE
94557 94557
1800 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
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Medway Centre of Excellence (Chennai)

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4451
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MHI/HOSP/2022/118

PAST HISTORY:

Known case of Type II Diabetes mellitus/ SHTN/ Hypothyroidism/ CKD on medication.

H/o had right lateral plateaeu fracture 3 months before, but not treated.

DRUG ALLERGY: Not Known Drug allergy

ON EXAMINATION:

Patient Conscious / Oriented / Febrile

Temperature -	102°F	Weight-	73.3Kgs
PR -	92/min	BP -	110/70mmHg
RR -	20/min	SPO2 -	92% in room air
CVS -	S1S2 (+)	RS -	bilateral wheeze (+), Bilateral crepts(+)
Abdomen -	Soft, non - tender	CNS -	NFND

INVESTIGATIONS: Enclosed

TREATMENT GIVEN:

INJ. LASIX 60MG IV STAT, INJ. MUCOSYS 1 AMP IV BD, NEB. LEVOLIN 1 RESP P/N Q8H, NEB. BUDAMATE 1 RESP P/N Q8H, INJ. HEPARIN 5000 S/C OD, INJ. MEROPENEM 1 GM IV BD, INJ. DYTOR 20MG IV BD, NEB, IPRAVENT 1 RESP TDS, SYP. ASCORIL - LS TDS, SYP. RESWAS 15ML HS, TAB. LYRICA 75MG BD, TAB. ZYTANIX 2.5MG OD, TAB. ZYLORIC 100MG OD, CAP. AWAYTOX TDS, TAB. ECOSPRIN 75MG HS, K BIND SACHET 15GMS BD, TAB. MINI PRESS XL 5MG BD, TAB. CARCA CR 10MG OD, TAB. TELMA 40MG OD, TAB. ELTROXIN 100MCG OD, TAB. ABPHYLLINE BD, TAB. ROSUVASTATIN 10MG HS, TAB. ARKAMIN 100MCG TDS, TAB. LINID 600MG BD, TAB. TAMBEST D HS, TAB. NEBIVIOLOL 5MG OD, TAB. UDCA 300MG TDS.

COURSE IN THE HOSPITAL

A 42 years old male, Mr. Prasad Sugumaran, came with History of high grade fever with chills on and off for 3 days, H/o Burning micturition, associated with lower abdominal pain on and off for 3 days. H/o Shortness of breath on and off, associated with history of bilateral swelling of both legs for 3 days. H/o decreased urine output for past 3 days. On fluid restriction 1 liter/ day. Patient got admitted under Dr. T. Palaniappan. Baseline investigations showed increased total count, increased NT PRO BNP levels, deranged RFT levels, Increased serum PCT and D - Dimer. Echo done (EF - 52%), ABG done. Due to Hyperkalemia (K⁺ - 5.60), appropriate correction given. Due to increased blood pressure and decreased urine output Dr. Jaishankar - cardiologist opinion obtained and orders followed. Due to shortness of breath continuous cough with expectoration and increased NT PRO BNP levels. Dr. Elakiya - pulmonologist opinion was obtained and she advice for sputum culture and sensitivity and sputum AFB. Sputum culture and sensitivity and sputum AFB showed negative. HRCT showed suggestive of acute pulmonary infection with normal flora grown in culture possible super added early pulmonary edema. Urine culture and sensitivity and blood culture and sensitivity showed no growth. Due to hypoalbuminemia (albumin - 2.1) 2 units of Inj. Human albumin was transfused. USG abdomen showed cholelithiasis.



JCI ACCREDITED NABH ACCREDITED



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Bilateral medical renal diseases, cystitis with significant post void residual urine volume, mild ascities. Due to lower abdominal pain. Dr. ashwin medical gastroenterologist opinion was obtained. He was advised for Ascitic fluid tapping done. Ascitic fluid sent for analysis. Reports awaiting. Due to difficulty in micturation and increased cystitis with significant post void residual urine volume. Dr. Yuvaraj – Urologist opinion obtained and orders followed. Due to Increased D – Dimer, bilateral venous doppler study done. Dr. Palaniappan – Intensivist reviewed periodically and advised followed. Dr. Jaishankar – cardiologist reviewed periodically and advised followed. He advised to consider renal denervation. Patient was diagnosed to have Chronic kidney disease, Accelerated hypertension, Acute pulmonary edema, Type II diabetes mellitus, Viral pneumonitis, Benign prostate hypertrophy, Hypothyroidism, Hyperkalemia, Hypoalbuminemia. Patient was treated with IV fluids, antibiotics, antipyretics, analgesics, Antihypertensive, Anti diuretics, mobilization and other supportive measures. Glycemic levels were monitored and insulin were given accordingly. Vitals stable. Patient general condition improved and symptomatically felling better and hence being discharged with. Advice medication. Plan renal denervation therapy later.

CONDITION ON DISCHARGE:

GC Stable

GCS	-	15/15	BP	-	175/110mmHg
Temp	-	98.6°F	SPO2	-	98% in room air
PR	-	79/min			

ADVICE MEDICATIONS

Sl. NO	NAME OF THE DRUGS	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATION SHIP WITH MEAL	DURATION
				M	A	N			
1.	TAB. ELTROXIN	100MCG	1 Tablet	1	0	0	Oral	Empty Stomach	To Continue
2.	TAB. ROSUVASTATIN	10MG	1 Tablet	0	0	1	Oral	After Food	To Continue
3.	TAB. ECOSPRIN	75MG	1 Tablet	0	0	1	Oral	After Food	To Continue
4.	TAB. ARKAMIN	100MCG	1 Tablet	1	1	1	Oral	After Food	To Continue
5.	TAB. AB PHYLLINE N		1 Tablet	1	0	1	Oral	After Food	Till review
6.	TAB. ZYTANIX	2.5MG	1 Tablet	1	0	0	Oral	After Food	To Continue
7.	TAB. TELMA	40MG	1 Tablet	1	0	0	Oral	After Food	To Continue
8.	TAB. DYTOR	20MG	1 Tablet	1	0	1	Oral	After Food	Till review
9.	TAB. NEBIVIOLOL	5MG	1 Tablet	1	0	0	Oral	After Food	To Continue
10.	TAB. UDCA	300MG	1 Tablet	1	1	1	Oral	After Food	Till review
11.	K BIND SACHET	15 GRAMS		1	0	1	Oral	After Food	X 2 Days
12.	TAB. TAMBEST D		1 Tablet	0	0	1	Oral	After Food	Till review
13.	TAB. MUCINAC	600MG	1 Tablet	1	0	1	Oral	After Food	To Continue
14.	SYP. RESWAS	15ML		0	0	1	Oral	After Food	SOS
15.	TAB. LYRICA	75MG	1 Tablet	1	0	1	Oral	After Food	To Continue
16.	TAB. ZYLORIC	100MG	1 Tablet	1	0	0	Oral	After Food	To Continue
17.	MDI. FORACORT WITH SPACER	200MCG	2 PUFF	1	0	1	Oral	After Food	To Continue
18.	INJ. HUMAN ACTRAPID			12 U	10 U	8U	S/C	BEFORE FOOD	To Continue

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PATIENT RELIEF 94557 94557 1800 572 3003

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NABH ACCREDITED

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To report: If temp > 101 °F/Difficulty in breathing/ Headache/Giddiness

Persistent vomiting / loose stools.

Persistent pain / bleeding / discharge at operated site

In case of emergency Contact: Medway Hospitals @ 2473 4455.

DISCHARGE ADVICE

- Low salt low fat diet
- Limb elevation
- Avoid oil and spicy food
- On fluid restriction 800ml/day
- To collect pleural fluid analysis report as OP
- Check CBG TDS watch for hypoglycemia
- Check BP once at home

REVIEW

To review with Dr. T. Palaniappan after 7 days with FBS, PPBS, CBC, RFT, LFT reports as OP with prior appointment in the front office.

Typed by: S. Hari

Duty medical officer

(lego: 16508)

Consultant signature

(Dr. T. Palaniappan)

To visit at www.medwayhospitals.com

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INPATIENT INITIAL ASSESSMENT

Date: 30/12/23

Time of arrival in ward: 18:00

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 90 (beats/min) | BP: 120/80 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 92 (%) | Height: (cms) | Weight: (kgs) | BMI:

Pain: ☐ Yes ☒ No. If Yes, Score: 9/10

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

Duration: Location:

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

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

A 42 y/m came with ^{high grade} fever on 8 off x 3 days. clo burning micturisation x 3 days. clo: shortness of breath on 8 off x 3 days. Patient was apparently normal before 3 days, then, she developed fever intermittent in nature, then associated with chills & rigors. H/o B/L Lower limb swelling. H/o Brouse a ⊕. H/o decreased urine output. now got admitted for further evaluation.

PAST MEDICAL HISTORY (with duration of illness):

Diabetes Mellitus: ☐ Yes ☐ No. If Yes, duration: 6 yrs Hypertension: ☐ Yes ☐ No. If Yes, duration: 6 yrs.

Others:

R/L H/O hypothyroidism on medication
H/o got treated for Diabetic neuropathy on medication

Past Surgical History:

H/o had fracture over the lateral condyle 2 months before

[illegible]

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: _____

Others: _____

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

General Physical Examination:
 Pallor: ☐ Yes ☐ No Icterus: ☐ Yes ☒ No
 Edema: ☒ Yes ☐ No Lymphadenopathy: ☐ Yes ☐ No
 Clubbing: ☐ Yes ☒ No

B/c Pedal edema
 ⊕

Lymphadenopathy: ☐ Yes ☐ No

SYSTEMIC EXAMINATION

CVS:

Respiratory System:

B/c wheeze ⊕ B/c crepts ⊕

Gastrointestinal System:

~~soft~~ non-tender

Central Nervous System:

NERV

Urinary / Reproductive / Locomotor System:

Skin / Ophthalmic / ENT

Ophthalmic - Diabetic Retinopathy

Suspected of contagious disease: ☐ Yes ☒ No

Immuno compromised status: ☐ Yes ☒ No

Isolation required:

☐ Yes ☒ No, if yes, ☐ Contact ☐ Airborne ☐ Droplet

Psychological Evaluation:

☒ Normal ☐ Anxious ☐ Depressed ☐ Others: _____

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

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

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

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

Is the BMI < 20.5? ☐ Yes ☒ No

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

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

Provisional Diagnosis:

T2DM / HTN / CKD / Hypothyroidism

Plan of Care:

Plan: Medical management

Patient admitted under Dr. T. P. S.

Monitor vitals

To follow up chart

Investigations Advised:*Reports enclosed***Diet Advice:**

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

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

PFE: Patient Family Education

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

Others:

	Signature	Name	Reg. No.	Date	Time
Resident Doctor	<i>[Signature]</i>	Dr Mohamedhyder	16557	30/12	19.00
Consultant	<i>[Signature]</i>	Dr - palaniappan	55530	31/12	19.00
Patient Attendant	<i>[Signature]</i>	Relationship <i>[Signature]</i> RENUVA	(wife)	30/12/12	19.30

wife

Emergency Department Consent Form

Authorization for Medical Examination / Treatment & Diagnosis

I / We MR. PRASAD SUGUMARAN the undersigned, hereby agree and give consent for the therapeutic/diagnostic treatment at Medway Heart Institute I / We have been clearly explained, in a language I / We understand, the need of therapeutic / diagnostic treatment for me / my dependent. I hereby voluntarily consent / Authorize to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusion by Emergency Physicians, primary care-giver or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care.

I / We further give consent to take care of me / my dependent to arrange for routine or emergency medical care and treatment necessary to preserve my health / the health of my dependent.

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> ICU Admission | <input type="checkbox"/> Ventilator | <input type="checkbox"/> Intubation | <input type="checkbox"/> Central Line |
| <input type="checkbox"/> Artery Line | <input type="checkbox"/> Bladder Catheter | <input type="checkbox"/> Ryle's Tube | <input type="checkbox"/> Suturing |
| <input type="checkbox"/> ICD | <input type="checkbox"/> LP | <input type="checkbox"/> Radiology Imaging | |
| <input type="checkbox"/> Bedside USG | <input checked="" type="checkbox"/> IV/IA Line | <input checked="" type="checkbox"/> Lab Investigation (Blood Test) | |
| <input type="checkbox"/> Others, if any: _____ | | | |

In making medical decisions on my behalf for the benefit of me / my dependent, I direct that the care-giver attempt to contact me / my attenders. However, if medical care becomes essential, I give permission to the care-giver to make decisions regarding such treatment as deemed appropriate by the Doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the care-giver on me / my behalf for my benefit / for the benefit of my dependent, I authorize the care-giver to obtain, review and inspect any and all information bearing upon me / my dependent's health.

I acknowledge that no guarantees have been made to me / my attenders as to the effect of such examinations or treatment on the condition of me / my dependent and that I / We are responsible for all reasonable charges in connection with the care and treatment rendered to me / my dependent during this period.

ACCIDENTAL EXPOSURE OF HEALTH CARE WORKER


I / We understand, that if any health care worker is exposed to me / my dependent's blood or other body fluid, (as optional), can test blood for disease including hepatitis, HIV and syphilis.

ASSIGNMENT OF BENEFITS AND GUARANTEE OF PAYMENT

I / We hereby authorize and direct my insurance provider or company to make payments to **Medway Heart Institute**
I also agree to settle my bills in prompt manner.


STATEMENT OF INTERPRETER (WHERE APPROPRIATE)

I / We have interpreted the information above to the person giving consent to the best of my ability and in a way which I / We believe they understand.

	Signature	Name	Date	Time
Doctor		Dr. Anish Nelson Reg. No: 88434	30/12/23	13:30
Interpreter (if applicable)				

The information given contains nature and purpose of care and the related risk. There is opportunity to clarify any doubts regarding scope of the consent.

I / We have read this consent and agree to its scope and contents. I / We will not hold **Medway Heart Institute Chennai** or its doctors / staff responsible in the event of any untoward complications.

	Signature	Name	Relation	Date	Time
Patient					
Patient Representative		C. BARNABAS.	UNCLE	30/12/23	13:30
Witness					



DOCTORS INITIAL ASSESSMENT - EMERGENCY

Part A (to be filled by Nurses)

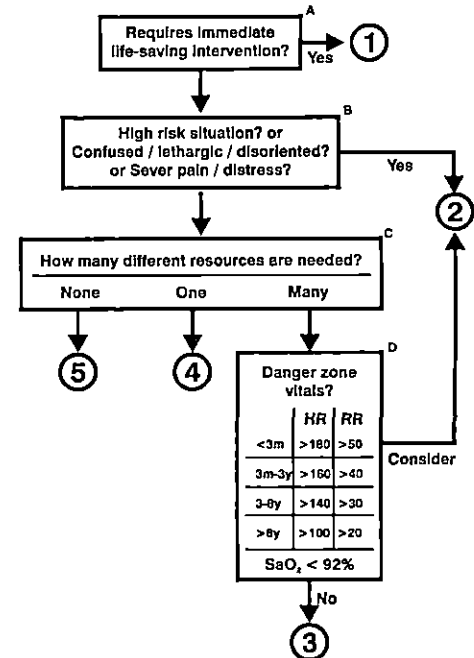
Date of Arrival: 30/12/23 Time: 13:30

☐ Non MLC ☐ MLC no.: _____

Vital Signs: Temp: 101.6 (°F) Pulse / HR: 110 (beats/min) BP: 120/70 (mmHg)

Respiration: 28 (breaths/min) SpO₂: 99 (%) room CBG: 150 (mg/dl)

GLASGOW COMA SCALE (GCS)				
	Adult	Child < 4 Years	Infant	
EYE OPENING	Spontaneous	Spontaneous	Spontaneous	4
	To sound	To sound	To sound	3
	To Pressure	To Pressure	To Pressure	2
	None	None	None	1
	NonTestable (NT)	NonTestable (NT)	NonTestable (NT)	
VERBAL RESPONSE	Oriented	Oriented	Coos, Babbles	5
	Confused	Confused	Irritable cry	4
	Words	Words	Cries to Pressure	3
	Sounds	Sounds	Moans to Pressure	2
	None	None	None	1
	NonTestable (NT)	NonTestable (NT)	NonTestable (NT)	
BEST MOTOR RESPONSE	Obeys Commands	Obeys Commands	Follows Commands	6
	Localising	Localising	Localising	5
	Normal flexion	Normal flexion	Normal flexion	4
	Abnormal flexion	Abnormal flexion	Abnormal flexion	3
	Extension	Extension	Extension	2
	None	None	None	1
	NonTestable (NT)	NonTestable (NT)	NonTestable (NT)	
Non Testable (NT) / Total Score =				/15.



Triage Priority: ☐ Level 1 ☒ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5

Triage completed by	Signature	Name	Emp. No.	Date	Time
		SUMA MATHESWAR	0206	30/12/23	13:40

Part B (to be filled by Doctors)

Chief Complaints:

KICK DM / CAD (AND OBLIGED) ON CONSUMING MR

C/OX FEEL X ADAMS - HIGH CUMOR + BURNING MICHAMOR

(DOES NOT WORKED.) - WORKS BUILT MICHAMOR

CUMOR DOW DR. CMT (OBLIGED) MICHAMOR THE SAME. REVER

YU FEEL - TO MICHAMOR CUMOR DR. T.P.

Allergies:

Pain Score: _____

Pain Scale used:

- ☐ PIPPS (28 weeks to \leq 38 weeks) ☐ CRIES (38 weeks - 2 months) ☐ FLACC Scale (2 months - 7 years)
☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years) ☐ Numerical Rating Scale (>12 years)
☐ CPOT (ventilator / comatose)

Past History:

Personal / Social History:

Airway: Assessment

Passive

Management

Breathing: Assessment

SpO₂ - 94-96% RA

Management

Circulation: Assessment

SpO₂ 88-120/70

Management

Disability: Assessment

AVRND

Management

Exposure: Assessment

7Rms 101'67th

Management

INS present

GENERAL EXAMINATION

☐ Pallor ☐ Icterus ☐ Clubbing ☐ Cyanosis ☐ Lymph Adenopathy ☐ Dehydration

☒ Edema: ☒ Yes ☐ No If Yes, specify details: _____

Pregnancy: ☐ Yes ☐ No LMP: _____ Breast Feeding: ☐ Yes ☐ No ☐

Others: _____

SYSTEMIC EXAMINATION

Head, Neck & Face:

CVS:

S4

Chest:

Bil. crackles +

CNS:

NRM

Right Pupil: Size:

Left Pupil: Size:

Reaction:

Reaction:

Abdomen:

Ascends +

Extremities: Arms: Left:

Right:

Leg: Left:

Right:

MEDICATION RECONCILIATION ATTACHED IN KRAVEM FILE - 20/12/2021

Drug	Dosage	Route	Frequency	Date & Time of last Dosage	To be continued	
					Yes	No

Communicable disease(s), if any:

Provisional Diagnosis:

CVD - DM
 FLUORIDE CONSUMPTION

Investigation:					
CBC <input type="checkbox"/>	RP2 <input type="checkbox"/>	LFT <input type="checkbox"/>	PT / INR <input type="checkbox"/>		
ECG <input type="checkbox"/>	ABG <input type="checkbox"/>	UR <input type="checkbox"/>	S. Electrolyte <input type="checkbox"/>		
Viral Marker <input type="checkbox"/>	Thyroid Profile <input type="checkbox"/>	2D ECHO <input type="checkbox"/>	Chest X-ray <input type="checkbox"/>		
CT Brain <input type="checkbox"/>	Blood Culture <input type="checkbox"/>	Urine Culture <input type="checkbox"/>	USG <input type="checkbox"/>		
Blood Grouping & Typing <input type="checkbox"/>	PAN-CT <input type="checkbox"/>	Creatinine <input type="checkbox"/>	Troponin-I <input type="checkbox"/>		
Others:					
Abnormality & Findings (investigations):					
Treatment Plan: 1x. Observation + Admission		<div style="display: flex; justify-content: space-between;"> <div> CBC RFT LFT PCT ABG ECG ECHO </div> <div> DWARD + ULTIMATE CRP LFT/PC/CK </div> </div>			
Initial Assessment Completed by	Signature Dr. Anish Nelson Reg. No: 88434	Name <i>Anish</i>	Reg. No. Dr. Anish Nelson Reg. No: 88434	Date 20/12/23	Time 13:20
Referral					
Referred to Speciality	Consultant Name		Informed Time	Seen at	
MEDICINE	DR. T. PRANAVARATHAN & MR. M		13:30	13:45	
Outcome: <input checked="" type="checkbox"/> Admission <input type="checkbox"/> Discharge <input type="checkbox"/> Transfer <input type="checkbox"/> LAMA <input type="checkbox"/> Others: _____					
Transferred to: <input type="checkbox"/> Ward: _____ <input type="checkbox"/> ICU: _____ <input type="checkbox"/> OT: _____ <input type="checkbox"/> OP: _____ <input type="checkbox"/> Others: _____					
ER Physician	Signature <i>Anish</i>	Name Dr. Anish Nelson Reg. No: 88434	Reg. No. Dr. Anish Nelson Reg. No: 88434	Date 20/12/23	Time 13:20
Receiving Physician	<i>Anish</i> Dr. Anish Nelson Reg. No: 88434	Dr. Anish Nelson Reg. No: 88434	Dr. Anish Nelson Reg. No: 88434	20/12/23	13:20

EMERGENCY DEPARTMENT - NURSING INITIAL ASSESSMENT

Patient Name : <u>MR-PRASAD</u>		Age : <u>43</u>	Sex : <u>M/F</u>	UHID No. : <u>202381576</u>	Trage Level <input type="checkbox"/> Green (<120 Min) <input type="checkbox"/> Yellow (<60 Min) <input type="checkbox"/> Orange (<10 Min) <input type="checkbox"/> Red (Immediate)					
Patient Received Date & Time : <u>30/12/23 13:30</u>		Initial Assessment done at : <u>30/12/23 @ 13:40</u>		Allergies : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Relatives are aware <input type="checkbox"/> Yes <input type="checkbox"/> No If no Reason :					
Current Complaints :										
Emergency Contact No.: <u>9944131412</u> Name & Relationship: <u>C. BARNABAS / UNCLE</u>										
PRIMARY SURVEY										
Assess Response : <input type="checkbox"/> Responsive <input type="checkbox"/> Unresponsive <input type="checkbox"/> Bleeding <input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> No										
Airway : <input type="checkbox"/> Clear <input type="checkbox"/> Noisy <input type="checkbox"/> Obstructed <input type="checkbox"/> Vomited		Breathing : <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent		Pain Score : <input checked="" type="checkbox"/> 0 = No Pain <input type="checkbox"/> 1-3 = Mild Pain <input type="checkbox"/> 4-6 = Moderate Pain <input type="checkbox"/> 7-10 = Severe Pain						
Circulation : <input type="checkbox"/> Normal <input type="checkbox"/> Weak <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanosed <input type="checkbox"/> Absent				Temperature: <input type="checkbox"/> = Hot <input checked="" type="checkbox"/> = Normal <input type="checkbox"/> = Warm <input type="checkbox"/> = Cold Chest pain Assessment : <input type="checkbox"/> Site <input type="checkbox"/> Onset <input type="checkbox"/> Character <input type="checkbox"/> Time <input type="checkbox"/> Radiates to <input type="checkbox"/> Exacerbating Factor <input type="checkbox"/> Severity						
SECONDARY SURVEY : Patient Past History:										
PAST MEDICATION HISTORY										
DRUGS		DOSE	ROUTE	FREQUENCY						
Stroke FAST Assessment : Facial Weakness : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess Affected Side : <input type="checkbox"/> Right <input checked="" type="checkbox"/> Left Arm Weakness: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess Affected Side: <input type="checkbox"/> Right <input checked="" type="checkbox"/> Left Speech Difficulties : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess										
Cardiac Arrest Resuscitation : Chest Compression Started Time : Electrical Cardioversion <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes : Time of First Shock & Joules / Total No. of Shock :										
Types of Ventilation : <input type="checkbox"/> Face Mask <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> ET / LMA Tube <input type="checkbox"/> Others : Time of First Assisted Ventilation :										
VITAL SIGNS										
Time	Temp F/C	Pulse bts/min	Res. bths/min	BP mmHg	SpO ₂ %	CBG mg/dl	PUPILS Reaction to Light		Conscious level:	Special Instruction:
							Right	Left	A = Alert V = Voice P = Pain U = Unresponse	
13:30	98.4	110/41	22	120/70	98.1	193	/	/	<input checked="" type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U	
14:20	98.2	98/41	23	114/74	98.1	-	/	/	<input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U	
									<input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U	
									<input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U	
Drug Name		Time	Dose	Route	Procedure (Tick)					
<u>24 PARA</u>		<u>13:30</u>	<u>1gm</u>	<u>IV</u>	<input type="checkbox"/> IV Peripheral <input type="checkbox"/> Defibrillation <input type="checkbox"/> Monitor Vital signs <input type="checkbox"/> Nebulization <input type="checkbox"/> Bleeding Control <input type="checkbox"/> Suture <input type="checkbox"/> Ryles Tube <input type="checkbox"/> Urinary Catheterization <input type="checkbox"/> ET Insertion <input type="checkbox"/> TPI <input type="checkbox"/> Suction <input type="checkbox"/> ABG / VBG <input type="checkbox"/> Drain <input type="checkbox"/> CBG <input type="checkbox"/> Oxygen <input type="checkbox"/> Central / Arterial Line Insertion <input type="checkbox"/> LMA / BVM <input checked="" type="checkbox"/> ECG / X-RAY / Echo					

Doctor's Order :

DATE & TIME	NURSES NOTE	R/N SIGN WITH REG.NO.
30/12/20 C 13:30	<p>⇒ PT Got Admission to ER pt is conscious & oriented CIBS - 153 Informed to or.</p> <p>Oral Dis Inj PARA 10 IV given</p> <p>Inj Lasix 20mg IV given. Covid rapid - negative</p>	<p><i>[Signature]</i></p>
13:35	<p>⇒ Blood sample collected.</p>	
14:35	<p>⇒ Blood sample send to lab plasix 60mg given.</p>	<p><i>[Signature]</i></p>
17:55	<p>⇒ Blood Culture send to lab</p>	
	<p>⇒ pt shifted to lab -</p>	<p><i>[Signature]</i></p>

Explained that the hospital is not responsible for valuables or other personal belongings.

Relatives Name : MR. BARNABAS

Relatives Signature / Relationship with the patients: *[Signature]*


Patient Outcome : ☒ Improved ☐ Unchanged ☐ Worsened ☐ Died

Disposition : ☒ Admission ☐ Discharge ☐ Transferred / Refer to other hospital / Time ☐

Handed Over Department Discharge summary Records & Reports	Handed Over by E.R./R/N Signature	Taken over by R/N :	Attendant signature	Date & Time
	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	30/12/20 @ 17:55

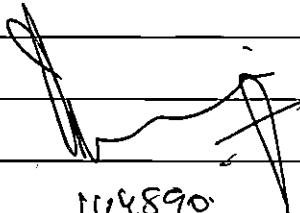
DOCTOR'S PROGRESS NOTES

DATE	NOTES
30/12/23 15:00 hrs	S/B Dr. TP. Hypothyroidism x 6mths. T2DM x 10 yrs HTN x 6mths CKD x 1 year # POST LAT CONDYLE - 2 months Unable to walk. admitted in trichy Kauvery on Metformin/vildagliptin for T2DM/H-MIXTARD 16-0-12 and Telma/MinipressXL/Carca CR for HTN. Hypothyroid on Thyronorm - 100mcg. Fever x 4 days. / Loose stools - today - 1 episode. cough x 4 days. ↓ Urine output x 2 days Burning Micturition?? Temp - 101°F. BP - 140/80 PR - 103 SpO ₂ - 94% RA. CvS - S1S2 RS - BAE/NVBS/bil creps (Pleural effusion on USA) PIA - Soft. (Minimal ascites on USA) EF - 45%. Global Hypokinesia / Trace Pericardial effusion. <u>May I suggest</u> 1. CBC/LFT/RFT/TFT 2. Se-Ca/Se-Po4 3. USA abdomen - check IVC size. - 0.95 - 2.10cm

DATE	NOTES
	4. IVF. NS - 150ml bolus over 20 mins
	5. Urine Cfs. Blood Cfs. CRP. Se-PCR
	6. Pulmonology opinion
	7. Stop Glaxo/Dapaworm
	8. Only Insulin TDS as per Sugars.
	9. Imj. Meropenem - 1g IV bd.
	10. Imj. mucosys IV bd.
	11. Stop PAN.
	12. Imj. Para 1g IV Sds.
	13. Imj. lasix 60mg IV stat after NS
	Challenge and no output.
	14. T. Lyrica 75mg 1-0-1
	15. Continue Carca CR/Minipress XL and Telma.
	16. T. Zytax 5mg 1-00 1/2 hr before lasix if no ur-output after fluid challenge.
	17. T. Zyloric 100mg 1-00.
	18. T. Rosulex 10mg 0-0-1
	19. T. Ecosprin 75mg 0-0-1
	20. C. Awaytox 1-0-1.
	21. Sals nebu - 8holy (Levolin)
	22. K-bird 15gms bd.
	23. Viral panel - throat Swab.
	Review with reports
	 55530 20/12/23

DATE	NOTES
30/12/23 4:30PM	<u>S/B DR. INDRANIL (PULMO)</u> Thanks for the Referral! C/o: Cough & sputum x 4 days. Fever x 4 days. H/o: No prior ATT intake No contact exposures No seasonal variations No dust allergy. Non-Smoker. K/C/o: T2DM x 10 yrs HTN x 6 mths CKD x 1 year Hypothyroidism HFrEF. O/E: SpO ₂ : 93% ↓ R-A. HR: 105/min. RR: 20/min. BP: S/E: CVS: S ₁ S ₂ RL: B/L VBS + B/L Wheeze + B/L Crepts +

DATE	NOTES
	<u>Adv :</u>
①	CXR- PA view.
②	T. ABPHYLLINE-N 1-01
③	Neb. BUDOLIN Q8hrly.
	Neb. BUDAMATE Q12 hrly.
④	RT-PCR for viral panel.
⑤	I/o monitoring.
⑥	Fluids as per IVC.
⑦	Sr. PCT, C-RP.
⑧	Thoracocentesis if moderate effusion on CXR.


 164890

DOCTOR'S PROGRESS NOTES

DATE	NOTES
30/12/23	S/S Dr. Mohamed hydros
10pm	D : P2DM 11ATN / CKD / Hypothyroidism
	Patient Conscious
	oriented
	Afebrile
vitals	CRS 85%
Stable	HR 80bpm, PL creat 0
	P/A - soft, NT
	Adm
	- Sp. IVF NS 1.0@
	some HR
	- Monitor vitals
	- AB following chart
	(1630)

DATE	NOTES
31/12/23 4.00pm	S/B Dr. Tlakuja
Patient reviewed	Cuss: 15/15
- c/o B/L limb Swelling	HR: 72 bpm
- c/o Cough & sputum	Bp: 140/80 mmHg.
- no fever.	SpO ₂ : 96% in RA.
- Albumin 2.3	Temp: afebrile
	no signs of cellulitis.
D/w Dr. T.P	
(P) - To repeat Urea/creat / Sr Electrolytes now .	
- Limb elevation	
- Syp. Aspiril - LS 10ml TDS .	
- Monitor UOP .	
- heparin 5000 SC OD	
- Abotonic Albumin 100ml @ 10-20ml/hr .	
- Fluid restriction 1-2L/day .	
- Lasix 60mg iv stat f/b Albumin infusion .	
- DVT Screening tomorrow .	
	S



DOCTOR'S PROGRESS NOTES

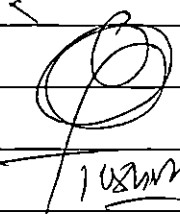
DATE	NOTES
21/12/23	S/S Dr. Mohamed Hyams
10PM	Δ: Bk Pleural effusion / Hypothyroidism / T2DM / HTN / CKD / Post LAT Condyle
	Patient Conscious
	Oriented
	Afebrile
	Vitals
	Stable
	Bilateral Pedal edema ⊕ ⊕
	CVS ⊕ ⊕
	Res ⊕ ⊕ B/L creps ⊕
	P/A ⊕ soft
	Adv
	- Monitor vitals
	- Follow by chart
	- DO NOT DO Urea, Cr, Pr. Electro
	- DVT Screening

DATE	NOTES
1.1.24 10:00	S/B DO. Anusuya
	Patient reviewed
	clo' generalised freeness
	O/E Patient conscious, oriented
	S/B ⁺ , CVS - S1S2 ⊕
any myxomatous	RS - BAE ⊕ B/C creps ⊕ - 45' pedal edema
Todo	vitals: stable
DVT screening tomorrow	Advice
1 @ Albumin transfused yesterday	- monitor vitals
b.m. 134579	- continue the drugs as per chart
	- mobilise the patient
	- limb elevation
	S/B DT TP
1/1/24	Temp - (N)
12:30	C/o Cough - persistent - Mucoid
	Urine prctls 4-6
	Bil pedal edema
	BP - 180/100
	I - 1010
	PR - 103 SaO ₂ - 97%
	O - 2050 (-1045)
	CVS - S1S2 ⊕
	Albumin - 2.1
	RS - minimal creps ⊕
	Hb - 8.7
	TE - 10440
	Plt - 1.78
	Adv: Isoformic albumin - 10ml/hr
	(Watch for dyspnea)
	Sputum C/s. AFB.
	Oral intake - 1L/day

DOCTOR'S PROGRESS NOTES

DATE	NOTES
	<ul style="list-style-type: none"> - HRC7 Chest - Pulmo review - Continue Metoprolol BD - <u>After Sputum Cx T. LINID 600mg 1-0-1</u> - Sy. Reswas 0-0-15ml - Monitor vitals 2nd hourly
11/1/24 10pm.	<p>S/B Dr. Mohamed Lythoon 6/01/24</p> <p>C/o Cough Persistent - mucoid.</p> <p>Patient conscious</p> <p>Oriented</p> <p>Offbeats</p> <p>Vitals</p> <p>PR-105/min</p> <p>PR-105/min</p> <p>PR-23/min</p> <p>BP-170/80mmHg</p> <p>SpO2-97%</p> <p>CVS → S1 S2 ⊕</p> <p>RS → BAE ⊕, minimal crep ⊕</p> <p>P/A → S/T, NT</p> <p>ARW (Dr. Lakshya man)</p> <ul style="list-style-type: none"> - Pulmo Review informal - Monitor vitals 2nd hourly - No follow up chart

(Signature)

DATE	NOTES
02/01/24 09:25 AM	S/B Dr. Ghalang
	- Cumm around
	- clo count senty spurtm ⊕
	- HRET Thump - BL scattered blue - slo vocal striding
	BL mung plant yam ⊕
	- No fern spiker.
① inj. mungum yam	- Albumin - 2.15 - 1.75 low: albumin coarction yam
② P. mungum yam	- 26 - 1500 / 2300
	- 7c-10, 440 (30/12)
	- RCT-1.9 using finch 4.6 - culm awaited,
	- <u>COVI infection</u> grand - <u>Negative</u> .
	USG mung very mung Bile effm
ECXO	0/E: common / Bunked / afeled.
30/12	10/10 (outw) SPO. 2967. (Pa)
CONC LUM XO PWA NORAT	12 - BL Band bright ⊕ No whung.
EF-527	Biphasic
	Sign 1) Add sub. 1 PRABENT IDS / web. INHALEX (BD)
	2) Follow up on spurtm - AFB sum / CL Cumm CL.
	3) SINT-PROBND.
	4) Albumin coarction.
	5) Contin Rent
	 10/2/24

DOCTOR'S PROGRESS NOTES

DATE	NOTES
2/1/24	clp/w. Dr. T. Sabapathy
10:15 AM	Adm - To do: S. urea; Cr. Creatinine today
	Adm 183875
2/1/24	8/13 Dr. S. Sabapathy (D. D. No)
11:20 AM	Placental - pt. clinically better
1500ml 2300ml	8/13 pt. continuing orientated Alert pedal edema (+)
BP - HR - SpO2 - 96% on RA 100% on O2	8/13 - cis-P, L2 (+) R - BAE (+), (+) Trubing by scapular crests (+) PA - Rgt.
	Adm - cholemonitory - follow up diet - Plus semen/creat; Gr. Int. Pro BNP.

DATE	NOTES
2/1/24 1A-30	S/B Dr TP
	Cough decreased
	Ascites ⊕
	Asl-pedal edema.
	BP-180/120 PR-90
	Urea-122 (133) Cr-2.8 (3.3).
	Adv: Rpt USG abdomen
	Isotonic albumin over 4hrs.
	Continue Ipratent
	Hold Inhibax
	Minipren XL 1-0-1
	Concor CR 1-0-0
	Telma 40mg 0-1-0
	T. Arkamine 50mg 1-1-1
	Monitor output
	T. Tambest-D 0-0-1
	after Cardiologist opinion.
	* (check IVC size - during USG)
	55530 2/1/24



DOCTOR'S PROGRESS NOTES

DATE	NOTES
21/12/24	SP: Dr. K. K. Subapath
9:30	Care - of SOB (30m) CRO
	CLD SOB on exert → 2 weeks No ALP
	CUS: SLO R ALP
BSP: 150/90	
RN: 80%	Suggested
	To continue Telma 40 o.d Munipress XL 50 b.d T. Cardivas CR 100 o.d PT may be started on Aspirin At home (CV) SD may
Bevo: Con. LVH B/L LV junction B/L pleural effusion Mural Pericardial eff. Grade 2 LVDD	
Bevo: severe Poor RFT Noisy ft	① Nephrologist ② Diuresis as per Nephrologist advice
	Twc - 19mm (<50% colliquability)
	9308

DATE 02/1/24 NOTES
S/B Dr. Anusuya

ID: 50PM patient reviewed
clo' mild abdominal pain on R tff
BP - 180/100mmHg O/S patient conscious, oriented,
HR - 85b/m 3/E. CMS - 6.52Ⓟ
AS - B&S ✓ B/L Basal creptsⓅ
CMS - NEND
P/A - 60%t, non-tender

TO collect sputum c/s & duplex advice
monitor vitals
continue drugs as per chart
nephrologist opinion (informed)

TO do
u/su - abdomen
- transverse
urine c/s (by) - w/f desaturation / Heur spikes
I / 1500ml - limb elevation
O / 2300ml

F.R - 1 lit/hr/day
Human
IgG Albumin
ID-transfused

today
03/1/24
orders by Dr. T. Palaniappan

sputum
AFB & c/s - negative today
blood c/s &
urine c/s - negative
to do urea, creat, electrolytes, Hb, & albumin
- Dr. Ashwin (MGE opinion)
fluid restriction to 800ml.
1c/m
1300ml



DOCTOR'S PROGRESS NOTES

DATE	NOTES
3/12/24 8:20 AM	8/8. Dr. Sujith B. (DNO) - Case of CKD/hypothyroidism/DM. pt. reviewed - cough, of E - pt. conscious, pedal edema (+). oriented, afebrile. BP - 170/100 (+) HR - 86 bpm SpO ₂ - 97% on 2L PA - soft. - vitals monitoring - w/ desaturator. - follow dry diet - Todo ABG, serum creat, electrolytes, Hb, d-dimer. - Dr. Ashwin (NGS) opinion on = FR < 800ml. TVC - 14mm size B/Dy 183573
3/1/24 8:45 AM	c/d/w. Dr. Ashwin (NGS) - pt. condition Tolerant. - will come for opinion on afternoon or evening. B/Dy 183573

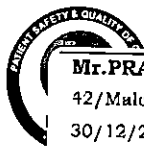


Mr. PRASAD SUGUMARAN
42/Male/MHI202381576
30/12/2023/IPH2023002639
Dr. T. PALANIAPPAN

midway
art
title
counts
639

6
(1650)

DATE	NOTES
03/07/24 bpm	s/B. Dr Jamm
	Thanks for Referral
	Referral for Joints
	Tyrom / Ants (CKD)
	Hypotension
	History and Lab work
	nted
	PA - checked
	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <u>Cholesterol levels</u> Joints ? Exacerbate </div> <div style="margin: 0 20px;">=</div> <div style="text-align: center;"> VSA. AF </div> <div style="margin-left: 20px;"> ^{for} / AB / Bst </div> </div>
	Tc / DC / AHA
	- T. V. deg 300mg / day
Dr 2. Jamm 10/05/24	



Medway
Heart
Institute
heart beat counts

Dr.T.PALANIAPPAN



DATE	NOTES
3/1/24	S/P Dr. Mohamed hydros
7pm.	c/o Not voiding of Urine Since morning 11-30am. C/D/w Dr. T-Psir Patient conscious oriented afebrile
Titals	CVS → S1, S2 ⊕ R/R → BA ⊕ P/A → soft, NT
PR - 87/min	
R.R - 18/min	
BP - 100/80 mmHg	
SpO2 - 97%	A&W - Dr. Yuvraj Undoley Opinion for Paraphimosis - Monitor vitals - IVF NS 100 cc/ml/h - Orders To follow Dr. Jaishankar / Dr. Ashwin Sri Ad - Tomorrow Photo U/S Cr, kt

1000

DATE	NOTES
2/1/24	S/B Dr. Anusuya
11 PM	C/O not voiding urine since today 11:30 AM
	O/E patient conscious, oriented,
HR - 84b/m	S/E CVS - S1, S2 ⊕
BP - 110/100 mmHg	RS - BAS ⊕ B/L crepts ⊕
	CHS - NFD
SpO2 - 94% RA	P/A - Hard, ascites ⊕
TO do	1/E pedal edema ⊕
uric acid, creat,	advice
K ⁺	- monitor vitals
tomorrow	- limb elevation - Continue the drugs as per chart
	- Dr. Yuvaraj (urologist) opinion
	TO do PT-IMR tomorrow after discuss with Dr. T-P
Inj. meropenem (D4)	usc (3, 1, 24) 2ve measures 1-7cm
T. lined (D3)	Imp: * cholelithiasis
Inj. heparin (D4)	* B/L medical renal diseases
FR - 800ml/day	* cystitis with significant post void residual urine volume
	* mild ascites
	* moderate B/L pleural effusion
Doppler (2.1.24)	
Imp:	* severe subcutaneous edema in both lower limb
	* B/L inguinal lymphadenopathy
	* no evidence of DVT / SF or SP in competence
K ⁺	2 / 1075ml
134mmg	0 / 1500ml



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MHI/IP/2022/041

Mr. PRASAD SUGUMARAN
42/Mela/1995

42/Male/MHI202381576

30/12/2023/IRH2023002639

Dr.T.PALANIAPPAN



Midway art stitute at counts

DOCTOR'S PROGRESS NOTES

DATE	NOTES
4/1/23 8:35 AM	<p><u>cl/w. Dr. T. Palmeri, appen</u></p> <p><u>Adv.</u></p> <p>- k bind 15gm TDS,</p> <p>- Leviton reb. 8 July.</p> <p style="text-align: right;">An</p> <p style="text-align: right;"><u>RPLs</u></p> <p style="text-align: right;">183573</p>
4/1/23 8:40 AM	<p><u>cl/w. Dr. Y. Wang (urologist)</u></p> <p>- will come in every 2nd afternoon</p> <p style="text-align: right;">In</p> <p style="text-align: right;"><u>RPLs</u></p> <p style="text-align: right;">183573</p>

DATE	NOTES
4/1/24	Dr. Dr. Smith. B (M)
9:20 AM	CKO / DM / Hypothyroid / prestatomely / mild Bortis / mild blood effusion
Input 1175ml Output 1150ml (+ve Bal → 25ml)	pt. reviewed. - No complaints - pt. feels better.
BP - 160/100mmHg HR - 82 bpm SpO2 - 98% on RA	R - pt. conscious, oriented, Afebrile, No pain, B/L pedal edema (+)
4/1/24 3/1/24 Crea - 110 114 Creat - 3.2 2.87 K - 5.31 4.86	pt. - Cus - P, S2 (+) DE - BAP (+), mild creft (+).
DS Hepatin	Adm - vitals monitoring - RR L pool. - Strict 2' do chart; BP monitoring - Nursing: ① Informed. - R/L - TC, DC, ADA (Alc HC tabbing) - Follow dry chx - To do * CUE R/E.
	B. J. / 183523

DOCTOR'S PROGRESS NOTES

DATE	NOTES
4/1/24	S/B. Dr. Mohamed Hydon
3pm.	Δ: CKD / T2DM / Hypothyroid / Prostate megaly mild Ascites / mild Pleural effusion.
	Patient Curious Anxious Afebrile.
<u>Vitals</u> PR - 81/min RR - 20 / min BP - 180 / 100 mm Hg SpO2 - 97%	CUS → S/S ⊕ AS → B/A ⊕ P/A → S/S ⊕ Adm To do (Biochemical Analysis) - Cell Count, LDH, ADA, Protein - vitals monitor vitals - To follow drug chart - F.R - 1 litre. - Nephrologist opinion - To follow drug chart - To Stop Inj. Meropenem Inj. Heparin 5000U To do - USS guided. - Plan: Ascitic tapping.

DATE	NOTES
4/1/2024	C/S / B: Dr. G. Alkhatib
6:15pm	<p>Care Received from ward</p> <p>↓ SAP, Ascitic tapping done for diagnostic purpose - during done - (USA guidelines)</p> <p>pt stable.</p> <p>pt shift back to ward.</p> <p><u>Ure</u></p> <p>91810 -</p>
4/1/24	<p>SIR Dr. Young - CKD</p> <p>Kidney CKD, DM, SHT, Hypertension</p> <p>h/o Shunt to ward - 4 months</p> <p>slow down</p> <p>incomplete voiding</p> <p>no h/o haematuria, calculi</p> <p>O/G</p> <p>GC from</p> <p>L/E: Gross Pyelonephritis</p> <p>Bl. Pyelonephritis</p> <p>CKD, Fluid overload,</p> <p>Pain & Swollen Edema</p> <p>UTI / Cystitis, BPH & BPO</p> <p>To center</p> <p>Tamoxifen D</p> <p>Review after 2 weeks.</p> <p>To catheterize if PVR high</p> <p>kg from</p>

Cr 2.3 -

Cr 2.3: Prostate, 18.

PVR > 100 (Cr 2.3)

CPUE R/E. Tachy,

CPUE NS



DOCTOR'S PROGRESS NOTES

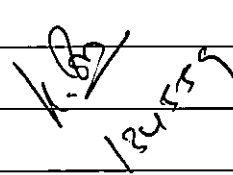
DATE	NOTES
05/1/24	S/B DR. ANUSUYA
9.50 PM	<p>patient reviewed</p> <p>ch: Generalised tenderness & mild breathlessness.</p> <p>O/E: patient Conscious, Oriented, Afebrile.</p> <p>S/E: W/S - 61.52 ⊕</p> <p>AS - BAE ⊕</p> <p>CMS - NEND</p> <p>P/A - soft, non-tender.</p> <p>Vitals: HR - 89 bpm</p> <p>BP - 160/100 mmHg</p> <p>SpO2 - 98% RA</p> <p>A/E: Scrotal edema ⊕ - advice</p> <p>B/L pedal edema ⊕ - monitor vitals</p> <p>- continue drugs as per chart</p> <p>- w/f fever spikes / desaturation</p> <p>dehydration</p> <p>- limb elevation</p>
<p>pleural tapping done today</p> <p>2.5ml removed</p> <p>to collect</p> <p>TC, PC,</p> <p>ADA</p> <p>todo</p> <p>urea, creat,</p> <p>Na⁺, K⁺</p> <p>tomorrow</p>	
<p>1.8m</p> <p>134579</p>	

DATE	NOTES
05/11/24	<u>Course in the hospital</u>
9:00 AM	<p>A 42 y/m came with H/O High grade fever on & off x 3 days. H/O burning micturition associated with lower Abdominal pain on & off x 3 days. H/O Shortness of breath on & off x 3 days associated. H/O Bilateral swelling of both legs x 3 days. K/C/O T2DM, SHIV, Hypertension, CKD on medication. on 7th day patient got admitted to Dr. T. Palaniappan.</p>
<p>Increased total protein, increased NT PRO BNP levels & deranged RFTs. Increased serum creatinine (EF - 52%). ABO done. Due to Hyperkalemia ($K^+ - 5.6$) Appropriate correction given. Due to increased blood pressure, Dr. Jaishankar (Cardiologist) opinion obtained & orders followed. Due to shortness of breath & continuous cough Dr. Elakeya Pulmo opinion obtained & he advised for sputum C/S & sputum AFB. Sputum C/S & sputum AFB showed negative. HRCT showed suggestive of Acute Pulm infection with (normal flora grown in culture). Possible super added early pulmonary edema. Urine C/S & blood C/S showed no growth. Due to hypoalbuminemia (Albumin 2.1) 2 units of Inj. Human albumin was transfused. U/S abdomen showed cholelithiasis, B/L medical Renal diseases, Cystitis with significant post void Residual urine volume, mild Ascites. Due to severe lower abdominal pain, Dr. Arwin medical gastro opinion obtained. He advised for planned fluid tapping & Ascitic fluid tapping done & Ascitic fluid sent for Analysis. Due to difficulty in micturition, Dr. Yuvraj Urologist opinion obtained & orders followed.</p>	
	<p>134559</p>



DOCTOR'S PROGRESS NOTES

DATE	NOTES
8/1/24	8/1/ Dr. T. Palaniappan
9:00	BP club noted
	BP down trending
	intel stable
	Wt: 88.2
	MS B/108
	Suggested
	To wait same line of R
	To consider
	Renal Denervation
	at follow up
	after 3 weeks
	Q9418

DATE	NOTES
05/1/24	<u>Discharge Advice</u>
1:30 PM	
Name: MR. PRASAD SUGUMARAN	AGE/GENDER: 42y/m
Consultant: Dr. T. Palaniappan	D.O.A: 30.12.2023
Diagnosis:	D.O.D: 05.01.2024
	1. Chronic kidney disease 2. Accelerated Hypertension 3. Acute pulmonary Edema. 4. Hyperkalemia 5. HypoAlbuminemia 6. Hypokalemia. 7. BPH 8. Hypothyroidism.
procedure:	pleural fluid usg guided pleural fluid tapping done ✓
	 12/5/24



DOCTOR'S PROGRESS NOTES

DATE	NOTE
5/11/24 2PM	Due to 11 D-Dimer, Doppler study done. Dr. Palaniappan (Intensivist) reviewed periodically & advised followed & Dr. Jaishankar (Cardio) reviewed periodically & advised followed. Patient was diagnosed to have Volume Overload, Hyperkalemia, Hypoalbuminemia, uncontrolled Systemic Hypertension, uncontrolled T2 DM, Benign prostate Hypertrophy. Patient was treated with IV fluids, Anti-biotics, anti-pyretics, analgesics, Anti-hypertensive, Anti-Diuretics, nebulisation & other supportive measures. Glycemic levels were monitored & insulin were given accordingly. Vitals stable monitored. Patient general condition improved & symptomatically feeling better & hence being discharged with Advice medication. plan: Renal denervation later.
11PM 13/11/24	He advised to consider renal denervation.
	<u>Discharge Advice</u> * Low, salt Low Fat, * Limb elevation * Avoid oil & spicy food * On fluid restriction 800ml/day report * To collect Pleural fluid analysis as

PRE/POST OPERATIVE ECHO

Mr. PRASAD SUGUMARAN

43/Male/MHI202381576

Date of Recg: 30/12/2023 02:35 PM



Date & Time	
30/12/23	Screening Echo Report
4.34pm	
	- Concentric LVH (IVS: 11mm, PW: 12mm)
	- Dilated Aortic sinus. measures: 38mm
	- All chambers normal sized
	- No RWMA.
	- Adequate LV systolic function LVIDD :- 50 mm
	- Grade II diastolic dysfunction. LVIDS :- 36 mm
	- Normal RV systolic function. EF: 52 %
	- IAS / IVS Contact RV DI :- 19 cm/s
	- All Valves structurally normal TAPSE: 25 mm
	- Trivial MR
	- Trivial TR / no PAH E/A ratio :- 1.2
	- IVC normal in size and c/wy. collapsing medial E/E' :- 21.52
	- minimal pericardial effusion lateral E/E' :- 10
	postlateral to LV, basal Anterior TR Lt :- 20 mmHg
	to RV. RVSP :- 30 mmHg
	- mild bilateral pleural effusion
	- No clot / vegetation.
	HR: 100bpm
	Done By
	Ms. Zibidh
	(Phy Asst. Res)

Mr. PRASAD SUGUMARAN

42/Male/MHI202381576

30/12/2023/IPH2023002639

Dr. T. PALANIAPPAN



DIABETIC CHART

ACTUAL WEIGHT 73.3kgs HbA_{1c}.....

PREVIOUS DIABETIC MEDICATIONS own medicine
Inj. H.M 16U - 0 - 12U (A/P)
T. Daparam 500/16mg
0-1-0

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
30/12/23	7:30am	232 mg/dl	Inj. HA -12U	@ 7:30 H.M	W.M 134/57
1/12/23	6:30am	96 mg/dl	-	Don	W.M 134/57
	12:30	184 mg/dl	Inj. HA 6U	Given at 12:30 H.M	K.P 134/57
	18:30	198 mg/dl	Inj. HA -15U	Given at 18:30 H.M	K.P 134/57
1/1/24	6:30	154 mg/dl	Inj. HA 12U	Given at 6:30 H.M	W.M 165/50
	12:30	123 mg/dl	Inj. HA -14U	Don	W.M 134/57
	18:30	135 mg/dl	Inj. HA 8U	@ 18:30 H.M	W.M 160/50
2/1/24	6:30	129 mg/dl	Inj. HA 6U	@ 6:30 H.M	W.M 160/50
	12:30	157 mg/dl	Inj. HA 6U	Don	Dr. T.P
	18:30	101 mg/dl	-	Don	Dr. T.P
3/1/24	6:30	84 mg/dl	-	Don	Dr. T.P
	12:30	140 mg/dl	Inj. HA 6U	@ 12:30 H.M	W.M 163/52

INSTRUCTIONS FOR INSULIN INFUSIONS

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

Urine Acetone

BLOOD SUGAR
mg / dl

INSULIN INFUSION

< 100

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

150-200

Adjust Infusion rate to 2u / hr.

201-250

Adjust Infusion rate to 4u / hr.

251-300

Adjust Infusion rate to 6u / hr.

301-350

Adjust Infusion rate to 8u / hr.

351-400

Adjust Infusion rate to 10u / hr.

>400

Adjust Infusion rate to 20u / hr.



used - 114 y3/1/24
 cr - 2.87
 nat - 140 y3/1/24
 K1 - 4.86 y3/1/24



Medway
Heart
Institute
Every heart beat counts

- Urea - 110
- Creat - 302.

DIABETIC CHART

[illegible]

ACTUAL WEIGHT 73.3 kgs. HbA_{1c} 6.5

Over medicine

.....
 Juy. H. M. 16-0-12 (A/F)

PREVIOUS DIABETIC MEDICATIONS T. DAPANORM 800mg/104 0-1-0

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
3/1/24	18:30	164 mg/dl	-	Huf JWS	Dr. T-Pan
11/24	6:30	214 mg/dl	8u Actrapid.	Dic @ 8.00	An Dr. NTP
	12:30	167 mg/dl	-		
	18:30	224 mg/dl	Inj-HA-12U	Jef Med 24	Dr. Akilan
5/1/24	6:30	172 mg/dl	Inj-HA-10U	Jef 9.58 AM P249	In 1300H
	12:30	156 mg/dl	Inj-HA 100	Gin at 14:00 Jef 24	1300H
			✓ HA 12-10-8		

INSTRUCTIONS FOR INSULIN INFUSIONS

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

MICROBIOLOGY SHEET

MICROBIOLOGY-CULTURE REPORTS

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


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Every heart beat counts

Mr. PRASAD SUGUMARAN

42/Male/MHI202381576

30/12/2023/IPH2023002639

Dr. T. PALANIAPPAN

BLOOD GROUP

INVESTIGATION SHEET


Date	30/12/23	31/12/23	21/12/24	31/12/24	4/1/24	5/1/24
HAEMATOLOGY						
Hb	8.7			9.1		
P.C.V	26.0					
Platelets	178000					
TLC	10440					
Polymorphs	81.7					
Lymphocytes	15.0					
Eosinophils	0.1					
Mono / Basophils	3.0 / 0.2					
E.S.R						
BIO-CHEMISTRY						
Urea	135	133	122	114	110	106
Creatinine	3.70	3.36	2.82	2.87	3.20	3.01
Sodium	136	137		140		138
Potassium	5.60	4.69		4.86	5.31	5.08
Bicarbonate	22	21		20		
Chloride	103	105		110.6		
Magnesium						
Calcium						
Phosphorus						
LFT						
T. Bilirubin	0.17					
D. Bilirubin	0.10					
I. Bilirubin	0.07					
S.G.O.T	63					
S.G.P.T	32					
ALP	72					
GGT	25					
Total Protein	4.4					
S. Albumin	2.1					
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp			12509			

Serum pT 1.91

[illegible]



MR. PRASAD SUGUMARAN

+2/Male/MH1202381576

30/12/2023/IPH2023002639

Dr.T.PALANIAPPAN



VITAL INFORMATION SHEET

МНІ/ІР/2022/074



Every heart beat counts

BLOOD GROUP

ON ADMISSION

Height in CM

Weight in Kg.

1 focus

73.3Kgs

Diagnosis: HYPOTHYROIDISM, T2DM, HTN (Ch) Procedure :

NO. OF DAYS	DAY A	DAY-1	DAY-2	DAY-3	DAY-4	DAY-5	DAY-6
DATE	30/12/23	31/12/23	1/1/24	2/1/24	3/1/24	4/1/24	5/1/24
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	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10
TEMPERATURE							
PULSE	90	92	90	92	90	87	80
RESP	20	20	20	20	22	20	20
B.P.	120/80	160/100	150/90	180/100	180/120	170/100	170/100
SPO2	92	95%	96	95%	97%	96% 24hrs	97
DAILY WEIGHT					73.8kg		78kg
24 HRS INTAKE	705ml	1010ml	1550ml	1075ml	1175ml	650 ml	
24HRS OUTPUT	155ml	2050ml	2300 ml	1500ml	1150ml	1060 ml	
BALANCE	855ml	-1040ml	-750ml	-425ml	-25ml	410	
MOTION	✓	x	x	✓	✓	✓	x



Mr. PRASAD SUGUMARAN
 42/Male/MHI202381576
 30/12/2023/IPH2023002639
 Dr. T. PALANIAPPAN



Every heart beat counts

EARLY WARNING SCORE MONITORING CHART

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

NEWS key	DATE	TIME	NEWS key	DATE	TIME
0	24/12/23	7:15	0	24/12/23	11:00
1	24/12/23	8:00	1	24/12/23	11:00
2	24/12/23	6:00	2	24/12/23	11:00
3	24/12/23	10:00	3	24/12/23	11:00
4	24/12/23	11:00	4	24/12/23	11:00
5	24/12/23	11:00	5	24/12/23	11:00
6	24/12/23	11:00	6	24/12/23	11:00
7	24/12/23	11:00	7	24/12/23	11:00
8	24/12/23	11:00	8	24/12/23	11:00
9	24/12/23	11:00	9	24/12/23	11:00
10	24/12/23	11:00	10	24/12/23	11:00
11	24/12/23	11:00	11	24/12/23	11:00
12	24/12/23	11:00	12	24/12/23	11:00
13	24/12/23	11:00	13	24/12/23	11:00
14	24/12/23	11:00	14	24/12/23	11:00
15	24/12/23	11:00	15	24/12/23	11:00
16	24/12/23	11:00	16	24/12/23	11:00
17	24/12/23	11:00	17	24/12/23	11:00
18	24/12/23	11:00	18	24/12/23	11:00
19	24/12/23	11:00	19	24/12/23	11:00
20	24/12/23	11:00	20	24/12/23	11:00
21	24/12/23	11:00	21	24/12/23	11:00
22	24/12/23	11:00	22	24/12/23	11:00
23	24/12/23	11:00	23	24/12/23	11:00
24	24/12/23	11:00	24	24/12/23	11:00
25	24/12/23	11:00	25	24/12/23	11:00
26	24/12/23	11:00	26	24/12/23	11:00
27	24/12/23	11:00	27	24/12/23	11:00
28	24/12/23	11:00	28	24/12/23	11:00
29	24/12/23	11:00	29	24/12/23	11:00
30	24/12/23	11:00	30	24/12/23	11:00
31	24/12/23	11:00	31	24/12/23	11:00
32	24/12/23	11:00	32	24/12/23	11:00
33	24/12/23	11:00	33	24/12/23	11:00
34	24/12/23	11:00	34	24/12/23	11:00
35	24/12/23	11:00	35	24/12/23	11:00
36	24/12/23	11:00	36	24/12/23	11:00
37	24/12/23	11:00	37	24/12/23	11:00
38	24/12/23	11:00	38	24/12/23	11:00
39	24/12/23	11:00	39	24/12/23	11:00
40	24/12/23	11:00	40	24/12/23	11:00
41	24/12/23	11:00	41	24/12/23	11:00
42	24/12/23	11:00	42	24/12/23	11:00
43	24/12/23	11:00	43	24/12/23	11:00
44	24/12/23	11:00	44	24/12/23	11:00
45	24/12/23	11:00	45	24/12/23	11:00
46	24/12/23	11:00	46	24/12/23	11:00
47	24/12/23	11:00	47	24/12/23	11:00
48	24/12/23	11:00	48	24/12/23	11:00
49	24/12/23	11:00	49	24/12/23	11:00
50	24/12/23	11:00	50	24/12/23	11:00
51	24/12/23	11:00	51	24/12/23	11:00
52	24/12/23	11:00	52	24/12/23	11:00
53	24/12/23	11:00	53	24/12/23	11:00
54	24/12/23	11:00	54	24/12/23	11:00
55	24/12/23	11:00	55	24/12/23	11:00
56	24/12/23	11:00	56	24/12/23	11:00
57	24/12/23	11:00	57	24/12/23	11:00
58	24/12/23	11:00	58	24/12/23	11:00
59	24/12/23	11:00	59	24/12/23	11:00
60	24/12/23	11:00	60	24/12/23	11:00
61	24/12/23	11:00	61	24/12/23	11:00
62	24/12/23	11:00	62	24/12/23	11:00
63	24/12/23	11:00	63	24/12/23	11:00
64	24/12/23	11:00	64	24/12/23	11:00
65	24/12/23	11:00	65	24/12/23	11:00
66	24/12/23	11:00	66	24/12/23	11:00
67	24/12/23	11:00	67	24/12/23	11:00
68	24/12/23	11:00	68	24/12/23	11:00
69	24/12/23	11:00	69	24/12/23	11:00
70	24/12/23	11:00	70	24/12/23	11:00
71	24/12/23	11:00	71	24/12/23	11:00
72	24/12/23	11:00	72	24/12/23	11:00
73	24/12/23	11:00	73	24/12/23	11:00
74	24/12/23	11:00	74	24/12/23	11:00
75	24/12/23	11:00	75	24/12/23	11:00
76	24/12/23	11:00	76	24/12/23	11:00
77	24/12/23	11:00	77	24/12/23	11:00
78	24/12/23	11:00	78	24/12/23	11:00
79	24/12/23	11:00	79	24/12/23	11:00
80	24/12/23	11:00	80	24/12/23	11:00
81	24/12/23	11:00	81	24/12/23	11:00
82	24/12/23	11:00	82	24/12/23	11:00
83	24/12/23	11:00	83	24/12/23	11:00
84	24/12/23	11:00	84	24/12/23	11:00
85	24/12/23	11:00	85	24/12/23	11:00
86	24/12/23	11:00	86	24/12/23	11:00
87	24/12/23	11:00	87	24/12/23	11:00
88	24/12/23	11:00	88	24/12/23	11:00
89	24/12/23	11:00	89	24/12/23	11:00
90	24/12/23	11:00	90	24/12/23	11:00
91	24/12/23	11:00	91	24/12/23	11:00
92	24/12/23	11:00	92	24/12/23	11:00
93	24/12/23	11:00	93	24/12/23	11:00
94	24/12/23	11:00	94	24/12/23	11:00
95	24/12/23	11:00	95	24/12/23	11:00
96	24/12/23	11:00	96	24/12/23	11:00
97	24/12/23	11:00	97	24/12/23	11:00
98	24/12/23	11:00	98	24/12/23	11:00
99	24/12/23	11:00	99	24/12/23	11:00
100	24/12/23	11:00	100	24/12/23	11:00

Note: Nurses are trained to Call Code 29 (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



MR. PRASAD SUGUMARAN

42/Male/MHI202381576

30/12/2023/IPH2023002639

Dr.T.PALANIAPPAN



Medway
Heart
Institute
art beat counts

EARLY WARNING SCORE MONITORING CHART

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

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

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

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

Date	From: 30/12/23	To: 31/12/23	Bed No: 101	INTAKE & OUTPUT CHART											
24 Hrs : Started Time : 17:55				Ended Time : 7:00											
NPO Started at :				NPO Over at :											
SHIFT	Morning			Afternoon			Night			Restricted Fluid (RF)					
INTAKE							705								
OUTPUT							1550								
Total Intake: 705ml.				Total Output: 1550ml				Difference: 855ml							
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										
18:00	200					200	18:00	600					600		
21:00	50		NS			250	20:45	150					1050		
21:45	75		IVP- 30ml/h NS.	50ml Sp. MD Cys	50ml Sp. MD Cys	425	5:30	500					1550		
5:30	100					525									
7:00			1800			2000									
						705									
												Total Intake - 705			
												Total output - 1550ml			
												Balance - 855ml			
												flay			
												over			
												Nae			
												022			

Date	From: 31/12/23	To: 1/1/24	Bed No: 61	INTAKE & OUTPUT CHART													
24 Hrs : Started Time : 7:00		Ended Time : 7:00															
NPO Started at :		NPO Over at :															
SHIFT	Morning		Afternoon		Night		Restricted Fluid (RF)										
INTAKE	250		345		445ml.		1.2 litres/day										
OUTPUT	700		500		950												
Total Intake: 1010ml.			Total Output: 2050ml			Difference: 1040ml											
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												
8:00	50					50	8:30	300					300				
8:00	50					100	9:50	400					700				
8:30	150		iv fluid 900			250	13:45	300					1000				
13:00	125					340	18:00	200					1200				
16:00	100					440	22:30	450					1650				
19:00	120					560	6:00	400					2050				
20:00	75		INT. ALBUMIN 100ml			740											
20:30	50		INT. Mucys 50ml			840											
1:00	120		INT. Melp 50ml			1000											
													Total Intake - 1010 ml				
													Total Output - 2050ml				
													Balance - 1040ml			May	
																02/1	



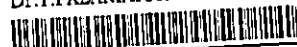
Date	From: 11/1/24	To: 21/1/24	Bed No:	INTAKE & OUTPUT CHART											
24 Hrs : Started Time : 7:00		Ended Time : 7:00													
NPO Started at :		NPO Over at :													
SHIFT	Morning		Afternoon		Night		Restricted Fluid (RF)								
INTAKE	700		500 mL		350 mL		1.2 Litres/day								
OUTPUT	950		700 mL		750 mL										
Total Intake:		1550 mL		Total Output:		2300		Difference: 750							
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										
9.5	100					100	8.00	450					450		
10.00	300					400	11.30	500					950		
11.20	300					700	15.30	400					1350		
13.30	200					900	19.00	300					1650		
15.00	100					1000	22.00	350					2000		
17.00	100					1100	2.00 AM	300					2300		
18.30	100					1200									
19.00	50					1250									
20.30	100					1350									
21.45	100					1450									
22.10	50					1500									
23.00	50					1550									
							TOTAL INTAKE - 1550								
							TOTAL OUTPUT - 2300							Nurse	
							BALANCE - 750							T	



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

Mr. PRASAD SUGUMARAN
42/Male/MH1202381576
30/12/2023/IPH2023002639

Dr.T.PALANIAPPAN



MHI/IP/2022/066



Every heart beat counts

Date	From:	To:	Bed No:
24 Hrs :	Started Time : 7:00	Ended Time : 7:00	
NPO Started at :	NPO Over at :		
SHIFT	Morning	Afternoon	Night
INTAKE	275	200	500ml
OUTPUT	300	650	500ml
Total Intake:	1075ml	Total Output:	1500ml
		Difference:	425ml

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											
8:00																
12:00	275		100			275	12:50	300					300			
							16:00	300					600			
7:00	200					475	18:30	300ml					1000			
20:00	100					575	22:00	300					1300			
22:00	100		Inj. Albumin	100		875	6:00	200					1800			
6:00	100		Inj. Meclizine	100		1075										
			Inj. Nuxys	100												
									Total Intake - 1075ml							
									Total output - 1500ml							
									Balance - 425ml							
															Not done	Not done



Mr SAD SUGUMARAN
42, MH1202381576
30/12/2023/IPH2023002639
Dr.T.PALANIAPPAN

MHI/IP/2022/066



Every heart beat counts

Date	From:	To:	Bed No:												
3/1/24	7:00	4/1/24	109												
24 Hrs : Started Time :		Ended Time :													
NPO Started at :		NPO Over at :													
SHIFT	Morning	Afternoon	Night												
INTAKE	875 ml	150 ml	550ml												
OUTPUT	450 ml	-	700ml												
Total Intake:	1175 ml	Total Output:	1150												
		Difference: +25 ml.													
INTEAKE (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										
8-30	75					75	10-30	350					350		
9-30	100		Inj. Mucosin	y 100		275	23-100	350					800		
11-30	100		Inj. Moro			375	8-30	350					1150		
12-30	150					525									
20-30	100		Inj. Mucosin	y 100		725									
21-30	100		Inj. Moro			825									
2-30	150					975									
6-30	200					1175									
										Total Intake - 1175ml					
										Total Output - 1150ml					
										Balance - 25ml					
															Han 21st
															Nae 024



Patient Details (affix label here)

Mr. Prasad Sugumaran
A2/M (Dr. T. Palaniappan)

PSYCHOLOGICAL WELLBEING REPORT

Date: 04.01.24

Time: 1.00 pm

Unit: 109

Clinical diagnosis: CKD, Hypothyroidism

Surgery/ Procedure:

Impression: Functioning well

- calm affect, oriented, responsive
- sleep ↓ (12m), appetite (N)
- no psychological distress reported.

Employee ID: MH/HO2-TPSY

[Signature]
Signature of the Psychologist:



Department of Dietetics

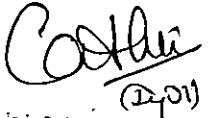
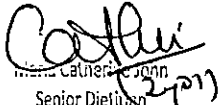

NUTRITION ASSESSMENT AND CARE PLAN FORM

Diagnosis: DM / Nephropathy / Retinopathy / HCN / Nephrotic Syndrome / EF 45% / Anemia -
 Height: 170 cms Weight: 73.5 kgs Food allergies: Yes/ No; If yes, specify: chd, DM, Hypertension (8 years)
 Religious Beliefs: ☐ Vegetarian ☒ Non Vegetarian ☐ Eggetarian ☐ Jain
 Diet Prescription: 1600 cal, 60 fat, 60 salt, 800ml fluid restricted, diabetic diet
 SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

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

Dietitian Signature / Name / Date / Time:

Maria Catherine John 30/12/24, 19:30
Senior Dietitian

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
30/12/21, 19:30	<p>A 42 year old male came to clinic (moderate grade (or off) xim (say) associated to shortness of breath (or off) was assessed to be well nourished as evident by SFA.</p> <p>Klebs - DM/H1N1/Hypertension/Cholera, <u>W</u> or <u>NH</u> Anemia.</p> <p>Educated the patient and family on too calories, too fat, too salt, some fluid restricted, diabetic diet. Emphasized on small portion size & low glycemic control.</p>	 Maria Catherine John Senior Dietitian
31/12/21, 10:00	<p>Diet intake is better. Motivated to eat more. Diet modification and clarification done.</p>	 Maria Catherine John Senior Dietitian
31/12/21, 10:00	<p>Diet intake is good. Educated the patient and family on too calories, too fat, too salt, some fluid restricted, diabetic diet on <u>discharge</u>. Emphasized on <u>small</u> portion size & low glycemic control. Diet modification and clarification done. <u>Diet chart given on discharge.</u></p>	 Maria Catherine John Senior Dietitian



NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 30/12/23 Time of Arrival: 17:55 Mode of Admission: ☐ Walking ☒ Wheelchair ☐ Stretcher

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

Relationship with Patient: _____ Contact Person's Name: Mrs. Renuka Relationship: wife

Contact No.: 9944131417 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 : 10 years Yes If yes specify 6 months Suf-H-N-6 to 12

Drugs History : Antiplatelet _____ (Specify) T.

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: 98.6 (°F) | Pulse / HR: 90 (beats/min) | BP: 150/80 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 97 (%) | CBG: _____ (mg/dl) | Height: 170 (cms) | Weight: 73.3 (kgs)

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

If Yes, specify: _____

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

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

Duration: _____ Location: _____

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

Nutritional Screening:

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

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

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

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: Mr. Cothrin Time: 17:55

Orient Patient if: ☒ Conscious

Orient Patient Attendant if: ☐ Unconscious ☐ Disoriented

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

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

Functional Assessment:

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

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

Pressure Injury Risk Assessment: Braden Scale

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

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

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

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

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

Witnessed by: _____ Signature: _____ Relationship: _____

MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)

Fall Risk Assessment (Modified Morse Scale):

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

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk interventions (25 - 44)

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

High-risk interventions (above 45)

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

Initial Assessment to Special Needs and Vulnerability of Patient:

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

DVT RISK ASSESSMENT

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

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

Risk Score Interpretation (Probability of DVT):

Tick the score obtained (✓)

Final Score

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

Personal Belongings / Valuables:

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

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

Patient / Patient's Attendant	Sign.	Name	Emp. No.	Date	Time
	<i>C. P. P.</i>	<i>R. G. V. P. P.</i>	<i>Relationship</i>	<i>30/12/22</i>	<i>19:30</i>
Nurse	<i>[Signature]</i>	<i>Monisha</i>	<i>0141</i>	<i>30/12/22</i>	<i>19:30</i>
Unit In-Charge	<i>Nae</i>	<i>S. Nalini</i>	<i>0024</i>	<i>30/12/22</i>	<i>20:00</i>



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 30/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD, T2DM

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: DT Left: —

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☐ Yes ☒ No Day: —

Barrier nursing: ☐ Yes ☒ No

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

GCS: 16/10

POD: —

Central line days: —

VIP Score: 06

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: beef (known)

On room air / oxygen: on room air

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 97.8°F | Pulse / HR: 82 (beats/min) | Respiration: 20 (breaths/min)

BP: 100/80 (mmHg) | SpO₂: 98 (%) | Height: 170 (cms) | Weight: 73.3 (kgs) | BMI: 28 kg/m²

Others: —

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

Fall Risk Score: 0 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Current diet: normal diet

Drains: nil

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Mondal	0121	30/12/23	19:30
Handover taken by		Hannah Grace	0005	30/12/23	19:30
Document endorsed		S. Nalini	0024	31/12/23	20:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 30/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: AMI, CKD

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: 5/5

POD: —

Central line days:

VIP Score: 0/5

B

BACKGROUND

Type of surgery: —

Allergies if any: NKA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: —

Date of surgery: —

IV fluids on flow: some / he's on flow

A

ASSESSMENT

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

BP: 120/80 (mmHg) | SpO₂: 98 (%) | Height: 170 (cms) | Weight: 73.3 (kgs) | BMI: 28 kg/m²

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: ☐ Low ☐ Medium ☒ High

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: Normal diet

Drains: —

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

to do viral panel.

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>Hay</u>	<u>Hannah Lisa</u>	<u>0105</u>	<u>31/12/23</u>	<u>7:30</u>
Handover taken by	<u>[Signature]</u>	<u>H. Devita</u>	<u>0102</u>	<u>31/12/23</u>	<u>7:30</u>
Document endorsed	<u>Nas</u>	<u>S. Nalini</u>	<u>01024</u>	<u>31/12/23</u>	<u>2:00</u>

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 30/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: AF, Ckd

NEWS / PEWS Score: 0

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: —

Day: —

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: N/A

On room air / oxygen: On room air

IV fluids on flow: —

Complaints / New Symptoms in last shift: Nil

A

ASSESSMENT

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

BP: 120/80 (mmHg) | SpO₂: 98% (%) | Height: 170 (cms) | Weight: 73.3 (kgs) | BMI: 25.1 g/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: to do vitals per 4h.

	Signature	Name	Emp. No.	Date	Time
Handover given by		M. D. D. D. D.	012	31/12/23	12:30
Handover taken by		A. Monisha	014	31/12/23	12:30
Document endorsed		S. Nalini	0024	31/12/23	20:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
21/12/23 @	Morning duty	
7:00	-> patient hand over taken from night duty staff	
7:30	-> patient is stable & vitals signs -> patient Normal diet	S. Nalini
8:00	-> patient Medication given as per dressing staff	
	-> patient No Band change.	
	-> patient Nebulization given	
10:00	-> patient is well sleep -> patient not complaining	S. Nalini
10:30	-> patient Normal Vitals signs chart records	
11:00	-> patient No chart	
12:30	-> patient handover given per evening duty staff	S. Nalini
Document endorsed by	Signature Nas	Name S. Nalini
		Emp. No. 0004
		Date 31/12/23
		Time 20:00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 31/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: C/S/D
NEWS / PEWS Score: -

Ventilator day:

Peripheral line day: Right: D₂ Left:

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

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

GCS: 10/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: food (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: 22 (breaths/min)

BP: 100/30 (mmHg) | SpO₂: 90 (%) | Height: 170 (cms) | Weight: 73.3 (kgs) | BMI: 28 kg/m²

Others: -

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

Fall Risk Score: 0 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: normal diet

Drains: nil

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Manjhar	0171	31/12/23	19:00
Handover taken by		A. Manjhar	0171	31/12/23	19:00
Document endorsed		S. Nalini	0024	31/12/23	20:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 31/12/23 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CKD

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right 02 Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: -

Day:

Day:

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

GCS/5/5

POD: -

Central line days:

VIP Score: 0/5

B

BACKGROUND

Type of surgery:

Allergies if any: ALKDA

On room air/oxygen: Room Air

Complaints / New Symptoms in last shift:

Date of surgery:

IV fluids on flow:

A

ASSESSMENT

Vital Signs: Temp: 97.6°F | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/70 (mmHg) | SpO₂: 96% | Height: 170 (cms) | Weight: 73.3 (kgs) | BMI: 28.1 g/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:

Drains:

Normal 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: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Narasimhan	0170	11/12/24	7:30
Handover taken by		S. Nalini	0249	11/12/24	7:40
Document endorsed		S. Nalini	0249	11/12/24	20:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 1.1.24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: MD

NEWS / PEWS Score: 15/15

Ventilator day: 0

Peripheral line day: Right: 0 Left: 0

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: None

On room air/oxygen: on room air

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 97.8 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 97 (%) | Height: 170 (cms) | Weight: 73.3 (kgs) | BMI: 25.2 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	<u>[Signature]</u>	<u>V. Lidiya</u>	<u>0249</u>	<u>21/1/24</u>	<u>12-30</u>
Handover taken by	<u>[Signature]</u>	<u>H. Daria</u>	<u>0102</u>	<u>21/1/24</u>	<u>12-00</u>
Document endorsed	<u>[Signature]</u>	<u>S. Nalini</u>	<u>0024</u>	<u>21/1/24</u>	<u>00-00</u>

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 01/1/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: UTI

NEWS / PEWS Score: D3

Ventilator day:

Peripheral line day: Right: D3 Left: -

Ryle's Tube: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Barrier nursing: ☐ Yes ☐ No

Day:

Day:

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

GCS: 15/16

POD: -

Central line days: -

VIP Score: 06

B

BACKGROUND

Type of surgery: -

Allergies if any: NPDA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: NIL

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98.5 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 95 (%) | Height: 170 (cms) | Weight: 73.4 (kgs) | BMI: 25.1 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		M. Devita	002	11/1/23	1930
Handover taken by		P. N. Bhavathi	00281	11/1/24	1930
Document endorsed		S. Nalini	0024	11/1/24	2000

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 1/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD

NEWS / PEWS Score: P3

Ventilator day:

Peripheral line day: Right: P3 Left:

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

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

GCS: 15/15

POD:

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery:

Date of surgery:

Allergies if any: NADA

On room air / oxygen: 800m out

IV fluids on flow:

Complaints / New Symptoms in last shift: ML

A

ASSESSMENT

Vital Signs: Temp: 98.2 (°F) | Pulse / HR: 74 (beats/min) | Respiration: 20 (breaths/min)

BP: 170/80 (mmHg) | SpO₂: 96 (%) | Height: 170 (cms) | Weight: 73 (kgs) | BMI: 28 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: Nil

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		R.N. Bhavathi	0271	1/1/24	19:20
Handover taken by		P. S. Sathya	0072	2/1/24	7.30
Document endorsed		S. Valini	0024	2/1/24	18:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 21/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CKD -

NEWS / PEWS Score: 04

Ventilator day:

Peripheral line day: Right: 04 Left: left sub cutaneous

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0/4

B

BACKGROUND

Type of surgery:

Date of surgery:

Allergies if any: NKA

On room air / oxygen: room air

IV fluids on flow:

Complaints / New Symptoms in last shift: nil

A

ASSESSMENT

Vital Signs: Temp: 36.6 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 140/80 (mmHg) | SpO₂: 97 (%) | Height: 170 (cms) | Weight: 73 (kgs) | BMI: 25.1 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:

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: nil

	Signature	Name	Emp. No.	Date	Time
Handover given by		U. Lidey	0249	21/12/23	12:30
Handover taken by		R. Prasad Sugumaran	0001	21/12/23	12:50
Document endorsed		S. Nalini	0024	21/12/23	18:20

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 2/1/24 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: OAD
NEWS / PEWS Score:
Ventilator day:
Peripheral line day: Right:
Ryle's Tube: ☐ Yes ☒ No
Urinary Catheter: ☐ Yes ☒ No
Barrier nursing: ☐ Yes ☒ No
GCS: 15/15
POD:
Central line days:
VIP Score: 0/5
MDR: ☐ Yes ☒ No. If Yes, specify organism:

B

BACKGROUND

Type of surgery:
Allergies if any: NKDA
On room air / oxygen: RA
Complaints / New Symptoms in last shift:
Date of surgery:
IV fluids on flow:

A

ASSESSMENT

Vital Signs: Temp: 98.4 (°F) | Pulse / HR: 76 (beats/min) | Respiration: 18 (breaths/min)
BP: 120/80 (mmHg) | SpO₂: 97 (%) | Height: 170 (cms) | Weight: 73 (kgs) | BMI: 25 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: N diet Drains:

R

RECOMMENDATION

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

	Signature	Name	Emp. No.	Date	Time
Handover given by	<i>[Signature]</i>	R. Sugumar	0261	2/1/24	19:00
Handover taken by	<i>[Signature]</i>	Hannah Coate	0105	2/1/24	19:30
Document endorsed	<i>[Signature]</i>	S. Nalini	0024	2/1/24	19:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 21/1/24 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CKD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Left: ☒

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: ☒

Day: ☐

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

GCS: 15/18

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: NKDA

On room air / oxygen: on room air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 99.8 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 150/90 (mmHg) | SpO₂: 98 (%) | Height: 70 (cms) | Weight: 73 (kgs) | BMI: 28 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: PM diet

Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: to do usg abdomen tomorrow
Nephro. opinion.

	Signature	Name	Emp. No.	Date	Time
Handover given by	Hay	Hannah Grace	0005	31/1/24	7:30
Handover taken by	E. Cathrine	E. Cathrine	0007	31/1/24	7:30
Document endorsed	Nash	E. Nalini	0004	31/1/24	8:0

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 31/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CKD, Hypothyroidism

NEWS / PEWS Score: 0

Ventilator day: —

Peripheral line day: Right: —

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: D5

Day: —

Day: —

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: NADA

On room air / oxygen: —

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 98.2 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/100 (mmHg) | SpO₂: 98 (%) | Height: 170 (cms) | Weight: 73 (kgs) | BMI: 28 kg

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Diabetic diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by	E. Cathrine	E. Cathrine	0207	03/01/24	12:30
Handover taken by	P. Nalin	P. Nalin	2337	3/1/24	12:45
Document endorsed	P. Nalin	P. Nalin	0024	3/1/24	13:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 3/01/24

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CKD

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: —

Day: —

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: —

Allergies if any: NKDA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: —

Date of surgery: —

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 99.6°F | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 96 (%) | Height: 170 (cms) | Weight: 73 (kgs) | BMI: 28 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: DR 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		Prasad Sugumaran	2333	3/1/24	19:30
Handover taken by		Hannah Grace	0105	3/1/24	19:30
Document endorsed		S. Nalini	0084	3/1/24	20:00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 31/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CPD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: 15

Day:

Day:

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0/5

B

BACKGROUND

Type of surgery:

Date of surgery:

Allergies if any: NKA

On room air / oxygen: on room air

IV fluids on flow:

Complaints / New Symptoms in last shift:

A

ASSESSMENT

Vital Signs: Temp: 97.8°F | Pulse / HR: 82 (beats/min) | Respiration: 20 (breaths/min)

BP: 80/110 (mmHg) | SpO₂: 95 (%) | Height: 170 (cms) | Weight: 73 (kgs) | BMI: 25 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: Sputum c/s

	Signature	Name	Emp. No.	Date	Time
Handover given by	Hay	Hannah Grace	0105	4/1/24	7:30
Handover taken by	S	M. Devila	0102	4/1/24	7:30
Document endorsed	Nae	S. Nalini	0024	4/1/24	8:00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 21/12/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CRO

NEWS / PEWS Score: 6

Ventilator day: —

Peripheral line day: Right: — Left: DB

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: —

Day: —

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

GCS: 15/5

POD: —

Central line days: —

VIP Score: 0.5

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: NKDA

On room air / oxygen: ON room air

IV fluids on flow: —

Complaints / New Symptoms in last shift: nil

A

ASSESSMENT

Vital Signs: Temp: 99.8 (°F) | Pulse / HR: 82b/m (beats/min) | Respiration: 20b/m (breaths/min)

BP: 80/110 (mmHg) | SpO₂: 95 (%) | Height: 170 (cms) | Weight: 75 (kgs) | BMI: 25.4 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: Nasal 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		M. Devika	0682	21/12/24	12:30
Handover taken by		A. Nandha	0641	21/12/24	12:30
Document endorsed		S. Nalini	0024	21/12/24	13:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 4/1/24 Shift: ☐ Morning ☒ Evening ☐ Night

S	SITUATION Diagnosis: <u>clot</u> NEWS / PEWS Score: <u>-</u> Ventilator day: <u>-</u> Peripheral line day: Right: <u>06</u> Left: <u>-</u> Ryle's Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: <u>-</u> Urinary Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: <u>-</u> 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: <u>-</u> GCS: <u>15</u> POD: <u>-</u> Central line days: <u>-</u> VIP Score: <u>06</u>
	BACKGROUND Type of surgery: <u>-</u> Date of surgery: <u>-</u> Allergies if any: <u>not known</u> On room air / oxygen: <u>on room air</u> IV fluids on flow: <u>-</u> Complaints / New Symptoms in last shift: <u>-</u>
A	ASSESSMENT Vital Signs: Temp: <u>98.6</u> (°F) Pulse / HR: <u>60</u> (beats/min) Respiration: <u>20</u> (breaths/min) BP: <u>120/80</u> (mmHg) SpO ₂ : <u>98</u> (%) Height: <u>170</u> (cms) Weight: <u>72</u> (kgs) BMI: <u>23.6</u> kg/m ² Others: <u>-</u> Pain Score: <u>0</u> Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale <u>NRS</u> / CPOT Fall Risk Score: <u>0</u> Fall Risk Protocol: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High Braden Score: <input checked="" type="checkbox"/> Minimal Risk: 23-19 <input type="checkbox"/> At Risk-Mild Risk: 18-15 <input type="checkbox"/> Moderate Risk: 14-13 <input type="checkbox"/> High Risk: 12-10 <input type="checkbox"/> Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA Wound Dressing done: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA Current diet: <u>normal diet</u> Drains: <u>nil</u>
	RECOMMENDATION Referral doctors: <u>-</u> Pending medications: <u>-</u> Pending medication indent: <u>-</u> Pending lab reports / Investigations: <u>-</u> Critical value alert and its corrections: <u>-</u> Changes in nursing care plan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, modified care plan date: <u>-</u> Pending follow-up orders: <u>-</u> Special instructions if any: <u>-</u>

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>A. monish</u>	<u>0181</u>	<u>4/1/24</u>	<u>11:30</u>
Handover taken by	<u>[Signature]</u>	<u>B. Varish</u>	<u>0195</u>	<u>4/1/24</u>	<u>11:30</u>
Document endorsed	<u>[Signature]</u>	<u>S. Nalin</u>	<u>0084</u>	<u>4/1/24</u>	<u>20:00</u>

NURSES PROGRESS NOTES

[illegible]



NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp No.			
	CTOT RECEIVAL REPORT				
4/1/2024 @ 11:00	Patient Received From <u>1st floor</u> To <u>CTOT</u> With Blue Op File And Case Sheet <u>shifted by RIN Revathi</u>				
	ECG: ECHO: X-RAY: ANGIO CD: <u>with attention</u>				
	CT FILE: -				
	Patient Posted For Procedure: <u>CABMAMVR + TARP</u>				
	Under Anesthesia: <u>UA</u>				
	Allergy Status: <u>NOT KNOWN any drug/food Allergy</u>	<u>SK</u> <u>0081</u>			
	Known Case Of: <u>CAD - TVD - DWM</u> <u>past 5 years</u> <u>→ swim pooling present while surgical preparation on ward.</u>				
	Past Surgical History: <u>hemothorax ON 2021-September</u>				
	VITAL SIGN: TEMP: <u>37°C</u> HR: <u>78bpm</u> SPO2: <u>94%</u> BP: <u>123/76mmHg</u>				
	CTOT SHIFTING REPORT				
	Patient Shifted From <u>CTOT</u> To <u>SIU</u> With Blue Op File And Case Sheet Along With				
	*Surgery Safety Check List				
	*Intra Operative Record				
	*Nurses' Record				
	* <u>Implantation Record</u>				
	ECG: ECHO: X-RAY: ANGIO CD:				
	CT FILE: -				
18:10	Patient Posted And Underwent For Procedure: <u>CABMAMVR (OH)</u>				
	Under Anesthesia: <u>UA</u>				
	Procedure: <u>CABMAMVR (OH)</u>				
	Drain tube size and placement: <u>28</u> <u>LF Plung.</u> <u>Mechanical</u>				
	Pacing wire placement: Present/Absent Site: -	<u>0288</u>			
	Implants: <u>29mm Mechanical valve</u>				
	Cautery burn/skin peeling/towel clip mark: Present/Absent Site:				
	VITAL SIGN: TEMP: <u>37°C</u> HR: <u>112</u> SPO2: <u>100%</u> BP: <u>130/90</u>				
	→ <u>donal opinion</u> <u>High risk consent</u>				
	Notes: → <u>patient having slurred speech during childhood period onwards</u>				
Document endorsed by	Signature <u>0288</u>	Name <u>RADHAKA</u>	Emp. No. <u>0288</u>	Date <u>4/1/23</u>	Time <u>18:10</u>

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/1/24 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: 7 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: 2

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: C

Allergies if any: None

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 98.7 (°F) | Pulse / HR: 82 (beats/min) | Respiration: 21 (breaths/min)

BP: 120/70 (mmHg) | SpO₂: 97 (%) | Height: 170 (cms) | Weight: 72 (kgs) | BMI: 24 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: SOFT DIET

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>B. Vanish</u>	<u>0195</u>	<u>5/1/24</u>	<u>7:00</u>
Handover taken by	<u>[Signature]</u>	<u>Pavithra</u>	<u>0072</u>	<u>5/1/24</u>	<u>7:30</u>
Document endorsed	<u>[Signature]</u>	<u>E. Nalini</u>	<u>0084</u>	<u>5/1/24</u>	<u>8:00</u>



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CKD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Left:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day:

Day:

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0/5

B

BACKGROUND

Type of surgery:

Date of surgery: —

Allergies if any: NKDA

On room air / oxygen: RA

IV fluids on flow: —

Complaints / New Symptoms in last shift: Nil

A

ASSESSMENT

Vital Signs: Temp: 95.9 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 22/min (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 97 (%) | Height: 170 (cms) | Weight: 72 (kgs) | BMI: 28 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: soft solid 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		Pavithra	0072	5/1/24	13:00
Handover taken by		Discharged			
Document endorsed		S. Nalini	0024	5/1/24	16:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
5/1/24 7.30	<u>Morning Duty Note</u>	
	- Patient taken over from night duty staff	Poffn
	- While take over patient is hemodynamically stable	
	- Today plan for discharge	
8.30	- Due medications given as per chart	Poffn
9.00	- Patient S/R Dr. Jaisankar Sir advised discharge today	Poffn
10.00	- vital signs checked & recorded - Return sent to pharmacy	Poffn
12.30	- Patient handed over to evening duty staff	Poffn
	<u>Discharge Notes</u>	
11.30	Pt discharge summary explained to pt attenders. vital signs checked & monitored BP - 101/70 mmHg. Bilirubin cleared. to the removed.	Poffn
15.30	Pt discharged at 15.30	
Document endorsed by	Signature Nees	Name E. Nalin
		Emp. No. 0024
		Date 5/1/24
		Time 1600

ADULT NURSING CARE PLAN

Dr. PRASAD SUGUMARAN
42/Malc/MHI202381576
30/12/2023/IPH2023002639
Dr. T. PALANIAPPAN

Initial Date: 30/12/23 Time: 18:50		Modified Date: Time:	
Reason for Modification:		Diagnosis: Chd	
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 E pt had 200g of food N pt had normal diet Hay over
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input checked="" type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M E SpO ₂ - 98% N Patient was stable on room air Hay over
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M E 20 chest x-ray monitored N Ilo chest maintained Hay over

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

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M E Pt communicate well N Pt Communicated well	 HPH HPH
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input checked="" 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 need to do N Due drugs are given	 HPH
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nas	S. Nalini	0024	30/12/23	20:00

ADULT NURSING CARE PLAN

Mr. JASAD SUGUMARAN
42/Male/MHI202381576
30/12/2023/IPH2023002639
Dr. T. PALANIAPPAN

Initial Date: 31/12/23 Time: 8:00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CKD, HF		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt DM diet E pt had diet N patient had DM diet	[Signature] [Signature] [Signature]
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input checked="" type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M pt room air E SpO ₂ 98% N patient is on room air	[Signature] [Signature] [Signature]
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt electrolyte fluid E 2/0 chart well monitored N 1/0 chart monitored	[Signature] [Signature] [Signature]

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobility <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt will mobilize freely	8/20
			E pt mobilized well	8/21
			N patient Mobilized well	8/21
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M pt elimination pattern	8/20
			E elimination pattern	8/21
			N Normal Elimination pattern	8/21
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M pt maintain skin status	8/20
			E	
			Maintain Normal skin integrity	8/21

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBR Care (if present) <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt care done	8/09
			E pt groomed well	8/09
			N patient well groomed	8/09
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 p + ID Band	8/09
			E ID band	8/09
			N ID band	8/09
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 p + comfortable sleep	8/09
			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 p + vital signs checked	8/09
			E vital signs stable	8/09
			N vitals checked & recorded	8/09
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M	
			E	
			N	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt communicate effectively E pt communicate well N Good communication	[Signature] [Signature] [Signature]
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M pt medication given as per drug E medication was given N Medication given as per drug chart	[Signature] [Signature] [Signature]
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nas	S. Nalini	0024	31/12/23	20:00

ADULT NURSING CARE PLAN

Mr. PRASAD SUGUMARAN
42 / Male / MHI202381576
30/12/2023 / IPH2023002639
Dr. T. PALANIAPPAN



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 11/1/24 Time: 7:00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CKD, AF		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt takes diet @ E pt takes diet N pt had diet	[Signature] [Signature] [Signature]
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 pt is on room air E pt room air N pt room air	[Signature] [Signature] [Signature] 0271
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt takes oral fluid E pt takes oral fluid N pt maintains good hydration	[Signature] [Signature] [Signature] 0271

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input 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	Jef Jef Jef
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M (N) voiding pattern E (N) voiding pattern N Elimination pattern was good	Jef Jef Jef
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input 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 (N) Skin integrity E maintained (N) Skin integrity N (N) Skin Integrity	Jef Jef Jef

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 checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M <i>pt takes self bath</i> E <i>pt full self-bath</i> N <i>pt takes self bath</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 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>ID Band</i> E <i>ID Band</i> N <i>ID band checked</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 <i>pt slept well</i> E <i>pt slept well</i> N <i>pt slept well</i>	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M <i>pt vitals checked</i> E <i>pt vital checked</i> N <i>pt vitals checked</i>	
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M E N	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt verbal communication on good E pt verbal communication N pt verbal good communication	[Signature] [Signature] [Signature]
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M One medication given E one medication given N one medication given as per	[Signature] [Signature] [Signature]
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nase	S. Nalini	0024	11/1/24	20:00

ADULT NURSING CARE PLAN

Mr. PRASAD SUGUMARAN

42/Male/MHI202351576

30/12/2023/IPH2023002639

Dr.T.PALANIAPPAN



MHI/NUR/2022/044



Every heart beat counts

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

Patient Specific Problems/ Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input 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	gud
			E pt mobilized well	gud
			N Patient Mobilized well	Haylos
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M @ voiding pattern	gud
			E @ voiding pattern @	gud
			N Patient had normal elimination pattern	Haylos
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 maintained @ skin integrity	gud
			E	
			N	

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M Pt takes self bath E — N Pt groomed well	 Hay 0108
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M ID Band ⊕ E ID band ⊕ N ID band present	 Self Hay 0108
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input checked="" type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M pt Slept well E — N —	 Hay 0108
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M pt vitals all recorded E vitals up N Pt vital signs all stable	 Hay 0108
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E — N —	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt verbal communication good E pt communication well N Patient communicated well	
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M Due medication given E medication given N Due drugs all given	
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nas	S-Nalini	0024	1/1/24	2030

ADULT NURSING CARE PLAN

Mr. PRASAD SUGUMARAN
42/Male/MHI202381576
30/12/2023/IPH2023002639
Dr. T. PALANIAPPAN



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 31/1/24		Time: 8:00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CKD			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt had dm diet	DC 2007			
			E Pt had Diet	D 233			
			N Patient had dm diet	Hay 065			
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 Pt is on room air	DC 0307			
			E Pt on Room air	D 233			
			N Patient was stable room air	Hay 065			
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 Pt I/O chart maintained	DC 2007			
			E I/O monitored	D 233			
			N I/O Maintained	Hay 065			

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input 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 well mobilized E Mobilized well N Patient Mobilized well	SC 0807 P 2337 Hay 0105
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M pt normal elimination pattern E Elimination pattern N Patient had normal elimination pattern	SC 0807 P 2337 Hay 0105
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M — E — N —	

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M Pt well groomed E groomed well N Patient groomed well	DC 0207 J 233 Hay 0105
SAFETY: <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV <input type="checkbox"/> CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M Pt ID Band ⊕ E ID band ⊕ N ID band present	DC 0207 J 233 Hay 0105
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E — N —	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M Pt v/s checked & recorded E v/s & stable N Patient vital signs all stable	DC 0207 J 233 Hay 0105
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E — N —	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M <i>pt well communicated</i> E <i>Good communication</i> N <i>Patient Communicated well</i>	<i>EC 0207</i> <i>P 2333</i> <i>Hay 0105</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>pt due drugs are given</i> E <i>Medication was given</i> N <i>Due drugs are given</i>	<i>EC 0207</i> <i>P 2333</i> <i>Hay 0105</i>
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>Nees</i>	<i>R. Nadin</i>	<i>0024</i>	<i>3/1/24</i>	<i>18:00</i>

ADULT NURSING CARE PLAN

Mr. PRASAD SUGUMARAN
42/Male/MHI202381576
30/12/2023/UPH2023002639
Dr. T. PALANIAPPAN

Initial Date: 4/1/24 Time: 8:00		Modified Date: Time:	
Reason for Modification:		Diagnosis: CKD	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
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 checked="" type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt Normal diet E pt had diet N pt had a diet
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input checked="" type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M pt room air E SpO ₂ - 98% N pt on Room air
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input checked="" type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input checked="" type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt electrolytes fluid E x to chest very stable N Ilo chart maintained

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

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt self care E N pt groomed & assist	Jan Jan
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 pt ID Band checked E ID band N pt ID band	Jan Jan Jan
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M pt comfortable sleep E N pt provided comfortable position	Jan Jan
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M pt vital signs checked E vitals are stable N vitals are checked	Jan Jan Jan
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 pt will receive psychological support E N	Jan

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt will communicate effectively E pt communicate well N pt well communicated	J J J
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M pt Medication given as per duty E medication given N Due medication was given	J J J
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nali	E. Nalini	0084	4/1/24	18:00

ADULT NURSING CARE PLAN

(Affix Label here)
Mr. PRASAD SUGUMARAN
42/Male/MHI202381576
30/12/2023/UPH2023002639
Dr. T. PALANIAPPAN

Initial Date: 5/1/24		Time: 8 00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CKD			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M	Takes soft solid			Postn
			E				
			N				
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M	Patient is on room air			Postn
			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	Takes adequate oral fluids			Postn
			E				
			N				

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Pt mobilized well E N	Poffm
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 type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Self voiding E N	Poffm
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 Maintains normal skin integrity E N	Poffm

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	Pstn
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M ID band @ E N	Pstn
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input checked="" type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input checked="" type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input checked="" type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E N	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M Vital signs stable E N	Pstn
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input checked="" type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input checked="" type="checkbox"/> Provide empathy and reassurance	M Provided Psychological Support E N	Pstn

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M <i>effective verbal communication</i> E N	<i>Pdln</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 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>Pdln</i>
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>Nao</i>	<i>S. Nalini</i>	<i>0024</i>	<i>5/11/24</i>	

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort		4	4
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals		3	3
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours		3	3
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance		4	4
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IVs for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation		3	3
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair			3	3
					TOTAL SCORE	23	20
					Initial & Emp. No. of Staff Nurse:	10/12/23	10/12/23
					Initial & Emp. No. of Sr. Staff Nurse:	10/12/23	10/12/23

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



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	3	3	3	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3	
					TOTAL SCORE	22	22	22
					Initial & Emp. No. of Staff Nurse:	0000	0000	0000
					Initial & Emp. No. of Sr. Staff Nurse:	0000	0000	0000

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Barely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3	
					TOTAL SCORE	23	23	23
					Initial & Emp. No. of Staff Nurse:	[Signature] 808		
					Initial & Emp. No. of Sr. Staff Nurse:	[Signature] 004		

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	9	4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	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	5	4	3	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	3	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3	
					TOTAL SCORE	23	23	20
					Initial & Emp. No. of Staff Nurse:	23	23	20
					Initial & Emp. No. of Sr. Staff Nurse:	23	23	20

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	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	4	4	3	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IVs for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	3	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3	
					TOTAL SCORE	23	23	20
					Initial & Emp. No. of Staff Nurse:	24	24	24
					Initial & Emp. No. of Sr. Staff Nurse:	24	24	24

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4	
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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	4	4	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4	
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					TOTAL SCORE	23	23	23
					Initial & Emp. No. of Staff Nurse:	8 08	8 08	8 08
					Initial & Emp. No. of Sr. Staff Nurse:	100 24	100 24	100 24

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




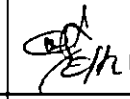

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	7
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Barely Moist Skin is usually dry, linen only requires changing at routine intervals	4	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	
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:					Robb	
Initial & Emp. No. of Sr. Staff Nurse:					Nga	

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


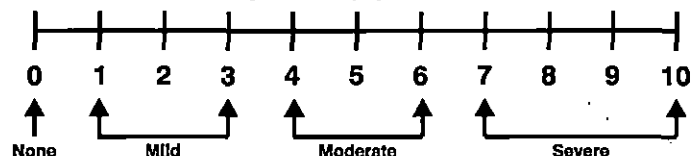


PAIN RE-ASSESSMENT & MONITORING CHART

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.
20/12/23 18:00	0/10	No pain	—	—	—		Nae 0024
22:00	0/10	No pain	—	—	—	Hay 0005	Nae 0024
				Patient	is sleeping		
31/12/23 6:00	0/10	No pain	—	—	—	Hay 0005	Nae 0024
10:10	0/10	No pain	—	—	—		Nae 0024
12:50	0/10	No pain	—	—	—		Nae 0024
13:20	0/10	No pain	—	—	—		Nae 0024
22:00	0/10	No pain	—	—	—		Nae 0024
				patient is	sleeping		

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.
1/1/24 6:00	0/10	No pain	—	—	—	DP 5/12	Nae 0024
10:00	0/10	no pain	—	—	—	DP 5/12	Nae 0024
14:00	0/10	no pain	—	—	—	DP 5/12	Nae 0024
18:00	0/10	No pain	—	—	—	DP 5/12	Nae 0024

PAIN SCALES

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

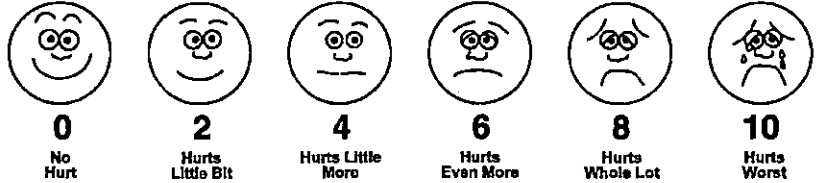
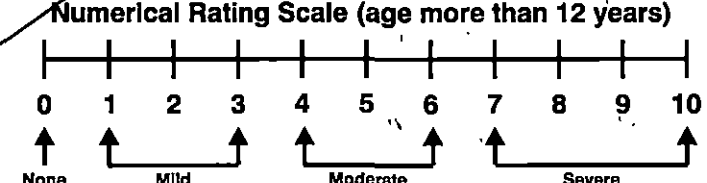
Pharmacological interventions as per doctor's prescription

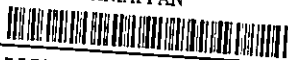
PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
02-00	0/10	No pain	-	-	-	P 024	Nas 024
11/24 2am	0/10	No pain	-	-	-	P 024	Nas 024
6am	0/10	No pain	-	-	-	P 024	Nas 024
10-06	0/10	No pain	-	-	-	P 024	Nas 024
11-00	0/10	No pain	-	-	-	P 024	Nas 024
12-00	0/10	No pain	-	-	-	P 024	Nas 024
22-00	0/10	No pain	-	-	-	P 024	Nas 024
				Patient is sleeping			
31/12/24 6:00	0/10	No pain	-	-	-	P 024	Nas 024

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
01:00	0/10	NO pain	-	-	-	PC 0007	Nae 024
04:00	0/10	no pain	-	-	-	PC 0007	Nae 024
13:00	0/10	no pain	-	-	-	PC 0007	Nae 024
22:00	0/10	No pain	-	-	-	Hay 0203	Nae 024

PAIN SCALES

PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for Infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.	
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both	
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)	 <p>0 No Hurt 2 Hurts Little Bit 4 Hurts Little More 6 Hurts Even More 8 Hurts Whole Lot 10 Hurts Worst</p>	 <p>Numerical Rating Scale (age more than 12 years)</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>None Mild Moderate Severe</p>
Critical care Pain Observation Tool (CPOT) (ventilator / comatose)	FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (intubated patients): 0 - Tolerating Ventilator or Movement , 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain	
Non-pharmacological Interventions	Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counselling	
Pharmacological Interventions as per doctor's prescription		

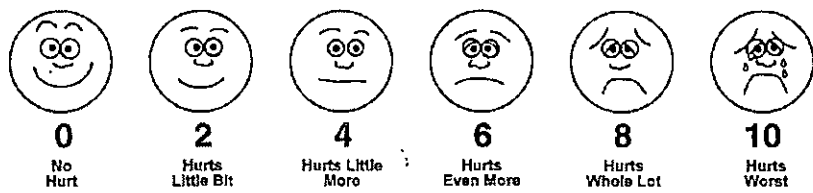
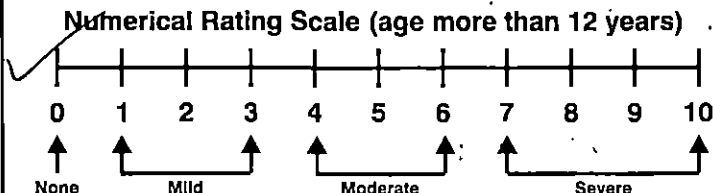


PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
				Patient	is sleeping		
6:00	0/10	no pain	—	—	—	<i>[Signature]</i>	Nae 024
10:00	0/10	no pain	—	—	—	<i>[Signature]</i>	Nae 024
15:00	0/10	no pain	—	—	—	<i>[Signature]</i>	Nae 024
18:00	0/10	no pain	—	—	—	<i>[Signature]</i>	Nae 024
22:00	0/10	no pain	—	—	—	<i>[Signature]</i>	Nae 024
2:00	0/10	no pain	—	—	—	<i>[Signature]</i>	Nae 024
5/1/24	0/10	no pain	—	—	—	<i>[Signature]</i>	Nae 024
6:00	0/10	no pain	—	—	—	<i>[Signature]</i>	Nae 024
10:00	0/10	no pain	—	—	—	<i>[Signature]</i>	Nae 024

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
					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	
CRIS (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></div> <div><p>0 No Hurt 2 Hurts Little Bit 4 Hurts Little More 6 Hurts Even More 8 Hurts Whole Lot 10 Hurts Worst</p></div>	<div>Numerical Rating Scale (age more than 12 years)</div> <div></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 counselling	

Pharmacological Interventions as per doctor's prescription



Medway Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Mr. PRASAD SUGUMARAN

42/Male/MHI202381576

30/12/2023/1PH2023002639

Dr. T. PALANIAPPAN



MHI/NUR/2022/046



Where heart beat never stops...

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	30/12/23	30/12/23	31/12/23	31/12/23	31/12/23	1/1/24	1/1/24	1/1/24	2/1/24
	Time	8:00	22:00	8:00	12:00	20:00	8:00	14:00	20:00	8:00
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist.		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
Yes	15	15	15	15	15	15	15	15	15	15
Total Score		60	50	50	60	50	50	50	50	50
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)		✓	✓	✓	✓	✓	✓	✓	✓	✓
Signature & Emp. No. of RN		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Signature & Emp. No. of Sr. RN		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

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

[illegible]

MODIFIED MORSE FALL RISK ASSESSMENT CHART


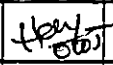
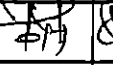
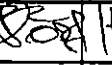
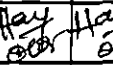
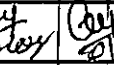

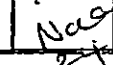

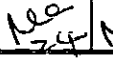
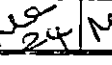
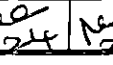
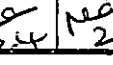

Variables	Date	2/1/24	2/1/24	3/1/24	3/1/24	3/1/24	4/1/24	4/1/24	4/1/24	5/1/24
	Time	4:10	20:00	8:00	14:00	20:00	8:00	14:00	20:00	8:00
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		50	50	50	50	50	50	50	50	50
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)		✓	✓	✓	✓	✓	✓	✓	✓	✓
Signature & Emp. No. of RN		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Signature & Emp. No. of Sr. RN		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

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

[illegible]

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	31/12/23	1/1/24	2/1/24	31/12/23	1/1/24	5/1/24
		Time	6:00	7:00	7:00	6:00	6:00	6:00
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0	0	0	0	0	0
2	Bedridden recently >3 days or major surgery within four weeks	0	0	0	0	0	0	0
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	+1	+1	+1	+1	1	1	+1
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0	0	0	0	0	0
5	Entire leg swollen (Assess for both legs)	0	0	0	0	0	0	0
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0	0	0	0	0	0
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0	0	0	0	0	0
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0	0	0	0	0	0
9	Previously documented DVT (Assess for both legs)	0	0	0	0	0	0	0
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction, Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0	0	0	0	0	0
FINAL SCORE		+1	+1	+1	+1	1	1	1
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		mod	mod	mod	mod	mod	mod	mod
DVT prophylaxis started		<input 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		 24	 24	 24	 24	 24	 24	 24
Signature & Emp. No. of Sr. RN		 24	 24	 24	 24	 24	 24	 24



Medway Hospitals[®]

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

MHI/IP/2022/116



Every heart beat counts

VIP SCALE (VISUAL INFUSION PHLEBITIS)

PATIENT NAME: **Mr. PRASAD SUGUMARAN**
42/Male/MHI202381576
30/12/2023/IPH2023002639
AGE / SEX: **Dr. T. PALANIAPPAN**

IP No. / UHID No

Ward / Bed No. **101**

ANY SCORE > 0 SHOULD BE MONITORED IN EVERY SHIFT

DATE	TIME	SITE	SCORE	DESCRIPTION	ACTION	FOLLOW UP	S / N EMP No.
30/12/23	10:30	Lt cubital	0/5	good	flushed	—	an!
	20:00	Lt cubital	0/5	Patent	flushed	—	How does
31/12/23	8:00	Lt cubital	0/5	patent	flush	—	an
	14:00	Lt cubital	0/5	patent	flushed	—	an!
	20:00	Lt cubital	0/5	Patent	flush	—	an!
1/1/24	8:00	Lt cubital	0/5	Patent	flush	—	an!
	14:00	Lt cubital	0/5	patent	flush	—	an!
	20:00	Lt cubital	0/5	Patent	flush	—	an!
2/1/24	8:00	Lt cubital	0/5	patent	flush	—	an!
	14:00	Lt cubital	0/5	patent	flushed	—	an!
	20:00	Lt cubital	0/5	Patent	flushed	—	an!
3/1/24	8:00	Lt cubital	0/5	patent	flushed	—	an!
	14:00	Lt cubital	0/5	patent	flushed	—	an!
	20:00	Lt cubital	0/5	Patent	flushed	—	an!
4/1/24	8:00	Lt cubital	0/5	Patent	flush	—	an!
	14:00	Lt cubital	0/5	patent	flushed	—	an!
	20:00	Lt cubital	0/5	Patent	flushed	—	an!
5/1/24	8:00	Lt cubital	0/5	Patent	flushed	—	an!
				IV line	Removed		

[illegible]

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

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

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

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

Written Material given and explained (If any)

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 type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>11/12/14</u> Time <u>8:20</u>		Nurse Signature : <u>[Signature]</u>

Learning Record

[illegible]

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance													Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk													<i>John</i> 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)

--

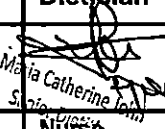
Reports Given :

	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 : _____

[illegible]

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance												Dietician	
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk			P	D								 Maria Catherine Jones Senior Dietician Nurse	
<input checked="" type="checkbox"/> Diet advice for home			P	D									
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 : _____

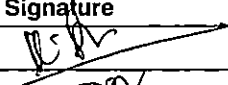
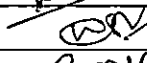
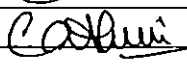
Name of Discharge Nurse _____ Signature : _____

Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 30/12/23 Time: 10:50

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. Anusuya	134559	05/12/24	
Nursing Staff		Amonu	0161	30/12/23	10:50
Dietician		Maria Catherine John Senior Dietician	2401	30/12/23	18:00
Physiotherapist					
Patient Care Service Staff					

MHI/NUR/2022/188



Mr. PRASAD SUGUMARAN

42/Male/MHI202381576

30/12/2023/IPH2023002639

Dr. T. PALANIAPPAN



VITAL MONITORING CHART

Time	Temp (°F)	Pulse (beats/min.)	Resp. (breaths/min.)	BP (mmHg)	SpO ₂ (%)	Sign. & Emp. No.
11/12/23 8.00	97.6°F	88	22	160/100	99%	Pras Sg
10.00	98°F	88	22	170/104	98%	Pras Sg
12.30	97.2°F	94	22	171/106	100%	Pras Sg
14.30	98.6	102	22	170/100	98%	Pras Sg
16.30	98.8	98	22	162/100	98%	Pras Sg
18.30	97.2	98	22	170/100	98%	Pras Sg
22.00	98.4	92	20	160/104	98%	Hai
2.00	92.0	90	22	170/100	98%	Hai
21/12/23 6.00	97.4	96	22	170/100	98%	Hai
10.00	98.2°F	90	22	160/105	99%	Pras Sg
Document Endorsed by Sr. Nurse	Signature <i>Nas</i>	Name S. Nalini	Emp. No. 0024	Date 21/12/23		

MHI/NUR/2022/188



Medway Hospitals

Mr. PRASAD SUGUMARAN

42/Male/MHI202381576

30/12/2023/IPH2023002639

Dr. T. PALANIAPPAN



VITAL MONITORING CHART

Time	Temp (°F)	Pulse (beats/min.)	Resp. (breaths/min.)	BP (mmHg)	SpO ₂ (%)	Sign. & Emp. No.
20:00	97.8	82	20	160/100	98%	Hay 0205
22:00	98.6	80	20	150/90	96%	Hay 0205
4/1/24 2:00	98.6	85	20	160/100	95%	Hay 0205
6:00	97.8	86	20	170/100	96%	Hay 0205
8:00	98.2	88	20	180/110	97%	F. Cat 0207
10:00	97.2	90	20	170/100	97%	F. Cat 0207
12:00	98.2	90	20	170/100	98%	F. Cat 0207
16:00	98.6	92	20	160/100	98%	Hay 0205
18:30	98.6	92	20	150/80	98%	Hay 0205
22:00	98.6	88	20	180/110	97%	Hay 0205
4/1/24 2:00	97.8	80	20	170/100	95%	Hay 0205
6:30	98	82	20	180/110	96%	Hay 0205
8:30	98.3°F	82 b/m	20 b/m	170/100	96%	F. Cat 0207
9:30	98°F	86 b/m	20 b/m	160/90	96%	F. Cat 0207
Document Endorsed by Sr. Nurse	Signature Nee	Name S. Nalin	Emp. No. 0024	Date 4/1/24		

[illegible]

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

DRUG NAME

INT. MUCOSYS

Dose

1amp

Route

IV

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

(Signature)

Start Date & Time

30/12/23 at 20:00

Stop Date & Time

Additional Info:

DRUG NAME

T. LYRICA ✓

Dose

70mg

Route

Pb

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

(Signature)

Start Date & Time

30/12/23 at 8:00

Stop Date & Time

Additional Info:

DRUG NAME

T. ZY TANIX

Dose

2.5mg

Route

Pb

Frequency

1-0-0

Dr. Sign & Reg. No. / Seal

(Signature)

Start Date & Time

30/12/23 @ 20:00

Stop Date & Time

21/1/24 at 10:00

Additional Info:

DRUG NAME

T. ZY LORIC ✓

Dose

10mg

Route

Pb

Frequency

1-0-0

Dr. Sign & Reg. No. / Seal

(Signature)

Start Date & Time

21/1/24 @ 20:00

Stop Date & Time

Additional Info:

DRUG NAME

C. A WAY TOX . X

Dose

1cap

Route

P/O

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

(Signature)

Start Date & Time

30/12/23 @ 20:00

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

30/12/23	31/12/23	1/1/24	2/1/24	3/1/24	4/1/24	5/1/24
9:00 Dev	9:00 Dev	9:00 Dev	9:00 Dev	10:00 Dev	11:45 Dev	12:30 Dev
20:00 Hay	20:30 Hay	20:30 Dev	21:00 Dev	21:00 Hay	21:00 Dev	21:00 Dev
8:00 Dev	9:00 Dev	9:00 Dev	9:00 Dev	9:05 Dev	9:00 Dev	8:32 Dev
20:00 Hay	20:30 Hay	21:00 Dev	21:00 Hay	21:00 Dev	21:00 Dev	21:00 Dev
8:00 Dev	9:00 Dev	9:00 Dev	9:00 Dev	9:00 Dev	9:00 Dev	8:34 Dev
20:00 Hay	20:30 Hay	21:00 Dev	21:00 Hay	21:00 Dev	21:00 Dev	21:00 Dev
8:00 Dev	9:00 Dev	9:00 Dev	9:00 Dev	9:00 Dev	9:00 Dev	8:35 Dev
20:00 Hay	20:30 Hay	21:00 Dev	21:00 Hay	21:00 Dev	21:00 Dev	21:00 Dev
20:00 Hay	20:30 Hay	21:00 Dev	21:00 Hay	21:00 Dev	21:00 Dev	21:00 Dev
20:00 Hay	20:30 Hay	21:00 Dev	21:00 Hay	21:00 Dev	21:00 Dev	21:00 Dev

Clinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

DRUG NAME

NEB - LEVOLIN

Dose

1 Resp.

Route

P/N

Frequency

28 Arly

Dr. Sign & Reg. No. / Seal

16800

Start Date & Time

30/12/23 @ 20:00

Stop Date & Time

Additional Info:

DRUG NAME

T. ESCOPRIN ✓

Dose

70mg

Route

P/b

Frequency

2-1

Dr. Sign & Reg. No. / Seal

16800

Start Date & Time

30/12/23 @ 20:00

Stop Date & Time

Additional Info:

DRUG NAME

K BIND

Dose

15hms

Route

P/b

Frequency

1-1

Dr. Sign & Reg. No. / Seal

16800

Start Date & Time

30/12/23 @ 20:00

Stop Date & Time

Additional Info:

DRUG NAME

T. MINI-PRESS XL

Dose

5mg

Route

P/b

Frequency

1-1

Dr. Sign & Reg. No. / Seal

16800

Start Date & Time

30/12/23 @ 20:00

Stop Date & Time

Additional Info:

DRUG NAME

T. CARCA CR

Dose

long

Route

P/b

Frequency

1-1

Dr. Sign & Reg. No. / Seal

16800

Start Date & Time

30/12/23 @ 20:00

Stop Date & Time

Additional Info:

Area in-charge

Nurse Signature:

16800

16800

16800

16800

16800

16800

16800

16800

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

DRUG NAME

T. TELMA

Dose

4mg

Route

P/b

Frequency

0-0

14.00

Dr. Sign & Reg. No. / Seal

165802

Start Date & Time

30/12/23 @ 20.00

Stop Date & Time

Additional Info:

DRUG NAME

T. SIFROXIN ✓

Dose

100mcg

Route

P/b

Frequency

1-00

6.00

Dr. Sign & Reg. No. / Seal

165802

Start Date & Time

30/12/23 @ 20.00

Stop Date & Time

Additional Info:

DRUG NAME

T. AB PHYLLINE - 10

Dose

1tab

Route

P/o

Frequency

1-01

8.00

Dr. Sign & Reg. No. / Seal

165802

Start Date & Time

30/12/23 @ 20.00

Stop Date & Time

Additional Info:

DRUG NAME

NEB. BUDAMATE

Dose

1cc

Route

P/N

Frequency

Q 8th hrly

8.00

Dr. Sign & Reg. No. / Seal

165802

Start Date & Time

30/12/23 @ 20.00

Stop Date & Time

Additional Info:

DRUG NAME

INS. HEPARIN

Dose

5000

Route

S/C

Frequency

OD

8.00

Dr. Sign & Reg. No. / Seal

165802

Start Date & Time

31.12.23

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

31/12/23 11/12/23 21/12/23 31/12/23 11/12/24 21/12/24 31/12/24

DRUG NAME

SYP. ASCORIL-LS

Dose

Route

Frequency

10ml 7 P/O

1-1-1

8:00

14:00

9:30

14:00

20:00

20:30

20:30

20:30

20:30

20:30

20:30

20:30

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20:30

20:30

20:30

20:30

Sign & Reg. No. / Seal

11/12/23

Start Date & Time

31/12/23

Stop Date & Time

11/12/24

Additional Info:

DRUG NAME

T. Rosuvastatin ✓

Dose

Route

Frequency

10mg

P/O

0-0-1

Dr. Sign & Reg. No. / Seal

11/12/23

Start Date & Time

31/12/23

Stop Date & Time

11/12/24

Additional Info:

DRUG NAME

SYP. RESWAS

SOS

Dose

Route

Frequency

15ml

P/O

0-0-1

Dr. Sign & Reg. No. / Seal

11/12/23

Start Date & Time

11/12/23

Stop Date & Time

11/12/24

Additional Info:

DRUG NAME

T. ABPHYLLINE ✓

Dose

Route

Frequency

1tab

P/O

1-0-1

Dr. Sign & Reg. No. / Seal

11/12/23

Start Date & Time

21/12/23

Stop Date & Time

21/12/24

Additional Info:

DRUG NAME

T. ARKAMIN

Dose

Route

Frequency

50mg

P/O

1-1-1

Dr. Sign & Reg. No. / Seal

11/12/23

Start Date & Time

21/12/23

Stop Date & Time

21/12/24

Additional Info:

Area In-charge

Nurse Signature:

11/12/23

11/12/23

11/12/23

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11/12/23

ANTIMICROBIALS
To be filled in by Doctors only

Date →

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

Time ↓

DRUG NAME

INT. MEROPENEM

Dose

1gm

Route

IV

Frequency

1-10

Dr. Sign & Reg. No. / Seal

Start Date & Time

30/12/23 @ 20:00

Stop Date & Time

Additional Info:

DRUG NAME~~DOXID~~

Dose

~~600mg~~

Route

~~PO~~

Frequency

~~1-1~~

Dr. Sign & Reg. No. / Seal

Start Date & Time

~~1/1/24 @ 20:00~~

Stop Date & Time

Additional Info:

DRUG NAME7. LINID ~~skp~~

Dose

600mg

Route

PO

Frequency

1-1

Dr. Sign & Reg. No. / Seal

Start Date & Time

1/1/24 @ 20:00

Stop Date & Time

Additional Info:

DRUG NAME~~NER. IPRAVENT~~

Dose

~~1verbuly~~

Route

~~PO~~

Frequency

~~1-17~~

Dr. Sign & Reg. No. / Seal

~~183823~~

Start Date & Time

~~2/1/24~~

Stop Date & Time

Additional Info:

DRUG NAME~~NER. INHALEX~~

Dose

~~1verbuly~~

Route

~~PO~~

Frequency

~~1-1~~

Dr. Sign & Reg. No. / Seal

~~183573~~

Start Date & Time

~~2/1/24~~

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

AS REQUIRED PRESCRIPTIONS

Date →

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

Time ↓

DRUG NAME

NEB. IPRAVENT

Dose

1 nebulizer

Route

I/N

Frequency

1-1-1

Dr. Sign & Reg. No. / Seal

R. Phas
183573

Start Date & Time

2/1/24

Stop Date & Time

Additional Info:

DRUG NAME

NEB. INHALEX

Dose

1 nebulizer

Route

Ph

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

R. Phas
183573

Start Date & Time

2/1/24

Stop Date & Time

Additional Info:

DRUG NAME

T. TOMBEST-D

Dose

Route

P/O

Frequency

0-0-1

Dr. Sign & Reg. No. / Seal

K. Ph
134559

Start Date & Time

02/1/24

Stop Date & Time

Additional Info:

DRUG NAME

T.

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

Phas
Phas
Phas

[illegible]

CLUBHOUSE

[illegible][illegible]

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
30/12	18:00	L/S-L/F Diabetic diet	K.B.	134559	31	8:00	L/S-L/F 800ml FR DM diet	K.B.	134559
31/12	8:00	L/S-L/F Diabetic diet	K.B.	134559					
1/1	8:00	L/S-L/F Diabetic diet	K.B.	134559					
2/1	6:00	L/S-L/F DM 800ml FR diet	K.B.	134559					
3/1	8:00	800ml FR L/S-L/F Diabetic diet	K.B.	183553					
4/1	8:00	L/S-L/F Diabetic diet 800ml FR	K.B.	183553					

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				31/12/23	Morning	F. Catherine Mary	0207	F C
	Evening				31/12/23	Evening	A. Monisha	0141	MD
30/12/23	Night	Hannah Grace	0105	Hay	31/12/23	Night	Hannah Grace	0105	Hay
31/12/23	Morning	Davidha	0072	Pak	1/1/24	Morning	F. Catherine	0207	Pak
31/12/23	Evening	A. Monisha	0141	A	1/1/24	Evening	Monisha	0141	MD
31/12/23	Night	Hannah Grace	0105	Hay	5/1/24	Night	V. Lideya	0249	Pak
1/1/24	Morning	Davidha	0072	Pak	5/1/24	Morning	Davidha	0072	Pak
1/1/24	Evening	V. Lideya	0249	Pak		Evening			
1/1/23	Night	P.N. BAPATHI	0271	Pak		Night			
2/1/23	Morning	A. Monisha	0141	A		Morning			
2/1/23	Evening	P. Ramenwari	2333	P		Evening			
2/1/23	Night	Hannah Grace	0105	Hay		Night			

Abstract

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given			
			Time ↓	21/12	31/12	11/12	5/12
DRUG NAME T. TAMBEST-D							
Dose 1tab	Route p/o	Frequency o-o-1.					
Dr. Sign & Reg. No. / Seal @ 165527		Start Date & Time 21/124@18.00					
		Stop Date & Time					
Additional Info:			20.00	21/12	21.00	20.00	
DRUG NAME T. ZYTANIX			8.00	9.15	9.15	8.13	
Dose 2.5mg	Route p/o	Frequency 1-0-0					
Dr. Sign & Reg. No. / Seal @ 165722		Start Date & Time 21/124@18.00					
		Stop Date & Time					
Additional Info:							
DRUG NAME T. ARKAMIN			8.00	9.15	8.45		
Dose 100mcg	Route p/o	Frequency 1-1-1					
Dr. Sign & Reg. No. / Seal @ 165727		Start Date & Time 31/124@18.00	14.00				
		Stop Date & Time					
Additional Info:			20.00	21/12	20.00		
DRUG NAME T. TELMA			8.00	9.15	8.47		
Dose 40mg	Route p/o	Frequency 1-0-0					
Dr. Sign & Reg. No. / Seal @ 165827		Start Date & Time 31/124@18.00					
		Stop Date & Time					
Additional Info:							
DRUG NAME INTJ. DYTOR			8.00	9.15	8.50		
Dose 20mg	Route IV	Frequency 1-0-0					
Dr. Sign & Reg. No. / Seal @ 165827		Start Date & Time 31/124@18.00	16.00	22.00	16.00		
		Stop Date & Time					
Additional Info:							
Area In-charge Nurse Signature:				16/12	16/12	16/12	16/12

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

DRUG NAME

T. NEBIVOLDL

8.00

Dose

5mg

Route

Plb

Frequency

100

Dr. Sign & Reg. No. / Seal

Dr. 165801

Start Date & Time

3/1/24 @ 18.00

Stop Date & Time

Additional Info:

DRUG NAME

T. UDCA

8.00

Dose

300mg

Route

Plb

Frequency

1-1

Dr. Sign & Reg. No. / Seal

Dr. 165800

Start Date & Time

3/1/24 @ 18.00

Stop Date & Time

Additional Info:

DRUG NAME

K BIND

8.00

Dose

189ms

Route

owl

Frequency

1-1 BD

Dr. Sign & Reg. No. / Seal

Dr. 183573

Start Date & Time

4/1/23 8:34am

Stop Date & Time

Additional Info:

DRUG NAME

Web. LE VITON

Dose

1 respules

Route

Plb

Frequency

8th hly

Dr. Sign & Reg. No. / Seal

Dr. 183573

Start Date & Time

4/1/23 8:34am

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:

Lee

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Lee

Lee

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.

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			
2/1/24	Night	Hannah Coare	0105	Hay		Night			
3/1/24	Morning	E. Cathrine	0207	E.C		Morning			
2/1/24	Evening	Monisha	0141	MN		Evening			
2/1/24	Night	Hannah Coare	0105	Hay		Night			
4/1/24	Morning	E. Cathrine	0207	E.C		Morning			
4/1/24	Evening	R. Sugna	0231	R.		Evening			
4/1/24	Night	W. Lidder	0249	W.L		Night			
5/1/24	Morning	Pavithra	0072	Pd		Morning			
	Evening					Evening			
	Night					Night			