

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



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



Patient Details (Affix Label here)

N Mrs. RAJAMMAL C
U 73 / Female / MHM66291
E 30 / 12 / 2023 / IPH2023002638
I Dr. K. JAISHANKAR



MHI/IPD/2022/002



every heart beat counts

ADMISSION SLIP

Admitting Doctor: Dr. Jaishankar.

Speciality: Cardiology

Advised Date & Time: 30-12-23 @ 12.05

Provisional Diagnosis:

CAD / ACS - ~~STEMI~~ L-LWM / USGND TNL / SHN / ? WPS

Reason for Admission: ☒ Medical Management ☐ Surgical Management

☐ Others (please specify details) CAG EPCI

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: 5 Days

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

Payer: ☒ Self ☐ Insurance ☐ Others:

Instructions to Nurse (if any):

Admit in ICU

Any other Instructions (if any):

Doctor's Signature

Dr. Anish Nelson

Name

Dr. Anish Nelson
Reg. No: 88434

Reg. No.

Dr. Anish Nelson
Reg. No: 88434

Date

30/12/23

Time

12.05

For admission desk staff only:

Room Category: ☐ General Ward

☐ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☒ Others CCU

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

30/12/23

12:5

30/12/23

12:5

Source: ☐ OPD

☐ ER

☒ Direct

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

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

Front office Staff Signature

Name

Emp. No.

Date

Time

[Signature]

Prarthibha.12

0192

30/12/23

12:5

ADMISSION FORM

| | | |
|--|--|---|
| Marital Status M | Full Address 32-A, Phase-I, Pachaiappan Nagar, Periyakuladi Road, Thiruvankadu, Chennai-77. | Telephone Number 9688865785 |
| Occupation CCU | | |
| Referred from Dr. Jaishankar Medway West Thiruvankadu | Date of Time of Admission 30/12/23 12:05 | Date & Time of Discharge 2/1/24 |
| | | Total No. of Days 4 days |
| UNIT Cardiology | MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. : | |
| FINAL DIAGNOSIS | | ICD Code |
| CAD - ACS - (WMI) | | I25.2 |
| THROMBOLYSED WITH TNK (10AM, 30.12.2023) | | I45.6 |
| MILD LV DYSFUNCTION. EF-45%, SYSTEMIC | | I50.1 |
| HYPERTENSION, ? COPD, RESOLVING HAEMATOMA | | I10 |
| OVER FOREHEAD & LEFT EYEBROW. | | S00.8 |
| | | |
| | | |
| DATE | OPERATION / PROCEDURES | ICPM Code |
| 2/1/24 | CORONARY ANGIOGRAM | 88.50 |
| DATE | TYPE OF ANESTHESIA | |
| 2/1/24 | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input checked="" type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL | |
| DISCHARGE STATUS | | |
| <input checked="" type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to | | |
| Signature of the Consultant Dr. Jaishankar | | Signature of Medical Records Officer Medway |

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.....
who is my Grand mother..... (Relationship). Mre. Rajamma

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

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

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.

[Signature]
செவிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date 30/12/2023

[Signature]
எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

உறவுமுறை : Grandson

Nature of Relationship

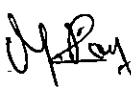
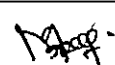
GENERAL CONSENT FOR ADMISSION

I, Rajammal. C 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.

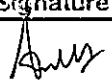
| | Signature / Thumb Impression* | Name | Date | Time |
|---|---|---|------------|-------|
| Patient | | Rajammal Chinnasamy. | 30/12/2023 | 12:15 |
| Surrogate/Guardian (if applicable #) |  | Ramasamy Murugan. (Write name and relationship with patient) | 30/12/2023 | 12:05 |
| Reason for surrogate consent | Patient is unable to give consent because: | | | |
| Witness |  | Dr. Ramadurai Murugan. | 30/12/2023 | 12:15 |
| Interpreter (if applicable) | | | | |

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




ADMISSION CRITERIA FOR INTENSIVE CARE UNIT

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

| S. No. | PARAMETERS | MARK ✓ AS APPROPRIATE | | | |
|--|--|--|--|------------------|---------------|
| 8 | Endocrine System and Metabolism related | | | | |
| | Diabetic ketoacidosis complicated by hemodynamic instability, altered mental status, respiratory insufficiency, or severe acidosis | | | | |
| | Thyroid storm or myxedema coma with hemodynamic instability | | | | |
| | Hyperosmolar state with coma and/or hemodynamic instability or Serum Glucose more than 800 mg/dl | | | | |
| | Other endocrine problems such as adrenal crises with hemodynamic instability | | | | |
| | Severe hypercalcemia (Serum Calcium more than 15 mg/dl) with altered mental status, requiring hemodynamic monitoring | | | | |
| | Hypo or hypernatremia (Serum Sodium less than 110 mEq/L or more than 155 mEq/L) with seizures, altered mental status | | | | |
| | Hypo or hypermagnesemia with hemodynamic compromise or dysrhythmias | | | | |
| Hypo or hyperkalemia (Serum Potassium less than 2.0 mEq/L or more than 6.0 mEq/L) with dysrhythmias or muscular weakness | | | | | |
| Hypophosphatemia with muscular weakness | | | | | |
| Doctor | Signature  | Name Dr. Anish Nelson Reg. No: 88434 | Reg. No. Dr. Anish Nelson Reg. No: 88434 | Date 20/12/23 | Time 12:15 |

DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

| S. No. | PARAMETERS | MARK ✓ AS APPROPRIATE | | | |
|--------|--|-----------------------|-------------------|------------------|---------------|
| 1 | Stable hemodynamic parameters | | | | |
| 2 | Stable respiratory status (Pt. extubated with stable arterial blood gases) & airway patent | | | | |
| 3 | Minimal oxygen requirement (not more than 3 L by nasal prongs) | | | | |
| 4 | Intravenous / Inotropic / Vasopressor support and vasodilators are no longer necessary | | | | |
| 5 | Cardiac dysrhythmias are controlled | | | | |
| 6 | Presence of distal pulses | | | | |
| 7 | No signs of bleeding and hematoma at puncture site | | | | |
| 8 | End of life care pathway chosen | | | | |
| Doctor | Signature  | Name Dr. G. Ahilan | Reg. No. 91820 | Date 31/12/23 | Time 11:00 |



JCI ACCREDITED



NABH ACCREDITED



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DISCHARGE SUMMARY

| | | | |
|--------------|---|----------|--------------|
| IP No. | IPH2023002638 | D.O.A | : 30/12/2023 |
| UHID | MHM66291 | D.O.P | : 02/01/2024 |
| Name | Mrs. RAJAMMAL. C | Room No. | : 209 |
| Age / Gender | 73 Years / FEMALE | | |
| Consultant | Dr. JAISHANKAR. K MD., DM., FIAMS Director and Clinical Lead Cardiology and Electrophysiology | D.O.D | : 02/01/2024 |

DIAGNOSIS:

CAD – ACS – IWMI

THROMBOLYSED WITH TNK (10 AM , 30.12.2023)

MILD LV DYSFUNCTION. EF – 45%

SYSTEMIC HYPERTENSION

? COPD

RESOLVING HAEMATOMA OVER FOREHEAD & LEFT EYEBROW

PROCEDURE:

CORONARY ANGIOGRAM DONE ON 02.01.2024 – TRIPLE VESSEL DISEASE.

BRIEF HISTORY:

Mrs. Rajammal. C 73 years / Female, presented with the complaints of chest pain radiating to jaw & left shoulder – 30.12.2023 morning for 2 hour. She initially went to medway hospital(Mogappair) received in ER , ECG showed ST elevation in V5-V6 leads & suggestive of IWMI and thrombolysed with Inj. TNK 40mg IV. She was stabilized and conservatively managed. Then she was shifted to medway heart institute on 30.12.2023 for further evaluation and management.

H/o fall with injury to forehead

No H/O cough, vomiting, diarrhea.

Known case of systemic hypertension on medication.

N/K/C/O Type II Diabetes Mellitus, bronchial asthma, dyslipidemia and Seizure disorder

ON EXAMINATION:

Patient Conscious, Oriented, Febrile

| | | |
|------------------|---|-------------|
| HR | - | 59bpm |
| BP | - | 170/91 mmHg |
| SPO ₂ | - | 99% |
| CVS | - | S1S2 (+) |

#5, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

Abdomen Hospitals @medwayhospitals Soft RS (s) @medwayhospitals in @medway-hospitals @medwayhospitals

CNS NFND

Medway Group of Hospitals



94557 94557
1800 572 3003

Medway Centre of Excellence (Chennai)

| | | | | | |
|---------------|--------------|--------------|--------------|---------------|--------------|
| Kodambakkam | Mogappair | Chengalpattu | Villupuram | Kumbakonam | Kakinada |
| 044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367 |

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4451

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

MHI/HOSP/2022/118

INVESTIGATIONS:

BLOOD (30.12.2023):

| Test Name | Result | Reference Value | Units |
|-----------------------|--------|---|-------------|
| HAEMOGLOBIN | 12.4 | Male : 13.7 - 17.5 Female : 11.2 - 15.7 | gms% |
| UREA | 39 | 14 - 40 | mg/dl |
| CREATININE | 0.80 | Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8 | mg/dl |
| SODIUM | 139 | 135 - 150 | Meq/l |
| POTASSIUM | 4.98 | 3.5 - 5.0 | Meq/l |
| TWBC | 10970 | 4000 - 10000 | Cells/ Cumm |
| PLATELET | 161000 | Male - 1.5 - 3.5 Female - 1.5 - 3.7 | Lakhs/Cumm |
| CK MB | 95.0 | <25 | U/L |
| CK(CPK - TOTAL) | 425 | Male : 20-200 Female : 20-180 | U/L |
| INR | 0.8 | 0.9 - 1.3 | Secs |
| Trop I (Quantitative) | 958.8 | < 19 negative | Ng/l |

ECG : sinus rhythm @ 69 bpm, T inversion in V4-V6 leads.

CXR: No cardiomegaly, BVM (+).

SCREENING ECHO (30.12.2023): Hypokinesia of basal & mid. Anterior wall / inferior lateral. Inferior wall & apical sateral. Mild LV systolic dysfunction. EF - 45%. Grade I LV diastolic dysfunction. Mild MR. AV sclerosis, Mid AR. Mild TR / PAH. No PE / clot. Normal RV function.

CT brain (30.12.2023): Age related cerebral atrophy with small vessel ischemic changes. No evidence of acute intra / extra - axial hemorrhage at present study. Extracalvarial soft tissue hematoma in left pre frontal, periodical region. Small hypodense lesion with peripheral calcific rim in right cerebellar hemisphere - likely calcific granuloma.

COURSE IN THE HOSPITAL:

Mrs. Rajammal. C, 73 years / Female, admitted with above mentioned complaints. Basic investigation were done. Cardiac enzymes were elevated. She was diagnosed as ACS- CAD - IWMI and advised for coronary angiogram. After obtaining consent, she underwent Coronary Angiogram on 29.11.2023 by right radial artery approach which revealed CAD - **TRIPLE VESSEL DISEASE** and advised for **CABG vs Multi vessel PCI**. Her medications are optimized and she is being discharged in a stable clinical condition.



JCI ACCREDITED NABH ACCREDITED

NAME: MRS. R. JAMMAL. C

UHID: MHM66291

IP.NO: IPH2023062058



Every heart beat counts
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CONDITION ON DISCHARGE:

Patient Conscious / Oriented / Afebrile

General condition Stable

GCS - 15/15

Temp - 98.6°F

PR - 80/min

BP - 134/88mmHg

SPO2 - 95% in room air

ADVICE MEDICATIONS:

| Sl. NO | NAME OF THE DRUGS WITH GENERIC NAME | DOSAGE | FREQUENCY | | | ROUTE | RELATIONSHIP WITH MEAL | DURATION |
|--------|-------------------------------------|---------|-----------|---|---|-------|------------------------|-------------|
| | | | M | A | N | | | |
| 1. | TAB. ECOSPRIN (ASPIRIN) | 75 MG | 0 | 1 | 0 | ORAL | AFTER FOOD | TO CONTINUE |
| 2. | TAB. CLOPILET (CLOPIDOGREL) | 75 MG | 0 | 1 | 0 | ORAL | AFTER FOOD | TO CONTINUE |
| 3. | TAB. ATORVA (ATORVASTATIN) | 40 MG | 0 | 0 | 1 | ORAL | AFTER FOOD | TO CONTINUE |
| 4. | TAB. FLAVEDON MR (TRIMETAZIDINE) | 35 MG | 1 | 0 | 1 | ORAL | AFTER FOOD | TO CONTINUE |
| 5. | TAB. NITROCONTIN (NITROGLYCERIN) | 2.6 MG | 1 | 0 | 1 | ORAL | AFTER FOOD | TO CONTINUE |
| 6. | TAB. AMLONG (AMLODIPINE) | 2.5 MG | 1 | 0 | 0 | ORAL | AFTER FOOD | TO CONTINUE |
| 7. | TAB. LASIX (FUROSEMIDE) | 40 MG | ½ | 0 | 0 | ORAL | AFTER FOOD | TO CONTINUE |
| 8. | TAB. ALDACTONE (SPIRONOLACTONE) | 25 MG | 1 | 0 | 0 | ORAL | AFTER FOOD | TO CONTINUE |
| 9. | TAB. PAN (PANTOPRAZOLE) | 40 MG | 1 | 0 | 0 | ORAL | BEFORE FOOD | TO CONTINUE |
| 10. | TAB. ALPRAX (ALPRAZOLAM) | 0.25 MG | 0 | 0 | 1 | ORAL | AFTER FOOD | X 2 WEEKS |
| 11. | SYP. CREMAFFIN | 15 ML | 0 | 0 | 1 | ORAL | AFTER FOOD | X 1 WEEK |

DISCHARGE ADVICE : COLD COMPRESS FOR LEFT EYEBROW HEMATOMA

| | |
|---------------------|--|
| DIET | LOW FAT & SALT DIET. |
| PHYSICAL ACTIVITIES | AVOID STRENUOUS ACTIVITIES |
| REVIEW | REVIEW WITH DR. JAISHANKAR.K AFTER 2 WEEKS . |

To report: If temp > 101 °F / Difficulty in breathing / chest pain / Giddiness/ palpitations.
Any other significant symptoms. In case of emergency Contact: Medway Hospitals @ 4310 8959.

"I understood the Content of the K. JAISHANKAR discharge summary."

Reg. No: 49448

CONSULTANT SIGNATURE

Dr. Jaishankar. K MD., DM., FIAMS

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959 and Clinical Lead
@MedwayHospitals @medwayhospitals in @medway-hospitals @medwayhospitals Cardiology and Electrophysiology
Typed by: Ezhilarasi

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Kodambakkam 044-2473 4455 | Mogappair 044-26530011 | Chengalpattu 044-27426829 | Villupuram 04146-242000 | Kumbakonam 044-2473 4455 | Kakinada 0884-2333367

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

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

MHI/HOSP/2022/118

INPATIENT INITIAL ASSESSMENT

Date: 30/12/23

Time of arrival in ward: CCU @ 12.07

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 59 (beats/min) | BP: 130/91 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 99 (%) | Height: 147 (cms) | Weight: 59.1 (kgs) | BMI: 27.3 kg/m²

Pain: ☐ Yes ☒ No. If Yes, Score: 0/10

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

Duration: Location:

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

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

CHIEF PAIN SINCE MORNING (2 HOURS) - S/O LUMI - USUALLY IN MIDLOW MODERATE

PAST MEDICAL HISTORY (with duration of illness):

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

Others:

Past Surgical History:

Investigations Advised:

ECG - EF - 45%

Chest X-ray

Candida swabs

CT scan - Brain ✓

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, PFE done and medication advised |
| Special Dietary needs | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, educated on dietary restrictions, food drug interactions and allergies |
| Continuous / ongoing care anticipated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, educated on various aspects of ongoing care required |
| Other special education need, i.e.: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, PFE done |
| Nature of post hospital needs like patient safety, infection control, fall risk, etc, addressed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, specific education given |

Others:~~CRS~~

NPO @ 6:30am tomorrow

| | Signature | Name | Reg. No. | Date | Time |
|-------------------|-----------|------------------------------------|------------------------------------|----------|-------|
| Resident Doctor | | Dr. Anish Nelson Reg. No: 88434 | Dr. Anish Nelson Reg. No: 88434 | 30/12/23 | 12-10 |
| Consultant | | Dr. Anish Nelson | 49448 | 30/12/23 | 12-10 |
| Patient Attendant | | Relationship Grandson | | 30/12/23 | 12-10 |

Ramadurai Murugan.

CONSENT FORM FOR CRITICAL CARE (ICU)

I, MRS. RAJAMMAL C the ☒ Patient or ☐ Representative of patient have (please tick the correct option above and below):

☐ Read

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

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

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

CENTRAL VENOUS CATHETER INSERTION

Brief description of the Procedure:

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

Intended benefits:

Common reasons for having a central line include:

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

Possible risks and complications:

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

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

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

Alternative Forms of Treatment: Peripheral Venous Access

ENDOTRACHEAL INTUBATION

Brief description of the Procedure:

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

Intended benefits:

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

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

Possible risks and complications:

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

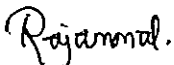
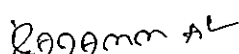

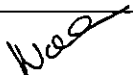
Possible alternatives:

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

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

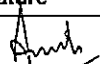
For the above-mentioned procedures that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said procedure on myself or my above-named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives.

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

| | Signature / Thumb Impression* | Name | Date | Time |
|---|---|--|----------|-------|
| Patient |  |  | 30/12/23 | 15:15 |
| Surrogate/Guardian (if applicable #) |  | Ramadurai Murugan <small>(Write name and relationship with patient)</small> | 30/12/23 | 12:15 |
| Reason for surrogate consent | Patient is unable to give consent because: | | | |
| Witness |  | S. Nalini | 30/12/23 | 12:15 |
| Interpreter (if applicable) | | | | |

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

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

| | Signature | Name | Reg. No. | Date | Time |
|---------------|---|------------------------------------|------------------------------------|----------|-------|
| Doctor |  | Dr. Anish Nelson Reg. No: 88434 | Dr. Anish Nelson Reg. No: 88434 | 30/12/23 | 12:15 |

உயிர்காப்பு சிகிச்சைக்கான (அவசர சிகிச்சைப் பிரிவு / ஐசியு) ஒப்புதல் படிவம்

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

☐ வாசித்திருக்கிறேன்

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

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

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

மைய சிறையில் கதிட்டர் உட்செருகல்

மருத்துவ செயல்முறையின் சுருக்க விவரணை:

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

அடைய திட்டமிடப்படும் பலன்கள்:

மைய லைனை பொருத்துவதற்கான பொது காரணங்களுள் கீழ்க்கண்டவை உள்ளடங்கும்:

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

சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள்:

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

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

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

சிகிச்சையின் மாற்று வழிமுறை வடிவங்கள்: புறவெளி சிறை / நாளத்திற்கு அணுகுதல்

முச்சப் பெருங்குழலுள் குழாய் செருகுதல்

மருத்துவ செயல்முறையின் சுருக்கமான விவரணை:

முச்சப் பெருங்குழலுள் குழாய் செருகுதல் (Endotracheal Intubation) என்பது, தாங்களே சுயமாக சுவாசிக்க இயலாத அல்லது நினைவிழந்துவிட்ட நபர்களுக்கு செய்யப்படும் ஒரு அவசரநிலை சிகிச்சை செயல்முறையாகும். இது, ஒரு திறந்தநிலை முச்சப்பாதையை பராமரிக்க வகை செய்கிறது மற்றும் முச்சத்தினால் நிகழாமல் தடுக்கிறது. நீங்கள் சுவாசிப்பதற்கு உதவி, உங்களது / உங்களது நோயாளியின் முச்சக்குழலுக்குள் ஒரு நெகிழ்வுத்திறன் கொண்ட பிளாஸ்டிக் குழாய் வாய் வழியாகப் பொருத்தப்படுகிறது. முச்சக்குழாய் என்றும் அழைக்கப்படுகின்ற இந்த முச்சக்குழல், ஆக்சிஜனை நுரையீரல்களுக்கு எடுத்துச்செல்லும் ஒரு குழாயாகும். சுவாசிப்பதற்கான இந்த குழாயின் அளவு நோயாளியின் வயது மற்றும் தொண்டை அளவிற்குப் பொருத்தமானதாக தேர்வு செய்யப்படும். உட்செலுத்தப்பட்டதற்குப் பிறகு குழாயை சுற்றி விரிவடைகின்ற காற்றின் ஒரு சிறிய சுற்றுப்பட்டையின் மூலம் உட்செலுத்தப்பட்ட குழாய் அதே இடத்தில் இருக்குமாறு வைக்கப்படும். முச்சக்குழாய், குரல்வலைக்கு சுற்றுக்கீழே தொங்குகிறது மற்றும் மார்பு எலும்பிற்கு பின்னே வரை அது நீங்கிறது. அதன்பிறகு முச்சக்குழாய் இரு சிறு குழல்களாக பிரிகிறது: வலது மற்றும் இடது பிரதான முச்ச சிறு குழாய்கள் ஒவ்வொரு சிறு குழாயும், ஒவ்வொரு நுரையீரலோடு இணைக்கப்பட்டிருக்கிறது. இந்த முச்ச சிறு குழாய், அதன்பிறகு நுரையீரலுக்குள் சிறு சிறு காற்றுப் பாதைகளாக தொடர்ந்து பிரிகின்றன. முச்சக்குழாய் என்பது, கடினமான குருத்தெலும்பு, தசை மற்றும் இணைப்புத்திக் ஆகியவற்றால் உருவானது. இதன் அகவுறை மிதுவான திசுக்களால் ஆனது. ஒவ்வொரு முறையும் நீங்கள் / உங்களது நோயாளி காற்றை உள்ளே சுவாசிக்கும்போது முச்சக்குழாய் சற்றே நளமானதாக மற்றும் விரிவானதாக ஆகிறது. முச்சை வெளியே விடும்போது அதன் முந்தைய தளர்வான நிலைக்கு அது திரும்புகிறது. முச்சப்பாதையில் எந்தவொரு இடமும் சேதமடைந்திருக்குமானால் அல்லது தடை பட்டிருக்குமானால் உங்களால் சுவாசிக்க இயலாமல் போகலாம் அல்லது சுவாசிப்பதில் சிரமம் இருக்கலாம். இத்தகைய தருணத்தில் தான் முச்சப் பெருங்குழலுள் குழாய் செருகுதல் அவசியமாக இருக்கக்கூடும். இந்த செயல்முறை உங்களது முச்ச / காற்றுப்பாதையை அடைப்பீன்றி திறந்த நிலையில் வைக்கிறது. நீங்கள் சுவாசிக்கும்போது உங்களது நுரையீரலிலிருந்து மற்றும் நுரையீரலுக்கு ஆக்சிஜன் தடையின்றி, தாராளமாக சென்று வருவதை இது அனுமதிக்கிறது.

அடையத் திட்டமிடப்பட்டுள்ள பலன்கள்:

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

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

சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள்:

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

சாத்தியமுள்ள மாற்று வழிமுறைகள்:

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

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

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

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

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

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

| மருத்துவர் | கையொப்பம் | பெயர் | பதிவு எண். | தேதி | நேரம் |
|------------|-----------|-------|------------|------|-------|
| | | | | | |



MH/PRINT /0054/ NRS

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HISTORY & PHYSICAL EXAMINATION FORM

| | | | |
|----------------|---|----------|------------|
| Patient's Name | Mrs. RAJAMMAL C 73/Female/MHM66291 30/12/2023/1PH2023002638 | I.P. No. | |
| Age | Dr. K. JAISHANKAR | Ward | ICU |
| Consultant Dr. | | Room No. | |
| | | D.O.P | 30/12/2023 |

| | | | | |
|-------------------|--------------|--------------|----------------------|-------------------------|
| Temp: 98.2°F | Pulse: 69bpm | Resp: 21/min | Allergies: | No known Drug allergies |
| B/P: 160/100 mmHg | Height: | Weight: | Current Medications: | -NIL- |

| | | | | | | | | | | | |
|------------------|-----------|-------------------|-------------|----------------------|-----------------|-----------------|-----------------|---------------|---------------|--------------|---------------|
| SpO2 94-95% (RA) | 0 No Pain | 1 Just noticeable | 2 Mild Pain | 3 Uncomfortable Pain | 4 Annoying Pain | 5 Moderate Pain | 6 Just bearable | 7 Strong Pain | 8 Severe Pain | 9 Worst Pain | 10 Worst Pain |
| CBG 80mg/dl | | | | | | | | | | | |

Complaints: 72 Y/F, K.I.C.I.S. HTN - Not on any Rx now
Since last 2 months, brought by family members with

History of Present illness: Sudden onset left sided chest pain - radiating to left jaw & shoulder - since today morning 7 AM
Also mild breathing difficulty @

Past history of relevance: family and Personal
Now admitted for further evaluation & Rx

Clinical Examination: O/E: GCS E4V5M6 15/15
on room air
No P° R° C° L° E°
Hydration - Fair
(patient)

SIE: QUS. SLE ⊕

RS. BILAE ⊕

PA. Soft / RS ⊕

CNS - No FND

Investigation required

CBC / RFT / LFT / HbA1c / Troponin & I

CKMB / NT pro BNP

ECG / CXR

2D Echo

Diagnosis

Δ. ACUTE LATERAL WALL MI

STEMI

CAD

OLDIW DR. SIVANUMAR

1. Admit in ICU

2. Lyse using Inj Tenecteplase

3. Drugs as per chart

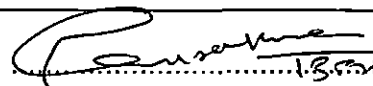
4. Monitor vitals & O₂ sat

5. H/W SOB

6. Cardiologist opinion

Plan of Care

Signature

 135796

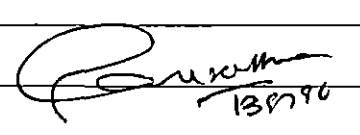
Examined by

DR. MANI RAMNANI N.A

Date : 20/12/2023 Time : 09:20 AM

TNMC 135796

(R) Mrs. Rajammal
 73y1R/6291
 2023002638

| DATE | NOTES |
|------------|---|
| 30/11/2023 | CLIB Dr. Mani Pathman |
| 09:45 AM | Case reviewed |
| | → Patient shifted to ICU |
| @ 10:00 AM | → Lysed using Inj TENECTEPASE 40mg IV over 15 seconds |
| | → Post lysis, Bp 110/60 mmHg |
| @ 10:45 AM | Bp 90/60 mmHg Started on Inj Niasid @ 4ml/hr |
| | → Post lysis ECG → Sinus Bradycardia |
| | C/D/W DR SALA SUDAN (CARDIOLOGY) / DR SIVAKUMAR |
| | 1. counsel patient family for CAG |
| | 2. Shift to MEDWAY HEART INSTITUTE |
| |  13/11/20 |

[illegible]

Date: 30/12/2023

ICU PROGRESS NOTES

Time: 8.30 AM

Doctor's Name: Dr. Abhishek

ICU SCORES
(as Appropriate)

CLIF ACLF / AD score:
SOFA score:

MELD score:
SAPS II score:

AARC score:
APACHE II score:

ICU Day (D1) Can of CAB / ACS /
Background
Inferolateral wall MI /
81p / TNK / Lysis (today) / SHIN / COPD

Issues last 24 hours Thrombus i
tentative @ 10 AM today
Mild gum bleeding in morning,
Controlled.

Central nervous system

Conscious / oriented / sedated with

Sedation score

GCS - E4V4M4 15/15 Pupils B/L PERL

Pain score

Drains

Cardiovascular system

HR - 70/min Rhythm - Normal Cardiac Output -

BP - 133/71 mmHg CVP -

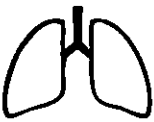
Cardiac Medications:

Respiratory system

Oxygen supplementation - 96% on RA

Saturation / PaO2 -

Ventilator : Spontaneous / Controlled



Last C x R -
Drains -
Ausc - B/L NVBS
No addn sounds

GIT

P/A Soft.

Bowels - Y/N Loose stools / Melena

Drains -

NG tube : Y/N

Day NGA-

USG

CT

Nutrition & Fluids

Oral feeds / NG feeds

TPN - formula used

Supplements

Calories / Proteins achieved :

IV fluids -

24 hour Urine output

Fluid balance

Creatinine clearance

Acidosis Lactate

RRT - SLED / IHD / CRRT

I | 300
0 | 345

Microbiology

Invasive lines

1. Peripherone 2.

Foley's Yes / No

ET Tube / Tracheostomy tube - Y / N Day

Culture reports

Antimicrobials with days -

1.

2.

3.

Labs 30/12/23

Hb -> 12.4 TC -> 10990 Platelets -> 1.61 Lakh

Urea -> 39 Creatinine -> 0.80

Na -> 139 K -> 4.98

Bilirubin AST ALT

INR -> 10.4 / 0.8

Others

Trop I -> 958
CPK -> 425
CK-MB -> 95.0

DVT prophylaxis - Y/N

Drugs : Mechanical - TEDS / SCD

Stress Ulcer Prophylaxis - Y/N

Drugs

Pressure sore Y / N

Alpha bed Y / N

Plan for the day

1) Plan for CAC + Stentomy
tunnel

Advised NPO from 7 AM tomorrow.

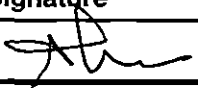
2) To monitor hourly Urine output (x) and Vitals monitoring.

3) To follow drug chart
for doctor's orders.

4) To collect Chest xray
to do ABC Q12H

5) To get Swelling down
for forehead Swelling

6) To do Urine routine & Urine C&S.

| Doctor | Signature | Name | Reg. No. | Date | Time |
|--------|---|--------------|----------|----------|--------|
| |  | Dr. Abhishek | 133367 | 30/12/23 | 8:30pm |

DOCTOR'S PROGRESS NOTES

| DATE | NOTES |
|------------------------------------|--|
| | Mrs. Rajammal |
| | 72/F |
| 30/12/23 | S/B Dr. Jaishankar team. |
| 12 PM | |
| | CAD/ACS/Infarct lateral wall MI / used TNY (10 AM today) / |
| | NO SATN / ? COPD |
| | Presented with chest pain for 2 hrs lysed with TNY - |
| | chest pain < 50% now. |
| ECG (11-40 AM). | O/E: Conscious, oriented |
| - Sinus rhythm. | afebrile. |
| - A.Vb. | PR-60/min, BP-160/96. |
| - T.V4-V6 | Spo2 98% RA. |
| Screening ECHO | CMS: S4 (+) |
| - Hypokinesia of Basal & mid | RA: BAE (+) |
| PL/EL/Inferior wall & | no crackles |
| apical lateral. | Forehand swelling (+) |
| - EF-45%, Mild WSD | Minor gum bleed (+) |
| - LVIDd-46mm, LVIDs-35mm | Adv |
| - Gr I LVDD (E-0.6 m/s, A-0.4 m/s) | |
| - Mild MR | - Discontinue 0.6 mg S/C BD (V/H) |
| - AV sclerosis, Mild AR | - T. Ecosprin 75mg 0-1-0 |
| - Mild TR, TRPG-38 mm Hg | - T. Clopidogrel 75mg 0-1-0 |
| - Mild PAH. | - T. Atorvastatin 80mg 0-0-1. |
| - No PE/dot | - T. Flavedon MR 35mg 1-0-1 |
| - TAPSE-20mm, RV function- | - T. Nitroglycerin 2.6mg 1-0-1 |
| | - T. PAN 40mg 1-0-0 |
| | - T. Alprax 0.25mg 0-0-1 |
| | - Syp. Cremaffin 15ml 0-0-1 |
| | - T. Amlog 2.5mg 1-0-0 |
| | - Icepack for swelling |
| | - plan CT brain |
| | - NPO from 7 AM |
| | - Plan CAG tomorrow. |

7/12/23

DOCTOR'S PROGRESS NOTES

| DATE | NOTES |
|----------------------|---|
| 31/12/23 | S/B Dr. Jaishankar team |
| 8 AM | - PR reviewed |
| | O/E: Conscious, oriented |
| | PR-77/min, BP-100/60 |
| CB _h -105 | SpO ₂ 96% RA |
| 20 hrs | CVL: S42Ⓟ |
| I 150 | PI: BACⓅ |
| O 1050 | Scattered cptsⓅ |
| GCA → SR | lt. Periorbital swellingⓅ |
| no fresh clots | Adv |
| T & 4/6 | - Dry Lungs 1V 20-20-0 |
| | - Ice pack compression. |
| | - T. Aldactone 25mg 1-0-0 |
| | - plan CAG after |
| | hematoma res. |
| | - dress cont the same |
| | - Shift to room today afternoon |
| 31/12/23 | S/B Dr. Mohamedhyams |
| 10 PM | - Remove urethral cath |
| | 1: CAD - ACS - EWMF lysed with TNK/ 97211 |
| | HTN/COPD |
| | Patient conscious |
| | oriented |
| | stable |
| | CVL → S1S2Ⓟ |
| | PI → BACⓅ |
| | PI → S/B NT |
| | Adv |
| | - Monitor vitals |
| | - No follow up chart |

16/5/23

| DATE | NOTES |
|--------------|--|
| MAR 2 9:0 | To completion Remodeled w/dry & To park OL corner BR - 12/80 R/S C/L — cont. same R/S plan C/H. Tomorrow from 6 AM, shift on case to catch back 8:30 AM Continue from past comparison PO send R/R today |

Date: 31/12/23

Time: 9.00

Doctor's Name: DR. KARTHIK RAI

ICU PROGRESS NOTES

| ICU SCORES (as Appropriate) | CLIF ACLF / AD score: SOFA score: | MELD score: SAPS II score: | AARC score: APACHE II score: |
|--|--|-------------------------------|---------------------------------|
| ICU Day Background CRO/RES/ILM. Cysed & TML. H2N/COO | Issues last 24 hours Hemoboma @ eye/eye | | |
| Central nervous system Conscious / oriented / sedated with Sedation score GCS - E V M 15/15 Pupils Pain score Drains | Cardiovascular system HR - 77 Rhythm SM Cardiac Output - BP - 130/40 CVP - Cardiac Medications: | | |
| Respiratory system Oxygen supplementation - BAZO Saturation / PaO2 - SpO2: 98% Ventilator : Spontaneous / Controlled Last C x R - Drains - | GIT P/A Sore Bowels Y /N Loose stools / Melena Drains NG tube : Y / N Day NGA- USG CT | | |
| Nutrition & Fluids Oral feeds / NG feeds TPN - formula used Supplements Calories / Proteins achieved : IV fluids - 24 hour Urine output Fluid balance Creatinine clearance Acidosis Lactate RRT - SLED / IHD / CRRT | Microbiology Invasive lines peripheral abs. 1. 2. Foley's Yes / No ET Tube / Tracheostomy tube - Y / N Day Culture reports Antimicrobials with days 1. 2. 3. | | |
| Labs Hb TC Platelets Urea Creatinine Na K Bilirubin AST ALT INR Others | DVT prophylaxis - Y/N Drugs : Mechanical - TEDS / SCD Stress Ulcer Prophylaxis - Y/N Drugs Pressure sore Y/N Alpha bed Y/N | | |

Plan for the day

Adv

Cont same drugs

No chart.

Monitor vitals.

Remove gelief's

mobile to chart.

Dr

35751

~~21-30 AM~~

~~21-30 AM~~


pb reviewed

CHr → plan delayed → due to soft tissue hematoma

word shift

Dr

35751

| Doctor | Signature | Name | Reg. No. | Date | Time |
|--------|---|-------------|----------|----------|------|
| |  | Dr. Hartman | 35751 | 31/12/21 | 9:30 |

DOCTOR'S PROGRESS NOTES

| DATE | NOTES |
|---------------|--|
| 1.1.2024 | S/B Dr. Anusuya |
| 11-00AM | <p>patient reviewed.</p> <p>clo' chest pain reduced now.</p> <p>O/B' patient conscious, oriented, Afebrile.</p> |
| TO do | <p>S/B' CVS-5162 ⊕ CVS-MFND</p> <p>RS - BAE ⊕</p> |
| RPT today | <p>advice</p> <p>- monitor vitals</p> <p>- Continue the drugs as per chart</p> <p>Plan CATH tomorrow</p> <p>- NPO from 6am tomorrow</p> <p>- consent</p> <p>- Pains preparation</p> <p>script to cath lab on</p> |
| Vitals stable | |
| le: on | 8.30am tomorrow |
| 134579 | |

| DATE | NOTES |
|---------|---|
| 11/1/24 | S/B Dr. Mohamed Ayman |
| 10PM | Plan: CAG tomorrow Patient comfortable. Comms oriented Afeale |
| Vitals | C/S → S, S (+) |
| Stable | R → BAC (+) P/A → soft, NT |
| | Adw |
| | - NPO from 6 PM |
| | - Monitor vitals |
| | - To follow day chart |
| | - Consent |
| | (Signature) |

DOCTOR'S PROGRESS NOTES

| DATE | NOTES |
|------------------|--|
| 2/1/24 8:55am | S/B. Dr. Ajith. B. (MD) |
| | pt. reviewed. |
| | Plan: CAG |
| 2/1/24 9am | CAG (CAG no. 2510) |
| | - Rt radial access |
| | - 6F sheath |
| | - 5F TIA → CAG done |
| | LMCA - (R). Bifurcates into LAD & Lcx |
| | LAD - Type 3 vessel. Prox LAD has 90% tubular stenosis. |
| | Mid LAD has luminal irregularities. Distal LAD has 50-60% tubular stenosis. |
| | Give 3 diagonals & many septals. D is major vessel, has 90% stenosis. |
| | Lcx - Non dominant. Prox. Lcx is ectatic & luminal irregularities. |
| | Lcx after OM ₃ has 90% tubular stenosis followed by 70% tubular stenosis. |
| | Give 5 OM's. OM ₃ & OM ₅ are major vessels. |
| | OM ₃ proximal part shows total occlusion. |
| | OM ₅ proximal part shows 50% tubular stenosis. |
| | RCA - Dominant. |
| | Prox. & mid RCA have luminal irregularities. Distal RCA has 50 to 60% discrete stenosis. PDA proximal part has 70% tubular stenosis. |
| | Pw distal part has diffuse disease. |
| | Imp:- Rt dominant / Triple vessel disease |
| | Adv:- CABG Vs Multivessel PCI |

d/c today → Review after 2 weeks

[Signature]
9/12/23

Mrs. RAJAMMAL C
73/Female/MHM66291
30/12/2023/IPH2023002638
Dr. K. JAISHANKAR

URINE ROUTINE ANALYSIS

MICROBIOLOGY SHEET

| | | | |
|------------------|-----------------|--|--|
| DATE | 30/12/23 | | |
| COLOUR | YELLOW | | |
| REACTION | - | | |
| SPECIFIC GRAVITY | 1.010 | | |
| APPEARANCE | SLIGHTLY TURBID | | |
| ALBUMIN | - | | |
| SUGAR | - | | |
| ACETONE | - | | |
| BILE SALT | - | | |
| BILE PIGMENT | - | | |
| UROBILINOGEN | NORMAL | | |
| PUS CELLS | 6-8 | | |
| EPITHELIAL CELLS | 2-4 | | |
| RBC | 4-6 | | |
| CASTS | NIL | | |
| CRYSTALS | NIL | | |
| OTHERS | NIL | | |

MICROBIOLOGY-CULTURE REPORTS

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

MHI/IP/2022/065

 **Medway
Heart
Institute**

Every heart beat counts

Mrs. RAJAMMAL C

73/Female/MHM66291

30/12/2023/IPH2023002638

Dr. K. JAISHANKAR



BLOOD GROUP

A POSITIVE

INVESTIGATION SHEET

| | | | | | | |
|------------------------|-----------|----------|--|--|--|--|
| Date | 30/12/23 | 01/01/24 | | | | |
| HAEMATOLOGY | | | | | | |
| Hb | 12.4 | | | | | |
| P.C.V | | | | | | |
| Platelets | 161000 | | | | | |
| TLC | 10970 | | | | | |
| Polymorphs | 84.4 | | | | | |
| Lymphocytes | 11.4 | | | | | |
| Eosinophils | 0.6 | | | | | |
| Mono / Basophils | 3.3 / 0.3 | | | | | |
| E.S.R | | | | | | |
| BIO-CHEMISTRY | | | | | | |
| Urea | 39 | 31 | | | | |
| Creatinine | 0.80 | 0.90 | | | | |
| Sodium | 139 | 137 | | | | |
| Potassium | 4.98 | 3.80 | | | | |
| Bicarbonate | 24 | 26 | | | | |
| Chloride | 99.5 | 96.0 | | | | |
| Magnesium | | | | | | |
| Calcium | | | | | | |
| Phosphorus | | | | | | |
| LFT | | | | | | |
| T.Bilirubin | | | | | | |
| D.Bilirubin | | | | | | |
| I.Bilirubin | | | | | | |
| S.G.O.T | | | | | | |
| S.G.P.T | | | | | | |
| ALP | | | | | | |
| GGT | | | | | | |
| Total Protein | | | | | | |
| S.Albumin | | | | | | |
| CARDIAC ENZYMES | | | | | | |
| Troponin I | 958.8 | | | | | |
| CKNAC - CPK | 425 | | | | | |
| CK - M.B. MASS | 95.0 | | | | | |
| LDH | | | | | | |
| Ntpro bnp | | | | | | |

[illegible]

VITAL INFORMATION SHEET

Diagnosis: CAD / ACS / IWM / LVSE D E TNR Procedure:

| |
|-------------|
| BLOOD GROUP |
|-------------|

ON ADMISSION

Height in CM

Weight in Kg.

147

59.1

[illegible]



Every heart beat counts

EARLY WARNING

Name:

Mrs. RAJAMMAL C

73/Female/MHM66291

30/12/2023/IRH2023002638

Dr.K.JAISHANKAR

G CHART

Patient Id No:

[illegible]

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

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



| Date | From: 31/12/23 | To: 1/1/24 | Bed No: 205-B | INTAKE & OUTPUT CHART | | | | | | | | | | | |
|------------------------------|----------------|-------------------|-----------------------|----------------------------------|-----------------------|------------------------|--------------------|--------|-------|--------------|------------|--------|-------|----------|-------------|
| 24 Hrs : Started Time : 7.00 | | Ended Time : 7.00 | | | | | | | | | | | | | |
| NPO Started at : | | NPO Over at : | | | | | | | | | | | | | |
| SHIFT | Morning | | Afternoon | Night | Restricted Fluid (RF) | | | | | | | | | | |
| INTAKE | | | 300 ml. | 450 ml. | | | | | | | | | | | |
| OUTPUT | | | 200 ml. | 450 ml. | | | | | | | | | | | |
| Total Intake: 810 ml | | | Total Output: 1010 ml | | Difference: 200 ml | | | | | | | | | | |
| INTAKE (ml) | | | | | | | OUTPUT (ml) | | | | | | | | |
| Time | Oral | Tube Feeding | Intravenous Infusion | | | Total | Time | Urine | Vomit | N/G Aspirate | Drain Tube | Others | Total | R/N Sign | Endorsed by |
| | | | Type of Fluid | Additions | Amount | | | | | | | | | | |
| 8.16.23 | | | | | | | | | | | | | | | |
| 12.00 | | | | | | | | | | | | | | | |
| TOTAL INTAKE = 60 ml. | | | | | | TOTAL OUTPUT = 360 ml | | | | | | | | | |
| 14.30 | 100 | | | | | 160 ml | | | | | | | | | |
| 16.30 | 100 | | | | | 260 ml | 17.00 | 100 ml | | | | | 460 | | |
| 19.00 | 100 | | | | | 360 ml | 19.00 | 100 | | | | | 560 | | |
| 20.00 | 100 | | | | | 460 | 22.00 | 200 | | | | | 760 | | |
| 21.00 | 50 | | | | | 510 | 2.00 | 150 | | | | | 910 | | |
| 2.00 | 100 | | | | | 610 | 1.30 | 100 | | | | | 1010 | | |
| 4.20 | 100 | | | | | 710 | | | | | | | | | |
| 7.00 | 100 | | | | | 810 | | | | | | | | | |
| TOTAL INTAKE - 810 ml | | | | | | TOTAL OUTPUT - 1010 ml | | | | | | | | | |
| BALANCE - 200 ml | | | | | | Nae 024 | | | | | | | | | |



| Date | From: 1/1/24 | To: 2/1/24 | Bed No: 205-B | 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 | 305 | | 195ml | | 400 | | | | | | | | | | | |
| OUTPUT | 400ml | | 200ml | | 500 | | | | | | | | | | | |
| Total Intake: 1080 | | | Total Output: 1200 | | | Difference: -120 ml | | | | | | | | | | |
| INTAKE (ml) | | | | | | | OUTPUT (ml) | | | | | | | | | |
| Time | Oral | Tube Feeding | Intravenous Infusion | | | Total | Time | Urine | Vomitus | N/G Aspirate | Drain Tube | Others | Total | R/N Sign | Endorsed by | |
| | | | Type of Fluid | Additions | Amount | | | | | | | | | | | |
| 7.40 | 150 | | | | | 150 | 9.15 | 100 | | | | | 100 | | | |
| 8.55 | 75 | | | | | 185 | 10.16 | 100 | | | | | 200 | | | |
| 9.10 | 25 | | | | | 205 | 10.50 | 100 | | | | | 300 | | | |
| 11.00 | 100 | | | | | 305 | 11.30 | 100 | | | | | 400 | | | |
| 13.30 | 100 | | | | | 405 | 13.13 | 200 | | | | | 600 | | | |
| 13.45 | 50 | | | | | 455 | 16.59 | 100 | | | | | 700 | | | |
| 15.51 | 100 | | | | | 655 | 20.00 | 100 | | | | | 800 | | | |
| 16.00 | 25ml | | | | | 680ml | 20.00 | 200 | | | | | 900 | | | |
| 20.00 | 100 | | | | | 780ml | 6.00 | 200 | | | | | 1200 | | | |
| 21.00 | 100 | | | | | 880ml | Total Intake 1080 | | | | | | | | | |
| 22.00 | 100 | | | | | 980ml | output - 1200 | | | | | | | | | |
| 23.30 | 50 | | | | | 1030 | | | | | | | | | | |
| 6.00 | 50 | | | | | 1080 | | | | | | | | | | |

Naaz
024

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Patient Details (Affix Label here)
Name: Mrs. RAJANIL C
UHID: MHI003002638
DOB: 23/01/2019 Sex: Female
DOA: 30/12/22
Consultant: Dr. Jai Shankar M



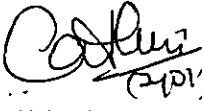
Diagnosis: CAD - AN - NDM / EP - 45% / WEN / 1 LOPD / Prescribed Medication over Prescribed
Height: 147 cms Weight: 59.1 Kgs Food allergies: Yes/ No, if yes, specify: (1) egg white / milk.
Religious Beliefs: ☐ Vegetarian ☒ Non Vegetarian ☐ Eggetarian ☐ Jain
Diet Prescription: 1600 calories, 50 fat, 100 salt, 2000 fluid restricted, soft solid 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 | | | | |
| | <input checked="" type="checkbox"/> 1 No change | <input 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 |
| | <input type="checkbox"/> Oral | <input type="checkbox"/> Enteral / Parenteral Nutrition | <input type="checkbox"/> Adequate / Excessive | <input type="checkbox"/> Sub - optimal | <input type="checkbox"/> Inadequate |
| 3) | Gastrointestinal Symptoms Duration: | | | | |
| | <input checked="" type="checkbox"/> 1 No symptoms | <input 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: | | | | |
| | <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) | | | | |
| | <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 |
| 6) | 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 | | | | | |
| | <input type="checkbox"/> Well Nourished | <input checked="" type="checkbox"/> (7 to 14) | <input type="checkbox"/> (15 to 18) | <input type="checkbox"/> (19 to 35) | |
| | <input type="checkbox"/> Moderately Malnourished | | | | |
| | <input type="checkbox"/> Severely Malnourished | | | | |
| 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 checked="" 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
Senior Dietitian
30/12/22, 14:00

| DATE AND TIME | DIETITIAN NOTES | SIGNATURE |
|--------------------|---|---|
| 30/12/21, 14:00 | <p>A 73 year old female came to the resident onset of chest pain & mild breathing difficulty was assessed to be well nourished as evident by SGA.</p> <p>Kilo - 14.5 / 1.73m.</p> <p>Patient <u>referred</u> to us. Educated the patient and family on 1600 calories, low fat, low salt, 2000ml fluid restricted, soft solid diet. Referred to the small gut team.</p> |  Maria Catherine John Senior Dietitian |
| 31/12/21, 14:00 | <p>Patient <u>referred</u> to ward. Referred to the diet restriction. Motivated to eat well.</p> |  Maria Catherine John Senior Dietitian |
| 2/1/22, 14:00 | <p>Patient <u>shifted</u> to Cathlab for procedure (CPR) and kept on NPO. Patient <u>referred</u> to ward. NPO over. Patient tolerated liquid diet. Can initiate a soft solid diet. Oral intake is good. Educated the patient and family on 1600 calories, low fat, low salt, 2000ml fluid restricted diet or discharge. Referred to small gut team. Diet modification and clarification.</p> |  Maria Catherine John Senior Dietitian |

also. Diet chart given on discharge.

Mrs. RAJAMMAL C

73 / Female / MHM66291

30/12/2023 / IPH2023002638

Dr. K. JAISHANKAR



Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Diagnosis: CAD / ACS - L + LWM / SHIN

Height: cms Weight: Kgs Food allergies: Yes/ No, if yes, specify.....

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


Diet Prescription: 1600 calories, low fat, low salt

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

| | | | | | |
|---|---|----------------------------|--|---|---|
| (A) | Patient's related Medical History | | | | |
| 1) | Weight Change [overall change in past 6 months] | | | | |
| | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | No weight change/ gain | <5% | 5 - 10% | 10 - 15% | >15% |
| 2) | Dietary Intake Duration: | | | | |
| | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | Oral | No change | Sub - optimal solid diet | Full liquid diet/ moderate overall decrease | Hypo - caloric liquid diet |
| | Enteral / Parenteral Nutrition | Adequate / Excessive | Sub - optimal | Inadequate | Typo - caloric feeds |
| 3) | Gastrointestinal Symptoms Duration: | | | | |
| | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | No symptoms | Nausea | Vomiting / moderate GI symptoms | Diarrhoea | severe anorexia |
| 4) | Functional Capacity (Nutrition related functional impairment) Duration: | | | | |
| | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | None / Improved | Difficulty with ambulation | Difficulty with normal activity | Light activity | Bed / chair - ridden with no or little activity |
| 5) | Co - morbidity (Disease and its relationship to nutrition requirements) | | | | |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | Healthy | Mild co - morbidity | Moderate co - morbidity/ age >75 years | severe co - morbidity | Very severe multiple co - morbidity |
| 6) | Physical examination | | | | |
| 1) | Decreased fat stores or loss of subcutaneous fat | | | | |
| | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | Normal | Mild | Moderate | | Severe |
| 2) | Sign of muscle wasting | | | | |
| | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | Normal | Mild | Moderate | | Severe |
| Total Score = Sum of above 7 components | | | | | |
| Nutritional Status : Based on this patient is | | | | | |
| | <input checked="" type="checkbox"/> Well Nourished (17 to 14) | | | | |
| | <input type="checkbox"/> Moderately Malnourished (15 to 18) | | | | |
| | <input type="checkbox"/> Severely Malnourished (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 checked="" type="checkbox"/> Weekly <input type="checkbox"/> Fort - night <input type="checkbox"/> Monthly | | | | |
| | Enteral / Parenteral <input type="checkbox"/> Daily <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | |

Dietitian Signature / Name / Date / Time:

Dr. K. Jaishankar
30/12/2023 12:50

| DATE AND TIME | DIETITIAN NOTES | SIGNATURE |
|---------------------------|---|--|
| <p>30/12/23 12:00</p> | <p>A 73 years old female came w/ c/o chest pain was assessed to well-nourished as evident by 'SBGA'.</p> <p>K/C/O - SH TN.</p> <p>Patient received to CCU. kept on NBM.</p> | <p>30/12/23  10286.</p> |

PATIENT TRANSFER FORM DIAGNOSTICS / PROCEDURES

Diagnosis: ACS, IWM

Allergies if any: None NKDA

| From (Area) | To (Area) | Date | Time | Reason for Transfer / Name of Procedure |
|------------------------------|-----------------|----------------|-------------|---|
| <u>1st floor.</u> | <u>LATH LAB</u> | <u>2/01/24</u> | <u>9.50</u> | <u>CAG</u> |

Method of Transfer: ☐ On Bed ☒ On Wheelchair ☐ On Stretcher

ASSESSMENT OF PATIENT:

General condition of Patient: ☒ Conscious ☐ Semi-conscious ☐ Un-conscious

Language Barrier: ☐ Yes ☒ No ☐ If Yes, specify: _____

Fall Risk Category: ☐ Low Risk ☐ Medium Risk ☒ High Risk

Vital Signs (to be documented at the time of shifting):

| Temp (°F) | RR (breaths/min) | Pulse (beats/min) | SpO ₂ (%) | BP (mmHg) | Pain Score |
|---------------|------------------|-------------------|----------------------|--------------------|-------------|
| <u>98.2°F</u> | <u>20 b/m</u> | <u>80 b/m</u> | <u>96%</u> | <u>130/80 mmHg</u> | <u>0/10</u> |

Pain Scale used: ☐ PIPPS (28 weeks to ≤ 38 weeks) ☐ CRIES (38 weeks - 2 months)

☐ FLACC Scale (2 months - 7 years) ☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years)

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

Any pre-medication given: _____

Any critical information: _____

Any specific recommendation: _____

| Handover by | Signature | Name | Emp. No. | Date | Time |
|----------------|--------------------|--------------------|-------------|---------------|-------------|
| | <u>[Signature]</u> | <u>M. Ravathi</u> | <u>0225</u> | <u>2/1/24</u> | <u>9.00</u> |
| Handed over to | | <u>[Signature]</u> | <u>0176</u> | <u>2/1/24</u> | <u>9.00</u> |

After Procedure:

Procedure completed: ☒ Yes ☐ No | Any critical information: Nil

Vital Signs (to be documented at the time of shifting):

| Temp (°F) | RR (breaths/min) | Pulse (beats/min) | SpO ₂ (%) | BP (mmHg) | Pain Score |
|-------------|------------------|-------------------|----------------------|--------------------|-------------|
| <u>98°F</u> | <u>22 b/m</u> | <u>74 b/m</u> | <u>98%</u> | <u>132/54 mmHg</u> | <u>0/10</u> |

Pain Scale used: ☐ PIPPS (28 weeks to ≤ 38 weeks) ☐ CRIES (38 weeks - 2 months)

☐ FLACC Scale (2 months - 7 years) ☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years)

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

| Handover by | Signature | Name | Emp. No. | Date | Time |
|----------------|--------------------|--------------------|-------------|---------------|--------------|
| | <u>[Signature]</u> | <u>[Signature]</u> | <u>0176</u> | <u>2/1/24</u> | <u>9.50</u> |
| Handed over to | | <u>monish</u> | <u>004</u> | <u>2/1/24</u> | <u>10.00</u> |

Mrs. RAJAMMAL C
 73/Female/MHM66291
 30/12/2023/1PH2023002638
 Dr.K.JAISHANKAR

FOR CORONARY ANGIOGRAM / CORONARY ANGIOPLASTY

Age: 73y

Sex: M/F

Ward & Bed No:

UHID

CONDITION AND PROCEDURE

Dr. JAISHANKAR has explained that I have the following condition:

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

RISKS OF THIS PROCEDURE

The risk of coronary angiography depends on:

- (i) The nature of coronary artery disease (ii) The pumping status of the heart (iii) Your age and general health

These are some of the more serious risks that can happen, but are not the only risks:

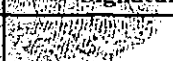

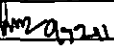
| | |
|---------------------------------|---|
| Less than 1 in 10,000 (0.0001%) | (a) skin injury from radiation, causing, reddening of the skin |
| 1 in 1000 people (0.001%) | (b) A stroke. This can cause paralysis and long term disability (c) Heart attack. (d) A dangerous reaction to the x-ray contrast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

PATIENT CONSENT:

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

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE

| | Signature | Name | Date | Time |
|------------------------------------|---|------------------------------|--------|-------|
| Patient/Guardian with relationship |  | Rajammal | 1/1/24 | 17-30 |
| witness |  | Ramadurai Murugan (Guardian) | 1/1/24 | 17-30 |
| Doctor |  | Dr. Salai Sudhan | 2/1/24 | |
| Interpreter | | | | |

| | | |
|-------------------|---------------------|---------------------|
| நோயாளியின் பெயர்: | வயது: | பாலினம்: ஆண் / பெண் |
| மருத்துவ ஆலோசகர்: | வார்டு படுக்கை எண்: | யுஐஹெச்ஐடி (UHID) : |

நிலை மற்றும் செயல்முறை

பின்வரும் சூழ்நிலையை நான் கொண்டிருப்பதாக மருத்துவர் அவர்கள் விளக்கினார்.

பழைய இருமல் குழாய்களில் துருபிடிப்பதைப் போல், தமனிகளில் கொழுப்பு மற்றும் கால்சியம் சேரும். இது ஆன்ஜினா அல்லது மாறடையினை ஏற்படுத்துகிறது. இதயத்திற்கு ரத்தத்தினை வழங்கும் ரத்தக்குழாயான இதயச்சுவர் சிறை தமனிகளில் நோயின் அளவினை கண்டறிய கரோனரி ஆஞ்சியோகிராஃபி செயல்முறை மேற்கொள்ளப்படும். ஒரு லோக்கம் அனஸ்தீடிக் (மயக்க மருந்து) வழங்கப்பட்ட பின், ஒரு சிறிய குழாயானது (கத்தீட்டர்) கவட்டை/கையிலுள்ள தமனியில் செலுத்தப்படும். இந்த குழாய் ஒவ்வொரு இதயச்சுவர் சிறை தமனிகளிலும் மாற்றி மாற்றி கவனமாக வரிசையாக செலுத்தப்படும். எக்ஸ்ரே மற்றும் பிற அயோடின் கொண்டிருக்கின்ற கான்ட்ராஸ்ட் மீடியத்தினை (என்ஸ்ரே டை) பயன்படுத்தி, பல வீடியோ படங்கள் வரிசையாக எடுக்கப்படும். இதயத்தின் முக்கிய ஏற்றியிறைந்தல் அறையில் (இடதுபக்க இருதய கீழறை) இந்த கான்ட்ராஸ்ட் மீடியம் உட்செலுத்தப்படலாம். இது இதயத்தின் அளவினை மதிப்பிடவும் மற்றும் அது எவ்வாறு பம்பு செய்கிறது என்பதை மதிப்பிடவும் மேற்கொள்ளப்படும். இப்படங்கள் நமக்கு இதயச்சுவர்சிறை தமனிகள் குறித்த ஒரு படத்தினை வழங்கும். இது உங்களுக்கு ஏதேனும் அடைப்பு இருக்கிறதா என்பதை கண்டறிய உதவும். பின்னர் உங்கள் படங்களை கவனமாக பார்த்த பின் மருத்துவரால் உங்களுக்கு ஏற்ற சிகிச்சையை மேற்கொள்ள முடியும். இவை பை-பால் அறுவை சிகிச்சையாகவும் இருக்கலாம் அல்லது ஆன்ஜியோபிளாஸ்டி (புரூன் வடிவம் கொண்டதொரு சிறிய சாசேஜ் கொண்டு தமனியை அகலப்படுத்துதல்) என்னும் ஒரு செயல்முறையாகவும் இருக்கலாம். சில நேரங்களில் மருந்துகள் மட்டுமே போதுமானதாக இருக்கலாம்.

இச்செயல்முறையிலுள்ள இடர்பாடுகள்

இதயச்சுவர் சிறை ஆன்ஜியோகிராஃபியிலுள்ள இடர்பாடுகள் பின்வருபவைகளையே சார்ந்திருக்கும்

- (i) இதயச்சுவர் சிறை தமனி நோயின் தன்மை (ii) இதயத்தின் ஏற்றியிறைந்தல் நிலை (iii) இதயத்தின் வயது மற்றும் பொது ஆரோக்கியம் ஏற்பட வாய்ப்புள்ள சில தீவிர இடர்பாடுகள் பின்வருமாறு. ஆனால் கிடைக்கக் கூடிய மட்டுமே முழுமையான இடர்பாடுகள் அல்ல

| | |
|---|--|
| 10.00-ல் ஒருவருக்கும் கீழ் (0.0001 சதவிகிதம்) | (a) கதிர்வீச்சின் காரணமாக ஏற்படும் தோல் பாதிப்பு, சருமம் சிவந்து போதல் |
| 1000-ல் ஒருவருக்கு (0.001 சதவிகிதம்) | (b) வலிப்பு. இது பக்கவாதம் மற்றும் நீண்டநாள் ஊனத்தை ஏற்படுத்தலாம் (c) மாறடையு (d) எக்ஸ்-ரே கான்ட்ராஸ்ட் மீடியத்தின் (டை) ஆபத்தான விளைவுகள் . இவை ஏற்பட்டால் உங்களுக்கு ஆஸ்துமா, அதிர்ச்சி மற்றும் வலிப்பு போன்றவைகள் ஏற்படலாம். 2,50,000 முதல் 4,00,000 ஊசிகளில் ஒன்று மரணத்தையும் விளைவிக்கலாம். (e) குத்தப்பட்ட இடத்தில் பெரிய அறுவை சிகிச்சை மேற்கொள்ள வேண்டியது வரலாம். (f) அவசரகால இதய அறுவை சிகிச்சை அல்லது ஆன்ஜியோபிளாஸ்டிக் தேவைப்படலாம். (g) எக்ஸ்ரே கதிர் பாதிப்பு காரணமாக அதிக வாழ்நாள் அச்சுறுத்தல் இடர்பாடு. (h) இறப்பு |
| 100-ல் ஒருவருக்கு (0.01 சதவிகிதம்) | (I) இதயம் சரியான முறையில் துடிக்காமல் இருக்கலாம். அதற்கு அவசரமாக சிகிச்சை தேவைப்படும் (j) குத்தப்பட்ட கவட்டை பகுதியில் அறுவை சிகிச்சை சரிபாடு. இதனால் மருத்துவமனையில் நீண்ட நாட்கள் தங்கியிருக்க வேண்டியது வரலாம் (k) தோல் அரிப்பு போன்ற சிறு விளைவுகள் (l) கான்ட்ராஸ்ட் மீடியம் காரணமாக சிறுநீரகம் செயல்படாமல் அல்லது அதன் வலு குறைதல் |
| 20-ல் ஒருவருக்கு (0.01 சதவிகிதம்) | (m) குத்தப்பட்ட இடத்தில் பெரிய அளவினான சிராய்ப்பு அல்லது வீக்கம் |
| பெரும்பாலான மக்களுக்கு | (n) சிறிய அளவினான சிராய்ப்பு |

நோயாளி ஒப்புதல்

மருத்துவர் அவர்கள் என்னுடைய மருத்துவ நிலையையும் மற்றும் முன்மொழியப்பட்டுள்ள செயல்முறையையும் எனக்கு விளக்கினார். செயல்முறையிலுள்ள இடர்பாடுகள், மயக்க மருந்துகள் உட்பட எனக்கு குறிப்பாக ஏற்படும் இடர்பாடுகள் மற்றும் சிக்கல்கள் ஏற்பட்டால் என்னவாகும் என்பவைகளை நான் புரிந்து கொண்டேன். மருத்துவர் பிற தொடர்புள்ள சிகிச்சை விருப்பத் தேர்வுகள், அதன் இடர்பாடுகள் மற்றும் சிகிச்சை மறுப்பதற்கான என்னுடைய உரிமை ஆகியவைகளையும் எனக்கு விளக்கினார். அவர் என்னுடைய முன் கணிப்புகள் மற்றும் செயல்முறையை மேற்கொள்ளாமல் இருப்பதால் ஏற்பட வாய்ப்புள்ள இடர்பாடுகள் ஆகியவைகளையும் எனக்கு விளக்கினார். என்னுடைய நிலை குறித்து என்னால் கேள்வி எழுப்ப முடிந்தது மற்றும் என்னுடைய கவலைகளை தெரிவிக்கவும், செயல்முறை மற்றும் அதன் பலன்களை தெரிவிக்கவும் மற்றும் எனது சிகிச்சை விருப்பத்தேர்வுகள் குறித்த கவலைகளையும் என்னால் தெரிவிக்க முடிந்தது. என்னுடைய கேள்விகளும் மற்றும் கவலைகளும் கலந்துகொள்கப்பட்டது மற்றும் எனக்கு திருப்திகரமான முறையில் அவற்றிற்கு பதிலளிக்கப்பட்டது. அளாதாரமான சூழலில், எனக்கு கிரத்தமேற்றாதல், ஒரு கூடுதல் செயல்முறை அல்லது அறுவைசிகிச்சை தேவைப்படலாம் என்பதை நான் புரிந்து கொண்டுள்ளேன். உயிருக்கு ஆபத்தினை விளைக்கும் நிகழ்வுகள் ஏற்பட்டால் அதற்கு உடனடியாக சிகிச்சையளிக்கப்படும் என்பதை எனக்கு விளக்கினார். இச்செயல்முறையினால் என்னுடைய நிலை மேம்படும் என்பதற்கு எத்தகைய உத்தரவாதமும் இல்லை என்பதை நான் புரிந்துகொண்டுள்ளேன்.

செயல்முறையை எனக்கு மேற்கொள்ளுமாறு கேட்டுக்கொள்கிறேன்

| | கையெழுத்து | பெயர் | தேதி | நேரம் |
|------------------------------|------------|-------|------|-------|
| நோயாளி (பாதுகாவலர்) உறவுமுறை | | | | |
| சாட்சி | | | | |
| மருத்துவர் | | | | |
| மொழிபெயர்ப்பாளர் | | | | |



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Every heart beat counts

(A Unit of United Alliance Healthcare Pvt Ltd)

CORONARY ANGIOGRAM REPORT

| | | | |
|---------------------|-------------------------------------|--------------|-----------------|
| PATIENT NAME | : MRS.RAJAMMAL.C | UHID | : MHM66291 |
| AGE/GENDER | : 73 YEARS / FEMALE | IP NO | : IPH2023002638 |
| CONSULTANT | : Dr. Jaishankar. K MD., DM., FIAMS | D.O.A | : 30.12.2023 |
| | Director and Clinical Lead | D.O.P | : 02.01.2024 |
| | Cardiology and Electrophysiology | | |

| | | | |
|------------------|-----------------|---------------------|----------------|
| CATH DATE | 02.01.2024 | DONE BY | DR. JAISHANKAR |
| CATH NO | 3510 | ASSISTED BY | SN. SATHYA |
| CATH DURATION | 5 MINS | TECHNICIAN | MR. TAMIL |
| HEIGHT WEIGHT | 147CMS 59KGS | PHYSICIAN ASSISTANT | MS. SHALINI |

CLINICAL DIAGNOSIS: CAD – ACS – IWMI , THROMBOLYSED WITH TNK (10 AM , 30.12.2023), MILD LV DYSFUNCTION. EF – 45%, SYSTEMIC HYPERTENSION, ? COPD, RESOLVING HAEMATOMA OVER FOREHEAD & LEFT EYEBROW.

CATHETERIZATION PROCEDURE: AFTER OBTAINING INFORMED CONSENT, PATIENT WAS BROUGHT TO THE CATH LAB. UNDER SAP, PROCEDURE DONE BY USING 2% XYLOCAINE AS LOCAL ANAESTHESIA AND SELDINGER TECHNIQUE.

APPROACH : RIGHT RADIAL ARTERY
SHEATH : 6FR
CATHETER : 5FR TIG
CONTRAST MATERIAL : NON- IONIC, CONTRAPAQUE
MEDICATIONS : Inj. Heparin 2500 IU

COMMENTS:

LMCA - NORMAL. BIFURCATES INTO LAD AND LCX.

LAD - TYPE III VESSEL AND GIVES RISE TO 3 DIAGONALS AND MANY SEPTALS. PROXIMAL LAD HAS 90% TUBULAR STENOSIS. MID LAD HAS LUMINAL IRREGULARITIES. DISTAL LAD HAS 50-60% TUBULAR STENOSIS. D1 IS MAJOR VESSEL HAS OSTIO PROXIMAL 90% STENOSIS.

LCX - NON-DOMINANT AND GIVES RISE TO 5 OMS. PROXIMAL LCX IS ECTATIC WITH LUMINAL IRREGULARITIES. LCX AFTER OM3 HAS 90% TUBULAR STENOSIS FOLLOWED BY 70% TUBULAR STENOSIS. OM 3 & OM 5 ARE MAJOR VESSELS. OM 3 PROXIMAL PART SHOWS TOTAL OCCLUSION. OM5 PROXIMAL PART SHOWS 50% TUBULAR STENOSIS.

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

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

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

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

Medway Centre of Excellence (Chennai)

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

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RCA - DOMINANT AND GIVES RISE TO PDA AND PLV BRANCHES. PROXIMAL & MID RCA HAVE LUMINAL IRREGULARITIES. DISTAL RCA HAS 50-60% DISCRETE STENOSIS. PDA PROXIMAL PART HAS 70% TUBULAR STENOSIS. PLV DISTAL PART HAS DIFFUSE DISEASE.

IMPRESSION:

TRIPLE VESSEL DISEASE
MILD LV DYSFUNCTION
RIGHT DOMINANT SYSTEM

ADVICE:

1. MULTI VESSEL PCI
2. CABG

CONSULTANT SIGNATURE

Dr. Jaishankar. K MD., DM., FIAMS
Director and Clinical Lead
Cardiology and Electrophysiology

To visit at www.medwayhospitals.com **Dr. K. JAISHANKAR**
Reg. No: 49448

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

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Medway Group of Hospitals

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Medway Centre of Excellence (Chennai)

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| Heart Institute 044 - 4310 8959 | Institute of Pulmonology 044-2473 4451 |
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E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

MHI/HOSP/2022/118

**NURSES PROGRESS NOTES**[illegible]

NURSES PROGRESS NOTES

[illegible]

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

Mrs. Rajammal

73 yrs / F

21/12/24

MHM 66291

Dr. Jaishankar

MHI/OT/2022/086



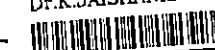
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Mrs. RAJAMMAL C

73/Female/MHM66291

30/12/2023/IPH2023002638

Dr. K. JAISHANKAR



Name of the Procedure : CAG Location : Cath Lab Date & Time : 21/12/24

Does the Procedure involve Procedural Sedation : ☐ Yes ☒ No

| SIGN IN <u>9.10</u> Before Induction of Procedural Sedation (Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure) | | TIME OUT <u>9.30</u> After procedural Sedation and before procedure (Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure) | | SIGN OUT <u>9.40</u> When Doctor indicates that the Procedure is completed | |
|---|---|--|--|---|---|
| Patient Confirmation | | All team members introduce themselves by Name and Role | | To be done for each procedure in case of multiple procedures | |
| Identity by two identifiers | <input checked="" type="checkbox"/> Yes | Identity by two identifiers | <input checked="" type="checkbox"/> Yes | Name of the Procedure done written down | <u>CAG</u> <input checked="" type="checkbox"/> Yes |
| Procedure | <input checked="" type="checkbox"/> Yes | Procedures | <u>CAG</u> <input checked="" type="checkbox"/> Yes | Name and site of all specimens / investigations | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA |
| Side | <input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA | Side | <u>Rt</u> <input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA | confirms labeling and sent to lab | |
| Consent | <input checked="" type="checkbox"/> Yes | Position | <u>supine</u> <input checked="" type="checkbox"/> Yes | Any recovery concerns : | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None |
| Known Allergy | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify | Consent | <input checked="" type="checkbox"/> Yes | If Yes, Pls. specify : | |
| | | Required equipment and implants available | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA | | |
| Difficult airway / aspiration risk / dentures | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, equipment and assistance available | Essential Imaging displayed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA | | |
| Possibility of hypothermia | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, warmer in place | Antibiotic prophylaxis within last 60 minutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | | |
| | | Name of the Antibiotic given | | Any Equipment / instrument problem that needs to be addressed : | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None |
| | | Venous Thromboembolism Prophylaxis Provided | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | If Yes, Pls. specify : | |
| All concerned anesthesia equipment and medication check complete | <input checked="" type="checkbox"/> SpO2 <input type="checkbox"/> NIBP <input checked="" type="checkbox"/> Others pls. specify <u>ECG</u> | Anticipated duration briefed | <input checked="" type="checkbox"/> Yes | | |
| Pre OP medication taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Anticipated blood loss briefed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA | | |
| | | Adequate fluids and blood available | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA | | |
| Required equipment for procedure available | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA | Team briefed on any critical or unexpected steps | <input checked="" type="checkbox"/> Yes | Corrective action : | |
| | | For procedural sedation cases | | | |
| | | Any patient specific concerns : | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None | | |
| | | Intra procedure glycemic control | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | | |
| | | Any concerns about sterility | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None | | |

| | | | | |
|--|-----------------------------------|-----------------------------|---------------------------------|-------------------------|
| Anaesthetist / Doctor giving Procedural Sedation | Doctor performing the Procedure : | Nurse : <u>Prin. Sathya</u> | Technician : <u>Mr. Prathap</u> | Others Please Specify : |
| Date : <u>21/12/24</u> | Date : <u>21/12/24</u> | Date : <u>21/12/24</u> | Date : <u>21/12/24</u> | Date : <u>21/12/24</u> |
| Time : <u>9.50</u> | Time : <u>9.50</u> | Time : <u>9.50</u> | Time : <u>9.50</u> | Time : <u>9.50</u> |


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Procedure Monitoring Sheet (Cath Lab)

Patient Name: **Mrs. RAJAMMAL C**
 73/Female/MHM66291
 UHID / IP : 30/12/2023/IPH2023002638
 Consultant : Dr. K. JAISHANKAR

Age / Sex : 73 y/f
 Ward Unit : 2nd floor
 Diagnosis : ACS, IWMF

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

| PARAMETERS | YES | NO | NA |
|---|-------------------------------|----|----|
| Vital signs : BP 120/80 Temp: 97.8 Pulse: 80 RR: 20 SPO2: 98% | | | |
| Urine voided | ✓ | | |
| Bowel preparation | ✓ | | |
| Pre-procedure medication administered | ✓ | | |
| Procedure site marked | | | ✓ |
| Skin preparation done | ✓ | | |
| NPO 6.00 | ✓ | | |
| Loose Tooth removed | | | ✓ |
| Contact lenses / Eye glasses removed | ✓ | | |
| Prosthesis present | | | ✓ |
| Jewellery/Nail polish removed | ✓ | | |
| Checked for Allergies (Drug / food) Nil | ✓ | | |
| IV line/in-situ | ✓ | | |
| Consent taken | ✓ | | |
| Investigation reports / Documents received | ✓ | | |
| Signature of Nurse : <i>[Signature]</i> | Date & Time : 21/01/23 @ 9.00 | | |

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

| Time | HR / min | RR / min | BP mmHg | SpO2% | Medication / Remarks | Sign. of Nurse |
|-----------------|--------------------|-----------|---------------|-------|----------------------|--------------------|
| 21/1/24 9.10 | 78 bt/min | 22 br/min | 126/73 (95) | 98% | - | <i>[Signature]</i> |
| 9.20 | 78 bt/min | 22 br/min | 120/70 (90) | 96% | - | <i>[Signature]</i> |
| 9.30 | 74 bt/min | 22 br/min | 124/143 (166) | 97% | - | <i>[Signature]</i> |
| 9.40 | 74 bt/min | 22 br/min | 132/57 (82) | 96% | - | <i>[Signature]</i> |
| | Procedure got over | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Post Procedure Follow Up Data (to be filled by the doctor)

Time: 9.50 Route: Rt Radial arterial approach
 Complication: Nil

BP: 132/57(82) mmHg, HR: 74b/min, RR: 22b/min SpO2: 98%

Distal Pulse: felt, Puncture Site: no oozing & hematoma

Advise:

- ◆ Shift To: Ward / ICU
- ◆ Bed rest up to 4 hours
- ◆ Observe puncture site for bleeding
- ◆ Watch for Pulse in Rt Radial artery.
- ◆ Diet Normal
- ◆ Inform Duty Medical Officer-SOS
 - a) If patient complains of any Discomfort
 - b) If dressing is Loose or Socked with Blood
 - c) If limbs are Cold / Absent Pulse
- ◆ Remove Rt Radial arterial dressing on 3/1/24 at 10.00 AM / PM after informing to the consultant.
- ◆ Special instruction if any: Nil

Name & Signature of Consultant

POST PROCEDURE OBSERVATION

| Date & Time | BP | HR | RR | SpO2% | Site Evaluation | Extremity Status | Remarks | Sign. of Nurse |
|-------------|----|----|----|-------|-----------------|------------------|---------|----------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Nurses Notes:

Procedure CAG done. Rt Radial arterial sheath removed. Tight plaster bandage applied. no oozing & hematoma

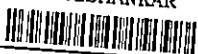
Condition at the end of procedure: ☒ Stable ☐ Critical
 Patient shift to: ☒ Recovery Room ☐ Patient Room ☐ CCU ☐ Other 2nd floor

Name & Signature of the Nurse:

Date & Time:

[Signature]

2/1/24 @ 9.50.

| | | | | |
|--------------|--|----------------|--------|-------------|
| Patient Name | Mrs. RAJAMMAL C 73/Female/MHM66291 30/12/2023/IPH2023002638 | OR HIV TESTING | Age : | Sex : M / F |
| Consultant | Dr. K. JAISHANKAR  | | UHID : | |

- I, Mr. Ramadurai have been given verbal and written educational information for HIV antibody testing.
- I have been informed that a sample of my blood will be drawn and tested and tested to detect HIV antibodies I have been informed of the purpose, potential uses of the test and the consequences of not having the test done
- I hereby acknowledge that I have read or have had read to me this information regarding HIV antibody testing.
- I have been given the opportunity to ask questions and all the questions have been answered to my satisfaction.
- I acknowledge that I have given consent for performance of this blood test to detect HIV antibodies. This has been explained to me in Tamil language. which I can understand.

| | Signature | Name | Date | Time |
|-----------------------------|-----------|--------------------|------|------|
| Patient | | <u>[Signature]</u> | | |
| Doctor / Nurse / Counsellor | | | | |
| Interpreter | | <u>[Signature]</u> | | |

CONSENT OF PATIENT REPRESENTATIVE / SURROGATE

The patient is unable to consent because of illness
and I, Mr. Ramadurai (name / relationship to the patient), therefore, consent for the patient I acknowledge that I have had an opportunity to discuss this procedure, as stated above, with the doctor or doctor's designee, and hereby consent to this procedure.

| | Signature | Name | Date | Time |
|--|--------------------|------------------------------------|-----------------|--------------|
| Patient Representative with relationship | <u>[Signature]</u> | <u>Ramadurai Narayan</u> | <u>30/12/23</u> | <u>14.00</u> |
| Doctor / Nurse / Counsellor | <u>[Signature]</u> | Dr. Anish Nelson Reg. No: 88434 | <u>30/12/23</u> | <u>14.00</u> |
| Interpreter | | | | |

CONSENT OF PATIENT REPRESENTATIVE / SURROGATE

The patient is unable to consent because _____
and I, _____ (name / relationship to the patient), therefore,
consent for the patient I acknowledge that I have had an opportunity to discuss this procedure, as stated
above, with the doctor or doctor's designee, and hereby consent to this procedure.

| | Signature | Name | Date | Time |
|------------------------|-----------|------|------|------|
| Patient Representative | | | | |
| Witness | | | | |
| Doctor | | | | |
| Interpreter | | | | |



NURSING ASSESSMENT FORM
EMERGENCY DEPARTMENT

0150101

| | | |
|------------------------------|---------------------------|--------------------------------|
| Patient Name : Mrs. Rajammal | Age : 70 yrs | Sex : M/F |
| Doctor Name : Dr. Jaishankar | OP / IP No. : 20230002638 | Date : 30/12/23 Time : 9:25 AM |

Vital Signs :

Temp : N Pulse : 69 Bpm. BP : 160/100 mmHg SpO2 : 95% - RA.

Ht. : 145 cm Wt. : 59 kg CBG : 80 mg/dl.

Allergies if any : (Yes / No), if yes, specify :

Pain Assessment Scale :

| | | | | | | | | | | |
|-----------------|-------------------------|-------------------|----------------------------|-----------------------|-----------------------|-----------------------|---------------------|---------------------|-----------------------|---------------------|
| 0 No Pain | 1 Just noticeable | 2 Mild Pain | 3 Uncomfortable Pain | 4 Annoying Pain | 5 Moderate Pain | 6 Just bearable | 7 Strong Pain | 8 Severe Pain | 9 Horrible Pain | 10 Worst Pain |
| | | | | | | | | | | |

Pain : Score (0-10) 9 Location : Chest

Character : Dull / Pricking / Aching / Other : Dull

Chief Complaints : Complaints of sudden onset @ sided.
Chest pain, radiating to @ Jaw / @ Shoulder.
Since today morning.

Past Medical History :

klelo & HTN - not on any treatment
now since last 2 months.

Systemic Examination :

pt vitals are checked and
recorded.

Nursing Diagnosis :

Plan of Care :

→ Assess the general condition of the patient.

→ To monitoring vitals

→ To follow doctor advice.

→ To give proper ventilation.

Staff Nurse Signature : C. Sneh

Staff Nurse Name : C. Sneh

Date & Time : 30/12/23 @ 9.25 AM



NURSES PROGRESS CHART

Name: Mrs. Rajammal

Age / Sex: 70 yrs / F

ID No.: 2023-02638

Allergic To: Not known

UHID No.: 66291

Bed No.: EN

| Date | Nursing Care | Staff Sign & Employee No. |
|----------|--|---------------------------|
| 20/12/23 | * Patient Received to ER @ 9.25 AM. | |
| | Dr. Complacents of chest pain. Since | |
| | → Vitals checked & recorded | |
| | → Patient is conscious & oriented. | |
| | → Dr. Condition informed to Dr. | |
| | Manirathnam sdr advised to be give | |
| | → Loading dose | |
| | → t. Clopilet 300 mg — (1) | |
| | → t. Ecosprin 300 mg — (1) | |
| | → t. Atorvas 80 mg — (1) Given. | |
| | → ECG taken. | |
| | → Troponin (taken) (+ve) | |
| | → Vitals checked & recorded. | |
| | → Patient shifting to ICU | |
| | → Care Handing over Given. | |
| 9.30 AM | to ICU Staff sister: Rubini | L.84/3009 |
| 9.30 AM | patient received from ER. | |
| | patient reports handing over given by | |
| | Sr. S. S. Sene taken by Sr. Rubini p.to. | |

| Date | Nursing Care | Staff Sign & Employee No. |
|------------------|---------------------------------------|---------------------------|
| 30.12.22 | | |
| 9 ^{am} | patient seen by Dr. mani Am. | |
| 9 ⁴⁰ | Admitted by:- | |
| | → inj. Tnk + TPA given. | |
| | → after 1 hour ECG. | |
| 10 ^{am} | patient seen by Dr. mani Am. | |
| | inj. Tarectolox - 40 given. | |
| | Bp - 160/90, pulse - 70, Resp - 22 | |
| 10 ¹⁵ | Bp - 180/90 | |
| | CBD Done. | |
| | Foley's 14 Fr. given. | |
| 10 ³⁰ | Bp - 110/70 mmHg. | |
| 10 ³⁷ | Bp - 90/60 mmHg. | |
| | inj. Norad (1amp) - 4ml/hr. | |
| 10 ⁵⁵ | Bp - 100/60 mmHg. | |
| | inj. Norad (1amp) - 5ml/hr | |
| | inj. pan 40mg (st) | |
| | T. Flavedan 100mg given. | |
| | patient shifted to heart monitor | |
| 11 ¹⁰ | Bp - 110/70 inj. Norad 5ml/hr | |
| | pulse - 58 bpm, SpO2 - 100% CO2 Sat - | |
| 11 ⁵⁰ | patient shifted to heart monitor | |
| | patient Reports hardness given by | |
| | Dr. LW Sir. | |

NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 30/12/23 Time of Arrival: 12.05 Mode of Admission: ☐ Walking ☐ Wheelchair ☒ Stretcher

Accompanied by Relative: ☒ Yes ☐ No If Yes, Name of the Relative: MR. PANADORA NORUGIAN

Relationship with Patient: SON Contact Person's Name: MR. PANADORA NORUGIAN Relationship: SON

Contact No.: 9688865185 Primary language spoken: ☒ Tamil ☐ English ☐ Indian ☐ International

Interpreter needed: ☐ Yes ☒ No

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

Menstrual History : LMP : Menopause:

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

Drugs History : Antiplatelet (Specify)

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

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

If Yes, specify details:

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

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 81 (beats/min) | BP: 100/90 (mmHg)

Respiration: 21 (breaths/min) | SpO₂: 99 (%) | CBG: 112 (mg/dl) | Height: 147 (cms) | Weight: 59.1 (kgs)

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

If Yes, specify:

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

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

Duration: Location:

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

Nutritional Screening:

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

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

Type of Patient: ☐ Diabetic ☒ Non Diabetic Type of Diet: NORMAL DIET

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: MRS. CATHERINE Time: 12.10

Orient Patient if: ☒ Conscious

Orient Patient Attendant if: ☐ Unconscious ☐ Disoriented

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

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

Functional Assessment:

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

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

| Pressure Injury Risk Assessment: Braden Scale | | | | | |
|---|-------|----------------------|-------|---------------------|-------|
| Sensory Perception | Score | Moisture | Score | Degree of Activity | Score |
| No Impairment | 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: 20 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 7 25 |

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk interventions (25 - 44)

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

High-risk interventions (above 45)

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

Initial Assessment to Special Needs and Vulnerability of Patient:

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

DVT RISK ASSESSMENT

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

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

Risk Score Interpretation (Probability of DVT):

Tick the score obtained (✓)

Final Score

| | | ✓ | Action Taken | Date | Time |
|---------------|---------|---|--------------|----------|-------|
| Low Risk | -2 to 0 | ✓ | — X — | 30/12/23 | 12:10 |
| Moderate Risk | 1 to 2 | | | | |
| High Risk | 3 to 8 | | | | |




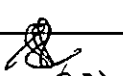



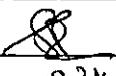
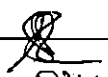
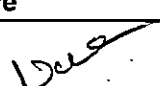
Personal Belongings / Valuables:

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

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

| | Sign. | Name | Emp. No. | Date | Time |
|-------------------------------|-------|--------------------|--------------------------|----------|-------|
| Patient / Patient's Attendant | | Ramadurai Murugan. | Relationship Grandson | 30/12/23 | 12:15 |
| Nurse | | Danya R | 0159 | 30/12/23 | 12:15 |
| Unit In-Charge | | S. Nalini | 0024 | 30/12/23 | 12:15 |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. | | | |
|----------------------|--|--|------------------|------------------|--------------|
| 20/12/23 | <u>Night Duty notes</u> | | | | |
| @19:30 | ⇒ Pt taken over from evening duty staff. Pt is Conscious & oriented. Pt haemodynamically stable & recorded. |  0211 | | | |
| 19:40 | ⇒ T-98°F, P-84b/min, R-20b/min, BP-135/81(99) mmHg, SpO2-99%. |  0211 | | | |
| 19:50 | ⇒ Pt left Anesthetic line Present & Patent | | | | |
| 19:55 | ⇒ Pt had diet. no other complaints & issues. |  0211 | | | |
| 20:00 | ⇒ Pt Medication given as per drug chart | | | | |
| 22:00 | ⇒ Pt hourly I/O chart maintained & recorded. |  0211 | | | |
| 23:00 | ⇒ Pt Provide Comfortable Position. | | | | |
| 21/12/23 | Sleeping well no other issues. | | | | |
| 00:00 | ⇒ Pt haemodynamically stable & recorded. |  0211 | | | |
| 04:00 | ⇒ Pt Cath Pack investigation sent to lab. |  0211 | | | |
| 05:00 | ⇒ Pt Morning care is given. | | | | |
| 06:00 | ⇒ Pt ECG given & CBA checked & recorded. |  0211 | | | |
| | ⇒ Pt Preparation to be done. |  0211 | | | |
| 06:30 | ⇒ Pt NPO start from 6:30 AM. | | | | |
| | ⇒ T. Pen 40 mg given as per drug chart |  0211 | | | |
| 7:00 | ⇒ Pt NPO start from 7:00 AM. | | | | |
| | ⇒ Pt Medication given as per drug chart | | | | |
| 7:30 | ⇒ Pt hand over to morning duty staff. | | | | |
| | | | | | |
| Document endorsed by | Signature  | Name E. Nafini | Emp. No. 0024 | Date 21/12/23 | Time 8:00 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 30/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD/ACS / ILM/MI / LYSED CTNR (outside) BHTN / ?CORD
NEWS / PEWS Score: — GCS: 15/15
Ventilator day: — POD: —
Peripheral line day: Right: — Left: Metacarpal Central line days: —
Ryle's Tube: ☐ Yes ☒ No Day: — VIP Score: 0/5
Urinary Catheter: ☒ Yes ☐ No Day: D1
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☐ No. If Yes, specify organism:

B

BACKGROUND

Type of surgery: — Date of surgery: —
Allergies if any: NKDA
On room air / oxygen: D.A. - 99%
Complaints / New Symptoms in last shift: — IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 81 (beats/min) | Respiration: 20 (breaths/min)
BP: 140/90 (mmHg) | SpO₂: 99 (%) | Height: 147 (cms) | Weight: 59.1 (kgs) | BMI: 27.3 kg/m²
Others: —
Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT
Fall Risk Score: 25 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: —
→ Soft 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: CT broch. @ due
Special instructions if any: TMOO CAGI plan

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|-----------|----------|----------|-------|
| Handover given by | | Deeya R. | 0159 | 30/12/23 | 19:30 |
| Handover taken by | | S. Nalini | 0211 | 30/12/23 | 19:30 |
| Document endorsed | | S. Nalini | 0024 | 30/12/23 | 20:00 |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 31/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD/ACS 12wmd/24ySD CTRK (outside) / COPD
NEWS / PEWS Score: -
Ventilator day: -
Peripheral line day: Right: - Left: -
Ryle's Tube: ☐ Yes ☒ No Day: -
Urinary Catheter: ☒ Yes ☐ No Day: -
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☐ No. If Yes, specify organism:
GCS: 15/15
POD: -
Central line days: -
VIP Score: 0/5

B

BACKGROUND

Type of surgery: - 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: 98.4 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 22 (breaths/min)
BP: 124/78 (mmHg) | SpO₂: 97 (%) | Height: 147 (cms) | Weight: 59.1 (kgs) | BMI: 27.3 kg/m²
Others: -
Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT
Fall Risk Score: 36 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: 1 MLL
Pending medications: -
Pending medication indent: -
Pending lab reports / Investigations: urine R/N @ due
Critical value alert and its corrections: -
Changes in nursing care plan: ☐ Yes ☒ No. If yes, modified care plan date: -
Pending follow-up orders: Echo to be.
Special instructions if any: TMD CAGI plan

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|-----------|----------|----------|-------|
| Handover given by | | Danya | 0159 | 31/12/23 | 12:10 |
| Handover taken by | | R. Sushma | 0001 | 31/12/23 | 12:00 |
| Document endorsed | | S. Nalini | 0084 | 31/12/23 | 13:00 |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAP/ACS / IOWMI.

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right: Left:

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0/5

B

BACKGROUND

Type of surgery:

Allergies if any: NKDA

On room air / oxygen: RA

Complaints / New Symptoms in last shift:

Date of surgery:

IV fluids on flow:

A

ASSESSMENT

Vital Signs: Temp: 98.1 (°F) | Pulse / HR: 76 (beats/min) | Respiration: 18 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 97 (%) | Height: 174 (cms) | Weight: 57 (kgs) | BMI: 27.3 kg/m²

Others:

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

Fall Risk Score: 85 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 | | R. Subma | 0001 | 31/12/23 | 17:00 |
| Handover taken by | | A. Nandhini | 0170 | 31/12/23 | 19:00 |
| Document endorsed | | R. Nalini | 0084 | 31/12/23 | 20:00 |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 31/12/24 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: ACS / IWHI

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0.5

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: NKDA

On room air / oxygen: On Room Air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 77 (beats/min) | Respiration: 20 (breaths/min)

BP: 154/101 (mmHg) | SpO₂: 93 (%) | Height: 147 (cm) | Weight: 59.1 (kgs) | BMI: 27.3 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: -

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: Tuesday Plan for CAG + PCI

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|--------------|----------|----------|------|
| Handover given by | | A. Nanthini | 0170 | 11/12/24 | 7-30 |
| Handover taken by | | E. Catherine | 0207 | 01/01/24 | 7-30 |
| Document endorsed | | S. Nalini | 0024 | 11/12/24 | 8:00 |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/1/24 Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: ACS / TAMI

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: 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: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 95 (%) | Height: 147 (cms) | Weight: 57.4 (kgs) | BMI: 26.6 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: 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: Tomorrow plan CAB

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-------------|-------------|----------|----------|-------|
| Handover given by | E. Cathrine | E. Cathrine | 0207 | 01/01/24 | 12.50 |
| Handover taken by | A | Abhishek | 014 | 01/01/24 | 12.50 |
| Document endorsed | Nar | S. Narin | 0024 | 01/01/24 | 13.30 |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/1/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: ACS - Swami

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: Left:

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0/5

B

BACKGROUND

Type of surgery:

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:

A

ASSESSMENT

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 74 (beats/min) | Respiration: 20 (breaths/min)

BP: 160/100 (mmHg) | SpO₂: 96 (%) | Height: 167 (cms) | Weight: 74 (kgs) | BMI: 26.6 kg/m²

Others:

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

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

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

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

Current diet: normal diet Drains: nil

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations: nil




Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

tomorrow plan CAG + PPD

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|---|-----------|----------|---------|-------|
| Handover given by |  | Agastya | 014 | 11/1/24 | 19.30 |
| Handover taken by |  | B. Varish | 0145 | 11/1/24 | 19.30 |
| Document endorsed |  | S. Nalini | 0084 | 11/1/24 | 20.00 |

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 01/01/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: ACS - NSTEMI

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: -

Left: D1

Ryle's Tube: ☐ Yes ☒ No

Day: -

Urinary Catheter: ☐ Yes ☒ No

Day: -

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: NKDA

On room air / oxygen: on Room Air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 97.4°F | Pulse / HR: 88/min (beats/min) | Respiration: 20/min (breaths/min)

BP: 100/70 (mmHg) | SpO₂: 96 (%) | Height: 47 (cms) | Weight: 57.4 (kgs) | BMI: 26.6 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☐ NA

Current diet: 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: per plan CABG & PTCA

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|-------------|----------|----------|------|
| Handover given by | | B. Varunini | 0148 | 21/12/23 | 7:30 |
| Handover taken by | | M. Ravathi | 0228 | 21/12/23 | 7:30 |
| Document endorsed | | S. Nalini | 0004 | 21/12/23 | 8:00 |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 02/01/24 Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-ACS, NSTEMI

NEWS / PEWS Score: 0

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☐ Yes ☒ No Day: —

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: NKDA

On room air / oxygen: —

IV fluids-on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 88 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/90 (mmHg) | SpO₂: 96 (%) | Height: 147 (cms) | Weight: 57.2 (kgs) | BMI: 23.4 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: normal diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: —

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|--------------|----------|----------|-------|
| Handover given by | | E. Catharine | 0207 | 02/01/24 | 11:00 |
| Handover taken by | | Discharged | — | — | — |
| Document endorsed | | S. Nalini | 0024 | 2/1/24 | 18:00 |

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 21/01/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: ACS - NSTEMI

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: -

Day: -

Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 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: -

A

ASSESSMENT

Vital Signs: Temp: 97.6°F | Pulse / HR: 85 (beats/min) | Respiration: 26 (breaths/min)

BP: 120/70 (mmHg) | SpO₂: 97% | Height: 174 (cms) | Weight: 57.4 (kgs) | BMI: 26.6 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: 23 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: Today CABG ± PTCA

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|-----------|----------|---------|-------|
| Handover given by | | R. Nalini | 0228 | 21/1/24 | 9.00 |
| Handover taken by | | R. Nalini | 0176 | 21/1/24 | 9.00 |
| Document endorsed | | R. Nalini | 0084 | 21/1/24 | 10.00 |

NURSES PROGRESS NOTES

[illegible]

ADULT NURSING CARE PLAN

Mrs. RAJAMMAL C
73/Female/MHM66291
30/12/2023/1PH2023002638
Dr. K. JAISHANKAR

MHI/NUR/2022/044



Every heart beat counts

| Initial Date: 30/12/23 Time: 12.10 | | Modified Date: Time: | | |
|---|---|---|--|-----------------|
| Reason for Modification: | | Diagnosis: CAD- ACS/MI / LYSED TNR (10 am today) | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
| NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs | <input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed | M E → Pt on soft diet N Pt on soft diet | Pot 0211 |
| OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input checked="" type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal O ₂ saturation <input checked="" type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing | <input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | M E → Pt on O ₂ 4L N Pt on Room AIR SpO ₂ - 96% | Pot 0211 |
| 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 E → Pt on I/O chart maintained N Pt on I/O chart maintained SpO ₂ recorded | Pot 0211 |

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





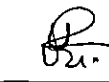



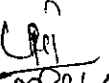
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|--|---|--|-----------------|
| HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <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 E <i>→ pt on stay clean & well groomed</i> N | |
| SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have no life-threatening situations | <input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed) | M E <i>→ pt on check ID band</i> N | <i>Boy</i> |
| COMFORT AND SLEEP <input checked="" type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep | <input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy | M E <i>→ pt on comfortable sleep</i> N | <i>Bar</i> |
| OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal range of vital parameters | <input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order | M E <i>→ pt on v/s checked & record</i> N | <i>Boy</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 checked="" type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence | M E N | <i>7. Patient blood communication</i> <i>Don</i> |
| SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input checked="" 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 E N | <i>Medication given as per drug</i> <i>Don</i> |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | <i>Naee</i> | <i>S. Nallini</i> | <i>0024</i> | <i>30/12/17</i> | <i>18:00</i> |





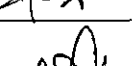
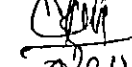
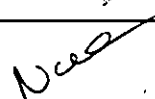
ADULT NURSING CARE PLAN

Mrs. RAJAMMAL C
73/Female/MHM66291
30/12/2023/IPH2023002638
Dr. K. JAISHANKAR

| Initial Date: 31/12/23 | | Time: 8:00 | | Modified Date: | | Time: | |
|---|--|--|----------------------------------|--|--|-------|--|
| Reason for Modification: | | | | Diagnosis: CAD IACS / IWM / LYSED WITH TNK | | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials | | | |
| NUTRITION <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs | <input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed | M pt on NPO E pt had NPO diet | [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 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 | Patient had (A) diet | [Signature] | | | |
| | | | M Patient on Room AIR | [Signature] | | | |
| | | | E pt SpO ₂ 99% | [Signature] | | | |
| FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance | <input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes | Patient is on Room air | [Signature] | | | |
| | | | M pt I/O Chart maintained | [Signature] | | | |
| | | | E pt I/O Chart maintained | [Signature] | | | |
| | | | N I/O Chart Monitored | [Signature] | | | |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|---|---|--|--|
| MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature) | M <i>Pt Bed mobilized well</i> E <i>Pt Mobilized well</i> N <i>Patient Mobilized well</i> |    |
| ELIMINATION <input checked="" type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others: | <input 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 <i>Pt Cbd Present day-2</i> E <i>Pt Cbd present day-2</i> N <i>Normal Elimination pattern</i> |    |
| SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity | <input 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 <i>Patient Maintain skin integrity</i> E <i>Pt Maintain skin integrity</i> N <i>Maintain Normal Skin integrity</i> |    |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|--|--|--|-----------------|
| HYGIENE <input type="checkbox"/> Bed-Bath <input checked="" type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will stay clean and well-groomed <input 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 Pt will groomed N Patient well groomed | JH JH JH |
| 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 Pt ID Band Present E pt ID band present N ID band Present | JH JH JH |
| 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 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 comfortable position given E N Comfortable position | JH JH JH |
| 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 checked="" 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 checked and recorded E pt v/s checked N Vital Signs checked & Recorded | JH JH JH |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT <input checked="" type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern | <input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input checked="" 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 Psychological support given E N Psychological support to the pt | JH JH JH |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|---|---|---|--|---|
| COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence | M Self introduction given E Self introduced N Good communication |    |
| SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input checked="" type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> To manage on time | <input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order | M Pt medicine given as per chart E Pt due drugs given N Medication given as per drug chart |    |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| |  | E. Nalini | 0024 | 31/12/23 | 18:00 |

ADULT NURSING CARE PLAN

Mrs. RAJAMMAL C
73/Female/MHM66291
30/12/2023/IPH2023002638
Dr. K. JAISHANKAR

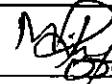


| Initial Date: 1/1/24 Time: 7.00 | | Modified Date: Time: | | |
|---|---|---|--|-----------------------|
| Reason for Modification: | | Diagnosis: CAD / ACS / IWM | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
| NUTRITION <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input checked="" type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs | <input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed | M pt had normal diet E pt had on normal diet N pt had normal diet | DC 0807 Sub Sub |
| OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing | <input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | patient is on room air M pt on room air E N pt on Room Air | DC 0807 Sub Sub |
| 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 | pt I/O chart maintained M monitored E N I/O chart maintained | DC 0807 Sub Sub |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|---|--|--|--------------------------------|
| MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature) | M pt normal well mobilized E pt well mobilized N pt well mobilized | P.C 0807 Rub Quf star |
| ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns | <input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M Patient normal elimination pattern E pt self voiding N pt self voided. | P.C 0807 Quf Quf star |
| 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 pt well groomed N pt well groomed | P.L. 0907 J.H. Qij 01/05 |
| 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 pt ID Band ⊕ E Check ID band N pt ID band checked | P.C. 0207 J.H. Qij 01/05 |
| COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep | <input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy | M — E — N — | |
| OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others: | <input 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 monitored N pt v/s monitoring | P.C. 0907 J.H. Qij 01/05 |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern | <input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance | M — E provided psychological support N provided psychological support | J.H. Qij 01/05 |

ADULT NURSING CARE PLAN

Mrs. RAJAMMAL C
73/Female/MHM66291
30/12/2023/1PH2023002638
Dr. K. JAISHANKAR

| Initial Date: 2/1/24 | | Time: 8-00 | | Modified Date: | | Time: | |
|---|---|--|-------------------------------|---|--|-------|--|
| Reason for Modification: | | | | Diagnosis: AU NSTEMI | | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials | | | |
| NUTRITION <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others: | <input 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 PE NPO from 6AM 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 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 PE B on room air 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 checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes | M I/O chart monitor E N |  | | | |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|---|--|---|-----------------|
| MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-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 PE good mobilization E N | Mdy 02/28 |
| ELIMINATION <input checked="" type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others: | <input 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 toley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesiis as per doctors order - and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M Normal Elimination pattern E N | Mdy 02/28 |
| SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity | <input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care | M Maintain normal skin intact E N | Mdy 02/28 |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|---|--|--|---------------------|
| HYGIENE <input checked="" type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others: | <input 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 PE good hygiene E N | [Signature] 5/21 |
| 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 type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed) | M ID Band present E N | [Signature] 5/21 |
| 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 Vital signs checked & good E N | [Signature] 5/21 |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern | <input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance | M E N | |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|-------------|---|---|---|---------------------------|
| COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence | MPT 4000 communication E N | [Signature] [Initials] |
| SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> To manage on time | <input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order | M Medication given as per as drug chart E N | [Signature] [Initials] |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | [Signature] | E. Nalini | 0024 | 2/1/24 | 16:00 |



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

| | | | | | | | |
|---|---|--|---|--|---|-------|-------|
| SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | | 4 | 4 |
| MOISTURE degree to which skin is exposed to moisture | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals | | 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 | | 1 | 1 |
| MOBILITY ability to change and control body position | 1. Completely Immobile Does not make even slight changes in body or extremity position without assistance | 2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently | 4. No Limitation Makes major and frequent changes in position without assistance | | 3 | 3 |
| NUTRITION usual food intake pattern | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or 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 |
| FRICTION & SHEAR | 1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction | 2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down | 3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair | | | 3 | 3 |
| | | | | | TOTAL SCORE | 19 | 17 |
| | | | | | Initial & Emp. No. of Staff Nurse: | 01/19 | 02/11 |
| | | | | | Initial & Emp. No. of Sr. Staff Nurse: | 04/19 | 02/11 |

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

| | | | | | | | |
|--|---|--|--|--|----|----|----|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | 4 | 4 | 4 |
| MOISTURE degree to which skin is exposed to moisture | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals | 3 | 3 | 3 |
| ACTIVITY degree of physical activity | 1. Bedfast Confined to bed | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours | 1 | 1 | 3 |
| MOBILITY ability to change and control body position | 1. Completely Immobile Does not make even slight changes in body or extremity position without assistance | 2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently | 4. No Limitation Makes major and frequent changes in position without assistance | 3 | 3 | 3 |
| NUTRITION usual food intake pattern | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation | 3 | 3 | 3 |
| FRICITION & SHEAR | 1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction | 2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down | 3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair | | 3 | 3 | 3 |
| TOTAL SCORE | | | | | 14 | 17 | 19 |
| Initial & Emp. No. of Staff Nurse: | | | | | 24 | 24 | 24 |
| Initial & Emp. No. of Sr. Staff Nurse: | | | | | 24 | 24 | 24 |

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

| | | | | | | | |
|--|---|--|--|--|----|----|----|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | 4 | 4 | 4 |
| MOISTURE degree to which skin is exposed to moisture | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals | 4 | 4 | 4 |
| ACTIVITY degree of physical activity | 1. Bedfast Confined to bed | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours | 4 | 4 | 4 |
| MOBILITY ability to change and control body position | 1. Completely Immobile Does not make even slight changes in body or extremity position without assistance | 2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently | 4. No limitation Makes major and frequent changes in position without assistance | 4 | 4 | 4 |
| NUTRITION usual food intake pattern | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation | 4 | 4 | 4 |
| FRICTION & SHEAR | 1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction | 2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down | 3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair | | 3 | 3 | 3 |
| TOTAL SCORE | | | | | 23 | 23 | 23 |
| Initial & Emp. No. of Staff Nurse: | | | | | 21 | 21 | 21 |
| Initial & Emp. No. of Sr. Staff Nurse: | | | | | 24 | 24 | 24 |

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





BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

| | | | | | | | |
|--|---|--|---|--|---|--------|--|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | 4 | | |
| 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 | | |
| 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 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 | | |
| 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: | NP 102 | |
| | | | | | Initial & Emp. No. of Sr. Staff Nurse: | NP 24 | |

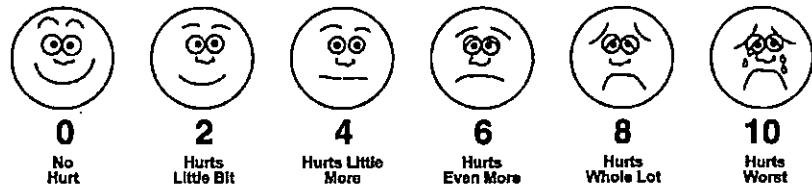
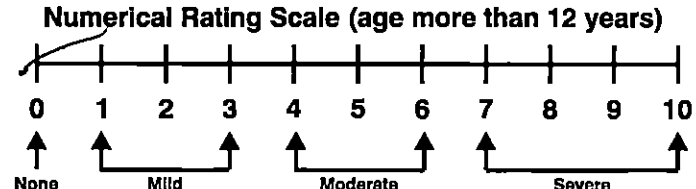
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time | Pain Score | Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|-------------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 30/12/23 12:05 | 0/10 | No pain | — | — | — | P 0159 | Nae 024 |
| 13:05 | 0/10 | No pain | — | — | — | P 0159 | Nae 024 |
| 14:5 | 0/10 | no pain | — | — | — | P 0159 | Nae 024 |
| 15:5 | 0/10 | no pain | — | — | — | P 0159 | Nae 024 |
| 16:5 | 0/10 | No pain | — | — | — | P 0159 | Nae 024 |
| 17:5 | 0/10 | No pain | — | — | — | P 0159 | Nae 024 |
| 18:5 | 0/10 | No pain | — | — | — | P 0159 | Nae 024 |
| 19:5 | 0/10 | No pain | — | — | — | P 0159 | Nae 024 |
| 20:05 | 0/10 | No pain | — | — | — | P 0211 | 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. |
|-------------------|------------|---|----------|-----------------|---------------|--|---------------------------------|
| 21:05 | 0/10 | No Pain | - | - | - |  0211 | Nae 024 |
| 22:05 | 0/10 | No Pain | - | - | - |  0211 | Nae 024 |
| 23:05 | 0/10 | No Pain | - | - | - |  0211 | Nae 024 |
| 21/02/23 00:05 | 0/10 | No Pain | - | - | - |  0211 | Nae 024 |



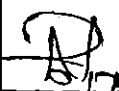
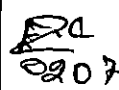
PAIN SCALES

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

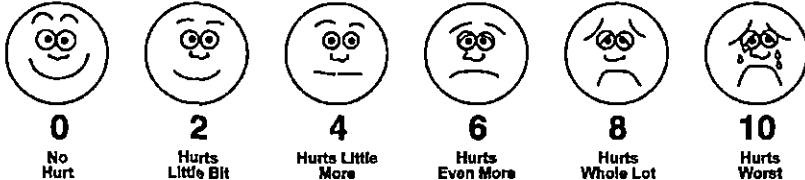
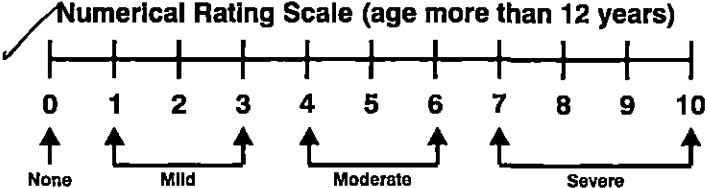


PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time | Pain Score | Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|-------------------|------------|--|----------|-----------------|---------------|-----------------------------|---------------------------------------|
| 31/12/22 01:05 | 0/10 | No Pain | - | - | - | 0221 | Nae 024 |
| 02:05 | 0/10 | No Pain | - | - | - | 0221 | Nae 024 |
| 03:05 | 0/10 | No Pain | - | - | - | 0221 | Nae 024 |
| 04:05 | 0/10 | No Pain | - | - | - | 0221 | Nae 024 |
| 05:05 | 0/10 | No Pain | - | - | - | 0221 | Nae 024 |
| 06:05 | 0/10 | No Pain | - | - | - | 0221 | Nae 024 |
| 07:05 | 0/10 | No Pain | - | - | - | 0221 | Nae 024 |
| 8:5 | 0/10 | No Pain | - | - | - | 0221 | Nae 024 |
| 9:5 | 0/10 | No Pain | - | - | - | 0221 | 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. |
|---------------|------------|---|----------|-----------------|---------------|---|---------------------------------|
| 22.00 | 0/10 | No pain | - | - | - |  | Nae 024 |
| 11/124 200 | 0/10 | No pain | - | - | - |  | Nae 024 |
| 6.00 | 0/10 | No pain | - | - | - |  | Nae 024 |
| 10.00 | 0/10 | No pain | - | - | - |  | 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) | <div>  </div> <div> Numerical Rating Scale (age more than 12 years)  </div> |
| Critical care Pain Observation Tool (CPOT) (ventilator / comatose) | FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (Intubated patients): 0 - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain |
| Non-pharmacological Interventions | Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counseling |
| Pharmacological Interventions as per doctor's prescription | |

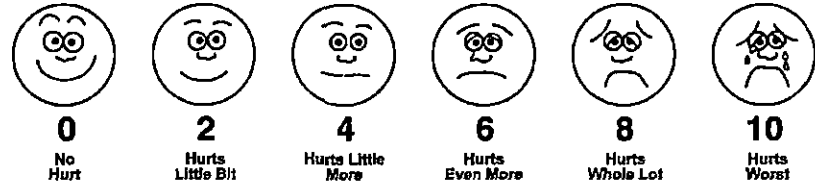
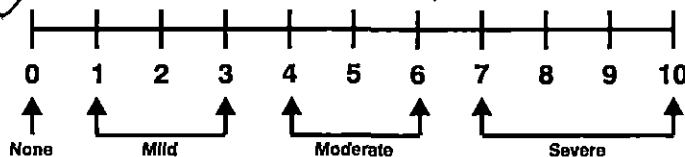


PAIN RE-ASSESSMENT & MONITORING CHART

| Date & Time | Pain Score | Pain Character (dull; achy, sharp, stabbing, shooting, burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial & Emp. No. | Senior Staff Initial & Emp. No. |
|-------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 14:00 | 0/10 | no pain | - | - | - | Sub | Nad 024 |
| 18:00 | 0/10 | No pain | - | - | - | Sub | Nad 024 |
| 22:00 | 0/10 | No pain | - | - | - | Sub | Nad 024 |
| 02/01/23 | 0/10 | no pain | - | - | - | Sub | Nad 024 |
| 06:00 | 0/10 | no pain | - | - | - | Sub | Nad 024 |
| 10:00 | 0/10 | no pain | - | - | - | Sub | Nad 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. |
|-------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 12:00 | 0/10 | No pain | 1 | F | | | Nag 024 |
| 14:00 | 0/10 | No pain | 1 | F | 1 - | | Nag 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 | |
| CRIS (38 weeks - 2 months) | The CRIS scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIS score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. | |
| FLACC Scale (2 months - 7 years) | 0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both | |
| Wong-Baker FACES Pain Rating Scale (7 years - 12 years) |  <div><p>0 No Hurt</p><p>2 Hurts Little Bit</p><p>4 Hurts Little More</p><p>6 Hurts Even More</p><p>8 Hurts Whole Lot</p><p>10 Hurts Worst</p></div> |  |
| Critical care Pain Observation Tool (CPOT) (ventilator / comatose) | FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (Intubated patients): 0 - Tolerating Ventilator or Movement , 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain | |
| Non-pharmacological Interventions | Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counseling: K - Individual Counseling; L - Family counseling | |
| Pharmacological Interventions as per doctor's prescription | | |

DVT RISK ASSESSMENT

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

| | | Date | 20/12/23 | 21/12/23 | 1/1/24 | 2/1/24 | | | |
|---|---|--|---|--|--|---|---|---|---|
| | | Time | 12:05 | 6:00 | 7:00 | 7:00 | | | |
| S. No. | PARAMETERS | | | | | | | | |
| 1 | Active cancer (on-going treatment or diagnosed within 6 months or palliative care) | 0 | 0 | 0 | 0 | | | | |
| 2 | Bedridden recently >3 days or major surgery within four weeks | 0 | 0 | 0 | 0 | | | | |
| 3 | Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs) | 0 | 0 | 0 | 0 | | | | |
| 4 | Collateral (nonvaricose) superficial veins present (Assess for both legs) | 0 | 0 | 0 | 0 | | | | |
| 5 | Entire leg swollen (Assess for both legs) | 0 | 0 | 0 | 0 | | | | |
| 6 | Localized tenderness along the deep venous system (Assess for both legs) | 0 | 0 | 0 | 0 | | | | |
| 7 | Pitting edema, greater in the symptomatic leg (Assess for both legs) | 0 | 0 | 0 | 0 | | | | |
| 8 | Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs) | 0 | 0 | 0 | 0 | | | | |
| 9 | Previously documented DVT (Assess for both legs) | 0 | 0 | 0 | 0 | | | | |
| 10 | Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like 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 | | | | |
| FINAL SCORE | | 0 | 0 | 0 | 0 | | | | |
| Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8 | | Low | Low | Low | Low | | | | |
| DVT prophylaxis started | | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature & Emp. No. of RN | |  25 |  25 |  25 |  25 | | | | |
| Signature & Emp. No. of Sr. RN | |  25 |  25 |  25 |  25 | | | | |

MODIFIED MORSE FALL RISK ASSESSMENT CHART

| Variables | Date | 30/12/23 | 30/12/23 | 31/12/23 | 31/12/23 | 31/12/23 | 01/01/24 | 01/01/24 | 01/01/24 | 01/01/24 |
|---|------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | | Time | 12:05 | 20:00 | 8:00 | 14:00 | 20:00 | 8:00 | 14:00 | 20:00 |
| 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 | Yes | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Total Score | | 35 | 35 | 35 | 35 | 35 | 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]

[illegible]

Signature :



Mrs. RAJAMMAL C
73/Female/MHM66291
30/12/2023/IPH2023002638
Dr.K.JAISHANKAR

MHI/IP/2022/055

 **Medway
Heart
Institute**

Every heart beat counts

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

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

Learning Record

[illegible]

| Need | Date | Visit 1 | | | Date | Visit 2 | | | Date | Visit 3 | | | Signature |
|---|---------|---------|---|----|---------|---------|---|----|------|---------|---|---|--|
| | | L | P | O | | L | P | O | | L | P | O | |
| Nutritional Guidance | 2/10/12 | | | | 2/11/12 | | | | | | | | Dietician |
| <input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk | | | P | OP | V | | P | OP | V | | | | Maria Cath... John Senior Dietician |
| <input type="checkbox"/> Diet advice for home | | | P | OP | V | | P | OP | V | | | | 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)

| |
|----------|
| <p>2</p> |
|----------|

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 : _____


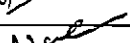

Name of Discharge Nurse _____ Signature : _____

Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 30/12/23 Time: 12:05

| 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. Anish Nelson Reg. No: 88434 | Dr. Anish Nelson Reg. No: 88434 | 30/12/23 | 12:10 |
| Nursing Staff |  | E. Nalini | 0084 | 30/12/23 | 12:10 |
| Dietician |  | Maria Catherine John Senior Dietician | 2401 | 30/12/23 | 12:10 |
| Physiotherapist | | | | | |
| Patient Care Service Staff | | | | | |

PHONE / VERBAL ORDER FORM / CRITICAL VALUE REPORTING FORM

☐ Telephone order ☐ Verbal order ☒ Critical value reporting form

| Name of the Drug <input type="checkbox"/> N/A | Dose | Route | Additional information if any |
|---|------|-------|-------------------------------|
| | | | |
| | | | |
| | | | |

Lab / Radiology Critical result reporting (if any): ☐ N/A Informed to Dr.: ANISH

TROP I (CATH) \Rightarrow 958.8
CR \Rightarrow 425

Non Medication Order (if any): ☐ N/A

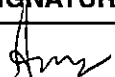
Order Recipient Response: Please Tick

Write Down ☒ Yes ☐ No Read Back ☒ Yes ☐ No Confirm ☒ Yes ☐ No

| Received by | Ordering Physician / Informing Staff |
|---|--|
| Signature: | Signature: |
| Name: <u>DANISH</u> Date: <u>30/12/23</u> | Name: <u>INDUMATHI</u> Date: <u>30/12/23</u> |
| Emp. No.: <u>0159</u> Time: <u>14.30</u> | Emp. No.: Time: <u>14.30</u> |

Action Taken (only in Cases Of Critical Value):

CRV \pm PCI

| | SIGNATURE | NAME | REG. NO. | DATE | TIME |
|--------|---|------------------------------------|------------------------------------|-----------------|--------------|
| Doctor |  | Dr. Anish Nelson Reg. No: 88434 | Dr. Anish Nelson Reg. No: 88434 | <u>30/12/23</u> | <u>14.30</u> |

IN-HOUSE TRANSFER FORM

Part A (to be filled by Nurses)

Date of Transfer: 31/12/23 Time: 12.10 Transferred from: CW To: 205

Diagnosis: CAD / ACS / ILMZ / Risky ECG / H2N / COPD

Vital Signs: Temp: 98.1 (°F) | Pulse / HR: 77 (beats/min) | BP: 100 / 67 (mmHg) | Respiration: 21 (breaths/min)

Part B (to be filled by Physicians)

Any Critical Investigations: _____

| Check for | Transferring Doctor | Receiving Doctor |
|---------------------------------------|--|---|
| Respiratory (Breath sounds) | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Crepitation <input type="checkbox"/> Rhonchi <input type="checkbox"/> Others: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Abdomen | <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Tender <input type="checkbox"/> Distended <input type="checkbox"/> Others: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Sound | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Feeble <input type="checkbox"/> Loud <input type="checkbox"/> Others: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| CNS | <input checked="" type="checkbox"/> Conscious <input type="checkbox"/> Oriented GCS Score: <u>15/15</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| For Surgical Patients (if applicable) | Surgical Site: <input type="checkbox"/> Healthy <input type="checkbox"/> Soakage <input type="checkbox"/> Others: <u>NIL</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Present Medication (for Medication Reconciliation)

| S. No. | Current Medication | Dose | Route | Frequency | Date & Time of last dose | To be continued during hospital stay |
|--------|--------------------|--------|-------|-----------|--------------------------|---|
| 1 | T. ECOSPIRIN | 75mg | PO | OD | 31/12/23 @ 9.00 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | T. CLOPILLET | 75mg | PO | OD | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | T. ATORVASTATIN | 80mg | PO | OD | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | T. PLASERDON-MR | 835mg | PO | OD | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | T. NITROGLYCERIN | 2mg | PO | OD | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | T. PAR | 40mg | PO | OD | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | T. ALPRAX | 0.25mg | PO | OD | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | T. Amlodipine | 2.5mg | PO | OD | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | Inj. LABETALOL | 20mg | IV | OD | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Syr. CREMAFFIN SR | 25mg | PO | OD | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | T. ALDACTONE | 25mg | PO | OD | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Details (if any):

Seepack over ② eyelid. 3-6 times a day.

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

| | Sign. | Name | Reg. No. | Date | Time |
|---------------------|--------------------|----------------|----------|----------|-------|
| Transferring Doctor | <i>[Signature]</i> | Dr. Kuntur | 35851 | 31/12/23 | 12:10 |
| Receiving Doctor | <i>[Signature]</i> | Dr. K. Anusuyy | 134559 | 31/12/23 | 12:10 |

Part C (to be filled by Nurses)



| Check for | Transferring Nurse | Receiving Nurse |
|----------------------------|---|---|
| Drains | <input type="checkbox"/> Chest <input type="checkbox"/> Abdominal <input checked="" type="checkbox"/> Others: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Respiratory | Air Way Type: <input type="checkbox"/> Patent <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: _____ Oxygen Therapy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes via: _____ Rate: _____ li/min | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| NG Tube / Oral | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> For Feeding <input type="checkbox"/> Gastric Suction <input type="checkbox"/> Fluid Restriction | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Foley's Catheter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Intravenous Access | <input checked="" type="checkbox"/> Peripheral Line <input type="checkbox"/> Central Venous Line <input type="checkbox"/> Others: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Pressure Injury | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Score | Fall Risk: 50 WELLS: _____ NEWS / PEWS: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Patient Belongings | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Handover Details | Medication Administration Record explained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Lab & Diagnostic Reports handed over: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Patient Attendant Informed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, give details: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Details (if any):

NIL

| | Sign. | Name | Emp. No. | Date | Time |
|--------------------|--------------------|-------------|----------|----------|-------|
| Transferring Nurse | <i>[Signature]</i> | Barbara R | 0182 | 31/12/23 | 12:10 |
| Receiving Nurse | E. Cat | E. Cathrine | 0207 | 31/12/23 | 12:10 |

FAMILY COUNSELLING FORM

| CONSULTANT- DR. Jaishankar | | | DIAGNOSIS- CAD-Acs / Date m) | | | |
|----------------------------|------------------|----------------|---|------------------|------------------|---|
| DATE | HOSPITAL MEMBERS | FAMILY MEMBERS | MEDICAL UPDATE | FINANCIAL UPDATE | PATIENT REP-SIGN | DOCTOR SIGN |
| 30/12/23 | DOCTOR | Grandson. | patient condition explained to grandson | | |  Dr. Anish Nelson Reg. No: 88434 |
| 31/12/23 | DOCTOR | | pt condition explained & ward shifted | | |  |
| | | | | | | |
| | | | | | | |

VIP SCALE (VISUAL INFUSION PHLEBITIS)

| | |
|--------------|---|
| PATIENT NAME | Mrs. RAJAMMAL C 73 / Female / MHM66291 30 / 12 / 2023 / IPH2023002638 |
| AGE / SEX : | Dr. K. JAISHANKAR |

IP No. / UHID No

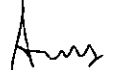



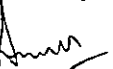




Ward / Bed No. 200/02

ANY SCORE>0 SHOULD BE MONITORED IN EVERY SHIFT

| DATE | TIME | SITE | SCORE | DESCRIPTION | ACTION | FOLLOW UP | S/N EMP No. |
|----------|-------|--------------|-------|-------------|---------|-----------|----------------|
| 30/12/23 | 13:00 | ② Anesthetic | 0/5 | Inserted | flushed | followed | P 0159 |
| | 20:00 | ① Anesthetic | 0/5 | patent | flushed | followed | P 0159 |
| 31/12/23 | 8:00 | ① Anesthetic | 0/5 | patent | flushed | followed | P 0159 |
| | 14:00 | ① Anesthetic | 0/5 | patent | flushed | followed | P 0159 |
| | 20:00 | ① Anesthetic | 0/5 | patent | flushed | followed | P 0159 |
| ① | 7:30 | — | IV | Line | Removed | — | — |
| 01/01/24 | 9:00 | ① Brachial | 0/5 | patent | flushed | followed | P 0159 |
| | 14:00 | ① Brachial | 0/5 | patent | flushed | followed | P 0159 |
| | 20:00 | ① Brachial | 0/5 | patent | flushed | — | P 0159 |
| 2/1/24 | 8:00 | ① Brachial | 0/5 | patent | flushed | — | P 0159 |
| | — | — | IV | Line | Removed | — | — |

[illegible]

Clinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart Institute

| REGULAR PRESCRIPTIONS To be filled in by Doctors only ↓ | | | Date → | To be filled by Nursing Staff only. Sign and time given | | | | | |
|---|---------------|---------------------------------------|--------|--|---|---|---|--|--|
| | | | Time ↓ | 8/10/20 | 8/1/20 | 1/1/20 | | | |
| DRUG NAME T. EWOSPRIN | | | | | | | | | |
| Dose 75g | Route p.o. | Frequency 0-1-0 | 14:00 | 14:00 | 14:00 | 14:00 | | | |
| Dr. Sign & Reg. No. / Seal  | | Start Date & Time 30/12/2012 12:40 | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | | | | | | | |
| DRUG NAME T. CLOPNER | | | | | | | | | |
| Dose 75g | Route p.o. | Frequency 0-1-0 | 14:00 | 14:00 | 14:00 | 14:00 | | | |
| Dr. Sign & Reg. No. / Seal  | | Start Date & Time 30/12/2012 12:10 | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | | | | | | | |
| DRUG NAME T. ADONAS | | | | | | | | | |
| Dose 80g | Route p.o. | Frequency 0-0-1 | | | | | | | |
| Dr. Sign & Reg. No. / Seal  | | Start Date & Time 30/12/2012 12:10 | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | 20:00 | 20:00 | 21:00 | 21:00 | | | |
| DRUG NAME T. FURADON - MR | | | | | | | | | |
| Dose 35g | Route p.o. | Frequency 1-0-1 | 8:00 | 8:00 | 8:00 | 8:30 | 8:30 | | |
| Dr. Sign & Reg. No. / Seal  | | Start Date & Time 30/12/2012 12:10 | | | | | | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | 20:00 | 20:00 | 21:00 | 21:00 | | | |
| DRUG NAME T. NIMOLON | | | | | | | | | |
| Dose 2.6g | Route p.o. | Frequency 1-0-1 | 8:00 | 8:00 | 8:00 | 8:30 | 5:30 | | |
| Dr. Sign & Reg. No. / Seal  | | Start Date & Time 30/12/2012 12:10 | 16:00 | 16:00 | 16:00 | 16:00 | 16:00 | | |
| | | Stop Date & Time | | | | | | | |
| Additional Info: | | | | | | | | | |
| Area In-charge Nurse Signature: | | | |  |  |  |  | | |

| REGULAR PRESCRIPTIONS To be filled in by Doctors only | | | Date → | To be filled by Nursing Staff only. Sign and time given | | | |
|--|------------------|---------------------------------------|--------|---|--------|--------|--|
| | | | Time ↓ | | | | |
| DRUG NAME Lipon | | | 11.00 | 31/12 | 1/1/21 | 2/1/21 | |
| Dose 400mg | Route Oral | Frequency 1-0-0 | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time 30/12/2020 12.10 | | | | | |
| | | Stop Date & Time | | | | | |
| Additional Info: | | | | | | | |
| DRUG NAME 7. m... .. | | | | | | | |
| Dose 0.15g | Route P... .. | Frequency 0-0-1 | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time 30/12/2020 12.10 | | | | | |
| | | Stop Date & Time | | | | | |
| Additional Info: | | | | | | | |
| DRUG NAME | | | | | | | |
| Dose 15ml | Route P... .. | Frequency 0-0-1 | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time 30/12/2020 12.10 | | | | | |
| | | Stop Date & Time | | | | | |
| Additional Info: | | | | | | | |
| DRUG NAME 7. m... .. | | | | | | | |
| Dose 2.0g | Route P... .. | Frequency 1-0-0 | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time 30/12/2020 12.10 | | | | | |
| | | Stop Date & Time | | | | | |
| Additional Info: | | | | | | | |
| DRUG NAME Lip-LASIX | | | | | | | |
| Dose 20mg | Route IV | Frequency 1-0-1 | | | | | |
| Dr. Sign & Reg. No. / Seal | | Start Date & Time 31/12/2020 09.00 | | | | | |
| | | Stop Date & Time | | | | | |
| Additional Info: | | | | | | | |
| Area In-charge Nurse Signature: | | | | | | | |

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

DRUG NAME

T. ALDACTONE

Dose

25mg

Route

P/O

Frequency

1-0-0

Dr. Sign & Reg. No. / Seal

Start Date & Time

31/12/2019

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

10/01/2020
10/01/2020
10/01/2020

[illegible]

2/1/201

9.10

QVF: NS

90m1

$$30 \text{ mU/hr}$$

GV

0.9%

—

2

9.72m

9.00

9.50

Q18
0176



Where heart beat never stops...

REQUISITION FOR MEDICINE

Mrs. RAJAMMAL C

Name of Patient : 73/Female/MHM66291

30/12/2023/IPH2023002638

Age / Sex : Dr.K.JAISHANKAR

____ Consultant Name

IP No. :

DOA :

UHID No. :

Room No. : 001)

[illegible]

Nurse Name

Pharm Bill & Name

Pharm Bill & Name



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



Where heart beat never stops...

REQUISITION FOR MEDICINE

Name of Patient :

Age / Sex :

Consultant Name :

IP No. :

DOA :

UHID No. :

Room No. :

| S.No. | Date | Medicine Name | Qty. |
|-------|----------|---------------------|------|
| 1 | 30/12/23 | T. ECCOPRIN 15mg | 5 |
| 2 | | T. CLOPILET 75mg | 5 |
| 3 | | T. ALPACIN 80mg | 10 |
| 4 | | T. ATALANT 100 30mg | 10 |
| 5 | | T. NIFEDIPINE 20mg | 10 |
| 6 | | T. PAIN 10mg | 5 |
| 7 | | T. ALPACIN 0.25mg | 5 |
| 8 | | Syr. Aspirin 100mg | 1 |
| 9 | | T. Aspirin 0.25mg | 5 |
| 10 | | under panel | 3 |
| 11 | | Gloves 10 pairs | 20 |
| 12 | | Hand bath | 1 |
| 13 | | Alcohol 44ml | 1 |
| 14 | | 10 ml Syr | 3 |
| 15 | | 5 ml Syr | 3 |

Nurse Name

Pharm Bill & Name

Mrs. RAJAMMAL C
73/Female/MHM66291
30/12/2023/IPH2023002638
Dr. K. JAISHANKAR
11111111111111111111

TRANSFER SUMMARY

Mrs RAJAMMAL 72y/Female, 161cm S-HTN - not on any treatment now since last 2 months; brought by family members with complaints of sudden onset left sided chest pain - radiating to left jaw / left shoulder since today morning 07:20AM, complaints of mild breathing difficulty. Initial ECG taken in ER showed ST ↑ in leads V5, V6. Patient given loading dose in ER & shifted to ICU. Patient started on oxygen support & face mask. Patient lysed using Inj Tenecteplase 40mg. Post lysis, patient had Bp fall with Bp 90/70 for which patient started on inotropic support. Now patient is being referred

to MEDWAY HEART INSTITUTE for further management.

on Discharge :

patient GCS E4V5M6 15/15
on 4 ltr O₂ via Face Mask

HR 56bpm

BP 130/80 (on Norad 4ml/hr)

SpO₂ 99% (4 ltr O₂)

RR 20/min


13/08/20

Dr. MANI RATHNAM N.G.
EMERGENCY DEPARTMENT
TNMC-135796
RESIDENT MEDICAL OFFICER
TNMC-135796
EMERGENCY DEPARTMENT
Dr. MANI RATHNAM N.G.



MW/LH/202311/198819

[illegible][illegible]

DIET ORDERS (to be prescribed by Doctors only)

| Date | Time | Diet | Signature | Reg. No. | Date | Time | Diet | Signature | Reg. No. |
|----------|-------|-----------|--------------------|------------------------------------|------|------|------|-----------|----------|
| 30/12/23 | 12.10 | SOFT DIET | <i>[Signature]</i> | Dr. Anish Nelson Reg. No: 88434 | | | | | |
| 31/12/23 | 8.00 | NPO | <i>[Signature]</i> | 85851 | | | | | |
| 1/1/24 | 9.00 | Soft diet | <i>[Signature]</i> | 134559 | | | | | |
| 2/1/24 | 8.00 | Soft diet | <i>[Signature]</i> | 134558 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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 | | | |
| 30/12/23 | Evening | Danya R | 0159 | <i>[Initials]</i> | | Evening | | | |
| 30/12/23 | Night | S. Phemalatha | 0211 | <i>[Initials]</i> | | Night | | | |
| 31/12/23 | Morning | Danya | 0159 | <i>[Initials]</i> | | Morning | | | |
| 31/12/23 | Evening | F. Cathrine | 0807 | F-C | | Evening | | | |
| 31/12/23 | Night | A. Nanthini | 0170 | <i>[Initials]</i> | | Night | | | |
| 01/01/24 | Morning | F. Cathrine | 0807 | F-C | | Morning | | | |
| 01/1/24 | Evening | Agasthya | 0168 | <i>[Initials]</i> | | Evening | | | |
| 1/1/24 | Night | B. Vanish | 0195 | <i>[Initials]</i> | | Night | | | |
| 02/01/24 | Morning | F. Cathrine | 0807 | F-C | | Morning | | | |
| 2/1/24 | Evening | M. Devika | 018 | <i>[Initials]</i> | | Evening | | | |
| | Night | | | | | Night | | | |



DRUG CHART

MH/PRINT / 0042 / NRS

Primary Consultant Name : Dr. Swamy PID No. _____

Allergic to **Adverse Reaction, if any**



SOS MEDICATIONS

[illegible]

MEDICATION / DRUGS

[illegible]


[illegible]

1 SHRN / ? COPD

Mrs. RAJAMMAL C
73/Female/MHM66291
30/12/2023/IPH2023002638

IMMEDIATE CARE FLOWCHART

B

NAME : Dr. K. JAISHANKAR


UHID NO : m11m66291 AGE : 73Y SEX : F

BLOOD GROUP :

HEIGHT : 147 cm. WEIGHT : 59.1 kg. B.S.A : 1.9 m²

| HAEMODYNAMICS | | | | | | | | RESP. PARAMETERS | | | INVESTIGATIONS / OTHER DATA |
|---------------|------|-------|------|-------------------|--------|-------|------|------------------|--------|------|-----------------------------|
| TEMP | H.R. | RHY. | ST. | B.P. | R.A.P. | PERI. | P.P. | RR | BREATH | SPO2 | |
| 12:05 | 59 | Sinus | 98 | $\frac{138}{98}$ | 126 | warm | ++ | 20 | Br/c | 100 | On O2 2lit via FM |
| 13:05 | 58 | Sinus | 97.5 | $\frac{139}{100}$ | 130 | warm | ++ | 20 | Br/c | 100% | " |
| 14:5 | 71 | Sinus | 97.2 | $\frac{165}{90}$ | 122 | warm | ++ | 19 | Br/d | 97 | ON ROOM AIR |
| 15:5 | 80 | Sinus | 97.1 | $\frac{165}{95}$ | 118 | warm | ++ | 24 | Br/d | 94 | " |
| 16:5 | 81 | Sinus | 98.4 | $\frac{140}{78}$ | 116 | warm | ++ | 20 | Br/d | 96 | " |
| 17:5 | 69 | Sinus | 97.3 | $\frac{138}{84}$ | 102 | warm | ++ | 19 | Br/d | 97 | " |
| 18:05 | 69 | Sinus | 97.2 | $\frac{126}{79}$ | 95 | warm | ++ | 25 | Br/d | 94 | " |
| 19:05 | 69 | Sinus | 97.2 | $\frac{117}{72}$ | 87 | warm | ++ | 24 | Br/d | 94 | " |
| 20:05 | 69 | Sinus | 98.5 | $\frac{135}{82}$ | 99 | warm | ++ | 18 | Br/d | 96.7 | " |
| 21:05 | 66 | Sinus | 98.5 | $\frac{127}{72}$ | 81 | warm | ++ | 20 | Br/d | 97+ | " |
| 22:05 | 64 | Sinus | 98.5 | $\frac{113}{69}$ | 84 | warm | ++ | 22 | Br/d | 98+ | " |
| 23:05 | 62 | Sinus | 98.5 | $\frac{121}{67}$ | 85 | warm | ++ | 24 | Br/d | 97+ | " |
| 01:05 | 65 | Sinus | 98.5 | $\frac{152}{84}$ | 107 | warm | ++ | 20 | Br/d | 98+ | " |
| 02:05 | 64 | Sinus | 98.5 | $\frac{141}{76}$ | 95 | warm | ++ | 22 | Br/d | 99+ | " |
| 03:05 | 61 | Sinus | 98.5 | $\frac{145}{78}$ | 100 | warm | ++ | 21 | Br/d | 98+ | " |
| 04:05 | 65 | Sinus | 98.5 | $\frac{121}{67}$ | 85 | warm | ++ | 22 | Br/d | 99+ | " |

PREVIOUS DAY - HOURS

DRAINAGE

URINE

TOTAL INTAKE

TOTAL OUTPUT

BALANCE