

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



Medway Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



UNITED ALLIANCE

MHI/IPD/2022/002



Every heart beat counts

ADMISSION SLIP

Admitting Doctor:

Dr. Anbarasu

Speciality:

CVS

Advised Date & Time:

27/11/23 @ 11:58am

12:15pm

Provisional Diagnosis:

CAD-TVD / T₂DM / HTN / Dyslipidemia

Reason for Admission:

☐ Medical Management

☒ Surgical Management

☐ Others (please specify details)

Admission Type:

☐ Day Care

☐ ER

☒ Ward

☐ ICU

(Specify details)

Surgery / Procedure Name (if planned):

CABG

Blood Product Requirement: ☐ No

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

Expected Duration of Stay:

5-6 days

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

Payer: ☐ Self ☐ Insurance ☐ Others:

295,000/-

Instructions to Nurse (if any):

→ Admit in semi private ward

Any other Instructions (if any):

Dr. Anbarasu Mohanraj

Reg No: 55476

Dr. ANBARASU MOHANRAJ

Reg. No: 55476

Reg. No.

55476

Date

27/11/23

Time

11:58am

For admission desk staff only:

Room Category: ☐ General Ward

☐ Single Room

☒ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☐ Others 105

Admission Intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

27/11/23

12:15 PM

27/12/23

12:15 PM

Source: ☒ OPD

☐ ER

☐ Direct

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

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

Front office Staff Signature

Name

Emp. No.

Date

Time

[Signature]

P. Laxmi

MT/0273

27/11/23

12:15 PM



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



Mr. KALIYAN S
71/Male/MHI202381394
27/12/2023/IPH2023002614
Dr. ANBARASU MOHANRAJ

MHI/HOSP/2022/1



ADMISSION FORM

Marital Status Married	Full Address S. Kaliyan Theerthanagiri (P.O) Cuddalore (T.D) Pin :- 608801		Telephone Number 9486659113
Occupation CABV	Referred from Dr. Porthe Suresh Mr. Dhina Karan		Date of Time of Admission 27/12/23
Date & Time of Discharge 2/1/24		Total No. of Days 7 days	
UNIT Cardiothoracic	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		
FINAL DIAGNOSIS			ICD Code
TRIPLE VESSEL CORONARY ARTERY DISEASE, CRITICAL			I25.1
LEFT MAIN DISEASE, POSITIVE TMT, CLASS II III ANGINA			I20.8
NORMAL LV SYSTOLIC FUNCTION - EF - 60%.			I50.1
TYPE II DIABETES MELLITUS, SYSTEMIC HYPERTENSION			E11.9
DYSLIPIDEMIA.			E78.5
DATE			ICPM Code
28/12/23			36.13
OPERATION / PROCEDURES			
OFF PUMP CORONARY ARTERY BYPASS GRAFTING X 3 GRAFTS.			
DATE			TYPE OF ANESTHESIA
28/12/23			<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL
DISCHARGE STATUS			
<input checked="" type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to			
Reg No: 55476		Signature of Medical Records Officer	
Signature of the Consultant			

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 S. Kalirayan who is my Father in Law (Relationship).

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

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

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.


செவிலியர் கையொப்பம்

Signature of Admitting Nurse


தேதி 27/12/23

Date



எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian



உறவுமுறை

Nature of Relationship



GENERAL CONSENT FOR ADMISSION

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

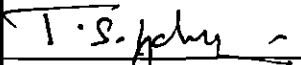
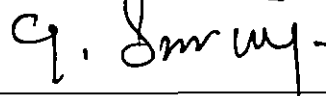
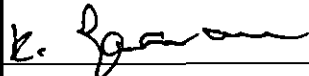
- ☐ Read
☐ Been explained this consent form in English, which I fully understand.

- 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		S. Kalian	27/12/23	12:15 PM
Surrogate/Guardian (if applicable #)		C. Saravanan. (Write name and relationship with patient)	27/12/23	12:15 PM
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		K. SARAVANAN	27/12/23	12:15 PM
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 Cardio-vascular 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		
	Respiratory failure needing imminent intubation		
7	Renal failure		
	Oliguria or anuria for more than 12 hours		
	Metabolic acidosis (pH <7.1)		
	Patients requiring hemodialysis can be performed in ICU when the blood pressure is borderline		

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

Doctor	Signature	Name	Reg. No.	Date	Time
	<i>r</i>	Dr. praveen	112216	28/12/23	12.45

DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

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

Doctor	Signature	Name	Reg. No.	Date	Time
	<i>✓</i>	Dr. praveen	112236	30/12/23	10.30



DISCHARGE SUMMARY

IP No.	: IPH2023002614	D.O.A	: 27/12/2023
UHID	: MHI202381394	D.O.D	: 02/01/2024
Name	: Mr. KALIYAN.S	Room No.	: 104
Age / Gender	: 71Years / MALE		
Consultant	: Dr. Anbarasu Mohan Raj, MS, DNB, M.Ch (CTVS), FRCS (Glasg) Director and Clinical lead – Cardio Vascular and Thoracic Surgery		

D.O.S: 28.12.2023

DIAGNOSIS:

TRIPLE VESSEL CORONARY ARTERY DISEASE
CRITICAL LEFT MAIN DISEASE
POSITIVE TMT
CLASS II – III ANGINA
NORMAL LV SYSTOLIC FUNCTION – EF: 60%
TYPE II DIABETES MELLITUS
SYSTEMIC HYPERTENSION
DYSLIPIDEMIA

SURGERY:

OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3 GRAFTS: LIMA TO LAD, SVG TO OM, SVG TO PDA DONE ON 28.12.2023

BRIEF HISTORY:

Mr. Kaliyan.S, 71 years old male, a known case of Type II diabetes mellitus, Systemic hypertension, Dyslipidemia, Class II – III Angina, Positive TMT, CAD – Left main + Triple vessel disease, Normal LV systolic function, has come for CABG. Patient was apparently normal till 2 months ago when he developed jaw pain on exertion, which relieved at rest. Initially, he went to Krishna Hospital where he was advised TMT. He underwent TMT which showed positive for inducible ischemia. He was advised Coronary Angiogram. He underwent Coronary Angiogram on 18.12.2023 which showed Critical Left main disease + Triple vessel disease. He was referred from Krishna Hospital (Dr. Parthasarathy cardiologist) to Medway Heart Institute on 20.12.2023 and advised early CABG. Patient and attenders were explained about the nature of disease, risks and prognosis of CAD and the need for revascularization. Currently, he is getting admitted for the same. No H/O Breathlessness, Palpitations, Syncope or Swelling of Legs.

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

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PATIENT
HELPLINE
94557 94557
1800 572 3003

Medway Group of Hospitals

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

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



NABH ACCREDITED



NAME: MR. KALIYAN.S

UHID : MHI202381394

IPNO: IPH2023002614
(A Unit of United Alliance Healthcare Pvt Ltd)

No H/O CKD, BA or Hypothyroidism.

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

TEMP - 97.6° F
 HR - 60bpm
 BP - 130/70mmHg
 SPO₂ - 98% in room air
 CVS - S1S2 (+)
 RS - BAE (+)
 Abdomen - Soft, BS (+)
 CNS - NFND

BLOOD INVESTIGATIONS:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	14.7	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	43.8	39-52	%
TWBC	8860	4000 - 10000	Cells/Cumm
NEUTROPHILS	66.6	40-70	%
LYMPHOCYTES	26.0	20 - 40	%
EOSINOPHILS	1.6	0 - 6	%
MONOCYTES	5.4	0 - 6	%
BASOPHILS	0.4	0 - 2	%
PLATELET	252000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Cells/Cumm
Urea	40	14 - 40	mgs/dl
Creatinine	1.19	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na ⁺)	142	135 - 145	mmol/l
Potassium (K ⁺)	4.56	3.4 - 5.5	mmol/l
T. Bilirubin	0.18	0.2-1.0	mg/dl
D. Bilirubin	0.08	0.00 - 0.4	mg/dl
I. Bilirubin	0.10	0.4-0.6	mg/dl
S.G.O.T	14.0	<38	U/L
S.G.P.T	11.0	<41	U/L
ALP	66	Adult: 42 - 141	U/L
GGT	21.0	Male : 10 - 45 Female : 5 - 32	U/L
Total Protein	7.6	6.0 - 8.0	gm/dl
S. Albumin	4.4	3.5 - 5.0	gm/dl

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Medway Centre of Excellence (Chennai)

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

NAME: MR. KALIYAN.S

UHID : MHI202381394

IPNO: IPH2023002614
(A Unit of United Alliance Healthcare Pvt Ltd)

PROTHROMBIN TIME	12.5	Normal : 0.9 - 1.5 INR Therapeutic Level Myocardial Infarction : 2.0 - 3.0 Deep Vein Thrombosis : 2.0 - 3.0 Pulmonary Embolism : 2.0 - 3.0 Artificial Cardiac Value : 3.0 - 4.5 Recur. Systemic Embolism: 3.0 - 4.5 INR	
INR	1.0		

HBA1C	6.5	Normal: Below 6.0 Good control: 6.1-7.0 Fair Control : 7.1-8.0 Unsatisfactory: 8.1-10.0 Above 10 : poor control (GHB is an index of your blood Sugar control for the past (3 months)	%
T.S.H	3.96	Adult: 0.25 - 5.0 New born-4days: 1.0-39.0 Child upto 14yrs: 1.0-9.0	uIU/ml
T3	111	"Adult : 60 - 152 New born - 4 days : 96 - 730 1 - 11 Months : 102 - 243 1 - 9 yrs: 89 - 237	ug/dl
T4	10.7	"Adult : 4.6 - 9.3 New born - 4 days : 11.0 - 21.3 1 - 11 months: 5.8 - 16.1 1 - 9 yrs : 6.3 - 13.16	ug/dl

ECG: HR – 74bpm, sinus rhythm, LVH (+).

ECHO: EF CALCULATED BY SIMPSON'S METHOD: LV EDV : 85ML, ESV : 36ML, EF: 58 %, ALL CHAMBERS NORMAL IN SIZED, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION – EF : 60 %, NORMAL RV SYSTOLIC FUNCTION, RV TDI : 13CM/S, TAPSE: 21MM, AORTIC VALVE SCLEROSIS, OTHER VALVES STRUCTURALLY NORMAL, IAS / IVS INTACT, IVC NORMAL IN SIZE AND COLLAPSING, AORTIC GRADIENT – MAX GRADIENT – 6 MM HG, MEAN GRADIENT – 7 MM HG, TRIVIAL AR, NO AS, TRIVIAL MR, TRIVIAL TR, NO PAH, NO CLOT / VEGETATION / EFFUSION.

CAROTID DOPPLER: INCREASED INTIMA MEDIA THICKNESS, CALCIFIC PLAQUE NOTED IN BOTH CAROTID BULB EXTENDING TO LEFT ICA ORIGIN, NO FLOW LIMITING DISEASE, NORMAL BILATERAL VERTEBRAL DOPPLER STUDY.

CXR: PA film, lung fields clear

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PATIENT
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1800 572 3003

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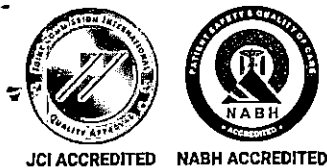
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Medway Centre of Excellence (Chennai)

Heart Institute | Institute of Pulmonology
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MHI/HOSP/2022/118



NAME: MR. KALIYAN.S

UHID : MHI202381394

IPNO: IPH2023002614
(A Unit of United Alliance Healthcare Pvt Ltd)

COURSE IN THE HOSPITAL:

Mr. Kaliyan.S, 71 years old male, was admitted with above mentioned complaints. He underwent **OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3 GRAFTS: LIMA TO LAD, SVG TO OM, SVG TO PDA ON 28.12.2023**. He was shifted to SICU with stable hemodynamics and nil supports. He was extubated on the next day (28/12/2023) at 16.50 pm. Drains were removed on POD1 (29/12/2023). He was shifted to ward on POD 2 (30/12/2023). Suture removal was done on POD5 (02/01/2024). Patient course in the hospital was uneventful. His medications are optimized and he is being discharged in a stable clinical status.

CONDITION ON DISCHARGE:

HR - 84/min BP - 140/80mmHg
SPO2 - 94% in room air

POST OP INVESTIGATIONS:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	12.1	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	36.5	39-52	%
TWBC	8870	4000 - 10000	Cells/Cumm
NEUTROPHILS	72.4	40-70	%
LYMPHOCYTES	17.7	20 - 40	%
EOSINOPHILS	4.4	0 - 6	%
MONOCYTES	5.0	0 - 6	%
BASOPHILS	0.5	0 - 2	%
PLATELET	218000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Lakhs/cumm
Urea	48	14 - 40	mgs/dl
Creatinine	1.19	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na+)	137	135 - 145	mmol/l
Potassium (K+)	3.75	3.4 - 5.5	mmol/l

ECG: HR – 84bpm, sinus rhythm, no fresh ST – T changes.

ECHO : S/P CABG, ALL CHAMBERS NORMAL IN SIZED, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION, EF: 63%, NORMAL RV SYSTOLIC FUNCTION, AORTIC VALVE SCLEROSIS, OTHER VALVES STRUCTURALLY NORMAL, IAS/IVS INTACT, IVC NORMAL IN SIZE AND COLLAPSING, AORTIC GRADIENT – MAX GRADIENT – 3MMHG, MEAN GRADIENT – 2MMHG, GRADE I DIASTOLIC DYSFUNCTION, AORTIC VALVES SCLEROSIS, TRIVIAL AR, NO AS, TRIVIAL MR, TRIVIAL TR, NO PAH, MILD LEFT, MINIMAL RIGHT PLEURAL EFFUSION, MINIMAL PERICARDIAL EFFUSION ANTERIOR TO RV, NO CLOT/VEGETATION.

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PATIENT
HELPLINE
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NAME: MR. KALIYAN.S

UHID : MHI202381394

IPNO: IPH2023002614
(A Unit of United Alliance Healthcare Pvt Ltd)**CXR:** PA film, sternal wires seen, lung fields clear, minimal left, no right pleural effusion.**ADVICE MEDICATIONS:**

Sl. NO.	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. CLOPITAB A (CLOPIDOGREL + ASPIRIN)	1 TABLET	75MG / 75MG	0	1	0	ORAL	AFTER FOOD	TO CONTINUE
2	TAB. FORTIUS (ROSUVASTATIN)	1 TABLET	10MG	0	0	2	ORAL	AFTER FOOD	TO CONTINUE
3	TAB. BETALOC (METOPROLOL)	1 TABLET	12.5MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
4	TAB. LASILACTONE (FURSEMIDE + SPIRONOLACTONE)	1 TABLET	50MG/ 20MG	1/2	0	0	ORAL	AFTER FOOD	X 2 WEEKS
5	TAB. MOSAPRIDE	1 TABLET	5 MG	1	0	1	ORAL	AFTER FOOD	X 1 WEEK
6	TAB. PARACIP (PARACETAMOL)	1 TABLET	500MG	1	0	1	ORAL	AFTER FOOD	SOS (IF PAIN OR FEVER)
7	SYP. CREMAFFIN PLUS (SODIUM PICOSULFATE + LIQUID PARAFFIN + MILK OF MAGNESIA)	15ML		0	0	1	ORAL	AFTER FOOD	BED TIME (IF CONSTIPATION)
8	TAB. BEPLEX FORTE (ANTIOXIDANTS + MULTIVITAMINS + MULTIMINERALS)	1 TABLET		1	0	0	ORAL	AFTER FOOD	1 MONTH
9	SYP ALEX PLUS (DEXTROMETHORPHAN HYDROBROMIDE + GUAIFENESIN + PHENYLEPHRINE + CHLORPHENIRAMINE MALEATE)	10ML		0	0	1	ORAL	AFTER FOOD	BED TIME (1 WEEK)
10	TAB. ANXIT (ALPRAZOLAM)	1 TABLET	0.25MG	0	0	1	ORAL	AFTER FOOD	X 5 DAYS

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MHI/HOSP/2022/118



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NAME: MR. KALIYAN.S

UHID : MHI202381394

IPNO: IPH2023002614
(A Unit of United Alliance Healthcare Pvt Ltd)**DIABETIC MEDICATIONS:**

Sl. NO	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. GLYCOMET GP2 (GLIMEPIRIDE + METFORMIN)	1 TABLET	2MG/ 500MG	1	0	0	ORAL	BEFORE FOOD	TO CONTINUE
2	TAB. ISTAMET (SITAGLIPTIN + METFORMIN)	1 TABLET	50/500 MG	0	1	0	ORAL	BEFORE FOOD	TO CONTINUE
3	TAB. GLYCOMET GP1 (GLIMEPIRIDE + METFORMIN)	1 TABLET	1 MG / 500MG	0	0	1	ORAL	BEFORE FOOD	TO CONTINUE

DISCHARGE ADVICE	
DIET	HIGH PROTEIN, LOW SALT LOW FAT AND DIABETIC DIET
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION	NIL
REVIEW	REVIEW WITH DR. ANBARASUMOHANRAJ AFTER 09/01/2024 WITH FBS, PPBS, HB, UREA, CREATININE, SODIUM, POTASSIUM, CHEST X RAY

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

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

Typed by: Kalai

CONSULTANT SIGNATURE

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

Dr. ANBARASU MOHANRAJ
Reg. No: 55476

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

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MHI/HOSP/2022/118



INPATIENT INITIAL ASSESSMENT

Date:

27/12/23

Time of arrival in ward:

1:10 pm

Allergies (if Yes, specify details):

Drugs

☐ Yes ☒ No

Blood Transfusion

☐ Yes ☒ No

Food

☐ Yes ☒ No

Others

Vital Signs: Temp: 97.6 (°F) | Pulse / HR: 60 (beats/min) | BP: 130/70 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 98 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 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

Patient was now admitted for CABG

0/0 throat pain (+)

No 4/0

Palpitation

chest pain

Discomfort

PAST MEDICAL HISTORY (with duration of illness)

Diabetes Mellitus: ☒ Yes ☐ No. If Yes, duration: 15 yrs Hypertension: ☒ Yes ☐ No. If Yes, duration: 15 yrs

Others:

- K/c/o CAD - LM + TTVD

Past Surgical History:

B/L Cataract Surgery done at 2010, 2022

Present Medication (for Medication Reconciliation):

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1.	TAB. TELMA	40mg	p/o	1-0-0	23/12/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	TAB. UDAPA TRIO	TRIO	p/o	1-0-0	23/12/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	TAB. ECOSPRIN AV	40mg	p/o	0-0-1	23/12/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	TAB. RUDININ	17ah	p/o	1-0-0	27/12/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	TAB. SORBITRATE	5mg	S/L	SOS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	TAB. GTN SORBITRAX	2.6mg	p/o	1-0-1	27/12/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	TAB. METZOL	12.5mg	p/o	1-0-1	27/12/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	TAB. 3 KAT	17ah	p/o	1-0-0	27/12/23	<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

Family History:

Personal / Social History (Tick whichever is applicable)

Lifestyle: ☒ Sedentary ☐ Active Occupation: _____

Smoking: ☐ Yes ☒ No

Alcohol: ☐ Yes ☒ No

Recreational Drug Use: ☐ Yes ☒ No

Others: _____

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

General Physical Examination:

Pallor: ☐ Yes ☒ No

Icterus: ☐ Yes ☒ No

Clubbing: ☐ Yes ☒ No

Edema: ☐ Yes ☒ No

Lymphadenopathy: ☐ Yes ☒ No

SYSTEMIC EXAMINATION

CVS:

SS (+)

Respiratory System:

BAE (+)

Gastrointestinal System:

Soft, BS (+)

Central Nervous System:

NI FND

Urinary / Reproductive / Locomotor System:

NI

Skin / Ophthalmic / ENT

NI

Suspected of contagious disease: ☐ Yes ☒ No

Immuno compromised status: ☐ Yes ☒ No

Isolation required:

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

Psychological Evaluation:

☒ Normal ☐ Anxious ☐ Depressed ☐ Others: _____

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

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

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

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

Is the BMI < 20.5? ☐ Yes ☒ No

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

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

Provisional Diagnosis:

Δ: CAD - L4 + TVD / Idm / HTN / Dyslipidemia

Plan of Care:

— Plan - CABG tomorrow.
— P/O Preop orders.

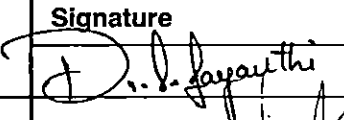
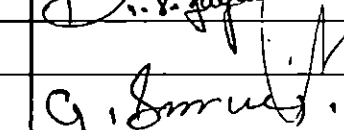
Investigations Advised:**Diet Advice:**

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

Early Discharge Planning (fill in those which are appropriate at this stage):*PFE: Patient Family Education*

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

Others:

	Signature	Name	Reg. No.	Date	Time
Resident Doctor		DR. S. JAYANTHI	170318	21/12/23	13:25 pm
Consultant		DR. ANBARASU	55476	21/12/23	14:00
Patient Attendant	G. Sornalany	Relationship G. Sornalany -		21/12/23	13:25

DATE	NOTES
27/12/23	11.18 - 12r. 30° E (large) (Duo)
4:00pm	K/C/O - CAD CAG - done (TV12)
	Plan for CAG (28/12/23)
	O/E: conscious, oriented, afebrile
	<u>S/E:</u> UOI: S1S2 (+) R2: RAE (+) P/A: soft.
	Advice: - Vitals monitoring - Follow up drug chart orders - To do - pre-op Jx - Post prep work. - NPO from 12:00 am Hydrate. (28/12/23)

DATE	NOTES
	S/B Dr. Mohamed Hydros
27/12/23	
10pm	Δ: CAD - TVD / T ₂ DM / HTN) Dyslipidemia Plan: CABG + GA Patient conscious. oriented Afebrile. C/S → S ₁ , S ₂ ⊕. NS → BAC ⊕ P/A → soft NT Vitals Stable. ARN - Monitor vitals - To follow drug chart - NPO from 12 AM, - Consent - Perks & Preparation. (165701)



THE UNIVERSITY OF CHICAGO

DOCTOR'S PROGRESS NOTES

DATE	NOTES
28/12/2023	Mr. Kaliyan 71y/m underwent op LASX 3 grafts @ 12'45 and he was shifted to SICU & following hemodynamics HR = 58 bpm BP = 170/70 mmHg CVP = 11 mmHg SpO ₂ = 100% on ventilator ventilator: Mode: SIMV + PS P/F _i : 50% PEEP: 5 mmHg supports: NIL plan: Wloan & extubate when pt fully awake
	PON $\frac{P}{112236}$ Dr. Anbarasu Jee PA - Kartika DH10216)

DATE	NOTES
29/12/2023	S/B: Dr. Anbarasu / Dr. Rajesh / Dr. Praveen
@ \$ 55	
	S/P: OPRAB X 3 grafts.
POD #1	• patient comfortable
Wt - 13.0	• O/E: Conscious, oriented, Afebrile
U - 38	• BP - 126/44 mmHg
Cr - 1.16	• HR - 74 BPM
Na - 132	• SpO ₂ - 94% on room air
K - 4.53	• P/O - 2302 ^{ml} / 2430 mL ! Bal (+) 128 mL
	• On weath
RBS - 190 mg/dL	• Adequate urine output
	• tolerating feeds
ABG	• peripheries warm (+)
pH - 7.432	Supports: NIL
PO ₂ - 38.7	total drain: 360 mL
PO ₂ - 69	
H/L O ₂ - 25.2	
BE - 0.9	
	<u>Plan</u>
	• RF - 2.4 litres / day
	• Good chest physio
	• Remove drains & exteryline @ 10 AM
	• mobilize
	• nebulization
	• Spirometry
	• T. METOPROLOL 12.5mg 1-0-1
	• T. GLYCEROL AP 0.5 1-0-1 (SF)
	• shift to ICU II
	Splavon 112256.



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

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



Every heart beat counts

DOCTOR'S PROGRESS NOTES

DATE	NOTES
30/12/2023 8.00	S/B Dr. Anbarasu / Dr. Rajesh / Dr. Praveen
	S/P OPCABG x 2 grafts POD-2
	pt conscious, oriented
2/0 - 2551 2445.	Comfortable at rest
	BP - 130/70 mm Hg
	HR - 90 / min sinus
	SpO2 - 92 % on RA.
	peripheries warm
	tolerating oral feed.
Hb - 12.4	
Ue - 42.	
Cr - 1.33	
	Plan
	• RF 24 litres / day
	• Chest Physio + Sputumology
	• Remove lines
	• Mobilise
	• Mobilise
	• Shift to ward,
	Spavan 12296.

DATE	NOTES
30/12/23	SIB - Dr. Sri Elango (DMO)
1:45pm	(DOD-2) SIP - OPCAB x (3) Grafts.
PP - 82/min PR - 22/min PP - 120/80 mmHg SpO2 - 100% EF - 61%	KICU - CAD / CAG - TAD. O/E: conscious, oriented, afebrile. S/E: CNS: S/S 2 (+) PS: BAE (+) P/A: soft.
	<u>Advice:</u> - PF 2-4 Lit/day - Check physio + spirometry - To mobilize pt - Follow up drug levels - Vitals monitoring - S/O - changing
	Elogy 1796mm

DOCTOR'S PROGRESS NOTES

DATE	NOTES
30.12.23	S/B Dr. Anusuya
5.30PM	S/p OP CAB X 3 grafts
POD-2	patient reviewed
	C/O: Generalised tiredness
	O/E: patient conscious, oriented, Afebrile
F.R-24/ltax/day	8/E! CUS - S1S2 (P)
	AS - BAS (P)
	CNS - NEND
	P/A - soft, non-tender
Vitals stable 1/E!	Dressing intact
	No leakage
	Advice
	- monitor vitals
	- continue the drugs as per
	chart
	- w/p fever spikes / desaturation / dehydration
	- Plan: S.R on 1.01.24.
	- mobilise the patient
	- continue chest physio & spirometry
12.00 (345779)	

DATE	NOTES
	S/B Dr. Mohammed Lythons
20/12/23	
10pm	Post op case of OPCAB x 3 grafts
	POD-2
	Patient conscious
	oriented.
	afebrile
vitals	CvS → SS ₂ ⊕
Stable	NO → BAC ⊕
	Ph → soft NT
	ADW
	- Monitor vitals
	- To follow lung chart
	- Manage the pain
	- Nebulisation /
	primed
	(1600)



DOCTOR'S PROGRESS NOTES

DATE	NOTES
28/12/23	S/B Dr. Anusuya
10:00 AM	Patient reviewed
POD-3	Clo Pain in the surgical site
F.R. 2-4 / 1700	O/E: Patient Conscious, oriented,
day	S/E: CRs - 5152 ⊕
	RS - BAE ⊕
	CNS - NEMD
	P/A - soft, non-tender
Vitals Stable	A/E: Dressing intact
	no leakage
	Advice
	- monitor vitals
	- continue the drugs as per
	chart
12:00	- mobilise the patient
13:00	- continue the chest Physio & spirometry
31/12/23	S/B Dr. Anbarasu
11:30 AM	Patient reviewed
	Clo: sleeping disturbances & cough
	Advice
	- monitor vitals
	- continue the drugs as per chart
12:00	- T. Anxit 0.25mg HS
13:00	

DATE	NOTES
	S/S Dr. Mohamed Hyder
31/12/23	
10pm	Post OP care of OPCAB x 3 grafts.
	POD-3.
	Patient conscious
	oriented
	afebrile
	W5 → S/S (+)
	R2 → B/E (+)
	P/A → S/T, NT
	ADH
	- Monitor vitals
	- To follow up chart
	- mobilise the patient
	- Suction / Nebulizer
	- Tomorrow To do
	OR → Post OP
	(1600) Intubate
	ECG, Echo, r
	EXR Patient

vitals
Stable

DOCTOR'S PROGRESS NOTES

DATE	NOTES
01/01/24	S/B Dr. Anusuyy
11 AM	S/P O.P LAB
POD - 4	patient reviewed c/o mild pain in the surgical site
Vitals stable	Advice - continue the same - mobilise plan SR tomorrow
12:45 PM	S/B Dr. Mohamed Hydros
11/1/24	Post OP care of OPCABX 3 grafts POD 4.
10 PM	Patient Conscious oriented oriented cvs S1 S2 @ lungs RA @ Pharynx soft NT
Vitals stable	Plan - Monitor vitals - No follow drug change - Plan L D/E tomorrow - No do Postop investigation ECG, ECHO, CXR, ABG

MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name *Mr. Kaliyan* Age *71 y/male* UHID *MHI 102381394*

Diagnosis *CAD - LAD + TRD, (N) LV function Plan CABG*
EF - 60%, T2DM, HTN

Serology *NON-REACTIVE*

EURO Score / STS Score *1.22%*

T. Ulapa Trio, T. Telmisartan, T. Enoxaparin
PRE OP DRUGS (ACE/ARB/ANTIPLATELETS): *AV*
Stopped on 23/12/2023

Diabetes Mellitus (HB1AC) *6.5%*

Associated Illness

Carotid Doppler *NO flow limiting disease*

Thyroid Enzymes *T3 - 111 TSH - 3.96*
T4 - 10.7

Sr. Creatinine *1.19 mg/dL*
PT/INR - 12.5/1.0

Any other illness of concern

Allen's Test

Myocardial viability if needed

Varicose Veins

Pulmonologist Clearance

Nephro Clearance:

Neurology Clearance :

Dental Clearance:

Mitral Regurgitation Assessment : *Trivial MR / NO PAH (RSVP 140 mmHg)*

Nursing:

Billing Clearance:

Physiotherapy

Spirometry taught : *taught*

Concerns from Surgical Team :

SIGNATURE :

PA. Kavitha
(MHI 10216)

Mr. Kaliyan 71 y/o old male, a k/c/o T2DM, systemic hypertension x 15 years, CAD - LM + TRD, Normal LV function has come for CABG. patient was apparently normal till 2 months ago. He developed jaw pain. He went to Krishna hospital, where he was advised to do TMT and showed positive. Then he was advised CABG. He underwent CABG on () which showed CAD - LM + Triple vessel disease. He was referred to Medway Heart Institute from Krishna hospital (Dr. Parthasarathy (cardiologist)). He came to MH1 on 20.12.2023. where he was advised ^{Early} CABG.

NO H/O Breathlessness, chest pain, CVA, seizure, BA



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Thiruvudaimarudhur (Taluk), Kumbakonam - 61 2103. (Tanjore Dist). Ph: 0435 - 2412345 | Mob : 7397720491

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

PRE-OPERATIVE CHECKLIST

Mr. KALIYAN S			
Name	71/Male/MH202381394 27/12/2023/PH2023002614	Age : 71y	Gender : M
Ward	Dr. ANBARASU MOHANRAJ 	UHID No. : 202381394	
	Bed No. : 105-B	B.S.	A.S.
	Clinical Diagnosis :		
	CAIO - LM TVD	✓	✓
	Proposed Procedure :		
	CABG	✓	✓
CHECKLIST			
1.	Identification Band on Hand Checked ?	✓	✓
2.	Surgical consent Signed? a. Special Consent signed if required.	✓	✓
3.	Anesthetist Consultation (If required?)	✓	✓
4.	History AND Physical Onchart? a. Height..... 162CM..... b. Weight..... 63kg.....	✓	✓
5.	Allergic to drugs ? NKA	✓	✓
6.	Surgical Preparation done ? YES	✓	✓
7.	Nill by Mouth From 00.00	✓	✓
8.	Blood Grouping & Rh Typing O POSITIVE	✓	✓
9.	Investigation <input checked="" type="checkbox"/> X-Ray <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> LAB	✓	✓
10.	Blood Sugar 143mg/dl Time 6:30	✓	✓
11.	TPR Chart Pulse 85b/min Temp 97.6 BP 112/62 RR 20	✓	✓
12.	Time Voided a. Retention <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	✓	✓
13.	Enema <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	✓	✓

MMC - POC - 2102

14.	a. Prosthesis Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable b. Plates present Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable c. Contact Lenses Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable d. Dentures Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable	✓	✓
15.	Valuables and Jewellery Removed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Secured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓
16.	Pre-Operative Medication Administered YES a. Time 5.00 b. Nurse [Signature]	✓	✓
17.	Blood Transfusion requisition Onchart .	✓	✓
18.	X-Ray 1. CAG Report → (1) Cardiac Doppler Report ✓	✓	✓
	ECG / ECHO 1. Screening Echo Report → (1) ✓	✓	✓
	Ultra Sound -		✓
	C.T. Scan..... -		
	MRI Scan -		
	TMT -		
	Medication		
	27/12/23		
	T. PAN 110MG } GIVEN AT		
	T. ALPRAX 0.5MG } 21.00 [Signature]	✓	✓
	28/12/23		
	Others		
	T. ALPRAX 0.5MG } GIVEN AT		
	5.00 [Signature]	✓	✓


Nurse Signature

Mr. KALIYAN S

71 / Male / MHI202381394

27/12/2023 / IPH2023002614

Dr. ANBARASU MOHANRAJ



CONSENT FOR SURGERY

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

☒ Read

☒ I/We have been explained the current clinical condition of me/my patient

☒ Been explained this consent form in English, which I fully understand and understood the information provided about the disease CORONARY ARTERY DISEASE / TRIPLE VESSEL DISEASE and about the procedure CORONARY ARTERY BYPASS GRAFTING (full name of operation / procedure given below in this consent form)

- I am now aware of the intended benefits, possible risks and complications and available alternatives to the said operation / procedure. I am also aware that results of any operation / procedure can vary from patient to patient and I declare that no guarantees have been made to me regarding success of this operation / procedure. I am aware that while majority of patients have an uneventful operation and recovery few cases may be associated with complications. I am aware of the common risks and complications associated with this operation / procedures and understand that it is not possible to list all possible risks and complications of any operation / procedure.
- I have been told about additional procedure that may be come necessary during the surgery which includes Re-exploration
- I also understand that sometimes a planned operation / procedure may need to be postponed or cancelled if patient's clinical condition worsens or due to any unforeseen technical reason. I am also aware that I can withdraw my consent at any point of time at my own risk and consequence by submitting the withdrawal in writing.
- I am aware that I may require administration of blood and / or blood products during or after the operation / procedure as found necessary by the doctor (for which a separate consent shall be obtained).
- I am now also aware that during the course of this operation / procedure the doctor will be assisted by medical and paramedical team and that the doctor may seek consultation / assistance from relevant specialists if the need arises.
- I am also aware of the expected course after the operation / procedure and the care to be provided and understand that sometimes admission to an Intensive Care Unit and or extension of duration of hospitalization may be required and or there may be requirement of extra medicines or treatments thereby leading to increase in the treatment expenses depending upon the body's response to the treatment / procedure.

- Possible risks & complications 1. Bleeding 2. Infection 3. Stroke 4. Any thrombosis
5. Prolonged ICU stay 6. Mild risk to life
- Benefits symptom free survival
- Alternatives high risk PTCA
- The likelihood of success of the surgery (Percentage / Other comments) 96 %
- Possible results of non-treatment 1. Myocardial infarction
2. Heart Failure
- I declare that I have received and fully understand the information provided in this consent form, that I have been given an opportunity to ask questions relating to my ailment, the operation / procedure being performed, its risks, consequences, alternatives, potential complications and intended benefits and recovery and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my sign this form.

DETAILS	PATIENT / RELATIVES	WITNESS
Name (in BLOCK LETTER)	<u>T. S. bly</u>	<u>K. SARAVANAN</u>
Relationship	<u>Self</u>	<u>SON</u>
Signature	<u>T. S. bly</u>	<u>K. Saravanan</u>
Date & Time	<u>27/12/23 @ 14.00</u>	<u>27/12/23 @ 14.00</u>
Name & Signature of Doctor with Registration No.:		

Saravanan
112236

Dr. Anbarasu Mohanra
Reg No: 55476

Dr. PRAVEEN TEJAKUMAR
112236.

Doctor Seal

நோயாளி விவரங்கள்: (Affix Label here)

பெயர் :
UHID :
பிறந்த தேதி : பாலினம் :

அறுவை சிகிச்சை ஒப்புதல் படிவம்

1. நான் நோயாளி அல்லது நோயாளியின் பிரதிநிதி தயவுசெய்து மேலேயும் கீழேயும் பொருத்தமானதை தேர்வு செய்யவும்

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

இந்த ஒப்புதல் படிவம் ஆங்கிலத்தில் விளக்கப்பட்டுள்ளது. இந்த ஒப்புதல் படிவத்தில் கொடுக்கப்பட்ட சிகிச்சையின் செயல்பாட்டின் முழுப்பெயர் செயல்முறை பற்றிய தகவல்களை நான் முழுமையாகப் புரிந்து கொண்டேன்.

- நோக்கம் கொண்ட நன்மைகள், சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்களைப் பற்றி நான் இப்போது அறிவேன். மேலும் அந்த செயல்பாடு / நடைமுறைக்கு மாற்றுகளை கிடைக்கச் செய்கிறேன். எந்தவொரு செயல்பாட்டின் / நடைமுறையின் முடிவுகளும் நோயாளியிலிருந்து நோயாளிக்கு மாறுபடும் என்பதையும் நான் அறிவேன். இந்த செயல்பாடு / நடைமுறையின் வெற்றி குறித்து எந்த உத்தரவாதமும் எனக்கு செய்யப்படவில்லை என்று நான் அறிவிக்கிறேன். பெரும்பாலான நோயாளிகளுக்கு சீரற்ற செயல்பாடு மற்றும் மீட்டி இருக்கும்போது சில வழக்குகள் சிக்கல்களுடன் தொடர்பு படுத்தப்படலாம் என்பதை நான் அறிவேன். இந்த செயல்பாடு / நடைமுறையுடன் தொடர்புடைய பொதுவான அபாயங்கள் மற்றும் சிக்கல்களை நான் அறிவேன். இந்த செயல்பாடு/நடைமுறையுடன் சாத்தியமான அனைத்து அபாயங்களையும் சிக்கல்களையும் பட்டியலிட முடியாது என்பதை புரிந்து கொள்கிறேன்.
- நோயாளியின் மருத்துவ நிலை மோசமாக இருந்தால் அல்லது எதிர்பாராத எந்தவொரு தொழில்நுட்ப காரணத்தினாலும் சில நேரங்களில் திட்டமிடப்பட்ட செயல்பாடு / நடைமுறைகளை ஒத்திவைக்க அல்லது ரத்து செய்ய வேண்டும் என்பதையும் நான் புரிந்து கொள்கிறேன். எனது சொந்த ஆபத்து மற்றும் விளைவுகளில் எந்த நேரத்திலும் எனது ஒப்புதலை நான் திரும்பப் பெறுதலை எழுத்துப்பூர்வமாக சமர்ப்பிக்குவதன் மூலம் திரும்பப் பெற முடியும்
- மருத்துவரால் தேவையான செயல்பாடு / நடைமுறையின் போது அல்லது அதற்குப் பிறகு இரத்த மற்றும் / அல்லது இரத்த தயாரிப்புகளை எனக்கு நிர்வாகம் தேவைப்படலாம் என்பதை நான் அறிவேன் (ஒரு தனி ஒப்புதல் பெறப்பட வேண்டும்).
- இந்த அறுவை சிகிச்சை / நடைமுறையின் போது மருத்துவர் மற்றும் துணை மருத்துவக் குழுவால் உதவப்படுவார் என்பதையும், தேவை ஏற்பட்டால் தொடர்புடைய நிபுணர்களிடமிருந்து மருத்துவர் ஆலோசனை / உதவியை நாடுலாம் என்பதையும் நான் இப்போது அறிவேன்.

• சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்கள்

• நன்மைகள்

• மாற்றுவழிகள்

• அறுவை சிகிச்சையின் வெற்றி வாய்ப்பு (சதவீதம் / பிற கட்டளைகள்)

• சிகிச்சையின்றி சாத்தியமான முடிவுகள்

• செயல்பாடு / நடைமுறை மற்றும் வழங்கப்பட வேண்டிய கவனிப்புக்குப் பிறகு எதிர்பார்க்கப்படும் போக்கையும் நான் அறிவேன். சில நேரங்களில் தீவிரமான பராமரிப்பு அலகு மற்றும் / அல்லது மருத்துவமனையில் அனுமதிக்கப்படும் கால அளவு தேவைப்படலாம் மற்றும் / அல்லது கூடுதல் மருந்துகள் அல்லது சிகிச்சைகளின் தேவை இருக்கலாம். இதன் மூலம் உடல் சிகிச்சையில் அதிகரிக்கும்.

• இந்த செயல்பாடு / நடைமுறையை நடத்தும் நோக்கத்திற்காக மற்றும் பொருத்தமான முறையில் எனது உடலில் இருந்து அகற்றக்கூடிய எந்தவொரு தீசு அல்லது உடல் பகுதியை அகற்ற மருத்துவமனையை நான் அங்கீகரிக்கிறேன். இந்த ஒப்புதல் வடிவத்தில் வழங்கப்பட்ட தகவல்களை நான் பெற்றேன் மற்றும் முழுமையாகப் புரிந்து கொண்டேன் என்று அறிவிக்கிறேன். எனது வியாதி, செயல்பாடு / நடைமுறை தொடர்பான கேள்விகளைக் கேட்க எனக்கு வாய்ப்பு வழங்கப்பட்டது. அதன் அபாயங்கள், விளைவுகள், சிக்கல்கள் மற்றும் நோக்கம் கொண்ட நன்மைகள் மற்றும் மீட்பு மற்றும் எனது கேள்விகள் அனைத்தும் பதிலளிக்கப்படவில்லை. இந்த வடிவத்தில் நான் கையெழுத்திடும் நேரத்தில் என் முன்னிலையில் செருகல் மற்றும் நிறைவு செய்ய வேண்டிய அனைத்து துறைகளும் (இந்த வடிவத்தில்) நிரப்பப்பட்டன என்று நான் மேலும் அறிவிக்கிறேன்.

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

CONSENT FOR ANAESTHESIA SERVICES

I, KALIYAN S ☒ the patient or ☒ the representative of patient have,
(please tick the correct option above and below)

☒ Read

☒ We have been explained the current clinical condition of me / my patient

☒ Been explained this consent form in English, which I fully understand and understood the information provided about
Operation / Procedure CORONARY ARTERY BYPASS GRAFTING.

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

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

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

☒ Central Venous catheter ☒ Arterial Line ☐ Lumbar Puncture ☐ Tracheostomy

☒ Transesophageal ☒ Blood & Blood product Transfusion ☐ ICU Admission / Recovery ☐ Others

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

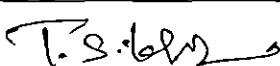
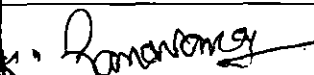

<input type="checkbox"/> Intravenous Regional Anaesthesia <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation Alternatives <input type="checkbox"/> Major/Minor Nerve Block <input type="checkbox"/> GA <input type="checkbox"/> Others	Expected Results	Temporary loss of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

PRENATAL / EARLY CHILDHOOD ANAESTHESIA

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

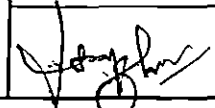
For the above mentioned operation(s) / procedure(s) that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said operation / procedure on ☐ myself or ☐ my above named patient being fully aware of the nature, potential risks and complications, intended benefits and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

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

	Signature / Thumb Impression*	Name	Date	Time
Patient		T.S. KALYAN	27/12/23	14.10
Surrogate/Guardian (if applicable #)		R. SARAVANAN (SON) <small>(Write name and relationship with patient)</small>	27/12/23	14.10
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		A. Nandhini	27/12/23	14.10
Interpreter (if applicable)				

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

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

	Signature	Name	Reg. No.	Date	Time
Consent obtained by		Dr A. S. SYLVESTER	43570	27/12/23	14.10

மயக்க மருந்து சேவைகளுக்கான ஒப்புதல்

1. ☐ நோயாளிஅல்லது ☐ நோயாளியின் பிரதிநிதி.

மேலேயும் கீழேயும் சரியான விருப்பத்தைத் தேர்ந்தெடுங்கள்) படித்தல்

என்னை / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளோம். ஆங்கிலத்தில் இந்த ஒப்புதல் படிவம் விளக்கப்பட்டுள்ளது. இது வழங்கப்பட்ட தகவல்களை நான் முழுமையாக புரிந்துகொண்டேன்.

செயல்பாடு/செயல்முறை _____

இந்த ஒப்புதல் படிவத்தின் கீழே கொடுக்கப்பட்ட செயல்பாட்டு நடைமுறையின் முழு பெயர்

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

<input type="checkbox"/> பொது மயக்க மருந்து மாற்று மருந்து <input type="checkbox"/> முதுகெலும்பு <input type="checkbox"/> இவ்விடைவெளி <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	காற்றுப்பாதையை பராமரிக்க ஒரு குழாயை காற்றாணையில் அமர்த்துவதை உள்ளடக்கிய மொத்த மயக்க நிலை
	நுட்பம்	இரத்த ஓட்டத்தில் செலுத்தப்படும் மருந்து, நுரையீரலில் சுவாசித்து அல்லது பிற வழிகள் வழங்கப்படுகின்றன
	அபாயங்கள்	தொண்டைப்புண், குரல் வடங்கள், பற்கள், உதடுகள், கண்கள், செயல்முறை, நினைவக செயலிழப்பு, நினைவக இழப்பு, அபிலாஷைகள், நிரந்தர உறுப்பு சேதம், மூளை சேதம் ஆகியவற்றின் போது விழிப்புணர்வு
	நன்மைகள்	- ஆரம்ப மீட்பு - பதட்டத்தின் நிவாரணம்
<input type="checkbox"/> முதுகெலும்பு அல்லது இவ்விடைவெளி / மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து / பொது மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்று மருந்து <input type="checkbox"/> பொது மயக்க மருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	உடலின் கீழ்பாதியில் உணர்வு அல்லது இயக்கத்தின் தற்காலிக குறைவு அல்லது இழப்பு
	நுட்பம்	உணர்வு / வடிவழியை வழியாக செலுத்தப்படும் மருந்து நேரடியாக முதுகெலும்பில் அல்லது உடனடியாக முதுகெலும்பு கால்வாய்க்கு வெளியே வைக்கப்படுகிறது.
	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான முதுகுவலி, தலைவலி, தொற்று, இரத்தப்போக்கு, இரத்தப்போதல், ஹெமடோமா, உள்ளூர் மயக்க மருந்து, நாளப்பட்ட வலி, மயக்க மருந்து, மூளை சேதத்திற்கு மாற்று மருத்துவ சேவை காரணமாக நச்சுத்தன்மை
	நன்மைகள்	சில நிபந்தனைகளின் கீழ் சிப்டியூவில் பாதுகாப்பாக விடக்கூடிய எபிபிரி வடிவழியைகளுடன் செயல்பட்டு வலி நிவாரணம்
பெரிய / சிறிய நரம்புத் தொகுதி <input type="checkbox"/> மயக்க மருந்துடன் / பொது மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்று மருந்து <input type="checkbox"/> பொது மயக்க மருந்து <input type="checkbox"/> IV பிராந்திய மயக்கமருந்து <input type="checkbox"/> முதுகெலும்பு / இவ்விடைவெளி மயக்கமருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு அல்லது பகுதியின் தற்காலிக இழப்பு
	நுட்பம்	செயல்பாட்டின் பகுதிக்கு உணர்வு இழப்பை வழங்கும் நரம்புகளுக்கு அருகில் மருந்து செலுத்தப்படுகிறது
	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான வலி, தொற்று, இரத்தப்போக்கு, ஹெமடோமா, உள்ளூர் மயக்க மருந்து, மருத்துவ சேவை காரணமாக நச்சுத்தன்மை, மயக்க மருந்து, மூளை சேதத்திற்கு மாற்றுதல்
	நன்மைகள்	- வலி இலவசம் - சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை

<input type="checkbox"/> நரம்பு மண்டலம் மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்றுகள் <input type="checkbox"/> பெரிய / சிறிய நரம்பு தொகுதி <input type="checkbox"/> பொதுவான மயக்க மருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு இயக்கத்தின் தற்காலிக இழப்பு
	நுட்பம்	ஒரு டிரீனிகேயைப் பயன்படுத்தும் போது கை அல்லது கை நரம்புகளில் செலுத்தப்படுகிறது
	அபாயங்கள்	தொற்று, வலிப்பு, தொடர்ச்சியான உணர்வின்மை, மீதமுள்ள வலி, இரத்த காயங்களுக்கு காயம்
	நன்மைகள்	- வலி இலவசம் - சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை
<input type="checkbox"/> கண்காணித்த மயக்க மருந்து கவனிப்பு (மயக்கத்துடன்) மாற்றுகள் <input type="checkbox"/> பொதுவான மயக்க மருந்து <input type="checkbox"/> முதுகெலும்பு / இவ்விடைவெளி மயக்க மருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	சாதாரண தூக்கத்தைப்போன்ற கவலையும் ஒளியும் குறைந்து வருகிறது
	நுட்பம்	கையின் நரம்பில் மருந்து செலுத்தப்படுகிறது
	அபாயங்கள்	நீண்ட கால மயக்கம், காற்றுப்பாதை கட்டுப்பாடு தேவை
	நன்மைகள்	கவலை இலவசம், ஆரம்ப கால வெளியேற்றம்
<input type="checkbox"/> கண்காணித்த மயக்க மருந்து கவனிப்பு (மயக்கம் இல்லாமல்) மாற்றுகள் <input type="checkbox"/> பொதுவான மயக்க மருந்து <input type="checkbox"/> இலேசான மயக்கம் <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	கணினியில் மாற்றங்கள் இல்லை
	நுட்பம்	இல்லை
	அபாயங்கள்	நோயாளிக்கு வலி மற்றும் கவலை இருக்கலாம்
	நன்மைகள்	ஆரம்ப வெளியேற்றம்

விற்புக்கு முந்தைய / ஆரம்பகால குழந்தை பருவ மயக்க மருந்து

★ நினைவாற்றல், நடத்தை மற்றும் கற்றலில் நீண்டகால எதிர்மறை விளைவுகள் பொது மயக்க மருந்து / மிதமான மயக்கம் / கர்ப்ப காலத்தில் மற்றும் ஆரம்ப பருவத்தில் ஆழமான மயக்கத்துடன் நீண்ட அல்லது மீண்டும் மீண்டும் மீண்டும் வெளிப்படுதல்

★ நான் / மேற்கூறிய நோயாளி / பெயரிடப்பட்ட நோயாளியின் பிரதிநிதி, இந்த வடிவத்தில் கையொழுத்திப்பட்ட தேதி, மன ரீதியாக ஒலி மற்றும் எந்தவொரு பயமும் இல்லாமல் ஒப்புதல் அளிக்கிறேன் என்று நான் 18 வயதுக்கு மேற்பட்டவன் என்று இதன்மூலம் அறிவிக்கிறேன்.

மேற்கூறிய செயல்பாட்டிற்கு (எஸ்)/நடைமுறை (கன்) எனக்கு தெரிந்துவிட்டது. நான் தானாக முன்வந்து எனது ஒப்புதலை வழங்குகிறேன்

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

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

	கையொப்பம் / கட்டை விரல் பதிவு *	பெயர்	தேதி	நேரம்
நோயாளி				
நோயாளிகளின் பிரதிநிதி / பாதுகாவலர் (பொருந்தும் என்றால்)		(நோயாளியுடன் பெயர் மற்றும் உறவை எழுதவும்)		
நோயாளிகளின் பிரதிநிதி சம்மதத்திற்கான காரணம்	நோயாளி ஒப்புதல் அளிக்க முடியவில்லை ஏனெனில்			
சாட்சி				
மொழிபெயர்ப்பாளர் (பொருந்தினால்)				


* நோயாளி ஒரு சிறியவராக இருந்தால் அல்லது சம்மதத்தை வழங்க முடியாவிட்டால் மட்டுமே ஆண்களுக்கான வலது கை மற்றும் பெண்களுக்கான இடது கை

நான் நியமிக்கப்பட்ட மருத்துவர், இயல்பு, சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்கள், நோக்கம் கொண்ட நன்மைகள், எதிர்பார்க்கப்பட்ட பின் நடைமுறைக்கு வரும் நடைமுறைகள் மற்றும் திட்டமிடப்பட்ட செயல்பாடு/ நடைமுறைக்கு சாத்தியமான மாற்றங்கள், நோயாளி / நோயாளி பிரதிநிதிக்கு விளக்கியுள்ளார். இந்த ஆவணத்தில் விவரிக்கப்பட்டுள்ள தகவல்களை அவர் / அவள் முழுமையாகப் புரிந்து கொண்டார் என்று நான் நம்புகிறேன்.

	கையொப்பம்	பெயர்	பதிவு எண்	தேதி	நேரம்
பெறப்பட்ட ஒப்புதல்					

ANAESTHESIA RECORD

MHI/OT/2022/094

Mr. KALIYAN S 71/Male/MHI202381394 27/12/2023/IPH2023002614 Dr. ANBARASU MOHANRAJ 	Type of Surgery : <input type="checkbox"/> Day Care <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Blood Group <u>O +ve</u> Height <u>165</u> cms Weight <u>63</u> Kgs Pre-Operative Diagnosis: <u>CAD, T2D, DM, HT</u> Proposed Surgery: <u>CABG</u> Anaesthetic Plan: <u>GA</u>
ASA Grade: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> E	

History of Present Illness: <input checked="" type="checkbox"/> ANGINA <input type="checkbox"/> DYSPNOEA <input type="checkbox"/> SYNCOPE <input type="checkbox"/> MI <input type="checkbox"/> CCF <input type="checkbox"/> OTHERS	COMORBIDITY <input checked="" type="checkbox"/> HT <input type="checkbox"/> SMOKING <input checked="" type="checkbox"/> DM <input type="checkbox"/> ALCOHOL <input type="checkbox"/> ASTHMA / COPD <input type="checkbox"/> GERD <input type="checkbox"/> HYPO THYROID <input type="checkbox"/> CKD / NEPHROPATHY <input type="checkbox"/> STROKE / TIA <input type="checkbox"/> DRUG ALLERGY <input type="checkbox"/> EPILEPSY <input type="checkbox"/>	Present Medication: Telma Stop 23/12 Udaga " 23/12 Metoprolol 12.5 mg Anti Platelet Stopped on: Aspirin 23/12/23
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Previous Surgery: Physical Examination: <input type="checkbox"/> JAUNDICE <input type="checkbox"/> PEDEL OEDEMA <input type="checkbox"/> CYANOSIS <input type="checkbox"/> CAROTID BRUIT <input type="checkbox"/> CLUBBING	SYSTEMIC EXAMINATION CVS: <u>3, 3r</u> RS: <u>clear</u> CNS: <u>WNL</u> Others: <u>WNL</u>
--	---

HR: 60/nt NIBP: 130/70 mm Hg SPO2: 98% TEMP: °

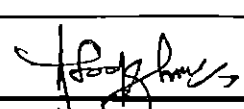
INVESTIGATION HB: <u>14.7</u> T.BILIRUBIN: <u>0.18</u> T3: <u>111</u> PLAT: <u>252000</u> I.D.: <u>0.10</u> T4: <u>10.7</u> TC: <u>8860</u> D.: <u>0.08</u> TSH: <u>3.96</u> UREA: <u>4.0</u> T-PROTEINS: <u>7.16</u> HBA1C: <u>6.5</u> CREAT: <u>1.19</u> S.ALBUMIN: <u>4.4</u> Others: Na+: <u>129.2</u> PTT/INR: <u>12.5/12.1</u> RBS: <u>1.0</u> K+: <u>4.56</u> APTT: <u>25.4</u>	SEROLOGY Non-reactive Urine: Others:	ANGIO (L) main 90%, LAD 70%, CX 70%, OM 70%, RCA 50-60%, PPA 99%, TMT +ve, ECG NSE CXR WNL ECHO EF 61%, NO RWMA, Normal RV, Aortic valve sclerosis, Tricus MR/AR,
--	--	---

AIRWAY Teeth <u>Normal</u> Mallampatti class <u>II</u> Mouth Opening <u>WNL</u> Neck Movement <u>WNL</u> TM Distance <u>WNL</u>	CAROTID DOPPLER ↑ Intimal media thickness, calcified plaque - both carotid both extending to CICA, Normal Bil Vertebral doppler.
---	---

Pre OP Instruction: NPO From: <u>12 mid night.</u> Pre Medication: Night Before Surgery: <u>tab. Alfam 0.5mg + Tab-Pantoc 40mg</u> Day of Surgery: <u>tab, Alfam 0.5mg + at 5AM</u> Special Instruction:	Blood Reservation PCV: <u>one</u> Platelet: FFP: CRYO: Whole Blood:
---	---

Remarks:

Anaesthetist Name with Reg.No.: Dr. A. SAMUEL SYLVESTER Reg. No: 43570

Signature: 

Date: 28/12/23		Anaesthetist DR. AJEETHA		Surgeon DR. ANBARASU, DR. PRAVEEN		Anaesthesia Technique <input checked="" type="checkbox"/> GA <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Others	
PRE INDUCTION ANAESTHESIA RECORD				MONITORS AND EQUIPMENTS		GENERAL ANAESTHESIA	
Pulse: 46 BP: 130/60 RR: 16/min				<input type="checkbox"/> NIBP <input type="checkbox"/> Left <input type="checkbox"/> Right		INDUCTION: <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> IV	
Sensorium: CONSCIOUS				<input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> End Tidal CO ₂		<input checked="" type="checkbox"/> Inhalation - Agent used: ISOFLURANE	
Sign-in Completed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Gas Analyzer <input type="checkbox"/> Oxygen Sensor		Mode of Ventilation: <input type="checkbox"/> Spontaneous <input checked="" type="checkbox"/> Controlled	
Equipment checked: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Disconnect <input type="checkbox"/> Temperature Probe		AIRWAY MANAGEMENT: Intubation: Oral / Nasal ETT Size: 2.5 Type: CUFFED	
Sign: DR. AJEETHA P.K				<input checked="" type="checkbox"/> Foley Catheter <input type="checkbox"/> Nerve Stimulator		CL Grade: I / II / III / IV Secured at: 22 cm	
Time: 8:30				<input type="checkbox"/> TEE <input type="checkbox"/> Others:		Any difficulties and accessories:	
PATIENT SAFETY				<input checked="" type="checkbox"/> CVC Type: 2.5 FR 13 cm Site: R IJV		Throat Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Removed	
Position on Table: SUPINE				<input checked="" type="checkbox"/> Standard Asepsis <input type="checkbox"/> USG Guidance		NG / OG Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure points checked & Padded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input checked="" type="checkbox"/> Complications: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OTHER AIRWAY DEVICES: <input type="checkbox"/> LMA Type & Size:	
Eye Care: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, details:		<input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Face Mask <input type="checkbox"/> Nasal Prongs	
Safety Belt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input checked="" type="checkbox"/> Arterial Line - Type: 20G Site: R RADIAL		<input type="checkbox"/> Others:	
Warming Blanket: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input checked="" type="checkbox"/> PVC Type: 18 FR 12 cm Site: R CUBITAL		Antibiotic / Dose / Time	
Fluid Warmer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> PVC Type: Site:		INF: CEFUROXIME 1.5 gm @ 9.45 AM	
TED Stockings: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Others:		Reversal of Anaesthesia	
Sequential Compression / Decompression: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
DRUGS							
PROPOFOL mg 40							
MIDAZOLAM mg 3							
FENTANYL mcg 120							
MORPHINE							
VECURONIUM mg 8							
ETOMIDATE							
KETAMINE							
SUXAMETHONIUM							
CISATRACURIUM/ATACURIUM							
SEVOFLURANE							
AIR/O							
Time							
200							
Systolic V							
180							
Diastolic A							
160							
Pulse							
140							
120							
Resp. *							
100							
Operation							
80							
60							
40							
Temp X							
20							
0							
MONITOR							
SPO2							
CVP							
PAP							
ETCO ₂							
Urine Output							
PH							
PCO ₂							
PO ₂							
Na ⁺							
K ⁺							
HCT							
RBS							
LAC							
BE							
HCO ₃							

		START	STOP	FLUID TRANFUSED		BLOOD PRODUCTS	
ANAESTHESIA		8.45	12.40	CRYSTALOID	COLLOID	NIL	
PROCEDURE		9.45	12.30	KABLYTE 500ml KABLYTE 500ml KABLYTE 500ml	NIL		
CPB				KABLYTE 500ml			
AXC — OPCAB —				KABLYTE 500ml			
CUF:		MUF:					
HEPARIN				PRESSURE MONITOR			
DOSE	TIME	ACT		PRE OP			
120 mg	10:25	375 sec		PA	RV	PCWP	
				ABP			
PROTAMINE				POST OP			
DOSE	TIME	ACT		PA	RV	PCWP	
50 mg	12.00	148 sec					
INOTROPES & INFUSIONS				ABP			
DRUG DILUTION	DOSE (RANGE)	START TIME	END TIME	DRUG DILUTION	DOSE (RANGE)	START TIME	END TIME
NORADRENALINE 4mg/50cc	0.02mg to 0.05 mg/kg/min	10.20	12.20				
NTG 25mg/25cc	0.5mg/kg/min	10.20	12.20				
REGIONAL ANAESTHESIA YES/NO				IABP: —			
DETAILS: ESPB				ECMO: NO			
25ml + 25ml Each side				TEE: NO			
Inj: Ropivacaine 0.25%							
Inj: Dexmedetomidine 50mcg							
left femoral nerve block							
1 Inj: Ropivacaine 0.25% 7ml							
REMARKS / CRITICAL EVENTS							

Dr. AJEETHA.P.K
Reg. No: 74617

ANAESTHESIOLOGIST NAME :
REG.NO.

SIGNATURE

POST OPERATIVE PLAN

Transfer to: ☒ SICU ☐ Others, specify: _____

Arrival in Recovery / ICU Time: 12.50

SpO₂: 100 % HR: 54 beats/min Rhythm: SINUS RR: 14 breaths/min

ABP: 137/55 mmHg CVP: 4 mmHg PAP: _____ mmHg C.O: _____ L/min

Conscious state: SEDATED, INTUBATED Pain score: _____

VENTILATOR SETTINGS :

MODE - SIMV(T_E)P_S

PEEP - 5 CMH₂O

TV - 500 ml

F_{IO₂} - 50%

MV - 7.6 l/min

IONOTROPES:

-NIL-

POST OP ORDERS:

→ TO DO ABG, ACT, CBG, CXR

→ CONTINUE MONITORING THE VITALS

→ WEAN AND EXTUBATE ONCE PATIENT GUT & WAKE

MODIFIED ALDRETE'S SCORE (Score against each criteria)

CRITERIA	PARAMETER	Scale
Activity, able to move, voluntarily or on command	4 extremities	<u>2</u>
	2 extremities	1
	No	0
Breathing	Able to breath deeply and cough freely	<u>2</u>
	Dyspnea, shallow or limited breathing	1
	Apnea	0
Consciousness	Fully awake	<u>2</u>
	Arousable on calling	1
	unresponsive	0
Circulation (Blood Pressure)	+20% of pre-anaesthesia level	<u>2</u>
	+20% to 49% of pre-anaesthesia level	1
	+50% of pre-anaesthesia level	0
SPO ₂	Maintains SPO ₂ >92% in ambient air	<u>2</u>
	Maintains SPO ₂ > 90% with O ₂	1
	Maintains SPO ₂ <90% with O ₂	0

Total Score : 10

Patient fit for discharge:

☒ YES ☐ NO

Anesthetist Name & Reg.No. :

DR. JEETHA. P.K
Reg. No: 74617

Signature

OPERATION NOTES

Pre-Operative Diagnosis : CAD/LEFT MAIN / TVD / Good LV function

Post-Operative Diagnosis : CAD/LEFT MAIN / TVD / Good LV function

Operation Procedure off Pump CABG x 3 grafts
LIMA → LAD SVG → PDA

... Operation

2	8	1	2	2	0	2	2
---	---	---	---	---	---	---	---

Please tick the type of procedure :

Closed ☒ Open ☐

Operation Commenced : 9.45	Operation Completed : 12.30	Nature of Anaesthetic : General
----------------------------	-----------------------------	---------------------------------

Surgeons Dr. Anbarasu / Dr. Proveen / PA- Kenthika

Perfusionist —

Anaesthetist Dr. Ajeetha / Dr. Sylvester

Nurse MS- Abitha

Incision Midline Sternotomy

Cannulation

Arterial

Venous

Oxygenator

Median Sternotomy - Thymus dissected - Vertical

Total CPB Time

Total ACC Time

Total TCA Time

pericardotomy - Targets assessed - LIMA and Lt SVG harvested -

Systemic heparinisation - LIMA divided and prepared -

LIMA anastomosed to LAD - SVG anastomosed to OM -

SVG anastomosed to PDA - Pericardial fold cleared - Dress

applied - Two Sutureotomy with 4-5 mm punch - Proximal

anastomoses - Protamine - Hemostasis checked - Drains

placed - Sternum closed with No-6 steel wire - wound

closed in layers.

Findings and Relevant Details :

LIMA of good Calibre and flow
~1.75mm

Lt SVG of good Calibre ~4mm

Targets:-

LAD - 1.5 Healthy

OM - 1.25 Atherosclerosis

PDA - 1.5 Healthy

Local well Scan ⊕

Mr. KALIYAN S	
Patie	71/Male/MHI202381394
Nam	27/12/2023/IPH2023002614
UHC	Dr. ANBARASU MOHANRAJ
DOB	

POST-BY PASS HAEMODYNAMICS

RA

LA

Cardiac Output

RV

LA

CI

SVS

SYS

PA

MEAN

BP

MEAN

DIAS

DIAS

PACW

Support:

Isoprin

Adrenaline

Dopamine

I A B P

Dobutrex

Others

POST-OPERATIVE INSTRUCTIONS :

To do - ARG, ACT, chest Xray

Watch for:-

1. Bleeding

2. Hypotension

Blood loss - 250 ml

Blood Transfusion - Nil.

Drains: Chest - ① Lt Pleural
Mediastinal - ①
Pericardial
Others

Sponge Count: Correct -

Dr. Anbarasu Mohanraj
Reg No: 55476

Surgeon :  Dr. ANBARASU MOHANRAJ Date : 28/12/2023.....



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NABH ACCREDITED



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

OPERATION NOTES

NAME: Mr. KALIYAN.S	AGE/GENDER: 71 Years / MALE
UHID NO: MHI202381394	IP NO: IPH2023002614
DOA: 27/12/2023	DOS: 28/12/2023
SURGEON: DR. ANBARASU MOHANRAJ	ANESTHETIST: DR. SYLVESTER/DR. AJEETHA
ASSISTED BY: DR. PRAVEEN JEYAKUMAR	PHYSICIAN ASSOCIATE: MS. KARTHIKA
SCRUB NURSE: MS. ABITHA	

DIAGNOSIS:

TRIPLE VESSEL CORONARY ARTERY DISEASE

CRITICAL LEFT MAIN DISEASE

GOOD LEFT VENTRICULAR FUNCTION

TYPE II DIABETES MELLITUS

SYSTEMIC HYPERTENSION

DYSLIPIDEMIA

CLASS II – III ANGINA

SURGERY DONE:

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

LIMA TO LAD

SVG TO OM

SVG TO PDA

FINDINGS:

Good myocardial contractions

Scarred inferolateral wall

LIMA – 1.75mm, Good quality, good flow

SVG – 1.75mm, from left leg, Good quality

LAD – 2.0mm, Healthy target

OM – 1.6mm, Plaques (+)

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

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Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118



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Every heart beat counts
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PDA – 2.0mm, Healthy target

Good distal run off in all the grafts

PROCEDURE:

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

Heart positioned and stabilized with myocardial stabilizer for OM grafting. Arteriotomy was made and 1.25mm intracoronary shunt was inserted. The end of the saphenous vein was anastomosed to the side of the OM artery with 7-0 prolene suture. (SVG TO OM)

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

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

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

SUPPORTS:

He was shifted to ICU with nil support


CONSULTANT SIGNATURE

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

Dr. ANBARASU MOHANRAJ
Reg. No: 55476

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

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Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118



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

Triple Vessel Coronary Artery Disease
Critical Left Main Disease

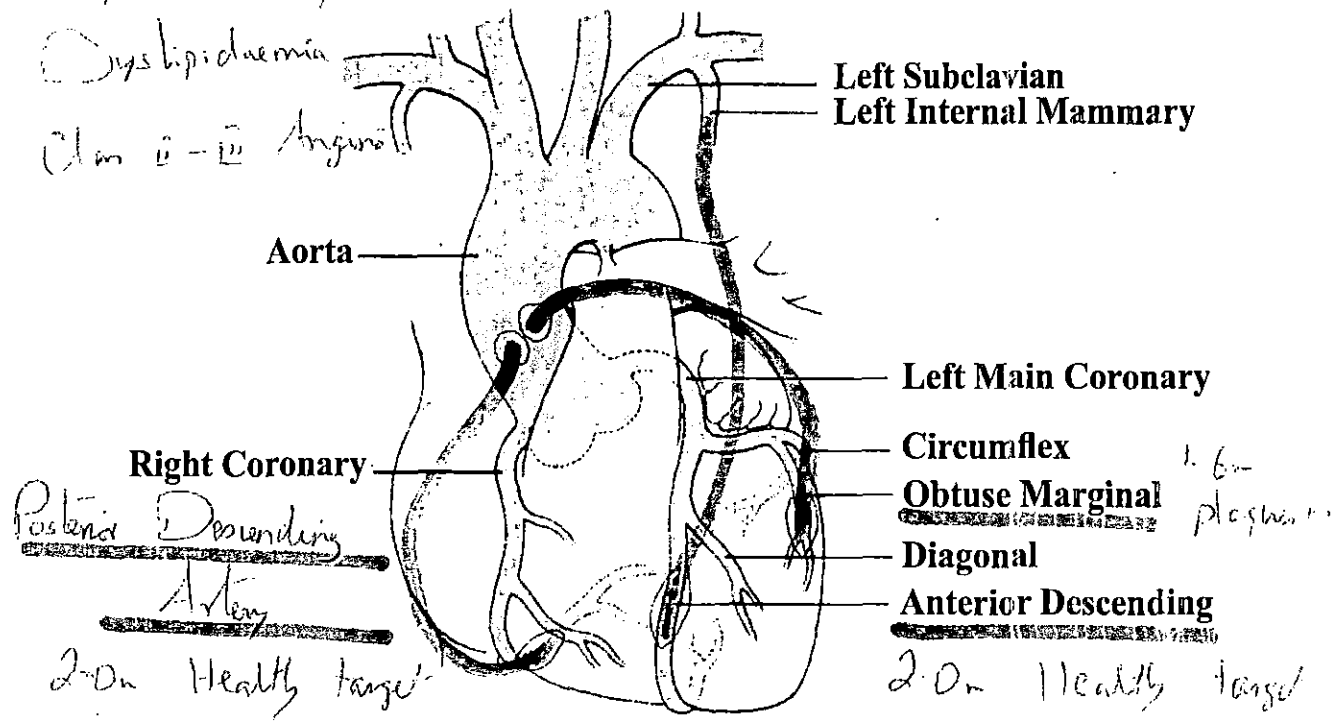
Good LV Function.

Diabetes Mellitus

Systemic Hypertension

Dyslipidaemia

Class II - III Angina



Good myocardial contraction

→ carried in the internal v. c.

Left Internal Mammary Artery (LIMA) } Healthy
Superior Vena Cava (SVC) } Conduct

Name Mr. KALIYAN S Film 71/M Date of Surgery 28/12/2023 UHID. No. MHI 202381394

Operation Performed OFF PUMP CORONARY ARTERY BYPASS (CABG) SURGERY
(OPCAB) - 3 LIMA TO LAD, SVL AD, GIV, SVL TO RCA
NOTED DATE

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SAFE PROCEDURE CHECKLIST

Adapted from WHO Safe Surgery Checklist

MHI/OT/2022/086



Even heart heat

MR. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr ANBARASU MOHANRAJ

Name of the Procedure : Oral Closed

Location: 0707-011

Date & Time : 28/12/23a

12:4

27/12/2023/IPH2023002614

Does the Procedure involve Procedural Sedation: ☒ Yes ☐ No

Jr MA

SIGN IN : 8:30 Before Induction of Procedural Sedation		TIME OUT : 9:45 After procedural Sedation and before procedure		SIGN OUT : 10:40 When Doctor indicates that the Procedure is completed	
(Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure)		(Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure)			
Patient Confirmation		All team members introduce themselves by Name and Role		To be done for each procedure in case of multiple procedures	
Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Name of the Procedure done written down <input checked="" type="checkbox"/> Yes	
Procedure	<input checked="" type="checkbox"/> Yes	Procedures	<input checked="" type="checkbox"/> Yes	Name and site of all specimens / investigations <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	
Side	<input checked="" type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input checked="" type="checkbox"/> NA	Side	<input checked="" type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input checked="" type="checkbox"/> NA	confirms labeling and sent to lab	
Consent	<input checked="" type="checkbox"/> Yes	Expected Blood loss	200ml	Any recovery concerns : <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
Known Allergy	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Position	Supine	If Yes, Pls. specify :	
Difficult airway / aspiration risk / dentures	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes, equipment and assistance available	Consent	<input checked="" type="checkbox"/> Yes	Required equipment and implants available <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	
Possibility of hypothermia	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes, warmer in place	Essential Imaging displayed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	Any Equipment / Instrument problem that needs to be addressed : <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
All concerned anesthesia equipment and medication check complete	<input checked="" type="checkbox"/> SpO2 <input checked="" type="checkbox"/> NIBP <input checked="" type="checkbox"/> Others pls. specify	Antibiotic prophylaxis within last 60 minutes	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	If Yes, Pls. specify :	
Pre OP medication taken	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name of the Antibiotic given	Tricyclic for some time	Corrective action : Sponge, Gauze, Instrument Needle counts are correct	
Required equipment for procedure available	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	Venous Thromboembolism Prophylaxis Provided	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Anticipated duration briefed	<input checked="" type="checkbox"/> Yes		
		Anticipated blood loss briefed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Adequate fluids and blood available	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Team briefed on any critical or unexpected steps	<input checked="" type="checkbox"/> Yes		
		For procedural sedation cases			
		Any patient specific concerns :	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
		Intra procedure glycemic control	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Any concerns about sterility	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
Anaesthetist / Doctor giving Procedural Sedation	Doctor performing the Procedure	Nurse :	Technician :	Others Please Specify :	
Date : 25/12/2023	Date : 25/12/2023	Date : 25/12/2023	Date : 25/12/2023	Date : 25/12/2023	
Time : 12:40	Time : 12:40	Time : 12:40	Time : 12:40	Time : 12:40	

104

MHI/ICU/2022/092



The way
(A Unit of Uni) Mr. KALIYAN S
71/Male/MHI202381394
27/12/2023/IPH2023002614
Dr. ANBARASU MOHANRAJ



T'S INFORMATION SHEET

NAME	AGE / SEX	UHID NO
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CONSULTANT	SURGEON	ANAESTHETIST
DR. ANBARASU	DR. ANBARASU	DR. AJEETHA

DIAGNOSIS (In Capital Letters)	1.	CAD - TND, LEFT MAIN
	2.	NORMAL LV SYSTOLIC FUNCTION
	3.	GRADE-I, DIASTOLIC DYSFUNCTION
	4.	NORMAL RV SYSTOLIC FUNCTION
	5.	TRIVIAL MR, AR / NO PAH
	6.	TYPE-II DM / HTN / DYSLIPIDEMIA
	7.	EF-61%
	8.	
PRESENT PROCEDURE/ SURGERY	OPCABX 3 VTRAFES LIMA - LAD SVU - OM SVU - PDA	
PREVIOUS PROCEDURE/ SURGERY	BIL CATARACT SURGERY DONE AT 2010 - 2022.	
CONTACT NO. & RELATIONSHIP	1. MR. SARAVANAN 9486659113	2. MR. SARAVANAN 9384305551

N. No:- 86576

CAT: SELF PAY

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	27/12/23	TAB. RUDIMIN	1TAB	P/O	1-0-0	Continues
2	27/12/23	TAB. SORBITRATE	5mg	P/O	Sas	
3	27/12/23	TAB. GTN SORBITRATE	2ibmg	P/O	1-0-1	
4	27/12/23	TAB. METAPROLOL	12.5mg	P/O	1-0-1	
5	27/12/23	TAB. SKAT.	1TAB	P/O	1-0-0	
6						
7						
8						
9						
10						

ANTIPLATELET STOPPED ON - 23/12/23

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	29/12/23	TAB. FRUSEMIDE	40mg	P/O	1-1-0	
2	29/12/23	TAB. SPIRONOLACTONE	25mg	P/O	1-1-0	
3	29/12/23	TAB. BEXLEX FORTE	1TAB	P/O	1-0-0	
4	29/12/23	TAB. CLOPILET + ASPA	75/75	P/O	0-0-0	
5	29/12/23	TAB. ATORVASTATIN	40mg	P/O	0-0-1	Continues
6	29/12/23	TAB. PABA	650mg	P/O	1-1-1	
7	29/12/23	Syr. CREMAFIN	15mL	P/O	0-0-1	
8	28/12/23	MSB. LEVODOPA	0.63mg	P/O	2-6 th ly.	
9	28/12/23	Syr. SUCRALFATE	10ml	P/O	1-1-1	
10	29/12/23	TAB. METOPROLOL	12.5mg	P/O	1-0-1	

ANY RELEVANT INFORMATION:

Admission / OT Receival Date and Time : 28/12/23 AT 12.45 From : OT To : SICU	Condition of the Patient : 1. Stable / Unstable <input checked="" type="checkbox"/> / <input type="checkbox"/> 2. Oriented / Disoriented <input checked="" type="checkbox"/> / <input type="checkbox"/> 3. Conscious / Semiconscious / Unconscious <input checked="" type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> 4. Febrile / A febrile <input checked="" type="checkbox"/> / <input type="checkbox"/> 5. Intubated / Extubated <input checked="" type="checkbox"/> / <input type="checkbox"/>		
Transfer Out Date and Time : 30/12/23 AT 10.30 From : SDICU To : IOA	Condition of the Patient : 1. Stable / Unstable <input checked="" type="checkbox"/> / <input type="checkbox"/> 2. Oriented / Disoriented <input checked="" type="checkbox"/> / <input type="checkbox"/> 3. Conscious / Semiconscious / Unconscious <input checked="" type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> 4. Febrile / A febrile <input checked="" type="checkbox"/> / <input type="checkbox"/> 5. Intubated / Extubated <input checked="" type="checkbox"/> / <input type="checkbox"/>		
Transfer In Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable <input type="checkbox"/> / <input type="checkbox"/> 2. Oriented / Disoriented <input type="checkbox"/> / <input type="checkbox"/> 3. Conscious / Semiconscious / Unconscious <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> 4. Febrile / A febrile <input type="checkbox"/> / <input type="checkbox"/> 5. Intubated / Extubated <input type="checkbox"/> / <input type="checkbox"/>		
1) Known Case of Diabetic Mellitus 2) Known Case of Hypertension 3) Known Case of Bronchial Asthma/COPD	Year 15 YEARS	Months 15 YEARS	Days
4) Known Case Of Others			
Denture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent		
Allergic Reaction : Drugs/Food	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Drug / Food Name :		
Pressure Ulcer Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Grade : 1 / 2 / 3 / 4 & Site:		

ANY RELEVANT INFORMATION:

				Sign With Date
Peripheral Cannulation	1. Site: <u>RT METACORPEL</u> 2. Site: 3. Site: 1. Inserted Date and Time <u>28/12/23 @ 9.30</u> 2. Inserted Date and Time 3. Inserted Date and Time 1. Removed on : <u>21/1/24</u> 2. Removed on : 3. Removed on : NCP 21/24			
Neck Line : IJL / EJL	Site: <u>RT IJV</u> Inserted Date and Time <u>28/12/23 @ 9.15</u> Removed on <u>30/12/23 at 9.30</u>			<u>Paul's</u> <u>0074</u>
Arterial Line : Right/Left	Site: <u>LT RADIAL</u> Inserted Date and Time <u>28/12/23 @ 10.30</u> Removed on <u>29/12/23 at 9.45</u>			<u>Paul's</u> <u>0074</u>
Sheath Arterial / Venous:	Site: Inserted Date and Time Removed on 			
Pressure Bandage	Site: Inserted Date and Time Removed on 			
Drain Site	1. Mediastinal : Inserted Date and Time <u>28/12/23 @ 11.00</u> 2. Pleural Right / Left : Inserted Date and Time <u>28/12/23 @ 11.00</u> Removed on Removed on <u>29/12/23 @ 9.15</u>			<u>Paul's</u> <u>0074</u>
Urinary Catheterization	Inserted Date and Time <u>28/12/23 @ 9.15</u> Removed on <u>30/12/23 @ 4.30</u>			<u>Paul's</u> <u>0074</u>
Nasal / Oral Gastric Tube	Inserted Date and Time <u>28/12/23 @ 18.00</u> Removed on <u>28/12/23 @ 16.50</u>			<u>Paul's</u> <u>0074</u>
Intubation Date and Time <u>28/12/23 @ 12.00</u>	Extubation Date And Time <u>28/12/23 @ 16.50</u> Reintubation Date And Time 			
Other Information	ELM DONE on:- 12/12/23 (HR-75/min) CXR Done on:- 20/12/23 CAB Done on:- 12/12/23 SCREENING ECHO Done on:- 20.12.23 PATIENT CAME WITH THE COMPLAINTS OF CHEST PAIN, PALPITATIONS			<u>Paul's</u> <u>0074</u>

T'S INFORMATION SHEET

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/1PH2023002614

NAME

Dr. ANBARASU MOHANRAJ



AGE / SEX

71/M

UHID NO

202381394

SURGEON

ANAESTHETIST

Dr. ANBARASU

Dr. ANBARASU

Dr. SYLVESTER

DIAGNOSIS

(In Capital Letters)

1.

CAD - TVD

2.

T2DM / HTN / Dyslipidemia

3.

4.

5.

6.

7.

8.

PRESENT PROCEDURE/
SURGERY

CABG + G A

PREVIOUS PROCEDURE/
SURGERY

B/L Cataract Surgery done at
2019, 2022.

CONTACT NO. &
RELATIONSHIP

1. SON IN LAW

2.

91186659113 (SARAVANAN)

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	1/8/23	T. Telma	40mg	Pb	too	23/12
2	"	T. Udapa trio	1tab	Pb	too	23/12
3		T. Ecosprin Av	75mg	Pb	oay	23/12
4	1/8/23	T. Rudimin	1tab	Pb	too	23/12
5	"	T. Sorbitrate	Smg	s/k	sos	
6	"	T. GTN	2.6mg	Pb	too	23/12
7	"	T. MET Zok	12.5mg	Pb	too	-
8	1/8/23	T. 3 KAT	1tab	Pb	too	3 -
9						
10						

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	1/8/23	T. RUDIMIN	1tab	Pb	too	-
2	"	T. SORBITRATE	Smg	Pb	(sos)	-
3	"	T. GTN	2.6mg	Pb	too	-
4	"	T. MET Zok	12.5mg	Pb	too	-
5	"	T. 3 KAT	1tab	Pb	too	-
6						
7						
8						
9						
10						

ANY RELEVANT INFORMATION:

Admission / OT Receival Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer Out Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer In Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
1) Known Case of Diabetic Mellitus 2) Known Case of Hypertension 3) Known Case of Bronchial Asthma/COPD	Year	Months	Days
	15yrs		
	15yrs		
	-		
4) Known Case Of Others			
Denture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent		
Allergic Reaction : Drugs/Food	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Drug / Food Name : _____		
Pressure Ulcer Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Grade : 1 / 2 / 3 / 4 & Site: _____		

ANY RELEVANT INFORMATION:

				Sign With Date
Peripheral Cannulation	1. Site:	1. Inserted Date and Time	1. Removed on :	
	2. Site:	2. Inserted Date and Time	2. Removed on :	
	3. Site:	3. Inserted Date and Time	3. Removed on :	
Neck Line : IJL / EJL	Site:	Inserted Date and Time	Removed on	
Arterial Line : Right/Left	Site:	Inserted Date and Time	Removed on	
Sheath Arterial / Venous:	Site:	Inserted Date and Time	Removed on	
Pressure Bandage	Site:	Inserted Date and Time	Removed on	
Drain Site	1. Mediastinal : Inserted Date and Time		Removed on	
	2. Pleural Right / Left : Inserted Date and Time		Removed on	
Urinary Catheterization	Inserted Date and Time		Removed on	
Nasal / Oral Gastric Tube	Inserted Date and Time		Removed on	
Intubation Date and Time	Extubation Date And Time		Reintubation Date And Time	
Other Information	<p><u>27/12/23</u></p> <p>10 pcr Resovation done with slr lavanya</p>			<p><u>Ref</u> <u>2025</u></p>



CONSENT FOR BLOOD / BLOOD COMPONENTS

A Blood transfusion is life saving medical procedure, prescribed by a physician. Blood can be given 'whole' but more often a component or combination of component is transfused. Among the most common components are:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Red Cells | for bleeding or low hemoglobin |
| <input type="checkbox"/> Platelets | for bleeding or low counts |
| <input type="checkbox"/> Plasma | for restoring blood volume or providing clotting factors |
| <input type="checkbox"/> Cryoprecipitate | for special clotting factors |

The Doctor has explained the benefits that are expected from my/the patients being transfused as well as the risk are:

1. I have been informed the transfusion option available, which may include banked blood (allogenic) provided by voluntary donors or self-donation (autologous). If an emergency condition exists, banked blood will be invariably be used. Self-donation is possible if time permits.
2. I have been informed that despite careful screening in accordance with national regulations, there are rare instances of life threatening infections such as AIDS, Hepatitis and other viruses or diseases as yet unknown. I understand that there is no practical way to eliminate all risks. I also understand that unpredictable reactions may occur which include but are not limited to, fever, rash, and shortness of breath, shock and in rare occasions, death.
3. Expected benefits of the transfusion may include minimizing shock, brain and other organ damage, hastening recovery and limiting blood loss, however, I understand that there are no guarantees offered as to the expected benefits.
4. I have had the opportunity to ask questions about transfusions, alternate forms of treatment, risks of non-treatment, the procedures to be used, and the relative risks and hazards involved and I believe that I have sufficient knowledge to make an informed decision.
5. I agree/Not agree the administration of blood and/or components in the interest of proper medical care, with my signature I give consent to administering blood products for myself or for the patients. I agree this informed consent may serve for consent to give additional necessary blood products for a time certain to end with this hospitalization or for the complete course of this illness. If I have been advised that the future need for transfusion blood products is quiet likely and possibly on a recurrent basis but still related to the same illness.

Witness
Doctor
Time
Date

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

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

Time:

Date:

Doctors Signature:

ஒப்புதல் : இரத்தம் / இரத்தத்தின் பாகங்களை செலுத்துதல்

இரத்தம் செலுத்துதல் என்பது, மருத்துவரால் பரிந்துரைக்கப்படுகின்ற ஓர் உயிர் காக்கும் மருத்துவ செயல்முறையாகும். முழுமையான இரத்தம் அளிக்கப்படலாம் என்றாலும், பெரும்பாலும் ஒரு பாகம் அல்லது பாகங்களின் கலவை செலுத்தப்படுகிறது. மிகப் பொதுவான பாகங்களில் கீழ்க்கண்டவை அடங்கும்.

சுவப்பு அணுக்கள்	இரத்தப்போக்கு அல்லது குறைந்த ஹீமோகுளோபினுக்கு
தட்டணுக்கள்	இரத்தப்போக்கு அல்லது குறைந்த எண்ணிக்கைக்கு
குருதிநீர்	இரத்த கன அளவை மீட்டமைப்பதற்கு அல்லது உறைவு அம்சங்களை வழங்குவதற்கு
கிரையோபிரைஸிடிட்டே	சிறப்பு உறைவு அம்சங்களுக்காக

எனக்கு / நோயாளிகளுக்கு இரத்தம் செலுத்தப்படுவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள் மட்டுமின்றி இடர்களையும் மருத்துவர் விளக்கியுள்ளார்

1. இரத்தம் செலுத்துவதில் கிடைக்கின்ற விருப்பத்தேர்வு பற்றி எனக்கு தகவலளிக்கப்பட்டுள்ளது. இதில் தன்னார்வ தானமளிப்பவர்கள் வழங்கியுள்ள வங்கியிலுள்ள இரத்தம் (அலோஜெனிக்) அல்லது சுயமாக தானமளித்தல் (ஆட்டோலோகஸ்) ஆகியவை அடங்கும். ஓர் அவசரநிலையில், வங்கி இரத்தம்தான் பயன்படுத்தப்பட வேண்டியிருக்கும். நேரம் கிடைக்கும் பட்சத்தில் சுய தானமளிப்பதற்கு வாய்ப்புள்ளது.
2. தேசிய விதிமுறைகளுக்கேற்ப கவனத்துடன் முன்சோதனை செய்யப்பட்டிருந்தாலும், உயிருக்கு ஆபத்தை விளைவிக்கக்கூடிய தொற்றுக்கான எய்ட்ஸ், ஹெபடைடீஸ் மற்றும் இதர வைரஸ்கள் அல்லது இதுவரை அறியப்படாத நோய்கள் ஏற்பட்டுள்ள அரிதான நிகழ்வுகளும் உள்ளன. எல்லாவிதமான இடர்களையும் நீக்குவது என்பது நடைமுறைக்கு இயலாத ஒன்றாகும் என்பதையும் நான் புரிந்து கொள்கிறேன். கணிக்க முடியாத எதிர்விளைவுகளும் தோன்றலாம். இவை காய்ச்சல், பொரிப்பு, மூச்சுத்திணறல், அதிர்ச்சி மற்றும் அரிதான நிகழ்வுகளில் இறப்பு ஆகியவற்றை உள்ளடக்கி, அந்த வரம்புக்குட்படாதவையாகவும் கூட இருக்கலாம் என்பதையும் நான் புரிந்து கொண்டேன்.
3. இரத்தம் செலுத்துவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள், அதிர்ச்சி, மூளை மற்றும் இதர உறுப்புகளுக்கு ஏற்படும் சேதம் குறைக்கப்படுதல், குணமடைதலை துரிதப்படுத்துதல் மற்றும் இரத்தம் இழக்கப்படுவதைக் குறைத்தல் ஆகியவற்றை உள்ளடக்கியிருக்கலாம் என்றாலும், எதிர்பார்க்கப்படும் நன்மைகளுக்கு உத்தரவாதம் ஏதும் அளிக்கப்படவில்லை என்பதையும் நான் புரிந்து கொள்கிறேன்.
4. இரத்தம் செலுத்துதல், மாற்று சிகிச்சை முறைகள், சிகிச்சை எடுக்காமல் இருப்பதிலுள்ள அபாயங்கள், பயன்படுத்தவிருக்கும் செயல்முறைகள், மற்றும் இதிலுள்ள இடர்கள் மற்றும் அபாயங்கள் ஆகியவை பற்றிய கேள்விகள் கேட்பதற்கு எனக்கு வாய்ப்பிருந்தது. மேலும் தகவலறிந்த நிலையில் முடிவெடுப்பதற்கு ஏற்ப எனக்கு போதிய விவரங்கள் தெரிந்திருந்தன என்று நான் நம்புகிறேன்.
5. முறையான மருத்துவ பராமரிப்பின் பொருட்டு, இரத்தம் மற்றும் / அல்லது அதன் பாகங்கள் செலுத்தப்படுவதற்கு நான் ஒப்புக்கொள்வதுடன், எனது கையொப்பத்தின் மூலம் எனக்கு அல்லது நோயாளிகளுக்கு இரத்தப் பொருட்கள் செலுத்தப்படுத்துவதற்கு என் ஒப்புதலை அளிக்கிறேன். இதே நோய் தொடர்பாக, இரத்தப் பொருட்கள் செலுத்தப்படுவதற்கான எதிர்காலத் தேவைக்கு வாய்ப்புள்ளது மற்றும் அது தொடர் அடிப்படையில் இருக்கலாம் என்று எனக்குத் தெரிவிக்கப்பட்டிருக்குமானால், இந்த மருத்துவமனை சேர்ப்பின் குறிப்பிட்ட காலத்தில் முடிவடையும் வகையில் அல்லது இந்நோயின் முழுமையான காலகட்டத்திற்கும் தேவையான கூடுதல் இரத்தப் பொருட்கள் செலுத்தப்படுவதற்குரிய ஒப்புதலையும் இத்தகவலறிந்த ஒப்புதல் மூலம் வழங்குவதற்கு நான் ஒப்புக் கொள்கிறேன்.

நோயாளியின் பெயர்.....

சாட்சி..... நோயாளியின் கையொப்பம்

மருத்துவர் அல்லது பாதுகாவலரின் கையொப்பம்

நேரம் பாதுகாவலரின் கையொப்பம்

தேதி நோயாளியுடனான உறவு

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

நேரம் :

நோயாளியின் பெயர் : மருத்துவரின் கையொப்பம்.....

தேதி :

Name: **Mr. KALIYAN S**
UHID: 71/Male/MHI202381394
DOB: 27/12/2023/IPH2023002614
DOA: Dr. ANBARASU MOHANRAJ
Consulta



IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

Chief Complaints:

PT c/o throat pain (+)

Occupation: ☐ Heavy Activity ☒ Moderate Activity ☐ Light Activity

Past Medical / Surgical History:

K/c/o DM x 15yrs

K/c/o HTN x 15yrs.

K/c/o - CAD - LFT + TND.

S/p + b/c cataract Surgery done at (2016, 2022)

On Observation:

Built: ☐ Thin ☒ Fair ☐ Well Built ☐ Obese | Postural Deviation: ☐ Yes ☒ No | Muscles Wasting: ☐ Yes ☒ No
Deformity: ☐ Yes ☒ No | Swelling: ☐ Yes ☒ No | Gait Deviation: ☐ Yes ☒ No | External Appliances: ☐ Yes ☒ No

On Palpation:

Tenderness: ☐ Yes ☒ No | Warmth: ☐ Yes ☒ No | Muscle spasm: ☐ Yes ☒ No
Oedema: ☐ Yes ☒ No | Crepitus: ☐ Yes ☒ No | Tone: ☒ Normal ☐ Abnormal

☐ INSIGNIFICANT

FALL RISK SCREENING

Fall Risk Screening for Adults: ☒ Age more than 65 years ☐ History of fall in last 3 months
☐ Walks with assistance ☐ Any neurological problem

In case of 2 or more criteria is met, initiate detailed fall assessment and fall prevention protocol.

Fall Risk Screening for Pediatrics: N/L

☐ H/O fall in last 3 months ☐ Neurological problem (vertigo, seizure, etc) ☐ Deranged mobility

In case of 2 or more criteria is met, initiate detailed fall assessment and fall prevention protocol.

Respiratory Status:

☒ Room Air ☐ O₂ Support ☐ Ventilatory Support ☐ BIPAP

☐ Tracheal Mask ☐ Nasal Prongs ☐ Face Mask

Intubated: ☐ Yes ☒ No

Tracheostomy: ☐ Yes ☒ No

Brain Injury (if applicable): N/L

☐ Traumatic ☐ Non Traumatic

☐ Mild ☐ Moderate ☐ Severe

☐ Conscious ☐ Unconscious

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

Spine Injury: ☐ Present ☒ Absent

AIS:ISNCSCI SCALE: NIL

☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx

Associated Injuries: Speech impaired: ☐ Yes ☒ No

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

ASHWORTH SCALE: NIL

☐ Tightness ☐ Contracture ☐ Deformity ☐ Sensory Deficit

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

Functional Activities

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

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

FIM Score:

Breathlessness (If applicable): NIL

Dyspnoea Grading Scale:

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

Abnormal Breathing Pattern:

Pain Assessment: Pain: ☐ Yes ☒ No

Pain Score:

Tick whichever is applied: ☐ Numerical Rating Pain Scale ☐ Visual Analog Scale ☐ Wong-Baker Faces
☐ Pain Scale ☐ Critical Care Pain Observation Tool ☐ FLACC

Location:

Duration:

Frequency:

Character:

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

☐ Sharp ☐ Cramping ☐ Stabbing ☐ Crushing

Aggravating Factors:

Relieving Factors:

Examination (Please tick and mention abnormal findings only):

☐ Range of Motion:

Normal

☐ Muscle Strength:

Normal

☐ Reflexes:

Normal

Plantar Response: ☒ Diminished ☐ Brisk ☐ Clonus

Biceps: ☐ Diminished ☐ Brisk ☐ Clonus

Triceps: ☒ Diminished ☐ Brisk ☐ Clonus

Supinators: ☒ Diminished ☐ Brisk ☐ Clonus

Knee: ☒ Diminished ☐ Brisk ☐ Clonus

Ankle: ☒ Diminished ☐ Brisk ☐ Clonus

Sensation: Good.

Investigation & Findings:

Δ:- CAD - LHT TND / T2DM / SHTN / Dyslipidemia

Physiotherapy Management Plan:

- Deep
- Spontaneous exercise
- Chest percussion to Bk chest wall
- ARM to Bk under
- Mobilization

	Signature	Name	Emp. No.	Date	Time
Physiotherapist	G. B. Akab	ANASH - G. B.	0256	28/12/23	14:30

RE-ASSESSMENT FORM

Date &
Time

Fall Risk Score: —

Pain Score: 2/10

29/12/23

&

10:00

Surgical site Pain

Rx

- Dorsal Endomysel
- Chest percussion done to BL chest wall
- Spirometry ex endomysel
- Active ex to BL UL & LL
- Mobilised to Chair.
- To Improve Joint ROM
- To Improve ADL
- To Improve lung clearance & lung expansion

Post Intervention Pain Score: 2/10

Treatment Care & Plan:

Post operative Cardio Pulmonary Rehabilitation

Signature

Name


Emp. No.

Physiotherapist

J. m. h.

JIVUAYAPALAN

2102

Name: **Mr. KALIYAN S**
UHID: 71/Male/MHI202381394
DOB: 27/12/2023/IPH2023002614
DOA: Dr. ANBARASU MOHANRAJ
Consultant: 

CONSENT FORM - PHYSIOTHERAPY

I, Mr. Kaliyan the ☐ Patient or ☒ representative of patient have (please tick the correct option above and below):

☒ Read

☒ I/We have been explained the current clinical condition of me / my patient

☒ Been explained this consent form in TAMIL (Name of language) which I fully understand and understood the information provided about Operation / procedure

Post operative cardiac Pulmonary Rehabilitation

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

Brief description of the Operation / Procedure: DBx, Spirometry exercises, Chest percussion to BL chest wall, Aron to BL UL LL, Mobilization

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

To Improve Joint ROM, To Improve Lung Capacity & function, To clear out lung secretion To improve breathing

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

Pain

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

Nil

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

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

K. Sagar

For the above mentioned operation(s) / procedure(s) that I have been made aware of, I give my consent voluntarily to

Dr. AKASH. G.E (name of doctor performing the operation / procedure) for carrying out the said operation / procedure on ☒ myself or ☐ my above named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives

K. Sagar

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

	Signature / Thumb Impression*	Name	Date	Time
Patient				
Surrogate/Guardian (if applicable #)	K. Sagar	K. SARAVANAN (Write name and relationship with patient)	28/12/23	14:40
Reason for surrogate consent	Patient is unable to give consent because:			
Witness	D. Shree	D. Shree	28/12/23	14:40
Interpreter (if applicable)				

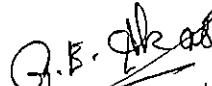


* Right Hand for Males & Left Hand for Females | # Only if Patient is a minor or unable to give consent

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

	Signature	Name	Reg. No.	Date	Time
Consent obtained by	G.E. Akash	AKASH. G.E	0256	28/12/23	14:40
Procedure performed by	G.E. Akash	AKASH. G.E	0256	28/12/23	14:40



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
28/12/23	16:50	<p>S/B AKASH</p> <ul style="list-style-type: none"> - PT extubated - BT/oral / Nasal Suctioning done yielded thick white secretion - PT voice clear/audible - PT Nebulized - PT Connected to O₂ Mask: 5 litres - Spirometry encouraged Ins: 600cc Exp: 600cc 	<p>G.B.  MH10256</p>
28/12/23	22:00	<p>S/B Pamanathan P</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to B/L Chest wall - AROM Ex's to B/L UL & U - Spirometry Ex's encouraged Ins: 600cc Exp: 600cc 	<p> MH10260</p>
29/12/23	6:00	<p>S/B Pamanathan P</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to B/L Chest wall - AROM Ex's to B/L UL & U - Spirometry Ex's encouraged Ins: 600cc Exp: 600cc 	<p> MH10260</p>



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
29/12/23	9:00	<p>S/B J. VIJAYARAGHAVAN</p> <ul style="list-style-type: none"> - DBA's encouraged - Chest percussion done to BL Chest wall - Spirometry BA's encouraged Ins: 600cc Exp: 600cc - Active ex to BL UL & U 	<p>J. Vijay</p> <p>mmcr2102</p>
29/12/23	17:00	<p>S/B AKASH</p> <ul style="list-style-type: none"> - DBA's encouraged - Spirometry BA's encouraged Ins: 600cc Exp: 600cc - Chest percussion to BL Chest wall - AROM to BL UL & U - PT Chair Mobilized - PT Mobilized inside the ICU. 	<p>G.E. Akash</p> <p>MH10256</p>
29/12/23	22:00	<p>S/B Ramanathan. P</p> <ul style="list-style-type: none"> - DBA's encouraged - Chest percussion to BL Chest wall - AROM BA's to BL UL & U - Spirometry BA's encouraged Ins: 600cc Exp: 600cc 	<p>P. Ramanathan</p> <p>MH10260</p>



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
30/12/23	6:00	<p>S/B Ramanathan .P</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to B/L chest wall - Spirometry En's encouraged Ins: 600cc Exp: 600cc - AROM En's to B/L UL & LL - PT Chair mobilised 	<p><i>[Signature]</i> MH10286</p>
30/12/23	9:00	<p>S/B J. JAYARAJAN</p> <ul style="list-style-type: none"> - DBE's encouraged - chest percussion done to B/L chest wall - Spirometry En's encouraged Ins: 600cc Exp: 600cc - AROM En's encouraged to B/L UL & LL - Patient mobilised to chair. 	<p><i>[Signature]</i> MMC-2102</p>
30/12/23	17:00	<p>S/B AKASH</p> <ul style="list-style-type: none"> - DBE's encouraged - Spirometry En's encouraged Ins: 600cc Exp: 600cc - Chest percussion to B/L Chest wall - AROM to B/L UL & LL 	<p><i>[Signature]</i> MH10286</p>



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Mr.KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr.ANBARASU MOHANRAJ



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
31/01/23	10:00	<p>PT Mobilised</p> <p>Sr J. JAYARAJAN</p> <ul style="list-style-type: none"> - Dorsal extended - chest expansion done to BL chest wall - Spirometry ex extended - Is-booc Far-booc - Active ex to BL VC & U <p>PT mobilised</p>	<p>J. Jayarajan</p> <p>MMC-2102</p>
31/01/23	15:00	<p>Sr J. JAYARAJAN</p> <ul style="list-style-type: none"> - Dorsal extended - chest expansion done to BL chest wall - Spirometry ex extended - Is-booc Far-booc - Active ex to BL VC & U extended - Patient mobilised outside the room 	<p>J. Jayarajan</p> <p>MMC-2102</p>



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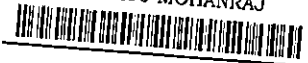
MH/PRINT/0096/PHY

Mr. KALIYAN S

71/Malc/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
01/01/24	10:00	<p>S/B <u>AKASH</u></p> <ul style="list-style-type: none"> - DBE encouraged - Spirometry encouraged Ins: 600cc Exp: 600cc - Chest percussion to BL Chest wall - AROM to BL ULL - PT Stair climb encouraged 	<p>G. S. S. S. S.</p> <p>MHI0256</p>
01/01/24	16:00	<p>S/B <u>AKASH</u></p> <ul style="list-style-type: none"> - DBE encouraged - Spirometry encouraged Ins: 600cc Exp: 600cc - Chest percussion to BL Chest wall - AROM to BL ULL - Home - PT Stair climb encouraged 	<p>G. S. S. S. S.</p> <p>MHI0256</p>
2/1/24	10:00	<p>S/B <u>Ramanathan P</u></p> <ul style="list-style-type: none"> - DBE encouraged - Chest percussion to BL Chest wall - AROM to BL ULL - Spirometry encouraged Ins: 600cc Exp: 600cc - PT mobilised 	<p>MHI0260</p>



MICROBIOLOGY SHEET

MICROBIOLOGY-CULTURE REPORTS

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

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



DIABETIC CHART

ACTUAL WEIGHT 63 kg HbA_{1c} 6.5 %

PREVIOUS DIABETIC MEDICATIONS TAB. GLYCOMET 6P 0.5mg 0-04 B/F

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
27/12/23	1:30pm	130 mg/dL		Dr. Praveen	Dr. Praveen
	18:30	263 mg/dL	T. Glycomet 6P T. H. M. S. S.	Dr. Praveen	Dr. Praveen
28/12	6:30	143 mg/dL	NPO from 12am	Dr. Praveen	Dr. Praveen

INSTRUCTIONS FOR INSULIN INFUSIONS

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

DIABETIC CHART

Every heart beat counts
Mr. KALIYAN S

Pt 71/Male/MHI202381394
Ni 27/12/2023/IPH2023002614
UI Dr. ANBARASU MOHANRAJ
DI

ACTUAL WEIGHT 63kg HbA_{1c} 6.51

PREVIOUS DIABETIC MEDICATIONS TAB. GLYCOMET 61P 0.5mg (BF)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
28/12/23	13:00	161 mg/dl	-	<i>[Signature]</i>	DR. PRAVEEN
	16:00	203 mg/dl	2u - H. Actrapid on flow	<i>[Signature]</i>	DR. DEETHA
	18:00	171 mg/dl	2u - H. Actrapid on flow	<i>[Signature]</i>	DR. DEETHA
	21:00	150 mg/dl	INFUSION STOPPED	<i>[Signature]</i>	DR. PRAVEEN
29/12/23	06:14	190 mg/dl	TAB. GLYCOMET 61P 0.5mg PO given at 9:00	<i>[Signature]</i>	DR. PRAVEEN
	13:20	180 mg/dl		<i>[Signature]</i>	DR. PRAVEEN
	19:30	198 mg/dl	TAB. GLYCOMET 61P 0.5mg PO given	<i>[Signature]</i>	DR. PRAVEEN
30/12/23	06:00	155 mg/dl	T. GLYCOMET 61P 0.5mg given at 7:50 am	<i>[Signature]</i>	Dr. praveen
	12:30	287 mg/dl	Ins. H. A 10 units	<i>[Signature]</i>	Dr. praveen
	18:00	208 mg/dl	T. Glycomet 61P 1	<i>[Signature]</i>	<i>[Signature]</i>
31/12/23	6:30	209 mg/dl	T. Glycomet 61P 2mg	<i>[Signature]</i>	Dr. Praveen

INSTRUCTIONS FOR INSULIN INFUSIONS

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

DIABETIC CHART

T. GLYCOMET GP₂ 1-0-0
T. ISTAMET 50/500 0-1-0 } BF
T. GLYCOMET GP₁ 0-0-1

ACTUAL WEIGHT HbA_{1c} 6.5%

Mr. KALIYAN S

71/Malc/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



PREVIOUS DIABETIC MEDICATIONS

~~T. Glycomet GP 0.5-1-0-1 GB/F~~

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
12/12/23	12:30	224 mg/dl	Insulin - 120	Dr. Anbarasu	K. Anbarasu
	18:30	111 mg/dl	T. Glycomet GP ₂	Dr. Anbarasu	K. Anbarasu
11/1/24	6:30	182 mg/dl	T. Glycomet GP ₂	Dr. Anbarasu	K. Anbarasu
	12:30	253 mg/dl	T. Istamet 50/500	Dr. Anbarasu	K. Anbarasu
	18:30	97 mg/dl	T. Glycomet GP ₁	Dr. Anbarasu	K. Anbarasu
21/1/23	6:30	131 mg/dl	T. Glycomet GP ₂	Dr. Anbarasu	K. Anbarasu
	12:30	205 mg/dl	T. ISTAMET 50/500	Dr. Anbarasu	K. Anbarasu

INSTRUCTIONS FOR INSULIN INFUSIONS

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

BLOOD GROUP

O+VE

INVESTIGATION SHEET

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



Date	26/12/23	28/12/23	29/12/23	30/12/23	1/1/24	
HAEMATOLOGY						
Hb	14.7	13.2	13.0	12.4	12.1	
P.C.V	43.8	39.0	38.6		36.5	
Platelets	252000	173000	232000		218000	
TLC			12920	8870	8870	
Polymorphs			88.3	72.4	72.4	
Lymphocytes	26.0		6.7	17.7	17.7	
Eosinophils	1.6		0.0	1.4	1.4	
Mono / Basophils	5.4 / 0.4		2.9 / 0.1	5.0 / 0.5	5.0 / 0.5	
E.S.R						
BIO-CHEMISTRY						
Urea	40		38	42	48	
Creatinine	1.19		1.16	1.33	1.19	
Sodium	142			135	137	
Potassium	4.56			4.19	3.75	
Bicarbonate	24					
Chloride	102.1					
Magnesium		2.0	2.1			
Calcium						
Phosphorus						
LFT						
T.Bilirubin	0.18		0.43			
D.Bilirubin	0.08					
I.Bilirubin	0.10					
S.G.O.T	14.0					
S.G.P.T	11.0					
ALP	66					
GGT	21.0					
Total Protein	7.6					
S.Albumin	4.4		3.4			
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK			214			
CK - M.B. MASS			14.2			
LDH						
Ntpro bnp						

[illegible]

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



BLOOD GROUP

u⁺ 0⁺ positive

INVESTIGATION SHEET

Date	20/12/23						
HAEMATOLOGY							
Hb	14.7						
P.C.V	43.8						
Platelets	252000						
TLC	8860						
Polymorphs	66.6						
Lymphocytes	26.0						
Eosinophils	1.6						
Mono / Basophils	5.4/0.4						
E.S.R							
BIO-CHEMISTRY							
Urea	40						
Creatinine	1.19						
Sodium	142						
Potassium	4.56						
Bicarbonate	24						
Chloride	102.1						
Magnesium							
Calcium							
Phosphorus							
LFT							
T.Bilirubin	0.18						
D.Bilirubin	0.08						
I.Bilirubin	0.10						
S.G.O.T	14						
S.G.P.T	11						
ALP	66						
GGT	21						
Total Protien	7.6						
S.Albumin	4.4						
CARDIAC ENZYMES							
Troponin I							
CKNAC - CPK							
CK - M.B. MASS							
LDH							
Ntpro bnp							

[illegible]



MHI/IP/2022/066



Every heart beat counts

Mr.KALIYAN S

71/Malc/MHI202381394

27/12/2023/IPH2023002614

Dr.ANBARASU MOHANRAJ



Date	From:	To:	Bed No:												
27/10/23	28/10/23	105.B													
24 Hrs : Started Time :		Ended Time :													
1.10		7.00													
NPO Started at :		NPO Over at :													
SHIFT	Morning	Afternoon	Night												
INTAKE		400	350ml.												
OUTPUT		600													
Total Intake:	750ml	Total Output:	950ml.												
		Difference:	200ml.												
INTAKE & OUTPUT CHART															
Restricted Fluid (RF)															
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										
14.30	150					150	15.00	300					300		
15.00	100					250	19.00	300					600		
18.00	150					400	5.00	350					950		
20.30	200					600ml									
23.30	150					750ml									
TOTAL INTAKE - 750															
TOTAL OUTPUT - 950ml															
BALANCE - 200ml															

Date	From: 30/12/23	To: 31/12/23	Bed No: 104	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			UpD		600ml										
OUTPUT			Fuo		850ml		RF - 2.4 Lit/day								
Total Intake: 1500ml			Total Output: 2350ml			Difference: 850ml									
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										
			Till 10:30 ON 30/12/23												
						350ml							600ml		
11:00	150					500	12:30	200					800		
12:00	200					700	1:30	250					1050		
1:00	150					850	1:05	300					1350		
1:30	50					900	1:50	150					1500		
2:00	200					1100	2:00	250					1750		
2:30	150					1250	2:00	300					2050		
3:00	150					1350	5:30	300					2350		
3:00	150					1500									
						Total Intake - 1500ml									
						Total Output - 2350ml									
						Balance - 850ml									
						Naa									
						024									



Date	From: 31/12/23	To: 1/1/24	Bed No: 104 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	800		300 ml		600		2.4 litres/day								
OUTPUT	800		550 ml		400										
Total Intake: 1400		Total Output: 1530		Difference: 130 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										
8:30	250					250	9:00	250					250		
10:30	50					300	11:00	250					250		
11:30	150					450	13:30	250					530		
12:00	80					500	15:30	300					830		
14:20	100					600	22:00	350					1180		
16:40	100					700	2:00	250					1430		
19:40	100					800	5:30	100					1530		
21:00	150					950									
22:30	100					1050									
2:00	100					1150									
6:00	250					1400									
							Total Intake - 1400ml								
							Total Output - 1530ml								
							Balance - 130ml								
														Hay	Nasa
														2/1	05/24



Date	From: 21/1/24	To: 21/1/24	Bed No: 104B	INTAKE & OUTPUT CHART											
24 Hrs : Started Time : 7:00		Ended Time : 7:00													
NPO Started at :		NPO Over at :													
SHIFT	Morning		Afternoon	Night	Restricted Fluid (RF)										
INTAKE	500		350ml	250ml	2 Ltr toesday										
OUTPUT	550		500ml	550ml											
Total Intake: 1100ml		Total Output: 1600ml		Difference: 500ml											
INTAKE (ml)							OUTPUT (ml)								
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
7.00	100					100	8.30	150					150		
8.50	150					250	10.00	300					450		
10.00	150					400	11.30	100					550		
11.30	100					500	14.00	200					750		
12.40	100					600	18.30	800					1050		
14.00	100					700	22.00	500					1350		
17.00	100					800	24.00	250					1600		
18.30	50					850									
20.30	100					950									
21.00	50					1000									
6.30	100					1100									
							TOTAL INTAKE - 1100								
							TOTAL OUTPUT - 1600								
							BALANCE - 500ml								
							Nae 029								



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

Dr.ANBARASU MOHANRAJ



Medway
Heart
Institute

Every heart beat counts

<div> <div> Date: 2/1/24 From: 7:00 To: 8:00 Bed No: 104-B </div> <div> 24 Hrs : Started Time : 7:00 Ended Time : 8:00 </div> <div> NPO Started at : NPO Over at : </div> </div>												<div> <div> SHIFT: Morning Afternoon Night </div> <div> INTAKE: 550 ml OUTPUT: 600 ml </div> </div>				<div> Total Intake: Total Output: Difference: </div>			
<div> <div> Time Oral Tube Feeding Intravenous Infusion Type of Fluid Additions Amount Total </div> <div> Time Urine Vomit N/G Aspirate Drain Tube Others Total R/N Sign Endorsed by </div> </div>																			
7:20	200					200	7:30	300				300							
9:46	200					400	11:46	300				600							
11:00	150					550													
												Total Intake - 550ml							
												Total output - 600ml							
<div> <div> Nae 002 </div> </div>																			



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The way to better health

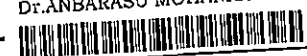
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MT.KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



MHI/IP/2022/074



Every heart beat counts.

VITAL INFORMATION SHEET

Diagnosis:

CAD - 7.00

Procedure :

BLOOD GROUP D POSITIVE

ON ADMISSION

Height in CM

Weight in Kg.

162 cm

63 k

[illegible]

AP stopped on 23/12/23



Medway Hospitals[®]
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P: 71/Malc/MH1202381394
N 27/12/2023/IPH2023002614
U Dr.ANBARASU MOHANRAJ
D



Medway
Heart
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VITAL INFORMATION SHEET

BSP-1.60

ON ADMISSION

Weight in Kg.

63K98

Procedure :

Limn-LAD

2VCH - 0m, 2VCH - PDA

NO. OF DAYS	DOS	POD-I	POD-II	POD-III	POD-IV	POD-V
DATE	28/12/23	29/12/23	30/12/23	31/12/23	1/1/24	2/1/24
HOUR	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10
PULSE	89	80	82	82	84	85
RESP	17	18	20	20	20	20
B.P.	162/72	140/68	130/60	128/50	110/70	110/80
SPO2	100%	100%	100%	93	96	97
DAILY WEIGHT	63 kg	63.5 kg	64 kg	64 kg	64 kg	64 kg
24 HRS INTAKE	2430 ml	2551 ml	1500 ml	1400 ml	1100 ml	1100 ml
24 HRS OUTPUT	2302 ml	2455 ml	2350 ml	1530 ml	1600 ml	1600 ml
BALANCE	+128 ml	+96 ml	-850 ml	-130 ml	500 ml	500 ml
MOTION	x	x	x	x	x	x

EARLY WARNING SCORE MONITORING CHART

Name: _____

Age/Sex: _____

Patient Id No: _____

NEWS key	DATE	TIME	DATE	TIME
0				
1				
2				
3				
A+B				
Respirations				
Breath/ min				
	>25			>25
	21-24			21-24
	18-20			18-20
	15-17			15-17
	12-14			12-14
	9-11			9-11
	<8			<8
A+B				
SPo2 Scale 1				
Oxygen Saturation (%)				
	>96			>96
	94-95			94-95
	92-93			92-93
	<91			<91
Spo2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % eg: in hypercapnic respiratory failure only scale 2 under the direction of qualified clinician				
	>96 on oxygen			>96 on oxygen
	95-96 on O2			95-96 on O2
	93-94 on O2			93-94 on O2
	>93 on air			>93 on air
	88-92			88-92
	86-87			86-87
	84-85			84-85
	<83%			<83%
Air or Oxygen ?				
	A= Air			A= Air
	O2litre/ min			O2litre/ min
	Device			Device
C				
Blood Pressure				
	>220			>220
	201-219			201-219
	181-200			181-200
	161-180			161-180
	141-160			141-160
	121-140			121-140
	111-120			111-120
	91-100			91-100
	81-90			81-90
	71-80			71-80
	61-70			61-70
	51-60			51-60
	<50			<50
stolic BP				
	mmHg			mmHg
	>131			>131
	121-130			121-130
	111-120			111-120
	101-110			101-110
	91-100			91-100
	81-90			81-90
	71-80			71-80
	61-70			61-70
	51-60			51-60
	41-50			41-50
	31-40			31-40
	<30			<30
D				
Consciousness				
Score for New onset of confusion (no score if chronic)				
	Alert			Alert
	Confusion			Confusion
	V			V
	P			P
	U			U
E				
Temperature				
Degree Celsius				
	>39.1 degree Celsius			>39.1 degree Celsius
	38.1-39.0			38.1-39.0
	37.1-38.0			37.1-38.0
	36.1-37.0			36.1-37.0
	35.1-36.0			35.1-36.0
	<35.0			<35.0
NEWS Total				
Monitoring Frequency				
Escalation of Care Y/N				
Initials by RN				
Initials by Sr. RN				

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

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



EARLY WARNING SCORE MONITORING CHART

Name:

Age/Sex: _____

Patient Id No:

[illegible]

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

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

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



Diagnosis: CAD - WD / EF-60% / DM2 / Dyslipidemia / CADx

Height: 162 cms Weight: 65 Kgs Food allergies: Yes/No, if yes, specify: No

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


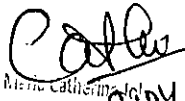

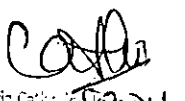
Diet Prescription: 1600 calories, low fat, low salt, high protein, diabetic diet.

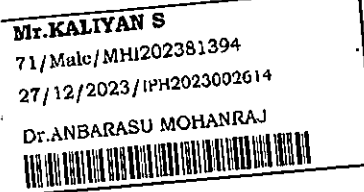
SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

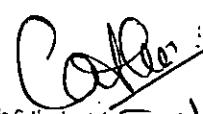
(A) Patient's related Medical History				
1) Weight Change (overall change in past 6 months)				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No weight change/gain	<5%	5 - 10%	10 - 15%	>15%
2) Dietary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

Dietitian Signature / Name / Date / Time:

Patricia 27/12/23 14:40
Maria Catherine J. (2401)
Senior Dietitian

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
27/12/21, 14:00	<p>A 71 year. old gentleman came to clinic with pain in exertion was assessed as well nourished on assessment by SNA.</p> <p>1600 TWB / DM / HCB / Dyslipidemia.</p> <p>Educated the patient and family on 1600 calories, low fat, low salt, high protein, diabetic diet. Emphasized on small portion sizes & low glycemic index.</p>	 Maria Catherine Joseph Senior Dietitian
28/12/21, 16:00	<p>Patient shifted to OT for surgery (CASA) and kept on NBM. Patient <u>will</u> be seen - will initiate on diabetic, <u>liquid</u> diet as per doctor's advice.</p>	 Maria Catherine Joseph Senior Dietitian
29/12/21, 10:00	<p>Now on. Patient educated diabetic, <u>liquid</u> diet. Cap initiate on diabetic, high protein, soft solid diet.</p>	 Maria Catherine Joseph Senior Dietitian
30/12/21, 13:40	<p>Patient <u>will</u> be ward. Reemphasized on diet instructions. Notified to eat well.</p>	 Maria Catherine Joseph Senior Dietitian



DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>2/1/24, 10:00</p>	<p>Diet intake is good. Educated the patient and family on low calories, low fat, low sodium, high protein, diabetic diet on discharge. Supplied a menu for meals & low protein diet. Diet modification and clarification done. Diet chart given on discharge.</p>	<p> Maria Catherine John Senior Dietitian</p>

INTRAOPERATIVE NURSING RECORD

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



Consultant: Dr. Am

Name of Surgery: OP CAR CROSSED HEART

Date of Surgery: 28/12/23

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

Pressure Protection Pad:

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

Skin preparation in OT

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

Electrocautery:

☐ Monopolar ☒ Pad Location: Right upper arm ☐ Bipolar

Tourniquet

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

Other equipment used:

Personal:

☐ Surgeon: Dr. Am ☐ Asst. Dr. Parveen☐ Anaesthetist: Dr. An ☐ Asst. Dr. Ajethia

Type of Specimen:

Lab:

☐ Pathology ☐ Permanent ☐ Frozen ☐ Time sent -----☐ Cytology ☐ Time of report -----☐ Microbiology ☐ Time sent -----☐ Biochemistry

Packing / Drains / Catheters

Type	Size	Site	Type	Size	Amount	Sign
Rompers	28F8	1 Melasthnum				
Rompers	28F8	4 place				

Urinary catheter done by Pak with using 19 Fr Foley's catheter
Sponge Count Record

Count	Raytex Sponges	Gauze Lined	Gauze Unlined	Neuro Patties	Tonsil cotton balls	Vein Canula	Bulldog clamp	Needle	Circ. Nurse sign	Scrub Nurse Sign
Pre-op	Correct	Correct					Correct	Correct	2/3/26	Abitha 01/04
Change over count	Correct	Correct					Correct	Correct	2/3/26	Abitha 01/04
First closure count	Correct	Correct					Correct	Correct	2/3/26	Abitha 01/04
Final closure count	Correct	Correct					Correct	Correct	2/3/26	Abitha 01/04

☒ Count Correct

Corrective action taken

Surgeon informed

Dressing / Cast Immobilizer

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

Transferred to : SICU ☐ Patient Room ☐ CCU ☐ Recovery Room

Scrub Nurse Signature

Name :

Date & Time : 25/12/22 12:40

Circulating Nurse Signature

Name :

Date & Time



Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ



re)

PSYCHOLOGICAL WELLBEING REPORT

Date: 02/01/24

Time: 12.20pm

Unit: 104B

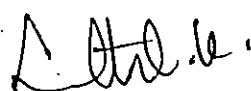
Clinical diagnosis:

Surgery/ Procedure: OPCAB X 3 grafts / T2DM - Pod V

Impression: Functioning well, memory decline.

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

Employee ID: MH1027584


 Signature of the Psychologist:



NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 27/12/23 Time of Arrival: 12-30 Mode of Admission: ☒ Walking ☐ Wheelchair ☐ Stretcher

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

Relationship with Patient: Father in Law Contact Person's Name: Mr. Saravanan Relationship: Father in Law

Contact No.: 9486659113 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 : 15 years Yes If yes specify

Drugs History : Antiplatelet Tab. Aspirin 100mg, Tab. Clopidogrel 75mg, A/P Stopped on 23/12/23 (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: 97.6 (°F) | Pulse / HR: 60 (beats/min) | BP: 130/70 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 98 (%) | CBG: 130 (mg/dl) | Height: 162 (cms) | Weight: 63 (kgs)

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

If Yes, specify: _____

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

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

Duration: _____ Location: _____

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

Nutritional Screening:

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

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

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

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: Mr. Caldera Time: 12-56

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Hearing Impairment	<input checked="" type="checkbox"/> Yes <input 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		

DVT RISK ASSESSMENT

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

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

Risk Score Interpretation (Probability of DVT):

Tick the score obtained (✓)

Final Score

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

Personal Belongings / Valuables:

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

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

Patient / Patient's Attendant	Sign.	Name	Emp. No.	Date	Time
	G. Anurag	G. Anurag	Relationship father in law	27/12/23	12:30
Nurse	Keerthi	V. Lidiya	0249	27/12/23	12:50
Unit In-Charge		Dhanalakshmi	0005	28/12/23	08:00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 27/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - TVD.

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: NILDA

On room air / oxygen: On room air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 97.6 (°F) | Pulse / HR: 60 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 98 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 kg/m²

Others: -

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

Fall Risk Score: 3 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: On Diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: 3 nil

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: plan CABG T/U

	Signature	Name	Emp. No.	Date	Time
Handover given by		U. Lideepi	0244	27/12	19.30
Handover taken by		A. Nandhini	0170	27/12/23	19.30
Document endorsed		Dharmaraj	0005	28/12/23	08:00

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date:

27/12/23

Shift:



Morning



Evening



Night

S

SITUATION

Diagnosis:

CAD - I.M.T.V.D

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: -

B

BACKGROUND

Type of surgery:

Date of surgery: -

Allergies if any:

NKA

On room air / oxygen: On Room Air

IV fluids on flow: -

Complaints / New Symptoms in last shift:

A

ASSESSMENT

Vital Signs: Temp 97. (°F) | Pulse / HR: 85 (beats/min) | Respiration: 20 (breaths/min)

BP: 112/62 (mmHg) | SpO₂ 95 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet:

Drains: -

Diabetic diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

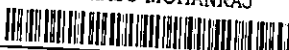
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: Tomorrow Plan CABG

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Nandhini	0770	28/12/23	7:30
Handover taken by		Shifted to OT			
Document endorsed		Dr. Anbarasu	0005	28/12/23	08:00

[illegible]



NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp No.
	CTOT RECEIVAL REPORT	
28/12/23	Patient Received From <u>ICU</u> To <u>CTOT</u> With Blue Op File And Case Sheet	
@	ECG: <u>1 booked</u> ECHO: <u>1</u> X-RAY: <u>1</u> ANGIO CD: <u>with attendar</u>	
8:00	CT FILE: <u>-</u>	
	Patient Posted For Procedure: <u>CABG</u>	<u>Christy</u>
	Under Anesthesia: <u>General Anesthesia</u>	<u>0036</u>
	Allergy Status: <u>NKA</u>	
	Known Case Of: <u>Type II DM, HTN, Dyslipidemia</u>	
	Past Surgical History: <u>OU cataract extraction on 2019, 2022</u>	
	VITAL SIGN: TEMP: <u>37°C</u> HR: <u>60bpm</u> SPO2: <u>98%</u> BP: <u>130/70mmHg</u>	
	CTOT SHIFTING REPORT	
	Patient Shifted From <u>CTOT</u> To <u>ICU</u> With Blue Op File And Case Sheet Along With	
28/12/23	*Surgery Safety Check List <u>01</u>	
	*Intra Operative Record <u>01</u>	
	*Nurses' Record <u>01</u>	
	* <u>-</u>	
	ECG: <u>1</u> ECHO: <u>1</u> X-RAY: <u>1</u> ANGIO CD: <u>CTC</u>	
12:40	CT FILE: <u>NK</u>	<u>attendar</u>
	Patient Posted And Underwent For Procedure: <u>OPCA (closed heart)</u>	
	Under Anesthesia: <u>GA</u>	
	Procedure: <u>OPCA (closed heart)</u>	
	Drain tube size and placement: <u>28Fr</u> <u>lt pleura</u>	
	Pacing wire placement: Present/Absent- <u>-</u> Site: <u>Mediastinum</u>	
	Implants: <u>3 Graft</u> <u>SVG → OM, PDA</u>	<u>0104</u>
	Cautery burn/skin peeling/towel clip mark: Present/Absent <u>-</u>	<u>0104</u>
	VITAL SIGN: TEMP: <u>35°C</u> HR: <u>68bpm</u> SPO2: <u>100%</u> BP: <u>107/60mmHg</u>	
	Notes: <u>Onli pt stopped on 28/12/23</u>	
Document endorsed by	Signature <u>[Signature]</u> 0104	Name <u>S. Abitha</u> Emp. No. <u>0104</u> Date <u>28/12/23</u> Time <u>12:40</u>



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 28/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD-TVD EF→61%

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: metacarpel Left: D1

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☒ Yes ☐ No Day: D1

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

GCS: 15/15

POD: D0S

Central line days: D1

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB X 3 GRAFTS

Date of surgery: 28/12/23

Allergies if any: NKDA

On room air / oxygen: On Nasal prongs

IV fluids on flow: KABLYTE

Complaints / New Symptoms in last shift: NU

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 85 (beats/min) | Respiration: 18 (breaths/min)

BP: 158/100 (mmHg) | SpO₂: 100 (%) | Height: 162 (cms) | Weight: 68 (kgs) | BMI: 24.0 kg/m²

Others: CVP → 9 mmHg, BSA → 1.68 m²

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☐ NA OT

Current diet: Liquid diet

Drains: LEFT PLEURAL + MEDIASTINAL

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by		Subanya C	0223	28/12/23	07:20
Handover taken by		Anbarasu Mohanraj	0074	29/12/23	7:20
Document endorsed		Anbarasu Mohanraj	0003	30/12/23	9:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
28/10/23	NIGHT DUTY REPORTS on	
19:30.	* Took over the patient is in haemodynamically stable Condition Cont support, B/C airway entry (4), lung clear on Nasal prongs H/Lt O ₂ . SPO ₂ → 100%, Abdomen soft, bowel sound heard, peripheries warm & pulse felt.	Syll 0225
20:00	* patient Consumed liquid diet T. Escopin to me given.	Syll 0225
20:30	* Due to pain Complaints Syntex infusion 25ml/hr started as per doctor advice.	Syll 0225
22:40	* Due to ABP → 199/100 mmHg. T. metoprolol 25mg PO given as per Dr. Pearson advice.	Syll 0225
29/10/23	* ABP → 145/80 mmHg.	
00:00	* Due to ↓ urine output Syntex 10mg given	Syll 0225
01:00	* patient is in haemodynamically stable Condition	
04:30	* Blood Investigation send as per protocol, Nebulization given.	Syll 0225
05:30	* Bed bath provided & Oral Care given.	Syll 0225
05:50	* IIV line Care given and secured well.	Syll 0225
06:00	* U-Cath Care given.	
06:10	* Spirometry Explained & patient done.	Syll 0225
06:15	* ABC done.	
07:20	* patient handed over to next duty staff in haemodynamically stable Condition	Syll 0225
Document endorsed by	Signature	Name
		Emp. No.
		Date
		Time

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: **28/12/23**

Shift: ☐ Morning ☒ Evening ☐ Night

S	SITUATION Diagnosis: CHD-TVD NEWS / PEWS Score: Ventilator day: D1 meta Peripheral line day: Right: meta Left: D1 Ryle's Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Day: D1 Urinary Catheter: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Day: D1 Barrier nursing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MDR: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, specify organism: - GCS: ECP VET MCP POD: D03 Central line days: D1 VIP Score: 0.5
B	BACKGROUND Type of surgery: OP CAB X3 DRAITS Allergies if any: NADA On room air / oxygen: ON VENT Complaints / New Symptoms in last shift: - Date of surgery: 28/12/23 IV fluids on flow: DAB HYTE
A	ASSESSMENT Vital Signs: Temp: 97.7 (°F) Pulse / HR: 60/114 (beats/min) Respiration: 20/114 (breaths/min) BP: 160/60 (mmHg) SpO ₂ : 100 (%) Height: 162 (cms) Weight: 63 (kgs) BMI: 24.0 kg/m² Others: cup - 9 mmHg, D01 - 1.68mm Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / OPOT Fall Risk Score: 50 Fall Risk Protocol: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High Braden Score: <input type="checkbox"/> Minimal Risk: 23-19 <input type="checkbox"/> At Risk-Mild Risk: 18-15 <input type="checkbox"/> Moderate Risk: 14-13 <input type="checkbox"/> High Risk: 12-10 <input type="checkbox"/> Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Wound Dressing done: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA OT Current diet: NPO Drains: LT PLEURA + MEDIA
R	RECOMMENDATION Referral doctors: Pending medications: Pending medication indent: Pending lab reports / Investigations: Critical value alert and its corrections: Changes in nursing care plan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, modified care plan date: - Pending follow-up orders: Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		Dr. Sheeba	0270	28/12/23	18:30
Handover taken by		SUGANYA C	0223	28/12/23	19:30
Document endorsed		Dr. Anbarasu Mohanraj	0223	29/12/23	9:00

[illegible]

Time

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 08/12/23 Shift: ☒ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - JVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: Mole cap D2

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: 2

Barrier nursing: ☒ Yes ☐ No

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

GCS: 15/15

POD: 2000

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCLAB

Allergies if any: NKA

On room air / oxygen: -

Complaints / New Symptoms in last shift: -

Date of surgery: 08/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 75 (beats/min) | Respiration: 20 (breaths/min)

BP: 123/44 (mmHg) | SpO₂: 94 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 kg/m²

Others: CVP - 5 mmHg, BNP: 0.4 kg/m²

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☐ NA

Current diet: Liquid diet

Drains: Mole skin + 6 ft pleural

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:




Critical value alert and its corrections:

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

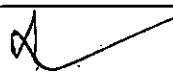
Pending follow-up orders:

Special instructions if any:

NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		SONIA FLORENCE	0074	29/12/23	19.30
Handover taken by		D-Sheeba	0270	29/12/23	19.40
Document endorsed		Anandhi	0003	30/12/23	T.W

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
29/12/23 7:00-08:00	Took over the patient in a haemodynamically condition without supports. He is conscious, oriented and afebrile.	
7:30	Due medications were given.	
8:30	He had rice kangi and tolerated well.	R/N Jais/0074
9:00	Administered due medication as per chart	
9:15	Monitored and left pleural drain removed ordered by Dr. Sabaraxu	R/N Jais/0074
9:45	left radial arterial line removed ordered by Dr. Praveen Jeyakumar.	
10:00	Analgesia given with lorden 0.63mg as per chart and Spironalug encouraged.	R/N Jais/0074
11:05	He had soup & tolerated well. Shifted to SDICU	
11:35	Mobilized him on chair. vitals stable	R/N Jais/0074
12:30	Mobilized back to bed. Ray taken rads Normal.	
14:00	He had rice porridge & tolerated well. Due medications given as per chart.	R/N Jais/0074
16:35	Analgesia given and Spironalug encouraged	
17:30	Antibiotic given as per chart.	
18:00	He had coffee and tolerated well.	
18:15	Nurses visited the patient and explained about the condition.	R/N Jais/0074
18:45	CB4 checked values satisfactory.	
19:00	He got handed over to Next duty Still in a haemodynamically maintaining condition.	R/N Jais/0074
Document endorsed by	Signature 	Name Jais
		Emp. No. 0003
		Date 30/12/23
		Time 9:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 29/12/23 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD - TVD

NEWS / PEWS Score: -

Ventilator day:

Peripheral line day: Right: none Left: D2

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☒ Yes ☐ No

Barrier nursing: ☐ Yes ☒ No

Day: D2

Day: D2

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

GCS: 15/15

POD: POD - I

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB X3 GRAFTS

Allergies if any: NADA

On room air / oxygen: ON RA

Complaints / New Symptoms in last shift: -

Date of surgery: 28/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97.7°F | Pulse / HR: 80b/min (beats/min) | Respiration: 22b/min (breaths/min)

BP: 120/60 mmHg | SpO2: 93% | Height: 162 (cms) | Weight: 62 (kgs) | BMI: 24 kg/m²

Others: BSA - 1.68 m

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

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

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

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

Current diet: soft diet

Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		D. Sreeby	0270	30/12/23	7.00
Handover taken by		Anma Florence S	0024	30/12/23	7.00
Document endorsed		Anma Florence S	0003	30/12/23	9.00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 30/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-IVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: Urology Left: D3

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: Removed

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD: R POD

Central line days: D3

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB

Allergies if any: NKDA

On room air / oxygen: -

Complaints / New Symptoms in last shift: -

Date of surgery: 28/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97.4°F | Pulse / HR: 96 (beats/min) | Respiration: 23 (breaths/min)

BP: 105/76 (mmHg) | SpO₂: 91 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24.1 kg/m²

Others: BSA: 1.68m

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

Fall Risk Score: 350 Fall Risk Protocol: ☐ Low ☒ Medium ☒ High

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

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

Current diet: Soft solid diet

Drains: Removed

R

RECOMMENDATION

Referral doctors: Dr. praveen Jayakumar

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:


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

Pending follow-up orders:

Special instructions if any: NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		Dr. praveen Jayakumar	0074	30/12/23	10.30
Handover taken by		A. monisha	0101	30/12/23	12.30
Document endorsed		Dr. praveen Jayakumar	0003	30/12/23	9.00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
30/12/23 @ 3:00	Took over the patient in a haemodynamically maintaining condition without supports.	
7:40	* He is conscious, oriented and afebrile. Administered due medication as per chart.	R/N Jais/cofa
8:00	He had a lot of idli & tabered well.	
8:30	voided & mobilized back to bed.	R/N Jais/cofa
8:40	Dr. Subramaniam seen the patient and advised to remove the neck line and shift him to ward	
9:30	RT IJ line removed & pressure bandage applied. No oozing.	R/N Jais/cofa
9:45	Nasalization given with humidifier and respiratory encouraged.	
10:30	patient shifted to ward with all investigation reports, xray - 4, day - 6. Given Packed	R/N Jais/cofa
<u>Receiving Notes</u>		
10:35	- Patient received from SDICU - While receiving patient is haemodynamically stable - 2nd son	Pdtr
12:30	- Patient handed over to evening duty staff	Pdtr
Document endorsed by:	Signature	Name
		Dr. Subramaniam
	Emp. No.	Date
	0003	30/12/23
		Time
		9:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD - med
NEWS / PEWS Score:
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: 1
Central line days: 1
VIP Score: 0/6

B

BACKGROUND

Type of surgery: opern x 3 grafts
Allergies if any: not known
On room air / oxygen: on room air
Complaints / New Symptoms in last shift:

Date of surgery: 28/12/23
IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98.6 (F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)
BP: 120/80 (mmHg) | SpO₂: 98 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24.0 kg/m²
Others :
Pain Score: 10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT
Fall Risk Score: 00 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High
Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☒ NA
Current diet: normal diet Drains: nil

R

RECOMMENDATION

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

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>A. monisha</u>	<u>0121</u>	<u>30/12/23</u>	<u>19:30</u>
Handover taken by	<u>[Signature]</u>	<u>Hannah Grace</u>	<u>0105</u>	<u>30/12/23</u>	<u>19:30</u>
Document endorsed	<u>[Signature]</u>	<u>[Signature]</u>	<u>0003</u>	<u>30/12/23</u>	<u>9.00</u>

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 30/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD T2D

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: D3

Day:

Day:

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

GCS: 15/15

POD: 1

Central line days: 0

VIP Score: 0/3

B

BACKGROUND

Type of surgery: OP CAB X 3 grafts

Allergies if any: NKDA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: —

Date of surgery: 28/12/23

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 98.6°F | Pulse/HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 97 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: Indiet

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		Hannah Grace	2105	31/12/23	7:50
Handover taken by		M. Devika	0102	31/12/23	7:50
Document endorsed		S. Naini	0024	31/12/23	8:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
30/12/23	Night duty notes	
19:30	patient handover taken from evening evening duty staff in a hemodynamically stable condition.	Hay 0105
20:00	Vital Signs checked & Recorded	Hay
21:00	Due drugs are given as per chart	Hay 0105
22:00	Nebulization was given	
2:00	patient sleeping well, had no complaints	Hay 0105
4:00	Patient had Clo Headache Informed Dmo advised to give Analgesic as per drug chart	Hay 0105
4:30	Patient had decreased headache	Hay 0105
6:00	patient Vital Signs checked & Recorded Nebulization was given	Hay 0105
6:30	ICo chart Maintained	
7:00	patient handover given to morning duty staff	Hay 0105
Document endorsed by	Signature Nae	Name S. Nalini
	Emp. No. 0024	Date 31/12/23
		Time 8:00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 31/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-T2D

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: 15/19

POD: —

Central line days: —

VIP Score: 05

B

BACKGROUND

Type of surgery: OPLAEX 39 graft

Allergies if any: NADA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: Nil

Date of surgery: 28/12/23

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 98.6°F | Pulse / HR: 78 (beats/min) | Respiration: 20/min (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 97% | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24.1 kg/m²

Others: —

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

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

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

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

Current diet: DM diet

Drains: —

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by		M. Devita	082	31/12/23	12:40
Handover taken by		V. Lidiya	0249	31/12/23	12:40
Document endorsed		S. Nallini	0024	31/12/23	13:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAP - TUB

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☐ Left: ☐

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0/5

B

BACKGROUND

Type of surgery: open Bx 3 grafts

Date of surgery: 28/12/23

Allergies if any: NDA

On room air / oxygen: on room air

IV fluids on flow:

Complaints / New Symptoms in last shift: Nil

A

ASSESSMENT

Vital Signs: Temp: 97.6 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/80 (mmHg) | SpO₂: 97% | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 kg/m²

Others: -

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

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

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

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

Current diet:

Drains:

On Diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by	<i>[Signature]</i>	<i>V. Lideya</i>	0249	31/12/23	19:30
Handover taken by	<i>[Signature]</i>	<i>Hannah Grace</i>	0105	31/12/23	19:30
Document endorsed	<i>[Signature]</i>	<i>S. Nalini</i>	0084	31/12/23	20:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 31/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD - T2D

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: ☒

Day:

Day:

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

GCS: 15/15

POD: 1

Central line days:

VIP Score: 0/15

B

BACKGROUND

Type of surgery: OP CAB x 3 Grafts

Allergies if any: NKDA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift:

Date of surgery: 28/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97.4 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 98 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 kg/m²

Others: -

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

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

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

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

Current diet: DM diet

Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: Nil

	Signature	Name	Emp. No.	Date	Time
Handover given by	Hay	Hannah Grace	0105	11/12/24	7:30
Handover taken by	M. Revathy	M. Revathy	0225	11/12/24	7:30
Document endorsed	S. Nalin	S. Nalin	0024	11/12/24	8:40

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 01/01/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: 0

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: 0

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: ORCABX 34rct

Allergies if any: NKDA

On room air / oxygen: on RA

Complaints / New Symptoms in last shift:

Date of surgery: 29/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp 96. (°F) | Pulse / HR: 79 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/70 (mmHg) | SpO₂: 97 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: 0

Drains: -

Diabetic 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: Tomorrow S/R Plan

	Signature	Name	Emp. No.	Date	Time
Handover given by		M. Ravathi	0225	01/01/24	12:30
Handover taken by		A. Monani	0141	1/1/24	12:30
Document endorsed		S. Nallani	0084	1/1/24	13:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD - (M)

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: 04 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: 5

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: open heart

Date of surgery: 28/12/23

Allergies if any: not known

On room air / oxygen: on room air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 98.6°F | Pulse / HR: 76 (beats/min) | Respiration: 20 (breaths/min)

BP: 100/60 (mmHg) | SpO₂: 98 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 kg/m²

Others: -

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

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

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

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

Current diet: normal diet

Drains: PT

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Monisha	0171	11/1/24	12:30
Handover taken by		P. Bhavathi	0271	11/1/24	12:30
Document endorsed		S. Nalini	0084	11/1/24	20:30

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 10/1/24 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD = FVD
NEWS / PEWS Score:
Ventilator day:
Peripheral line day: Right: DH 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: IV
Central line days:
VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCA BX 3 grafts Date of surgery: 28/12/22
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: 98.2°F | Pulse / HR: 82 (beats/min) | Respiration: 22 (breaths/min)
BP: 110/70 (mmHg) | SpO₂: 97% (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 kg/m²
Others:
Pain Score: 0 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT
Fall Risk Score: 30 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High
Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☒ No ☐ NA Wound Dressing done: ☐ Yes ☒ No ☐ NA
Current diet: Normal diet Drains:

R

RECOMMENDATION

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

	Signature	Name	Emp. No.	Date	Time
Handover given by		P. N. Bharatha	00271	21/1/24	7:20
Handover taken by		P. N. Bharatha	0027	21/1/24	7:30
Document endorsed		S. Nalini	0024	21/1/24	8:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Left:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day:

Day:

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

GCS: 15/15

POD: 5th day

Central line days:

VIP Score: 0

B

BACKGROUND

Type of surgery: ORABY 3 graft

Allergies if any: NKDA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: Nil

Date of surgery: 28/12/23

IV fluids on flow:

A

ASSESSMENT

Vital Signs: Temp: 97.4°F | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 100/70 (mmHg) | SpO₂: 98 (%) | Height: 162 (cms) | Weight: 63 (kgs) | BMI: 24 kg/m²

Others:

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: DM diet

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: Nil

	Signature	Name	Emp. No.	Date	Time
Handover given by		Dr. Anbarasu	0072	2/1/24	13-00
Handover taken by		Discharged			
Document endorsed		S. Nalini	0024	2/1/24	18-00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
21/123 7.30	<u>Morning Duty Notes</u>	
	- Patient takes over from night duty staff	Poffin
	- while take over patient is haemodynamically stable	
	- Today plan discharge	
8.30	- Due medications given as per chart	Poffin
8.45	- Sutures removed.	
	- No oozing	
	- wound site healthy	Poffin
9.00	- Patient S/B Dr Ambrose via advised discharge today.	
10.00	- Return sent	
	- Billing closed	
12.30	- Patient handed over to evening duty staff	Poffin
	<u>discharged note</u>	
17.25	pt Summary was explained to pt & pt Attender all the report was given to pt & pt Attender all line removed and blood reports removed pt dly at 17.25	Poffin
Document endorsed by	Signature Nee	Name E-Nalini
	Emp. No. 0024	Date 21/12/24
	Time 12:00	


ADULT NURSING CARE PLAN

Mr. KALIYAN S
71/Male/MHI202381394
27/12/2023/1PH2023002614
Dr. ANBARASU MOHANRAJ

Initial Date: 27/12/23 Time: 8-00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - LIT TVIO.		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M E @ Diet N Patient had DM 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 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 E on room air N Patient is on Room Air	 [Signature] [Signature]
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input 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 takes @ diet N Chart Monitored	 [Signature] [Signature]

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input 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	
			E PT mobilized well.	Jef
			N Patient Mobilized well	AD 7/7
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others;	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as toley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M	
			E @ voiding pattern	Jef
			N Normal Elimination pattern	AD 7/7
SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input 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 Maintained @ skin integrity	Jef
			N Maintain Normal skin integrity	AD 7/7

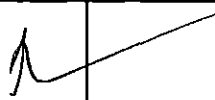

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input checked="" type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M	
			E pt takes Self Bath	gself
			N patient well groomed	Ph
SAFETY <input type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EVJ <input type="checkbox"/> CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M	
			E ID Band (+)	gself
			N ID band (+)	Ph
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have comfortable sleep <input checked="" type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input checked="" type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M	
			E pt Slept well	gself
			N Provide comfortable position	Ph
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	
			E pt vitals are checked	gself
			N vitals checked & recorded	Ph
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 Psychological Support to the pt	Ph

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M E Pt verbal communication good N Good communication	
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M E Dose medication given N Medication given as per drug Chart	
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Dhananand	0005	28/12/23	08:00

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 28/12/23 Time: 12.00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - HD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN <input checked="" type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M E Administered medication as per chart N Provided Comfortable Position	8/02/23 Syll 02/23
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input checked="" type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input checked="" type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M E ON VENTILATOR N On Nasal prongs SpO2 - 100% Alt O2	8/02/23 Syll 02/23
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input checked="" type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M E N	
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input checked="" type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M E Immobile N Safety measures followed	8/02/23 Syll 02/23

Patient Specific Problems/ Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input checked="" 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 checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M	
			E monitored I/O Chart	8/02/20
			N monitored I/O Chart	8/11/20
RISK OF INFECTION <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input checked="" type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M	
			E used aseptic precautions followed	8/02/20
			N Aseptic technique followed	8/11/20
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input checked="" type="checkbox"/> Dependent State	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input checked="" type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 48 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M	
			E kept bed in low position	8/02/20
			N Side rails raised	8/11/20
SKIN & WOUND CARE <input checked="" type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input checked="" type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input checked="" type="checkbox"/> Check all drains from the operation site more frequently <input checked="" type="checkbox"/> Provide wound care as ordered <input checked="" type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M	
			E No oozing in the surgical site	8/02/20
			N No oozing at surgical site	8/11/20
DIET & NUTRITION <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds <i>liquid diet</i>	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M	
			E NPO	8/02/20
			N patient Consumed liquid diet	8/11/20


Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation		Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.		<input checked="" type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M		
				E	maintained 2 to Chart @ CBD	
				N	Monitored I/O Chart	Syll
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M		
				E		
				N		
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input checked="" 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 checked="" type="checkbox"/> Assess physically for any abnormality <input checked="" type="checkbox"/> Inform doctor if there is any abnormality <input checked="" type="checkbox"/> Monitor GCS of patient	M		
				E	monitored vitals signs regularly	Syll
				N	monitored vital signs	Syll
HEALTH EDUCATION <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input checked="" type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M		
				E	Explained about the Pt condition @ ICU	Syll
				N	Explained about diet	Syll
ANY OTHER NEEDS				M		
				E		
				N		
Endorsed by	Signature	Name	Emp. ID		Date	Time
			0005		30/12/22	9.00



ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 09/12/23 Time: 7:00		Modified Date: Time:	
Reason for Modification:		Diagnosis: CAD - IVD	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Sign & Initials
PAIN <input type="checkbox"/> Comfortable Position <input checked="" type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input checked="" type="checkbox"/> Administer pain medication as prescribed and as needed <input checked="" type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M <i>Administered pain medication as per chart</i> E <i>Administered pain medication</i> N <i>Provided comfortable position</i>
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input checked="" type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input checked="" type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input checked="" type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M <i>SpO₂ - 94% ON room air</i> E <i>SpO₂ - 91% ON room air</i> N <i>ON Room AIR, SpO₂ - 92%</i>
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input checked="" type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input checked="" type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M E <i>He is cooperative</i> N
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Apply Anti-Embolic stocking / SCD <input checked="" 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>ON bed rest</i> E <i>ON chair rest</i> N <i>mobile</i>

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral- <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input checked="" type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Maintained S/O	Janus 10074
			E IV line placed and healthy	Janus 10074
			N 2v line patient @ healthy	8/25/10
RISK OF INFECTION <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M Aseptic techniques followed.	Janus 10074
			E Aseptic techniques followed.	Janus 10074
			N used aseptic precautions followed	8/25/10
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M fall risk precaution followed.	Janus 10074
			E fall risk precaution followed.	Janus 10074
			N Fall risk precautions followed	8/25/10
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input checked="" type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M drain intact	Janus 10074
			E wound healthy	Janus 10074
			N wound healthy	8/25/10
DIET & NUTRITION <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input checked="" type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M on liquid diet	Janus 10074
			E on liquid diet	Janus 10074
			N soft diet	8/25/10

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.	<input type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input checked="" type="checkbox"/> Check the catheters, drains etc frequently <input type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M ON CBD urine output		
			E ON CBD urine output adequate		
			N ON CBD urine output adequate		
DISTURBED BODY IMAGE	<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M		
			E		
			N		
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient	M Haemodynamically stable	Jan 2014	
			E Haemodynamically stable	Jan 2014	
			N vitals monitor	Jan 2014	
HEALTH EDUCATION <input type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:	<input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input type="checkbox"/> Provide proper education regarding follow-up diet <input checked="" type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M explained about the condition and need of ICU stay	Jan 2014	
			E gained knowledge on medical support.	Jan 2014	
			N explained about the PT condition of ICU stay	Jan 2014	
ANY OTHER NEEDS			M		
			E		
			N		
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Amma	2201	30/12/13	9.00



ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 30/12/23 Time: 7.10		Modified Date: — Time: —	
Reason for Modification: —		Diagnosis: CAD - IVD	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
PAIN <input type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input checked="" type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Administered pain medication as per chart E provided comfortable position N Pt had dull pain
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input checked="" type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input checked="" type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M SpO2 - 91% on room air E SpO2 - 92% N Pt on room air 92%
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input checked="" type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M cooperated well E N
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Embolic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" 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 ON chair fast E Pt mobilized well N Pt mobilized well

Patient Specific Problems/ Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input checked="" type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input 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 IV line placed & healthy	Jais 10074
			E s/o cholestasis monitored	AM
			N Encouraged adequate intake	Hay 10074
RISK OF INFECTION <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M Aseptic techniques followed.	Jais 10074
			E -	
			N -	
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input checked="" type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M fall risk precaution followed.	Jais 10074
			E -	
			N -	
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input checked="" type="checkbox"/> Check all drains from the operation site more frequently <input checked="" type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M wound healthy	Jais 10074
			E -	
			N -	
DIET & NUTRITION <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input checked="" type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M ON left solid diet	Jais 10074
			E pt had normal diet	AM
			N pt had DM diet	Hay 10074

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.		<input type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input checked="" type="checkbox"/> Check the catheters, drains etc frequently <input type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M <i>On C&D urine output adequate</i> E <i>210 chart maintained</i> N <i>I/O chart maintained</i>	 <i>Hay</i>
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M E N	
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input checked="" type="checkbox"/> Monitor GCS of patient	M <i>Heart rate, respiratory stable</i> E <i>vital signs stable</i> N <i>Pt vital signs all stable</i>	 <i>Hay</i>
HEALTH EDUCATION <input type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input checked="" type="checkbox"/> Provide proper education regarding follow-up diet <input checked="" type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M <i>gained knowledge on importance of hand hygiene</i> E <i>Health education was given</i> N <i>Health education was given</i>	 <i>Hay</i>
ANY OTHER NEEDS				M E N	
	Signature	Name	Emp. ID	Date	Time
Endorsed by	<i>[Signature]</i>	<i>[Signature]</i>	<i>0005</i>	<i>20/12/25</i>	<i>9.00</i>



ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 31/12/23		Time: 8:00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CAD - TMD			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
PAIN <input type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input checked="" type="checkbox"/> Others: ✓	<input type="checkbox"/> Patient will have less pain 	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input checked="" type="checkbox"/> Non-Pharmacological therapy	M pt Dina well E pt takes normal diet N pt had dull pain	 			
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input checked="" type="checkbox"/> Others: ✓	<input type="checkbox"/> Patient will have no shortness or difficulty of breathing 	<input type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M pt room air E pt is on room air N pt stable on room air	 			
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input checked="" type="checkbox"/> Anxious Look ✓	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings 	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M pt normal vital signs E pt vitals all checked and recorded N	 			
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input checked="" type="checkbox"/> Others: ✓	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt mobilize freely E pt mobilized freely N pt mobilized well	 			

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance ✓	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt electrolytes fluid E pt electrolytes fluid N Encouraged adequate intake	S. Ben Jeff Haydos
RISK OF INFECTION <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others: ✓	<input type="checkbox"/> The patient will be discharged with no hospital acquired infection ✓	<input type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M pt discharge infection E pt discharge followed aseptic precautions N —	S. Ben Jeff —
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input checked="" type="checkbox"/> Dependent State ✓	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization. ✓	<input type="checkbox"/> Keep bed on low position <input type="checkbox"/> Use side rails (bed, crib, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 48 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M pt hospitalization E there is no any other complaints N —	S. Ben Jeff —
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell ✓	<input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge ✓	<input type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M pt skin hospital E there is no any oozing N —	Ben Jeff —
DIET & NUTRITION <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M — E — N Patient had normal diet	— — Haydos

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.		<input type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M pt maintained	De
				E -	
				N I/O chart maintained	Hay
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M pt improve acceptance	De
				E good communication	De
				N -	
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient	M pt vital signs	De
				E pt vitals are checked & recorded	De
				N pt vital signs are stable	Hay
HEALTH EDUCATION <input type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M pt Guardian	De
				E provided clear calm area to sleep	De
				N Health education was given	Hay
ANY OTHER NEEDS				M -	
				E -	
				N -	
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nas	S. Nalin	0084	2/12/23	12:00

ADULT NURSING CARE PLAN

Mr. KALIYAN S
71 / Male / MHJ202381394
27/12/2023 / IPH2023002614
Dr. ANBARASU MOHANRAJ

Initial Date: 11/1/24		Time: 8:00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CAD - TxD			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt had DM diet E Pt had DM diet N Pt had DM diet	M [Signature] E [Signature] N [Signature]			
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Pt is on room air E SpO ₂ - 98% N SpO ₂ - 98%	M [Signature] E [Signature] N [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	M I/O chart monitored E I/O chart monitored N I/O chart monitored	M [Signature] E [Signature] N [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-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 used mobilized E pt mobilizing well N	MD 05/25 ON 10/11/1
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 / consistent / volume / Hemetemeses as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Normal Elimination Pattern E old normal pattern N	MD 05/25 ON 10/11/1
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 Maintain normal skin intact E — N	MD 05/25

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 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 PE good hygiene E — N maintain good hygiene	MD OS 027
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M ID Band present E ID band N ID band check - ok	MD OS 027
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 & recorded E vital signs stable N vitals are stable	MD OS 027
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E — N —	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M PT used communication E PT communicate well N PT communicate - I am well	MD 02/11/24
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input 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 took Medication given as per doctor's order E medication given N Medication given as per	MD 02/11/24
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>Nur</i>	<i>S. Nalini</i>	0024	1/1/24	18:00

ADULT NURSING CARE PLAN

P. Mr. KALIYAN S
N 71/Male/MHI202381394
U. 27/12/2023/IPH2023002614
D. Dr. ANBARASU MOHANRAJ
DI
Cc

Initial Date: 21/12/24

Time: 7:30

Modified Date:

Time:

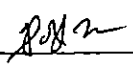

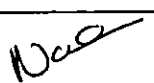
Reason for Modification:

Diagnosis: CAD-TVD

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M DM diet E N	[Signature]
OXYGENATION <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input 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	M Patient is on room air E N	[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 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 Take adequate oral fluids E N	[Signature]

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M <i>Pt mobilized well</i> E N	<i>Pfhn</i>
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input checked="" 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 type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hematemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M <i>Self voiding</i> E N	<i>Pfhn</i>
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 checked="" 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>No oozing in surgical site</i> E N	<i>Pfhn</i>

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M Pt well groomed E N	Pflm
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 type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M ID band @ E N	Pflm
COMFORT AND SLEEP <input checked="" type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E N	
OBSERVATION <input type="checkbox"/> Vital Signs <input checked="" 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 Vital signs checked & recorded E N	Pflm
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 provided Psychological support E N	Pflm

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M effective verbal communication E N	
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M medications given as per chart E N	
Endorsed by	Signature	Name	Emp. ID	Date	Time
		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	4	4	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	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	
					TOTAL SCORE	23	23
					Initial & Emp. No. of Staff Nurse:	23	23
					Initial & Emp. No. of Sr. Staff Nurse:	23	23

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	1	1	3
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	1	1	2
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	1	1	1
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	1	1	2
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	1	1	2
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		1	1	2
				TOTAL SCORE	6	6	12
				Initial & Emp. No. of Staff Nurse:	8/23/88	8/24/88	8/25/88

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	3	3	3
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	2	2	2
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	2	2	2
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2	2	2
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	2	2	2
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		2	2	2
TOTAL SCORE					13	13	13
Initial & Emp. No. of Staff Nurse:					[Signature] 81		
Initial & Emp. No. of Sr. Staff Nurse:					[Signature] 2		

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

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	9	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	9	3
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	3
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	9	9	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	3	3
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3
					TOTAL SCORE		
					23 23 20		
					Initial & Emp. No. of Staff Nurse:		
					8/20 23/24 24/25		
					Initial & Emp. No. of Sr. Staff Nurse:		
					27/28 29/30 31/32		

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

Date: 1 / 1 / 24
Time: M E N

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	3	3	3
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Barely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	3	3	3
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	3	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
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					19	19	19
Initial & Emp. No. of Staff Nurse:					[Signature]		
Initial & Emp. No. of Sr. Staff Nurse:					[Signature]		

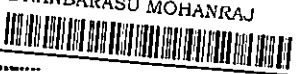
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4		
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 IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4		
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3		
					TOTAL SCORE	23	
					Initial & Emp. No. of Staff Nurse:	24	
					Initial & Emp. No. of Sr. Staff Nurse:	25	

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



Mr. KALIYAN S
Patient Name: 71/Male/MHI202381394
UHID: 27/12/2023/UPH2023002614
DOB: Dr. ANBARASU MOHANRAJ
DOA: 
Consu:

MHI/NUR/2022/052



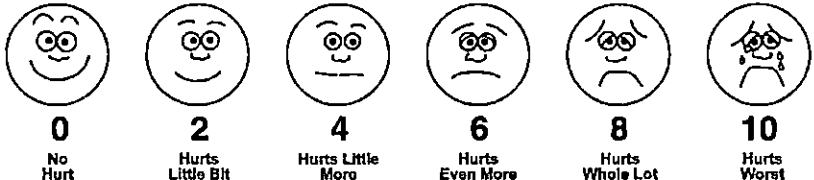
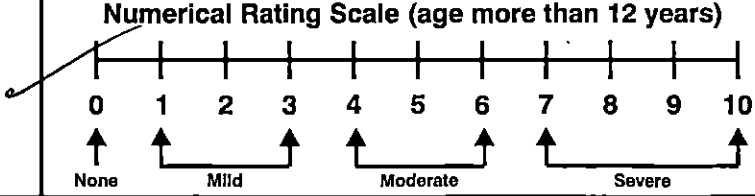
very heart beat counts

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.
28/12/23 13.00	0/10	C-POT	-	-	-	Sf 0276	K 0003
15.00	0/10	C-POT	-	-	-	Sf 0276	K 0003
17.00	1/10	Dull Pain	10-15 sec	Surgical site	non-Pharmacological Intervention done	Sf 0276	K 0003
19.00	1/10	Achy pain	10 sec	sternum	non-pharmacological Intervention done	Sf 0276	K 0003
21.00	1/10	Dull pain	10 sec	sternum	Non-pharmacological intervention given	Sf 0276	K 0003
22.00		patient is sleeping.			-	Sf 0276	K 0003
00.00		patient is sleeping.			-	Sf 0276	K 0003
02.00		patient is sleeping.			-	Sf 0276	K 0003
04.00		patient is sleeping.			-	Sf 0276	K 0003

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.
06:00	1/10	Dull pain	18 sec	sternum	Non-pharmacological interventions given	[Signature]	[Signature]
8:00	2/10	Achy pain	10-15 sec	sternum	Pharmacological management done.	[Signature]	[Signature]
10:00	1/10	dull pain	15 sec	sternum	Non pharmacological management done.	[Signature]	[Signature]
12:00	1/10	dull pain	10 sec	sternum	comfortable position given.	[Signature]	[Signature]

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>  </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/counseling: K - Individual Counseling; L - Family counseling
Pharmacological Interventions as per doctor's prescription	

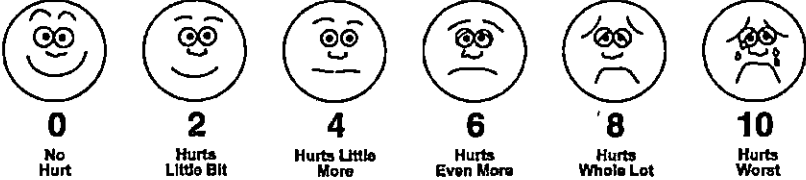
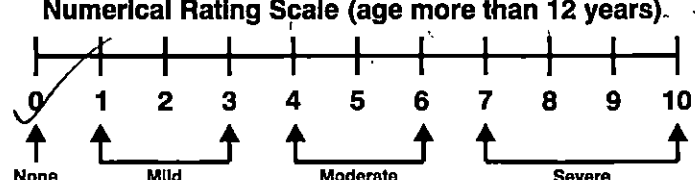


PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
14-00 01/10	0	No pain	-	-	-	Jel Sen	100/05
18-00 01/10	0	No pain	-	-	-	Jel Sen	100/05
22-00 01/10	0	No pain	-	-	-	AP 01/10	100/05
28/12/23 2-00 01/10	0	No pain	-	-	-	AP 01/10	100/05
6-00 01/10	0	No pain	-	-	-	AP 01/10	100/05

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

PAIN SCALES

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

Pharmacological Interventions as per doctor's prescription

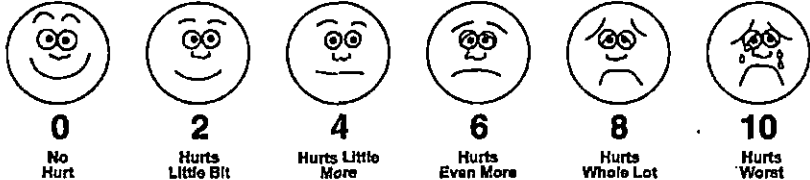
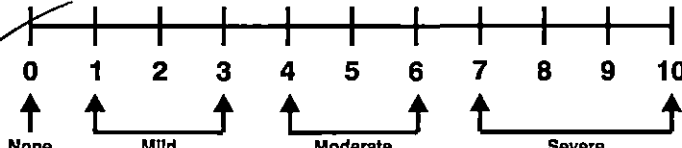


PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
27/12/23 14:00	1/10	Dull pain	<10 Sec	sternum	Pharmacological management done	Shan 0074	Shan 0002
16:00	1/10	Dull pain	10-15 Sec	back	Non pharmacological management done	Shan 0074	Shan 0002
18:00	1/10	Dull pain	<15 Sec	back	Comfortable position given.	Shan 0074	Shan 0002
20:00	1/10	Achy pain	<10 Sec	sternum	non-pharmacological intervention done	Shan 0074	Shan 0002
22:00	1/10	Dull pain	<15 Sec	sternum site	Comfortable position	Shan 0074	Shan 0002
30/12 00:00		Patient is		sleep	well	Shan 0074	Shan 0002
02:00		Patient is		sleep	well	Shan 0074	Shan 0002
04:00		Patient is		sleep	well.	Shan 0074	Shan 0002
06:00	1/10	Dull pain	<10 Sec	sternum site	non-pharmacological intervention done	Shan 0074	Shan 0002

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
8:00	1/10	dull pain	<10 hrs	Abdomen	pharmacological management done.	[Signature]	[Signature]
10:00	1/10	dull pain	<15 hrs	back	Comfortable position given.	[Signature]	[Signature]
11:50	0/10	no pain	—	—	—	[Signature]	Nas 024
18:50	0/10	no pain	—	—	—	[Signature]	Nas 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> Numerical Rating Scale (age more than 12 years)  </div>
Critical care Pain Observation Tool (CPOT) (ventilator / comatose)	FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (Intubated patients): 0 - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-Intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain
Non-pharmacological Interventions	Distraction: A - Relaxation-conductive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counseling

Pharmacological interventions as per doctor's prescription

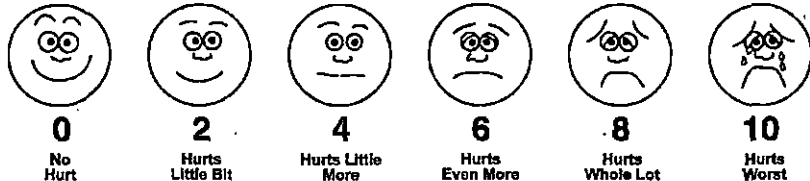
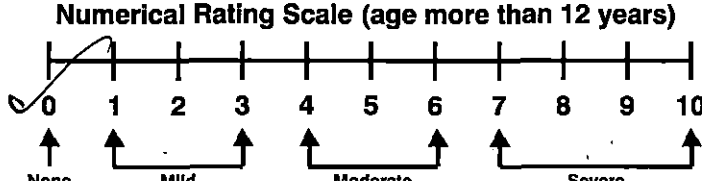


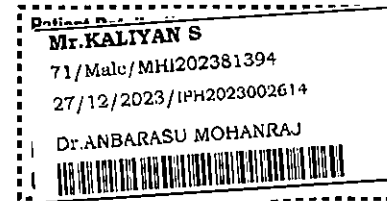
PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
22:00	1/10	Dull pain	on & off	Surgical Site	Pharmacological intervention Given	Hay 0205	Naa 0224
31/12/23 4:00	1/10	Dull pain	10sec	Fore head	Pharmacological intervention Given	Hay 0205	Naa 0224
6:00	1/10	Dull pain	on & off	Surgical Site	Non-Pharmacological intervention Given	Hay 0205	Naa 0224
10:00	1/10	DOLL	on & off	Surgical Site	non pharmacological intervention Given	Hay 0205	Naa 0224
14:00	1/10	Dull pain	on & off	Surgical Site	Non pharmacological intervention given	Hay 0205	Naa 0224
18:00	1/10	Dull pain	on & off	Surgical Site	Non pharmacological intervention given	Hay 0205	Naa 0224
20:00	1/10	Dull pain	on & off	Surgical Site	Pharmacological intervention Given	Hay 0205	Naa 0224
					Patient is sleeping		Naa 0224
11/12/24 6:00	1/10	Dull pain	on & off	Surgical Site	Non-pharmacological intervention Given	Hay 0205	Naa 0224

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
11/1/23 10:00	0/10	No pain	-	-	-	ASHN	NAG 024
11:00	0/10	no pain	-	-	-	AN 0111	NAG 024
18:00	0/10	No pain	-	-	-	0271	NAG 024
22:00	0/10	no pain	-	-	-	0271	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	
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.	
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both	
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)		Numerical Rating Scale (age more than 12 years) 
Critical care Pain Observation Tool (CPOT) (ventilator / comatose)	FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (Intubated patients): 0 - Tolerating Ventilator or Movement , 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-Intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain	
Non-pharmacological Interventions	Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counseling	
Pharmacological Interventions as per doctor's prescription		



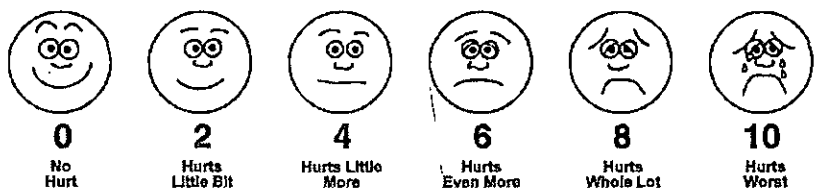
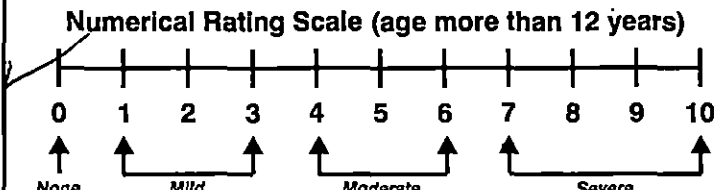
Medway
Heart
Institute

PAIN RE-ASSESSMENT & MONITORING CHART

[illegible]

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





PAIN SCALES

PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.	
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both	
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)	 <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>	Numerical Rating Scale (age more than 12 years)  <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>None Mild Moderate Severe</p>
Critical care Pain Observation Tool (CPOT) (ventilator / comatose)	FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (Intubated patients): 0 - Tolerating Ventilator or Movement , 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-Intubated patients): 0 : Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain	
Non-pharmacological Interventions	Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/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	Time						
		28/12	28/12						
		14-06	17-02						
S. No.	PARAMETERS								
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0						
2	Bedridden recently >3 days or major surgery within four weeks	0	0						
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0						
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0						
5	Entire leg swollen (Assess for both legs)	0	0						
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0						
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0						
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0						
9	Previously documented DVT (Assess for both legs)	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						
FINAL SCORE		6	0						
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		Low	Low						
DVT prophylaxis started		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature & Emp. No. of RN									
Signature & Emp. No. of Sr. RN									

DVT RISK ASSESSMENT

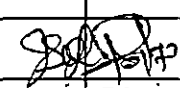

Assign a score of 1 if (YES) in parameter nos. 1 to 9, and assign a score of -2 if (YES) in parameter no. 10

		Date	28/12/23	29/12/23	30/12/23	31/12/23	1/1/24	2/1/24
		Time	13-00	06-00	6-00	6-00	6-00	6-00
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0	0	0	0	0	0
2	Bedridden recently >3 days or major surgery within four weeks	+1	+1	+1	+1	+1	+1	+1
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0	0	0	0	0	0
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0	0	0	0	0	0
5	Entire leg swollen (Assess for both legs)	0	0	0	0	0	0	0
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0	0	0	0	0	0
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0	0	0	0	0	0
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0	0	0	0	0	0
9	Previously documented DVT (Assess for both legs)	0	0	0	0	0	0	0
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0	0	0	0	0	0
FINAL SCORE		+1	+1	+1	+1	+1	+1	+1
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		mod	mod	mod	mod	mod	mod	mod
DVT prophylaxis started		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature & Emp. No. of RN								
Signature & Emp. No. of Sr. RN								

2007 2007 2007 24 24 24



MODIFIED MORSE FALL RISK ASSESSMENT CHART

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

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

[illegible]

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	28/12/23	29/12/23	29/12/23	29/12/23	29/12/23	30/12/23	30/12/23	31/12/23	31/12/23
	Time	18:00	19:30	2:00	12:00	20:00	8:00	13:00	20:00	8:00
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
Yes	Yes	15	15	15	15	15	15	15	15	15
Total Score		50	50	60	50	50	35	50	50	80
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

INTERVENTIONS Tick as per the Risk Score	Date	28/12/23	29/12/23	30/12/23	31/12/23	01/01/24	02/01/24	03/01/24	04/01/24
	Time	12:00	19:30	8:00	12:00	21:00	8:00	13:00	20:00
Low Risk Interventions (0 - 24)									
Familiarize the patient with the immediate surroundings				✓	✓		✓	✓	✓
Remind the patient to use call bell before getting out of bed				✓	✓		✓	✓	✓
Keep the two side rails in the raised position at all times for all patients regardless of age				✓	✓		✓	✓	✓
Keep the call bell, bedside table, water, glasses within the patient's easy reach				✓	✓		✓	✓	✓
Remove excess equipment or furniture to make a clear path				✓	✓		✓	✓	✓
Keep the patient's bed in the low position at all times except during procedure				✓	✓		✓	✓	✓
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed				✓	✓		✓	✓	✓
Bed wheels should be locked				✓	✓		✓	✓	✓
Encourage family participation in the patient's care				✓	✓		✓	✓	✓
Ensure that floor of the bathroom is dry and not slippery				✓	✓		✓	✓	✓
Review medications for potential side effects that can promote falls				✓	✓		✓	✓	✓
Use safety belts during movement in wheelchair				✓	✓		✓	✓	✓
The patients are not ambulated by themselves. They are to be ambulated only with assistance				✓	✓		✓	✓	✓
Medium risk interventions (25 - 44)									
Apply all the low risk interventions				✓	✓		✓	✓	✓
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher				✓	✓		✓	✓	✓
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat				✓	✓		✓	✓	✓
Use restraints and bed monitors as ordered by the doctor				✓	✓		✓	✓	✓
Allow the patient to ambulate only with assistance				✓	✓		✓	✓	✓
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care				✓	✓		✓	✓	✓
Do not leave patients unattended in diagnostic or treatment areas				✓	✓		✓	✓	✓
Accompany the patient while going to bathroom				✓	✓		✓	✓	✓
Advise the patient to use grab bars near the toilet, bathtub, and shower				✓	✓		✓	✓	✓
Make sure the family and other visitors understand the restrictions mentioned above				✓	✓		✓	✓	✓
High-risk interventions (45 or above)									
Apply all the low and medium risk interventions		✓	✓	✓	✓	✓		✓	✓
Tie red fall risk tag in the bed, wheel chair and stretcher		✓	✓	✓	✓	✓		✓	✓
Locate the high-risk patients in a room close to the nurses' station		✓	✓	✓	✓	✓		✓	✓
Answer these patients call bells as quickly as possible		✓	NA	✓	✓	✓		✓	✓
Provide a commode at bedside (if appropriate)		✓	NA	✓	✓	✓		✓	✓
Urinal/bedpan should be within easy reach (if appropriate)		✓	NA	✓	✓	✓		✓	✓
Encourage family members or other visitors to stay with them		✓	NA	✓	✓	✓		✓	✓
If appropriate, consider using protection devices: safety belts		✓	✓	✓	✓	✓		✓	✓
Signature & Emp. No. of RN		✓	✓	✓	✓	✓		✓	✓
Signature & Emp. No. of Sr. RN		✓	✓	✓	✓	✓		✓	✓



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	31/12	31/12/23	11/12/24	11/12/24	11/12/24	21/12/24			
	Time	11:00	20:00	8:00	14:30	2:00	8:00			
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		50	50	50	50	50	50			
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)										
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

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

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date	3/1/12	3/1/12	1/1/12	1/1/12	1/1/12	2/1/12
	Time	14:00	20:00	8:00	14:00	20:00	8:00
Low Risk Interventions (0 - 24)							
Familiarize the patient with the immediate surroundings		✓	✓	✓	✓	✓	✓
Remind the patient to use call bell before getting out of bed		✓	✓	✓	✓	✓	✓
Keep the two side rails in the raised position at all times for all patients regardless of age		✓	✓	✓	✓	✓	✓
Keep the call bell, bedside table, water, glasses within the patient's easy reach		✓	✓	✓	✓	✓	✓
Remove excess equipment or furniture to make a clear path		✓	✓	✓	✓	✓	✓
Keep the patient's bed in the low position at all times except during procedure		✓	✓	✓	✓	✓	✓
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed		✓	✓	✓	✓	✓	✓
Bed wheels should be locked		✓	✓	✓	✓	✓	✓
Encourage family participation in the patient's care		✓	✓	✓	✓	✓	✓
Ensure that floor of the bathroom is dry and not slippery		✓	✓	✓	✓	✓	✓
Review medications for potential side effects that can promote falls		✓	✓	✓	✓	✓	✓
Use safety belts during movement in wheelchair		✓	✓	✓	✓	✓	✓
The patients are not ambulated by themselves. They are to be ambulated only with assistance		✓	✓	✓	✓	✓	✓
Medium risk interventions (25 - 44)							
Apply all the low risk interventions		✓	✓	✓	✓	✓	✓
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher		✓	✓	✓	✓	✓	✓
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat		✓	✓	✓	✓	✓	✓
Use restraints and bed monitors as ordered by the doctor		✓	✓	✓	✓	✓	✓
Allow the patient to ambulate only with assistance		✓	✓	✓	✓	✓	✓
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care		✓	✓	✓	✓	✓	✓
Do not leave patients unattended in diagnostic or treatment areas		✓	✓	✓	✓	✓	✓
Accompany the patient while going to bathroom		✓	✓	✓	✓	✓	✓
Advice the patient to use grab bars near the toilet, bathtub, and shower		✓	✓	✓	✓	✓	✓
Make sure the family and other visitors understand the restrictions mentioned above		✓	✓	✓	✓	✓	✓
High-risk interventions (45 or above)							
Apply all the low and medium risk interventions		✓	✓	✓	✓	✓	✓
Tie red fall risk tag in the bed, wheel chair and stretcher		✓	✓	✓	✓	✓	✓
Locate the high-risk patients in a room close to the nurses' station		✓	✓	✓	✓	✓	✓
Answer these patients call bells as quickly as possible		✓	✓	✓	✓	✓	✓
Provide a commode at bedside (if appropriate)		✓	✓	✓	✓	✓	✓
Urinal/bedpan should be within easy reach (if appropriate)		✓	✓	✓	✓	✓	✓
Encourage family members or other visitors to stay with them		✓	✓	✓	✓	✓	✓
If appropriate, consider using protection devices: safety belts		✓	✓	✓	✓	✓	✓
Signature & Emp. No. of RN		✓	✓	✓	✓	✓	✓
Signature & Emp. No. of Sr. RN		✓	✓	✓	✓	✓	✓



MR. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr.ANBARASU MOHANRAJ



MHI/IP/2022/055



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>07/12/20</u> Time <u>12:30</u>		Nurse Signature : <u>[Signature]</u>

Learning Record

[illegible]

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
	27/12	L	P	O	28/12	L	P	O	30/12	L	P	O	
Nutritional Guidance													Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk		P	OD	V		P	OD	V		P	OD	V	<i>[Signature]</i> 02/01/13
<input type="checkbox"/> Diet advice for home		-	-	-		-	-	-					Nurse
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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

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

Written Material given and explained (if any)

Reports Given :

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

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse _____ Signature : _____

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input checked="" type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input checked="" type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>28/12/23</u> Time <u>13-00</u> Nurse Signature : <u>[Signature]</u>		

Learning Record

Need	Date 28/12/23	Visit 1			Date 29/12	Visit 2			Date 30/12	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Disease													Doctor
<input checked="" type="checkbox"/> Information on Disease / Diagnostics		S	OD	V		S	OD	V		P	OD	V	<u>[Signature]</u> 134555
<input checked="" type="checkbox"/> Treatment Medications		S	OD	V		S	OD	V		P	OD	V	Doctor / Nurse
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines		S	OD	V		S	OD	V		P	OD	V	<u>[Signature]</u>
<input type="checkbox"/> Information on drug / drug and drug / food interactions		S	OD	V									
<input type="checkbox"/> Discharge Medications													
Surgical Instructions													Nurse
<input type="checkbox"/> Pre - Operative Instructions													<u>[Signature]</u>
<input checked="" type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care)		S	OD	V		S	OD	V		P	OD	V	
Pain Management													Nurse
<input checked="" type="checkbox"/> Reporting of pain						S	OD	V		P	OD	V	<u>[Signature]</u>
<input checked="" type="checkbox"/> Pain Management		S	OD	V		P	OD	V		P	OD	V	
Safe and effective use of medical Equipment (if required)		S	OD	V		P	OD	V					Doctor / Nurse
Name of Equipment													
Rehabilitation Techniques						P	OD	V					

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
	28/12	L	P	O	28/12	L	P	O		L	P	O	
Nutritional Guidance													Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk			P	ODV			P	ODV			P	ODV	Maria C. [Signature] Senior Dietician
<input type="checkbox"/> Diet advice for home													Nurse
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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

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

Written Material given and explained (if any)

N/A

Reports Given :

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

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse _____ Signature : _____



PATIENT AND FAMILY EDUCATION RECORD

Assessment


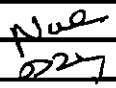
To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors	
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter	
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family	
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language	
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions	
Completed By : Date <u>31/10/23</u> Time <u>8:00</u> Nurse Signature : <u>[Signature]</u>			

Learning Record

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Disease	<u>31/10/23</u>				<u>11/11/23</u>				<u>01/12/23</u>				Doctor
<input type="checkbox"/> Information on Disease / Diagnostics													<u>[Signature]</u> 124555
<input checked="" type="checkbox"/> Treatment Medications													Doctor / Nurse
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines													<u>[Signature]</u>
<input checked="" type="checkbox"/> Information on drug / drug and drug / food interactions													
<input type="checkbox"/> Discharge Medications													
Surgical Instructions													Nurse
<input type="checkbox"/> Pre - Operative Instructions													<u>[Signature]</u>
<input checked="" type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care)													
Pain Management													Nurse
<input checked="" type="checkbox"/> Reporting of pain													<u>[Signature]</u>
<input checked="" type="checkbox"/> Pain Management													<u>[Signature]</u>
Safe and effective use of medical Equipment (if required)													Doctor / Nurse
Name of Equipment													
Rehabilitation Techniques													

[Handwritten signature: K. S. S. S.]

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance	2/1/12				2/1/12				2/1/12				Dietician
<input checked="" type="checkbox"/> Diet instruction for patients at Nutritional risk			P	ODV			P	ODV			P	ODV	 Maria Catherine John Senior Dietician
<input checked="" type="checkbox"/> Diet advice for home			-	-			-	-			P	ODV	Nurse
Discharge Planning											P	ODV	
<input checked="" type="checkbox"/> Self care											P	ODV	
<input checked="" type="checkbox"/> Follow up											P	ODV	 Nurse
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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

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

Written Material given and explained (if any)

Reports Given :

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

Name of Attendant / Patient : _____ Signature : _____

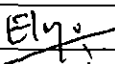

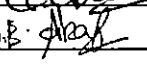
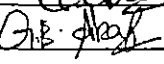
Name of Discharge Nurse _____ Signature : _____

Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 27/12/23 Time: 13.00

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. S. Elango	179044	27/12/23	13.00
Nursing Staff		B. Vanish	0195	27/12/23	13.00
Dietician		Maria Cathrine John	2401	27/12/23	13.00
Physiotherapist		AKASH. G.E	0256	28/12/23	12.50
Patient Care Service Staff					

MHI/IP/2022/054

 **Medway
Heart
Institute**

Every heart beat counts

[illegible]

Additional Details (if any):

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

	Sign.	Name	Reg. No.	Date	Time
Transferring Doctor	<i>✓</i>	Dr. Praveen	112236	30/12/23	10:30
Receiving Doctor	<i>K. BD</i>	Dr. K. Anusays	134559	30/12/23	10:40



Part C (to be filled by Nurses)

Check for	Transferring Nurse	Receiving Nurse
Drains	<input type="checkbox"/> Chest <input type="checkbox"/> Abdominal <input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory	Air Way Type: <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: _____ Oxygen Therapy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes via: _____ Rate: _____ li/min	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NG Tube / Oral	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> For Feeding <input type="checkbox"/> Gastric Suction <input type="checkbox"/> Fluid Restriction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Foley's Catheter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intravenous Access	<input checked="" type="checkbox"/> Peripheral Line <input type="checkbox"/> Central Venous Line <input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pressure Injury	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Score	Fall Risk: <i>35</i> WELLS: _____ NEWS / PEWS: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Belongings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____	<input checked="" type="checkbox"/> Yes <input 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):

	Sign.	Name	Emp. No.	Date	Time
Transferring Nurse	<i>[Signature]</i>	GLORIA FLORANES	0074	30/12/23	10:30
Receiving Nurse	<i>[Signature]</i>	Parithras	0072	30/12/23	10:40

FAMILY COUNSELLING FORM

CONSULTANT- DR. ANBARASU			DIAGNOSIS- CAD -TVD			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
28/12/23	D. SHEEBA	G. Jany	* Explained about patient's condition and ICU policy and treatment plan.	-	G. Jany	 112236
29/12/23	Lawrence	K. SARAVANAN	Explained about the general condition, Need of ICU & visitor's policy.	-	K. Saravanan	 112236




Medway
Heart
Institute

Name: MR-KALYAN
UHID: 7141M 202881394
DOB: Sex:

Every heart beat counts

[illegible]

WOUND ASSESSMENT CHART

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

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

- Pyrexia
- localised pain
- erythema
- local oedema
- excess exudate
- pus
- offensive odour

***SUSPECT WOUND INFECTION IF :**

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

VIP SCALE (VISUAL INFUSION PHLEBITIS)

PATIENT NAME : **Mr. KALIYAN S**
71/Male/MHI202381394
27/12/2023/1PH2023002614
AGE / SEX : **Dr. ANBARASU MOHANRAJ**

IP No. / UHID No

Ward / Bed No.

ICU - BED 1

ANY SCORE > 0 SHOULD BE MONITORED IN EVERY SHIFT

DATE	TIME	SITE	SCORE	DESCRIPTION	ACTION	FOLLOW UP	S / N EMP No.
28/12/23	13:00	RT CUBITAL	0/5	IV LINE PATENT	FLUSHED	OBSERVATION	Shr 2240
	19:30	RT CUBITAL	0/5	PATENT HEALTHY	FLUSHED	NO SIGNS OF PHLEBITIS	Shr 2240
	21:00	RT CUBITAL	0/5	IV LINE PATENT	FLUSHED	NO SIGNS OF PHLEBITIS	Shr 2240
29/12	12:00	RT CUBITAL	0/5	IV LINE PATENT	FLUSHED	NO SIGNS OF PHLEBITIS	Shr 2240
	12:00	RT CUBITAL	0/5	IV LINE PATENT	FLUSHED	NO SIGNS OF PHLEBITIS	Shr 2240
	21:00	RT METAL	0/5	PATENT	FLUSHED	OBSERVATION	Shr 2240
30/12	8:00	RT METAL	0/5	IV LINE PATENT	FLUSHED	NO SIGNS OF PHLEBITIS	Shr 2240
	13:00	RT METAL	0/5	IV LINE PATENT	FLUSHED	-	Shr 2240
	20:00	RT METAL	0/5	PATENT	FLUSHED	-	Shr 2240
31/12/23	8:00	RT METAL	0/5	PATENT	FLUSHED	-	Shr 2240
	14:00	RT METAL	0/5	PATENT	FLUSHED	-	Shr 2240
	20:00	RT METAL	0/5	PATENT	FLUSHED	-	Shr 2240
1/1/24	8:00	RT METAL	0/5	PATENT	FLUSHED	-	Shr 2240
	14:00	RT METAL	0/5	PATENT	FLUSHED	-	Shr 2240
	20:00	RT METAL	0/5	PATENT	FLUSHED	-	Shr 2240
2/1/24	8:00	RT METAL	0/5	PATENT	FLUSHED	-	Shr 2240
				IV Line Removed			



Mr.KALIYAN S

71/Malc/MHI202381394

27/12/2023/IPH2023002614

Dr.ANBARASU MOHANRAJ



MHI/PHARM/2022/028




Every heart beat counts

MEDICATION ADMINISTRATION RECORD

Drug Chart: 2 of 1

Height (cms): 162 cm Weight (kg): 63 kg

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

Drug Details	Description of Allergy	Doctor's Sign: 
	N/A	Name: DR. PRAVEEN
		Reg. No. 112236

DOCTOR INSTRUCTIONS	NURSING STAFF INSTRUCTIONS
1. Use generic name when prescribing drug 2. Write in BLOCK LETTERS , clearly and legibly 3. Sign and enter MCI registration no. or apply seal 4. No prescription should be altered / overwritten 5. Use 24-hour format when writing time	1. Check entries in every section to avoid omissions 2. Nurse in-charge should verify drug chart on daily basis 3. For new prescription, follow the timings of doctor's prescription on Day 1 only, and then follow standard timings 4. Standard Timings: Q24hrly: 10:00hrs, Q12hrly: 10:00hrs, 22:00hrs or 06:00hrs, 18:00hrs, Q8hrly: 06:00hrs, 14:00hrs, 22:00hrs or 09:00hrs, 14:00hrs, 21:00hrs, Q6hrly: 05:00hrs, 11:00hrs, 17:00hrs, 23:00hrs, Q4hrly: 02:00hrs, 06:00hrs, 10:00hrs, 14:00hrs, 18:00hrs, 22:00hrs

Stat / Once Only / Premedication Drugs

Date	Time	Drug	Dose	Route	Doctor		Administered		
					Sign.	Reg. No.	Sign.	Emp. No.	Time
28/12/23	15:00	INT. MYOPHYLLATE	2.5ml	IV	✓	112236	<i>[Signature]</i>	0270	15:00
28/12/23	18:30	INT. FORTWIN	15ml	IV	✓	112236	<i>[Signature]</i>	0270	18:30
29/12/23	20:00	T. ECOSPIRIN	75mg	P/O	✓	112236	<i>[Signature]</i>	0223	20:00
29/12/23	01:00	INT. COSEX	10mg	IV	✓	112236	<i>[Signature]</i>	0223	01:00
31/12/23	14:00	INT. DOLB	610mg	P/O	<i>[Signature]</i>	131577	<i>[Signature]</i>	0105	14:00
31/12/23	19:20	AMBYP CREMAFFIN PLUS	25ml	P/O	<i>[Signature]</i>	134657			

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

28/12/23 29/12/23 30/12/23 31/12/23 1/1/24 2/1/24

DRUG NAME

TAB. PARACETAMOL

06:00

Dose

1gm

Route

PO

Frequency

Q8th bdy

Dr. Sign & Reg. No. / Seal
Dr. PRAVEEN JEYAKUMAR
Reg. No:112236

Start Date & Time
28/12/23 @ 14:00
Stop Date & Time
29/12/23 at 10:00

14:00

Additional Info:

22:00

DRUG NAME

SYP. SUCRALFATE SUSPENSION

07:30

Dose

10ml

Route

PO

Frequency

1-1-1

Dr. Sign & Reg. No. / Seal
Dr. PRAVEEN JEYAKUMAR
Reg. No:112236

Start Date & Time
28/12/23 @ 20:00
Stop Date & Time

13:30

19:30

Additional Info:

DRUG NAME

TAB. LEVOSALBUTAMOL

4:00

Dose

0.63mg

Route

INH

Frequency

Q6th bdy

Dr. Sign & Reg. No. / Seal
Dr. PRAVEEN JEYAKUMAR
Reg. No:112236

Start Date & Time
28/12/23 @ 17:00
Stop Date & Time

10:00

16:00

22:00

Additional Info:

DRUG NAME

TAB. FRUSEMIDE

8:00

Dose

40mg

Route

PO

Frequency

1-1-0

Dr. Sign & Reg. No. / Seal
Dr. PRAVEEN JEYAKUMAR
Reg. No:112236

Start Date & Time
29/12/23 AT 8:00
Stop Date & Time

16:00

Additional Info:

DRUG NAME

TAB. SPIRANOLACTONE

10:00

Dose

25mg

Route

PO

Frequency

1-1-0

Dr. Sign & Reg. No. / Seal
Dr. PRAVEEN JEYAKUMAR
Reg. No:112236

Start Date & Time
29/12/23 AT 10:00
Stop Date & Time

17:00

Additional Info:

Area In-charge

Nurse Signature:

2/000 2/000 2/000 2/000 2/000 2/000

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS To be filled in by Doctors only ↓			Date →	To be filled by Nursing Staff only. Sign and time given,				
			Time ↓	29/12/22	30/12/22	31/12/22	1/1/23	2/1/23
DRUG NAME T. METOPROLOL (BETALOC)			9.00	9.00	9.15	9.00	9.15	9.00
Dose 12.5mg	Route PO	Frequency 1-0-1						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR 8 Reg. No: 112236		Start Date & Time 29/12/22 9.00	21.00	21.00	20.30	20.30	21.00	
		Stop Date & Time						
Additional Info:								
DRUG NAME T. MOSAPRIDE			7.00				8.00	7.00
Dose 5mg	Route PO	Frequency 1-0-1						
Dr. Sign & Reg. No. / Seal 8 112236		Start Date & Time 31/12/22 9.00	19.00			19.30	19.00	
		Stop Date & Time						
Additional Info:								
DRUG NAME T. ANXIT								
Dose 0.25mg	Route PO	Frequency 0-0-1						
Dr. Sign & Reg. No. / Seal 8 112236		Start Date & Time 31/12/22 21.00	20.00			20.30	20.00	
		Stop Date & Time						
Additional Info:								
DRUG NAME SYN. ALEX PLUS			8.00				9.15	9.00
Dose 10ml	Route PO	Frequency 1-0-1						
Dr. Sign & Reg. No. / Seal 8 112236		Start Date & Time 31/12/22 9.00	20.00			20.30	20.00	
		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:								

2005
16/12/22
11/01/23
16/12/22
16/12/22
16/12/22

ANTIMICROBIALS To be filled in by Doctors only ↓			Date →	To be filled by Nursing Staff only. Sign and time given					
			Time ↓	28/12/23	29/12/23				
DRUG NAME INJ. CEFURXIME SODIUM			5.15		05.15				
Dose 1.5gm	Route IV	Frequency Q12th hourly		D1	D2				
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYARUMAR Reg. No: 112236		Start Date & Time 28/12/23 at 9.15	17.15	17.15	17.30				
		Stop Date & Time 29/12/23 at 18.15		02.30	06.15				
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
DRUG NAME									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
Area In-charge Nurse Signature:									

[Signature]
00057
02/23

PARENTERAL INFUSION PRESCRIPTION AND ADMINISTRATION RECORD

[illegible]

PARENTERAL INFUSION PRESCRIPTION AND ADMINISTRATION RECORD

[illegible]

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
28/12/23	13:00	NPO	R.	112236					
29/12/23	8:00	LIQUID DIET	8	112236					
30/12/23	8:00	SOFT DIET	K.B.	134459					
31/12/23	6:00	SOFT diet	K.B.	134459					
1/1/24	8:00	Normal diet	K.B.	134459					
2/1/24	6:00	Normal diet	K.B.	134459					

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				1/1/24	Morning	Pavithra	0072	Pav
28/12/23	Evening	SHEEBA . D	0270	S	1/1/24	Evening	M. D. Silva	012	M.D.
28/12/23	Night	J. R. ANAND . C	0223	J.R.	1/1/24	Night	A. Nanthini	0170	A.N.
29/12/23	Morning	D. RANEEN	0171	D.R.	2/1/24	Morning	U. L. L. L. L.	0249	U.L.
29/12/23	Evening	SONIA FLORANCE . S	0074	S.F.	2/1/24	Evening	P. R. M. G. S.	0333	P.R.
29/12/23	Night	SHEEBA . D	0270	S		Night			
30/12/23	Morning	SONIA FLORANCE . S	0074	S.F.		Morning			
30/12/23	Evening	M. D. Silva	012	M.D.		Evening			
30/12/23	Night	Hannah Grace	0105	H.G.		Night			
31/12/23	Morning	M. D. Silva	012	M.D.		Morning			
31/12/23	Evening	U. L. L. L. L.	0249	U.L.		Evening			
31/12/23	Night	Hannah Grace	0105	H.G.		Night			

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given					
			Time ↓	28/12	28/12				
DRUG NAME T. RUDIMIN									
Dose 1 tab	Route P/O	Frequency 1-0-0	8:00 am	N/A					
Dr. Sign & Reg. No. / Seal <i>Eloye</i> <i>179047</i>		Start Date & Time 28/12/23 at 14:16							
		Stop Date & Time							
Additional Info:									
DRUG NAME T. SORBITRATE									
Dose 5mg	Route S/L	Frequency 505							
Dr. Sign & Reg. No. / Seal		Start Date & Time 28/12/23 at 14:15							
		Stop Date & Time							
Additional Info:									
DRUG NAME T. GTN CORRITRATE									
Dose 2.6mg	Route P/O	Frequency 1-0-1	8:00 am	N/A					
Dr. Sign & Reg. No. / Seal <i>Eloye</i> <i>179047</i>		Start Date & Time 28/12/23 at 14:15							
		Stop Date & Time							
Additional Info:									
DRUG NAME T. METZOLIC									
Dose 12.5mg	Route P/O	Frequency 1-0-1	8:00 am	N/A					
Dr. Sign & Reg. No. / Seal <i>165m</i>		Start Date & Time 28/12/23 at 14:15							
		Stop Date & Time							
Additional Info:									
DRUG NAME T. SICKET									
Dose 1 tab	Route P/O	Frequency 1-0-0	8:00 am	N/A					
Dr. Sign & Reg. No. / Seal <i>165m</i>		Start Date & Time 28/12/23 at 14:15							
		Stop Date & Time							
Additional Info:									
Area In-charge Nurse Signature:									

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
28/12	12am	NPO from 12am	<i>[Signature]</i>	16538					

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			
27/12	Evening	A. Nandhini	0170	A		Evening			
28/12	Night	A. Nandhini	0170	A		Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			

OPCAB X 3 GRAFT

LIMA → LAD

SVB → DM

SVB → PDA



Mr. KALIYAN S
71/Male/MHI202381394
27/12/2023/IPH2023002614

Name: Dr. ANBARASU MOHANRAJ

UHID No. [Barcode]

MHI/ICU/2022/076

Name		Age		Sex		Sheet No. 1
UHID No.						
Blood Group O POSITIVE		Height 162cm	Weight 63kg	BSA 1.68m ²	A	

SURGICAL PROCEDURE:

DATE OF SURGERY: 28/12/23

POST-OP DAY: D03

DATE	TIME	VENTILATORS PARAMETERS											BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂		pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
28/12/23	12.45	Simv + PS	14	16	18.0	5.0		7.6	500	499	50		7.443	32.5	143.5	23.3	99.0	-0.3
	14.00	Simv + PS	12	16	21.0	5.0		6.5	500	450	50%							
	15.00	PS/CAPAP		12		5.0					50%		7.308	49.0	120.8	24.0	98.0	-2.3
	16.00	Simv + PS	12			5.0			500		50%							
	16.50	PATIENT EXTUBATED & NEB GIVEN.										50%						
	17.30										40% PEEP		7.361	41.0	105.5	22.7	97.7	-2.8

CRITICAL CARE FLOWCHART

PATIENT HAD RELEASED FROM OT: 12.45
OT URINE: 650ml

NEURO

EYES

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

VERBAL

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

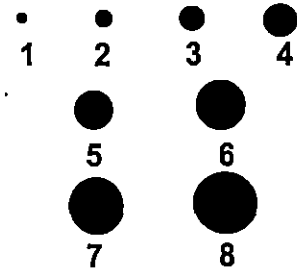
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdominal
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

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

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

N: Dr. ANBARASU MOHANRAJ

U: 

MHI/ICU/2022/076

Sheet No.

2

Age

Sex

Blood Group

O POSITIVE

Height

162cm

Weight

63kg

BSA

1.68m²

A

SURGICAL PROCEDURE:

DATE OF SURGERY:

28/12/23

POST-OP DAY:

DOS

VENTILATORS PARAMETERS

BLOOD GAS

DATE	TIME	MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FIO ₂		pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
28/12/23	23:00	On	Nasal	Prong	nas						46% O ₂							
	2																	
29/12	06:14	On	Room	AIR								06:14	7.432	38.7	69.0	25.2	94.4	0.9

CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

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

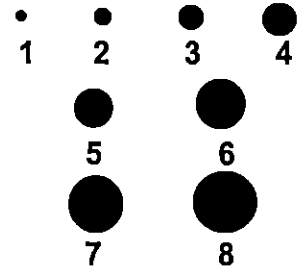
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

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

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

NEURO

EYES

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

VERBAL

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

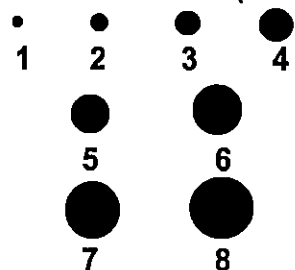
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

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

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

Mr.KALIYAN S
71/Male/MHI202381394
27/12/2023/IPH2023002614

Sheet No. 1	Name Dr.ANBARASU MOHANRAJ			
	UHID No.	Age	Sex	
B	Blood Group O POSITIVE	Height 162cm	Weight 63kg	BSA 1.68m ²



MHI/ICU/2022/076




DATE	TIME	BIOCHEMISTRY						VITAL PARAMETERS							CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
28/12/23	12.50	13.9	133	4.71	1.07 181		12.45		CL	100%	14/mt		96°F						
							13.00		CL	100%	14/mt								
28/12/23	16.00	14.9	135	4.19	1.13 203		15.00		CL	100%	16/mt								
							16.00		CL	100%	14/mt								
							17.00		CL	100%	12/mt		97°F						
28/12/23	17.50	14.9	135	4.27	1.09 171		18.00		CL	100%	14/mt								
							19.00		CL	100%	16/mt								
							20.00		CL	100%	18/mt								
					150		21.00		CL	98%	16/mt		98°F						
							22.00		CL	100%	17/mt								

CRITICAL CARE FLOWCHART

PATIENT NOT AWARE AND ALL
THE LIMBS :- @ 14.00

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME		12:45		16:00		20:00
	EYES		CP		4		4
	VERBAL		CP		5		5
	MOTOR		CP		6		6
	ARMS R/L		CP		ST		str
	LEGS R/L		CP		ST		str
PUPILS	R.SIZE/REACTION		CP		3/BR		3/BR
	L.SIZE/REACTION		CP		2/BR		3/BR
CARDIO-VASCULAR	HEART SOUNDS		S1S2		S1S2		S1S2
	VALVE CLICK		-		-		-
	CAPILLARY REFILL		BR		BR		BR
	EDEMA		0		0		0
	NECK VEINS		N		N		N
PULMONARY	WORK OF BREATHING		TA		TA		TA
	SUCTION		✓		-		-
	SECREATIONS		mod		-		-
GASTRO INTESTINAL	BOWEL SOUNDS		+		+		+
	ABDOMINAL TONE		soft		soft		soft
	N/G POSITION		lum		-		-
	GASTRIC RESIDUAL		-		-		-
	LIVER		N		N		N

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE		CL		CL		CL
	PD - FUNCTION		-		-		-
	DRAINAGE		-		-		-
	PD - SITE		-		-		-
SKN	COLOUR		-		-		-
	Sx WOUND-CHEST		CL		CL		CL
	LEG		CL		CL		CL
	DRESSING		OT		OT		OT
	PRESSURE SORE-SITE		-		-		-
	AREA		-		-		-
	DRESSING CONDITION		CL		CL		CL
MISCELL	POSITION CHANGE		Q2H		Q2H		Q2H
	CHEST-PHYSIO		ET/O/N		NEB SPIRO		NEB SPIRO
	ACTIVITY		PE		PE		PE
			ABP CVP		ABP CVP		ABP CVP
	S/N NAME		Ramul		Jm		Scarf
	TIME		12:45		16:00		20:00
	SIGNATURE		Ramul		Scarf		Scarf

Sheet No. (2)	Mr.KALIYAN S 71/Male/MHI202381394 27/12/2023/IPH2023002614 Dr.ANBARASU MOHANRAJ 		
	Blood Group O POSITIVE	Age	Sex
B	Height 162cm	Weight 63kgs	BSA 1.68m²



DATE	TIME	BIOCHEMISTRY						VITAL PARAMETERS						TIME	CARDIAC ASSIST DEVICE			
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	SaO ₂	RR/MT	N,BP	TEMP°F		IABP RATIO	DURATION	PACEMAKER SETTING RATE	MODE
28/12/23							28:00		cl	99%	16/mt							
29/12/23							00:00		cl	100%	17/mt							
							01:00		cl	99%	16/mt		97.6°F					
							02:00		cl	100%	15/mt							
							03:00		cl	100%	16/mt							
							04:00		cl	99%	17/mt							
							05:00		cl	99%	16/mt		98°F					
29/12	06:14	14.3	132	4.53	1.05/190		06:00		cl	98%	20/mt							
							07:00		cl	95%	20/mt							

CRITICAL CARE FLOWCHART

29/12/23

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME					00:00	04:00
	EYES					4	4
	VERBAL					5	5
	MOTOR					6	6
	ARMS R/L					str	str
	LEGS R/L					str	str
PUPILS	R.SIZE/REACTION					3/18	3/18
	L.SIZE/REACTION					3/18	3/18
CARDIO-VASCULAR	HEART SOUNDS					S1S2	S1S2
	VALVE CLICK					-	-
	CAPILLARY REFILL					Br	Br
	EDEMA					0	0
	NECK VEINS					N	N
PULMONARY	WORK OF BREATHING					TA	TA
	SUCTION					-	-
	SECREATIONS					-	-
GASTRO INTESTINAL	BOWEL SOUNDS					4	+
	ABDOMINAL TONE					Soft	Soft
	N/G POSITION					-	-
	GASTRIC RESIDUAL					-	-
	LIVER					N	N

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE					cl	cl
	PD - FUNCTION					-	-
	DRAINAGE					-	-
	PD - SITE					-	-
SKN	COLOUR					-	-
	Sx WOUND-CHEST					cl	cl
	LEG					cl	cl
	DRESSING					OT	OT
	PRESSURE SORE-SITE					-	-
	AREA					-	-
	DRESSING CONDITION					cl	cl
MISCELL	POSITION CHANGE					Qat	Qat
	CHEST-PHYSIO					NES SPIRO.	P/SB SPIRO.
	ACTIVITY					PE	PS
						ABP CVP	ABP CVP
	S/N NAME					Gugay	Gugay
	TIME					00:00	04:00
	SIGNATURE					Byl 02/23	Byl 02/23

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/UPH2023002614

Dr. ANBARASU MOHANRAJ



Sheet No.

3

B

Blood Group

O POSITIVE

Age

Sex

Height

162cm

Weight

63kg

BSA

1.68m²

Medway Hospitals®

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



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MHI/ICU/2022/076



Every heart beat counts

DATE	TIME	BIOCHEMISTRY						VITAL PARAMETERS							CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N.BP	TEMP°F	Abd ^{cm} G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
29/12/23							8:00		CL	94%	18/mt		97°F						
							9:00		CL	94%	20/mt								
							10:00		CL	95%	18/mt	152/64 (93)							
							11:00		CL	94%	20/mt	146/82 (93)	98°F						
							12:00		CL	93%	21/mt	87/64 (93)							
							13:00		CL	94%	26/mt	145/94 (94)							
							14:00		CL	91%	25/mt	165/70 (102)							
							15:00		CL	89%	28/mt	150/68 (93)							
							16:00		CL	90%	32/mt	164/131 (142)							
							17:00		CL	91%	31/mt	100/65 (97)							

CRITICAL CARE FLOWCHART

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

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE	U	U				
	PD - FUNCTION	-	-				
	DRAINAGE	-	-				
	PD - SITE	-	-				
SKN	COLOUR	-	-				
	Sx WOUND-CHEST	U	U				
	LEG	U	U				
	DRESSING	OT	OT				
	PRESSURE SORE-SITE	-	-				
	AREA	-	-				
	DRESSING CONDITION	U	U				
MISCELL	POSITION CHANGE	Q2H	Q2H				
	CHEST-PHYSIO	NEB SP2	NEB SP2				
	ACTIVITY	PE	PE				
		ABP MAP	NIBP				
	S/N NAME	Daryl	Daryl				
	TIME	8.00	12.00				
	SIGNATURE	Daryl	Daryl				

Mr. KALIYAN S
71/Male/MHI202381394
27/12/2023/1PH2023002614

MHI/ICU/2022/076

Name		Age		Sex		Sheet No. 1
UHID No.						
Blood Group O POSITIVE		Height 162cm	Weight 63kgs	BSA 1.68m ²	C	

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	INFUSIONS					
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	TOTAL	MTW			
28/12/23	12:45														KABYTE	2.0	25.125			
	14:00	150	150			30		30	30			5.0	5.0	185	200	200	1.0			
	15:00	100	250			30		30	60			5.0	35	35	200	400	4.0			
	16:00	75	325			40		40	100			5.0	40	40	100	500	4.0	H. ACTIN	40/40	
	17:00	75	400			30		30	130			5.0	535	535	100	600	3.0	2.0		
	18:00	60	460			40		40	170			5.0	635	635	100	700	2.0	2.0		
	19:00	100	560			20		20	190			5.0	755	755	100	800	2.0	2.0		
	20:00	75	635			10		10	200			5.0	840	840	100	900	4.0	2.0	25ml	
	21:00	75	710			20		20	220			5.0	935	935	100	1000	4.0	2.0	FENTAN	50/20
	22:00	80	790			10		10	230			5.0	1025	1025	100	1100	4.0	2.0	1.0	

SPECIFIC OBSERVATIONS/PROBLEMS

ACT - 114 SEC

DATE	TIME

CRITICAL CARE FLOWCHART

GENITOURINARY (GU)

PD

URINE

CL-Clear
T-Turbid
Stained
HC-High Coloured

FUNCTION

Dr-Draining
B-Blocked

DRAINAGE

CL-Clear
BS-Blood

SITE

BS-Blood Stained
HA-Haematuria

C-Clean
R-Redness
BD-Block discoloration

MISCELLANEOUS

POSITION CHANGE

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN

COLOUR

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

Mr.KALIYAN S

71/Male/MHI202381394

27/12/2023/1PH2023002614

Dr.ANBARASU MOHANRAJ



MHI/ICU/2022/076

Sheet No.

2

Age

Sex

Blood Group

O POSITIVE

Height

162cm

Weight

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BSA

1.68m²

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DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	INFUSIONS				
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	TOTAL	FENT	NTG	
28/12/23	23:00	60	850		10			10	240				5.0	1095	200	1200	1.0	4.0	
29/12/23	00:00	60	910						240				5.0	1155	200	1500	1.0	-	
	01:00	50	960		10			10	250				5.0	1215	100	1600	1.0		
	02:00	300	1260		30			30	280				5.0	1545	100	1700	1.0		
	03:00	150	1410						280				5.0	1695	100	1800	1.0		
	04:00	120	1530		10			10	290				5.0	1825	100	1900	1.0		
	05:00	130	1660						290			6.0	11.0	1961	100	2000	-		
	06:00	150	1810		20			20	310			1.0	12.0	2132					
	07:00	120	1930		50			50	360				12.0	2302					

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

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Mr.KALIYAN S
71/Male/MHI202381394
27/12/2023/1PH2023002614
Dr.ANBARASU MOHANRAJ

MHI/ICU/2022/076

Sheet No.

3

Blood Group
O POSITIVE

Height

Age

Sex

Weight

BSA

C

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	Volume		INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	TOTAL				
29/12/23	8.00	80	80			10		10	10					90						
	9.00	100	180						10					190						
	10.00	75	255			R			10					265						
	11.00	80	335						10					345						
	12.00	250	585						10					595						
	13.00	200	785						10					795	KABILYTE					
	14.00	250	1035						10					1045	200	200				
	15.00	200	1235						10					1245	100	300				
	16.00	100	1335						10					1345	200	500				
	17.00	100	1435						10					1445		500				

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

9.15 MEDIASTINAL AND LEFT PLEURAL DRAIN REMOVED [DR. ANBARASU]
9.45 LEFT RADIAL ARTERIAL LINE REMOVED [DR. PRAVEEN JEYAKUMAR]

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

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Mr.KALIYAN S
71/Male/MHI202381394
27/12/2023/IPH2023002614

Name

Dr.ANBARASU MOHANRAJ

UHID No.

Sheet No.

Sex

Blood Group

O POSITIVE

Height

162cm

Weight

63kgs

BSA

1.68m²

D



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



JCI ACCREDITED



NABH ACCREDITED

MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/ RAP	PERI	PP R/L	CO	CI	SVR
						MISC		AMT.	TOTAL														
28/12/22												54	Sinu	0.01	137/55	76	4		cool	FF			
	14:00					2.0	3.0			203	+18	60	sinu	0.01	130/60	71	7		norm	++			
	15:00					2.0	6.0			409	+94	66	sinu	0.00	160/70	95	6		norm	++			
	16:00					2.0	6.0			515	+85	68	sinu	0.01	141/66	89	7		norm	++			
	17:00					2.0	4.0			619	+84	76	sinu	0.00	160/80	71	8		norm	++			
	18:00					2.0	6.0			725	+90	80	sinu	0.01	140/60	72	7		norm	++			
	19:00					2.0	6.0	Sigs	Sigs	831	+76	82	sinu	0.00	160/80	91	8		norm	++			
	20:00					2.0	8.0	.30	30	969	+129	91	sinu	0.00	170/70	107	10		norm	++			
	21:00					2.0	8.0	100	130	1177	+242	89	sinu	0.01	168/70	101	8		norm	++			
	22:00					2.0	8.0	100	230	1385	+360	90	sinu	0.01	162/60	98	9		norm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

@ 15:00 INJ. MYOPYRULATE 2.5ml IV GIVEN PREVIOUS DAY HRS

@ 18:30 INJ. FORTWIN 15mg IV GIVEN.

DRAINAGE:

TOTAL INTAKE:

20:00

T. ROSPIRIN 75mg po GIVEN.

URINE :

TOTAL OUTPUT:

22:40

T. METAPROLOL 12.5mg po GIVEN (B/D DR. PRAVEEN)

TOTAL BALANCE:

P.T.O.

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/1PH2023002614

Dr. ANBARASU MOHANRAJ



Sheet No.

Age

Sex

20

Blood Group

O POSITIVE

Height

162cm

Weight

63 kg

BSA

1.68m²

D



Medway Hospitals

The way to better health

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MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
						mls		AMT.	TOTAL														
28/12	23:00					2.0	7.0		230	1592	497	86	Sinus	0.01	147/52	89	9		warm	++			
29/12	00:00					2.0	3.0	40	270	1832	677	85	Sinus	0.00	135/59	86	8		warm	++			
	01:00					2.0	3.0		270	1935	720	80	Sinus	0.01	126/50	78	10		warm	++			
	02:00					2.0	3.0		270	2038	493	83	Sinus	0.00	126/44	71	8		warm	++			
	03:00					2.0	3.0		270	2141	446	81	Sinus	0.01	117/44	71	6		warm	++			
	04:00					2.0	3.0	30	300	2274	449	80	Sinus	0.00	119/42	87	7		warm	++			
	05:00					2.0	2.0		300	2376	415	81	Sinus	0.01	114/43	86	6		warm	++			
	06:00					2.0	2.0	50	350	2428	296	78	Sinus	0.00	117/44	80	7		warm	++			
	07:00					2.0	2.0		350	2430	128	77	Sinus	0.01	118/47	78	6		warm	++			

CRITICAL CARE FLOWCHART

Dr. Jayakumar

STAT DRUGS

TIME

01:00

INT. LABIX 10mg IV STAT (B/D Dr. Praveen Jayakumar)

PREVIOUS DAY HRS

DRAINAGE:

URINE :

TOTAL INTAKE:

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

Mr. KALIYAN S

71/Male/MHI202381394

Name 27/12/2023/1PH2023002614

Dr. ANBARASU MOHANRAJ

UHIC

Sheet No.

Age

Sex

D

Blood Group

O POSITIVE

Height

162cm

Weight

63kg

BSA

1.68m²

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MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

2.4 liter 1 day

HAEMODYNAMICS

Blood Group: O +ve

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/ RAP	PERI	PP R/L	CO	CI	SVR
						ml/hr		AMT.	TOTAL														
29/12/23	8:00					2.0	2.0	70	70	72	18	74	SINUS	0.01	139/74	74	4		Warm	+			
	9:00					2.0	2.0	150	220	224	34	78	SINUS	0.02	151/83	84	6		Warm	+			
	10:00					2.0	2.0	50	270	276	11	78	SINUS	0.02	R	R	R		Warm	+			
	11:00					-	-	100	370	376	31	76	SINUS	0.01					Warm	+			
	12:00							50	420	426	169	71	SINUS	0.05					Warm	+			
	13:00								420	426	369	74	SINUS	0.06					Warm	+			
	14:00							150	570	576	269	81	SINUS	0.09					Warm	+			
	15:00								570	576	369	88	SINUS	0.08					Warm	+			
	16:00								570	1076	269	94	SINUS	0.10					Warm	+			
	17:00							50	620	1126	319	90	SINUS	0.11					Warm	+			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY 19 HRS

DRAINAGE: 360 mL TOTAL INTAKE: 2430 mL

URINE: 1930 mL TOTAL OUTPUT: 2302 mL

TOTAL BALANCE: +128 mL

P.T.O.



DOS
28/12/23

[illegible]



BALANCE \uparrow 96 ml

Mr. KALIYAN S

71/Male/MHI202381394

27/12/2023/IPH2023002614

Dr. ANBARASU MOHANRAJ

NAME :



UHID NO :

AGE :

SEX :

IMMEDIATE CARE FLOWCHART

A

SURGICAL PROCEDURE : OPLAB x 3 GRAFTS

POSTOP DAY : 1st POD

FLUID REQUIREMENT : 2400 cc/day

DOB
28/12/23

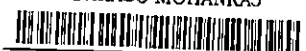
DATE & TIME	URINE		CHEST DRAINAGE				TOTAL OUTPUT	I.V. FLUIDS				ORAL/ R.T.			TOTAL INTEKE	TOTAL BALANCE
	H.T.	G.T.		AIR LEAK	H.T.	G.T.					H.T.	H.T.	G.T.			
29/12 18:00	150	1585				10	1595				500	100	720	1226	361	
19:00	100	1685				10	1695				500	50	720	1276	419	
20:00	100	1785				10	1795				500	75	845	1351	444	
21:00	75	1860				10	1870				800	150	995	1501	369	
22:00	80	1940				10	1950				800		995	1501	449	
23:00	100	2040				10	2050	bag 1450			500	100	1095	1601	449	
30/12/23 00:00	75	2115				10	2125	100	100	600			1095	1701	424	
01:00	100	2215				10	2225	100	200	700	100		1195	1901	324	
02:00	75	2290				10	2300	100	300	800			1195	2001	299	
03:00	80	2370				10	2380	100	400	900			1195	2101	279	
04:00	75	2445				10	2455	100	500	1000			1195	2201	254	
05:00	100	2445				10	2455				1000	100	1295	2301	184	
06:00		2445				10	2455				1000	150	1445	2451	4	
07:00		2445				10	2455				1000	100	1545	2551	96	

SPECIFIC OBSERVATIONS/REMARKS

@4:30. Foley's catheter
Removed.

MEDICATION / DRUGS

Mr.KALIYAN S
71/Male/MHI202381394
27/12/2023/1PH2023002614
Dr.ANBARASU MOHANRAJ

NAME : 

IMMEDIATE CARE FLOWCHART

B

UHID NO :

AGE :

SEX :

BLOOD GROUP :

O +ve

HEIGHT : 162 cm

WEIGHT : 63 kg

B.S.A : 1.68 m²

HAEMODYNAMICS								RESP. PARAMETERS			INVESTIGATIONS / OTHER DATA
TEMP	H.R.	RHY.	ST.	B.P.	R.A.P.	PERI.	P.P.	RR	BREATH	SPO2	
	91	sinus	6.08	110/55	(+3)	norm	++	29/lt	BL/cl	90%	ON room air.
	88	sinus	6.09	110/56	80	norm	++	31/lt	BL	91%	
	80	sinus	0-01	123/60	79	norm	++	20/lt	BL/cc	92%	
	82	sinus	0-01	126/79	81	norm	++	22/lt	BL/cc	92%	
	80	sinus	0-01	112/57	75	norm	++	24/lt	CL	93%	
	78	sinus	0-00	116/66	79	norm	++	22/lt	CL	92%	
	76	sinus	0-01	120/90	81	norm	++	20/lt	CL	93%	
	74	sinus	0-00	110/66	79	norm	++	18/lt	CL	94%	
	80	sinus	0-01	134/57	83	norm	++	20/lt	CL	95%	
	82	sinus	0-01	121/68	79	norm	++	22/lt	CL	96%	
	78	sinus	0-00	118/72	81	norm	++	20/lt	CL	97%	
	80	sinus	0-01	112/67	91	norm	++	22/lt	CL	93%	
93.4	82	sinus	0-01	110/61	71	norm	++	20/lt	CL	94%	
	80	sinus	0-01	121/66	79	norm	++	22/lt	CL	93%	

PREVIOUS DAY - HOURS

DRAINAGE

URINE

MEDWAY HOSPITALS

KODAMBAKKAM (HEART)

, 1st Main Road, United India Colony , Kodambakkam, Chennai, Tamilnadu, In

044-2473 4455

care@medwayhospitals.com

Registration No : MHI202381394

Patient Name : KALIYAN S

Age : 71

Gender : Male

IP Number : MMH/HM/IPH2023002614

Discharge Date : 02/01/2024 4:33:00PM

Bill No : MMH/HM/IPH202400004

Bill Date : 02/01/2024 4:31:05PM

Ward Name : TWIN SHARING

Bed Name : 104-A

NO DUE

