

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®

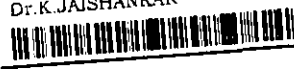
 The way to better health
 (A Unit of United Alliance Healthcare Pvt Ltd)

Mr. BALASUBRAMANI

62/Male/MH1202331326

16/12/2023/1PH202302512

Dr. K. JAISHANKAR



mani



Where heart beat never stops...

ADMISSION SLIP

 Admitting Doctor: Dr. Jaishankar.

 Speciality: Cardiologist

 Advised Date & Time: 11:03 AM 16/12/23

Provisional Diagnosis:

CAD, ACS, TVD,
8/P PTCA

 Reason for Admission: ☐ Medical Management ☐ Surgical Management
☐ Others (please specify details) CAG

 Admission Type: ☒ Day Care ☐ ER ☐ Ward
☐ ICU (Specify details)

Surgery / Procedure Name (if planned):

CAG

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

 Expected Duration of Stay: Day Care.

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

 Payer: ☐ Self ☐ Insurance ☐ Others: CPT

Instructions to Nurse (if any):

Admit in RL A

Any other Instructions (if any):

Doctor's Signature

Name

Reg. No.

Date

Time

[Signature]
9/12/10
(for)
Dr. Jaishankar.
49448
16/12/23 11:03

For admission desk staff only:

Room Category:

☐ General Ward

☐ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☐ Others _____

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

16/12/23

11.22am

16.12.23

11.31Am

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

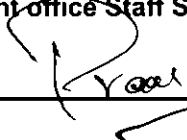
Front office Staff Signature

Name

Emp. No.

Date

Time



Praveen Kumar

6283.

16.12.23

11.31Am



Medway Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Mr. BALASUBRAMANI

62/Male/MHI202381326

16/12/2023/IPH202302518

Dr. K. JAISHANKAR



MHI/HOSP/2022/129



ADMISSION FORM

Marital Status M	Full Address No-186, 2nd Street, P.P. Garden, Anniyikarai, Chennai-29		Telephone Number 9941476652 9840198924
Occupation RL			
Referred from DR. Jaishankar	Date of Time of Admission 16.12.23/11.31AM	Date & Time of Discharge 16/12/23 @ 11:23	Total No. of Days 7 hours 54 minutes
UNIT RL	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		
FINAL DIAGNOSIS			ICD Code
CAD - ACC - UNSTABLE ANGINA			I25.1
CAG 02/08/19 - TRIPLE VESSEL DISEASE			I24.9
S/P PTCA + STENT TO DISTAL & PROXIMAL			I25.5
LXC 20.08.19, VENKATESWARA HOSPITAL			
TMT POSITIVE - 19/08/2019			
TYPE II DIABETES MELLITUS			E11.9
SYSTEMIC HYPERTENSION			I10
DATE	OPERATION / PROCEDURES		ICPM Code
16/12/23	CORONARY ANGIOGRAM.		88.50
DATE	TYPE OF ANESTHESIA		
16/12/23	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input checked="" type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL		
DISCHARGE STATUS			
<input type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input checked="" type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to			
Signature of the Consultant		Signature of Medical Records Officer	

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. N. Balasubramani who is my WIFE (Relationship).

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

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

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.


செவிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date: 16.12.23


எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

உறவுமுறை

Nature of Relationship

Daughter



Mr. BALASUBRAMANI
62/Male/MHI202381326
16/12/2023/IPH202302518
Dr. K. JAISHANKAR



GENERAL CONSENT FOR ADMISSION


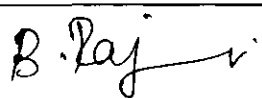
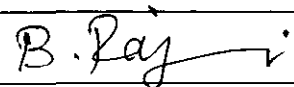
I, MR. Balasubramani, the ☒ Patient or ☐ Representative of patient have
(please tick the correct option above and below)

☐ Read

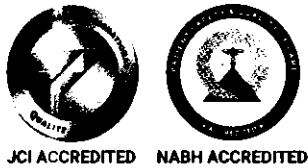
☐ Been explained this consent form in English, which I fully understand.

- 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		N. BALASUBRAMANI	16.12.23	11.31AM
Surrogate/Guardian (if applicable #)		B. RAJESWARI (Write name and relationship with patient)	16.12.23	11.31AM
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		B. RAJESWARI	16.12.23	11.31AM
Interpreter (if applicable)				

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



DAY CARE DISCHARGE SUMMARY

IP No.	IPH202302518	D.O.A	: 16/12/2023
UHID	: MHI202381326	D.O.P	: 16/12/2023
Name	Mr. BALASUBRAMANI	Room No.	: RL
Age / Gender	62 Years / MALE		
Consultant	Dr. JAISHANKAR.K MD., DM., FIAMS Director and Clinical Lead Cardiology and Electrophysiology	D.O.D	: 16/12/2023

DIAGNOSIS:

CAD – ACS – UNSTABLE ANGINA

CAG (10.08.19) – TRIPLE VESSEL DISEASE

S/P PTCA + STENT TO DISTAL & PROXIMAL LCX (20.08.19, VENKATAESWRA HOSPITAL)

TMT – POSITIVE – 19.08.2019

TYPE II DIABETES MELLITUS

SYSTEMIC HYPERTENSION

PROCEDURE: CORONARY ANGIOGRAM DONE ON 16.12.2023 – TRIPLE VESSEL DISEASE / PATENT LCX STENTS.

BRIEF HISTORY:

Mr. Balasubramani, 62years/ male, Presented with complaints of shortness of breath on exertion. Complaints of bilateral pedal edema. He came to Medway Heart Institute on 16.12.2023 and advised for Coronary Angiogram for which he has been admitted.

PO fever, cough, vomiting, diarrhea.

Known case of Type II diabetes mellitus. Systemic hypertension on medication.

History of CVA, hypothyroidism and Dyslipidemia.

EXAMINATION:

Patient Conscious, Oriented and afebrile.

PT/C/C/L/E	-	NIL
HR	-	94bpm
BP	-	153/80 mmHg
SPO ₂	-	97% in room air
CVS	-	S1S2 (+)
RS	-	BAE
Abdomen	-	Soft
CNS	-	NFND

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

[f @MedwayHospitals](#) [@medwayhospitals](#) [in @medway-hospitals](#) [@medwayhospitals](#)



Medway Group of Hospitals

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

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454



Mr. BALASUBRAMANI

UHID: MHI202381326

IP.No: IPV/2023/2518



Every heart beat counts

BLOOD: Hb- 13.1gm/dl, TLC – 6810 cumm, Urea – 19mg/dl, Creatinine (A Unit of United Alliance Healthcare Pvt Ltd) 1.1mg/dl, Na+ 137mmol/l
K+ 4.6mmol/l, PT – 16 sec. INR – 1.2.

ECG: Normal sinus rhythm, HR @ 86bpm. T wave inversion in lead II & aVF

ECHO: Concentric LVH. No RWMA. Normal LV systolic function. EF – 62%. Grade I LV diastolic dysfunction. Trivial TR/MR. No PE / PAH.

COURSE IN THE HOSPITAL:

Mr. Balasubramani, 62years/ male, underwent Coronary Angiogram by right radial access on 16.12.2023 which revealed **TRIPLE VESSEL DISEASE / PATENT LCX STENTS**. Post procedure was uneventful. He is advised for **CABG X grafts to LAD, major OM & RCA**. His medications are optimized and he is being discharged in a stable clinical condition.

ADVICE MEDICATIONS:

Sl NO	NAME OF THE DRUGS WITH GENERIC NAME	DOSAGE	FREQUENCY			ROUTE	RELATION SHIP WITH MEAL	DURATION
			M	A	N			
1	TAB. ECOSPRIN (ASPIRIN)	75 MG	0	1	0	ORAL	AFTER FOOD	TO CONTINUE
2	TAB. CLOPILET (CLOPIDOGREL)	75 MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
3	TAB. ATORVA (ATORVASTATIN)	20 MG	0	0	1	ORAL	AFTER FOOD	TO CONTINUE
4	TAB. ANGIPLAT (NITROGLYCERIN)	2.5 MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
5	TAB. TELMA (TELMISARTAN)	40 MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
6	TAB. NEBICARD (NEBIVOLOL)	5 MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
	TAB. RABEKIND DSR (RABEPRAZOLE AND DOMPERIDONE)	1 TAB	1	0	0	ORAL	BEFORE FOOD	TO CONTINUE
	TAB. GOBEN (GABAPENTIN)	300 MG	0	1	1	ORAL	AFTER FOOD	TO CONTINUE
	TAB. NIKORAN (NICORANDIL)	5 MG	1	0	1	ORAL	BEFORE FOOD	TO CONTINUE
	TAB. JANUMET	500/50 MG	0	1	0	ORAL	AFTER FOOD	TO CONTINUE
	TAB. ISONIT (ISOSORBIDE DINITRATE)	5 MG			S/L	ORAL	SOS	SOS
	TAB. NEUROBION FORTE	1 TAB	0	0	1	ORAL	AFTER FOOD	TO CONTINUE

"I understood the Content of the discharge summary."

B. Raj

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

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



94457 94457
1800 572 3003

Medway Group of Hospitals

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

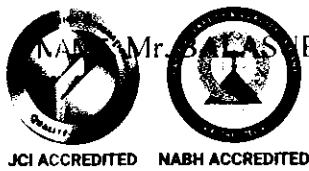
E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

MHI/HOSP/2022/118



Mr. S. LALAS BRAMANI

UHID: MHI202381326

IP.No: IPV202302518



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

DISCHARGE ADVICE

DIET	LOW SALT & LOW FAT & DIABETIC DIET.
PHYSICAL ACTIVITY	AS ADVISED
REVIEW	REVIEW WITH CTVS TEAM FOR CABG AFTER APPROVAL FROM CHENNAI PORT TRUST.

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

(for) Mr. S. LALAS BRAMANI

CONSULTANT SIGNATURE

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

ed by : Ezhilarasi.

Dr. K. JAISHANKAR
Reg. No: 49448

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

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



94457 94457
1800 572 3003

Medway Group of Hospitals

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

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

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

MHI/HOSP/2022/118

DAY CARE INITIAL ASSESSMENT FORM

Date: 16/12/23 Time of arrival: 11.36

Part A (to be filled by Nurses)

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 94 (beats/min) | BP: 153/80 (mmHg)
Respiration: 22 (breaths/min) | SpO₂: 97 (%) | Height: 168 (cms) | Weight: 78.8 (kgs) | BMI: 27.9 kg/m²

Any Language Barrier: ☐ Yes ☒ No If yes, please call Language Coordinator / Translator

Allergies: ☐ Yes ☒ No If Yes, specify: _____

Psychosocial Assessment:

Alcohol Intake: ☐ Yes ☒ No **Substance Abuse:** ☐ Yes ☒ No **Smoking:** ☐ Yes ☒ No

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

If Yes, specify details: _____

Pain Screening

Pain: ☐ Yes ☒ No. If Yes, Score: 0/10

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

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

☒ Numerical Rating Scale (Age more than 12 years)

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

Fall Risk Screening for adults:

☒ No Risk

☐ Age more than 65 years

☐ History of fall in last 3 months

☐ Walks with assistance

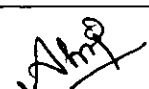
☐ Any neurological problem

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

Fall Risk Screening (for pediatrics)

☐ H/O fall in last 3 months ☐ Neurological problem (vertigo, seizure, etc) ☐ Deranged Mobility ☒ No Risk

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

	Signature	Name	Emp. No.	Date	Time
Nurse		Anurhi	0282	16/12/23	11.42

Part B (to be filled by Physicians)**Chief Complaints**

HL0. Shortness of breath on exertion
and present since
HL0 bilateral, pedal edema

Past Medical History

CAD.
T2 DM
HIV

Personal History

MI 02.

Significant Family History

—

Current Medication

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1	E. Aspirin	81mg	PO	1-0-0		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	T. Dylor Plus	8mg	PO	1-0-0		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	T. Albuterol	2mg	PO	0-1-0		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	T. Enoxaparin	75mg	PO	0-1-0		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	T. Furosemide	50/500	PO	0-1-0		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	T. Levetiracetam	10mg	PO	1-0-1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	T. Lisinopril	25mg	PO	0-1-0		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	T. Metoprolol	50mg	PO	1-0-1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	T. Nitroglycerin	2mg	PO	1-0-1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Clinical Examination / Investigation

Cvs: S1S2A
As: B A B A

TL: 6810
P/E: 278000

K: 46.

C-ref: 1.1

Echo
EF: 62%
@ LV

Provisional Diagnosis

unstable Angina
CAD
TCDM
HTN.

Plan of Care (including Investigations Ordered)

CACR-

Doctor's Signature

K

Name

Dr. Kuntin

Reg. No

25851

Date

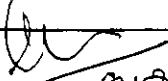
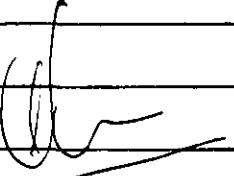
6/12/24

Time

11.50

DOCTOR'S PROGRESS NOTES

DATE	NOTES
16/12/23 1:10 PM	CAG (CAG no. 3412) - pt radial access - SF sheath - SF TIA → CAG done
	LMCA - (N). Bifurcates into LAD & Lcx
	LAD - Type 3 vessel. Proximal LAD shows mild plaquing. Mid LAD shows diffuse ectasia followed by 80% tubular stenosis. Distal LAD shows 70% tubular stenosis. Given 2 major diagonals which are diffusely diseased. Distal LAD shows 90% tubular stenosis.
	Lcx - Non-dominant. Prox & distal Lcx shows patent stenosis. Linal irregularities. Given 2 major omc. OM ₁ Proximal part shows 70% long segment disease. OM ₂ shows linal irregularities.
	RCA - Dominant. Prox. RCA shows long segment disease upto 70% stenosis. Mid RCA shows total occlusion. Distal RCA, PDA & PA visualized by Grade II homo & heterocollaterals.
	IMA - LIMA & RIMA (N).
	Imp: Rt dominant / TLD / Patent Lcx stenosis.
	Adv: CABG x Grafts to LAD, Major om & RCA

DATE	NOTES
16/12/23	<p>90/B: Dr. G. Ateher -</p>
	<p>Care Document from Cath lab.</p>
16/12/23	
2pm	<p>CABG = TVD .</p>
	<p>Vitals stable .</p>
	<p>Plans - CABG.</p>
	<p> 9/12/10.</p>
<u>bpm</u>	<p>pt can be discharged today .</p>
	<p> 9/12/10</p>



PATIENT TRANSFER FORM DIAGNOSTICS / PROCEDURES

Diagnosis: VLA / CDD / TDD / HTN

Allergies if any: N/A

From (Area)	To (Area)	Date	Time	Reason for Transfer / Name of Procedure
RL	CARDIAC	16/12/23	13:00	CAG

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

ASSESSMENT OF PATIENT:

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

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

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

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

Temp (°F)	RR (breaths/min)	Pulse (beats/min)	SpO ₂ (%)	BP (mmHg)	Pain Score
98.6	22 b/m	97 b/m	97%	153/80	0/10

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

Any pre-medication given: _____

Any critical information: _____

Any specific recommendation: _____

Handover by	Signature	Name	Emp. No.	Date	Time
		Dr. K. Jaishankar	0282	16/12/23	13:00
Handed over to		Dr. K. Jaishankar	0176	16/12/23	13:00

After Procedure:

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

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

Temp (°F)	RR (breaths/min)	Pulse (beats/min)	SpO ₂ (%)	BP (mmHg)	Pain Score
98.6	22 b/m	97 b/m	97%	162/80/100	0/10

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

Handover by	Signature	Name	Emp. No.	Date	Time
		Dr. K. Jaishankar	0176	16/12/23	14:15
Handed over to		Dr. K. Jaishankar	0240	16/12/23	14:15

Mr. BALASUBRAMANI
62/Male/MHI202381326
16/12/2023/1PH202302518

Dr. K. JAI SHANKAR



CONSENT FOR CORONARY ANGIOGRAM / CORONARY ANGIOPLASTY

CONDITION AND PROCEDURE

Dr. JAI SHANKAR has explained that I have the following condition:

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

RISKS OF THIS PROCEDURE

The risk of coronary angiography depends on:

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

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

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

PATIENT CONSENT: Jai Shankar

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

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE

	Signature	Name	Date	Time
Patient/Guardian with relationship	MR. BALASUBRAMANI	MR. BALASUBRAMANI	16/12/23	11.30
witness	B. RAJESWAR	B. RAJESWAR	16/12/23	11.30
Doctor	Dr. Jai Shankar	Dr. Jai Shankar	16/12/23	11.30
Interpreter				

Patient Details (Affix Label here)

Name:

UHID:

DOB:

Sex:

கிருதய ஆன்ஜியோகிராம் பரிசோதனைக்கான ஒப்பம்

நிலை மற்றும் செயல்முறை

பின்வரும் ஆழ்நிலையை நான் கொண்டிருப்பதாக மருத்துவர் அவர்கள் விளக்கினார்.

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

கிச்செயல்முறைகிழைகள் கிட்பாடுகள்

இதயச்சுவர் சிறை ஆன்ஜியோகிராஃபியிலுள்ள கிட்பாடுகள் பின்வருபவைகளையே சார்ந்திருக்கும்

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

10,00-ல் ஒருவருக்கும் கீழ் (0.0001 சதவிகிதம்)	(a) கதிர்வீச்சின் காரணமாக ஏற்படும் தோல் பாதிப்பு, சருமம் சிவந்து போதல்
1000-ல் ஒருவருக்கு (0.001 சதவிகிதம்)	(b) வலிப்பு, இது பக்கவாதம் மற்றும் நீண்டநாள் ஊனத்தை ஏற்படுத்தலாம் (c) மாரடைப்பு (d) எக்ஸ்-ரே கான்ட்ராஸ்ட் மீடியத்தின் (டைட்) ஆபத்தான விளைவுகள். இவை ஏற்படால் உங்களுக்கு ஆஸ்துமா, அதிர்ச்சி மற்றும் வலிப்பு போன்றவைகள் ஏற்படலாம். 2,50,000 முதல் 4,00,000 டிசிகளில் ஒன்று மரணத்தையும் விளைவிக்கலாம். (e) குத்தப்பட்ட கிடத்தில் பெரிய அறுவை சிகிச்சை மேற்கொள்ள வேண்டியது வரலாம். (f) அவசரகால இதய அறுவை சிகிச்சை அல்லது ஆன்ஜியோபிளாஸ்டிக் தேவைப்படலாம். (g) எக்ஸ்ரே கதிர் பாதிப்பு காரணமாக அதிக வாழ்நாள் அச்சுறுத்தல் கிட்பாடு. (h) இறப்பு
100-ல் ஒருவருக்கு (0.01 சதவிகிதம்)	(i) இதயம் சரியான முறையில் துடிக்காமல் இருக்கலாம். அதற்கு அவசரமாக சிகிச்சை தேவைப்படும் (j) குத்தப்பட்ட கவட்டை பகுதியில் அறுவை சிகிச்சை சரிபாடு. இதனால் மருத்துவமனையில் நீண்ட நாட்கள் தங்கியிருக்க வேண்டியது வரலாம் (k) தோல் அரிப்பு போன்ற சிறு விளைவுகள் (l) கான்ட்ராஸ்ட் மீடியம் காரணமாக சிறுநீரகம் செயல்படாமல் அல்லது அதன் வலு குறைதல்
20-ல் ஒருவருக்கு (0.01 சதவிகிதம்)	(m) குத்தப்பட்ட கிடத்தில் பெரிய அளவினை சிராய்ப்பு அல்லது வீக்கம்
பெரும்பாலான மக்களுக்கு	(n) சிறிய அளவினை சிராய்ப்பு

நோயாளி ஒப்புதல்

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

செயல்முறையை எனக்கு மேற்கொள்ளுமாறு கேட்டுக்கொள்கிறேன்

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



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

CORONARY ANGIOGRAM REPORT

PATIENT NAME	: MR. BALASUBRAMANI	UHID	: MHI202381326
AGE/GENDER	: 62 YEARS / MALE	IP NO	: IPH202302518
CONSULTANT	: Dr. Jaishankar. K MD., DM., FIAMS	D.O.A	: 16.12.2023
	Director and Clinical Lead	D.O.P	: 16.12.2023
	Cardiology and Electrophysiology		

CATH DATE	16.12.2023	DONE BY	DR. JAISHANKAR
CATH NO	3412	ASSISTED BY	SN. SATHYA
CATH DURATION	5 MINS	TECHNICIAN	MR. TAMIL
HEIGHT WEIGHT	168CMS 78KGS	PHYSICIAN ASSISTANT	MS. SHALINI

CLINICAL DIAGNOSIS: CAD – ACS – UNSTABLE ANGINA, CAG (10.08.19) – TRIPLE VESSEL DISEASE. S P PTCA + STENT TO DISTAL & PROXIMAL LCX (20.08.19, VENKATAESWRA HOSPITAL) TMT – POSITIVE – 19.08.2019, TYPE II DIABETES MELLITUS, SYSTEMIC HYPERTENSION.

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

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

COMMENTS:

LMCA - NORMAL. BIFURCATES INTO LAD AND LCX.

LAD - TYPE III VESSEL AND GIVES RISE TO 2 MAJOR DIAGONALS. PROXIMAL LAD SHOWS MILD PLAQUING. MID LAD SHOWS DIFFUSE ECTASIA FOLLOWED BY 80% TUBULAR STENOSIS. DISTAL LAD SHOWS 70% TUBULAR STENOSIS. MAJOR DIAGONALS ARE DIFFUSELY DISEASED.

LCX - NON-DOMINANT AND GIVES RISE TO 2 MAJOR OM's. PROXIMAL AND DISTAL LCX SHOWS PATENT STENTS WITH LUMINAL IRREGULARITIES. OM1 PROXIMAL PART SHOWS 70% LONG SEGMENT DISEASE. OM 2 SHOWS LUMINAL IRREGULARITIES.

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

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

**PATIENT
HELP LINE**
94457 94457
1800 572 3003

Medway Group of Hospitals

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

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

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

MHI/HOSP/2022/118



JCI ACCREDITED



NABH ACCREDITED



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

RCA - DOMINANT AND GIVES RISE TO PDA AND PLV BRANCHES. PROXIMAL RCA SHOWS LONG SEGMENT DISEASE UPTO 70% STENOSIS. MID RCA SHOWS TOTAL OCCLUSION. DISTAL RCA, PDA & PLV VISUALISED BY GRADE II HOMO & HETEROCOLLATERALS.

LIMA & RIMA- NORMAL

IMPRESSION:

TRIPLE VESSEL DISEASE / PATENT LCX STENTS
NORMAL LV FUNCTION
RIGHT DOMINANT SYSTEM

ADVICE:

CABG (GRAFTS TO LAD, MAJOR OM & RCA)

CONSULTANT SIGNATURE

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

To visit at www.medwayhospitals.com

13.07.2022
Reg. No: 43418

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

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



94457 94457
1800 572 3003

Medway Group of Hospitals

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

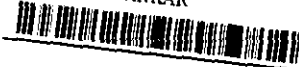
Medway Centre of Excellence (Chennai)


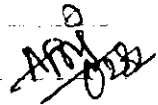


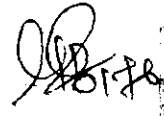
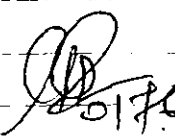


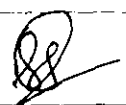
Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118



DATE & TIME	Observation / Action	Signature with Emp.No
16/12/23 11-36	PT Received from RL, For CHG. PT is conscious & oriented PT vitals are monitoring. Skin preparation done.	 0016
13-00	PT Shifted to Cathlab. Cath Lab.	 0016
16/12/23 13-00	PT Received from RL to Cath Lab. Conscious and oriented. Vitals stable.	 0016
13-10	PT Sterile drapping done. CAG procedure started.	 0016
13-20	PT Radial arterial approach under local anaesthesia	 0016
13-20	IV: NTG 100 mcg + IV: Dilzem 2mg IA given. o/b Dr. Salai Sudhan (Sr)	 0016
13-20	IV: Heparin 2500 IV given o/b Dr. Salai Sudhan (Sr)	 0016
13-20	BP: 160/82 (112) mmHg. HR: 96 bpm SpO2: 98% Vitals stable.	
13-35	Procedure CAG done. PT Radial Arterial sheath removed. Tight plaster bandage applied. No oozing & hematoma.	 0016
Document endorsed by	Signature 	Name Sathiyar
	Emp. No. 0016	Date 16/12/23
	Time 13:45	

DATE & TIME	Observation / Action	Signature with Emp.No
16/12/22 14:10	⇒ patient shifted to ER with all documents.	
14:15	⇒ pt handing over to ER S/n. Swetha.	0004
14:15	pt Received from ER, pt is conscious & oriented, pt vitals are monitoring & Recording.	Amf 0282
	pt Radial approach, puncture site there is no hematoma, bleeding.	Amf 0282
17:23	⇒ pt got discharged @ 17:23, pt conscious & oriented	02AD
	pt vitals i.e HR-83 / min SpO2-95%, BP-160/80 mmHg Checked & Reported.	
	⇒ pt IV line removed & ID band also removed	
	⇒ pt all files explain & handingover to pt & pt attendant.	02AD
Document endorsed by	Signature Jay L	Name Jayadevi
	Emp. No. 0002	Date 16/12/22
		Time 18:00

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

MHI/OT/2022/086

Every heart beat counts

Mr. BALASUBRAMANI

62/Male/MHI202381326

16/12/2023/1PH202302518

Dr. K. JAISHANKAR



Name of the Procedure : CAG Location : Cath Lab. Date & Time : 16/12/23

Does the Procedure involve Procedural Sedation : ☐ Yes ☒ No

SIGN IN <u>13.10</u> Before Induction of Procedural Sedation		TIME OUT <u>13.20</u> After procedural Sedation and before procedure		SIGN OUT <u>13.25</u> 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 <u>CAG</u> <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	
Side	<input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA	Side	<input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA	confirms labeling and sent to lab	
		Expected Blood loss	<u>NA</u>		
Consent	<input checked="" type="checkbox"/> Yes	Position	<u>Supine</u> <input checked="" type="checkbox"/> Yes	Any recovery concerns : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
Known Allergy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify	Consent	<input checked="" type="checkbox"/> Yes	If Yes, Pls. specify :	
		Required equipment and implants available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Difficult airway / aspiration risk / dentures	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, equipment and assistance available	Essential Imaging displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Antibiotic prophylaxis within last 60 minutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
Possibility of hypothermia	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, warmer in place	Name of the Antibiotic given		Any Equipment / instrument problem that needs to be addressed : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
		Venous Thromboembolism Prophylaxis Provided	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	If Yes, Pls. specify :	
All concerned anesthesia equipment and medication check complete		Anticipated duration briefed	<input checked="" type="checkbox"/> Yes		
<input type="checkbox"/> SpO2 <input type="checkbox"/> NIBP <input type="checkbox"/> Others pls. specify <u>ECG</u>		Anticipated blood loss briefed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Pre OP medication taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adequate fluids and blood available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Team briefed on any critical or unexpected steps	<input checked="" type="checkbox"/> Yes		
Required equipment for procedure available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	For procedural sedation cases		Corrective action :	
		Any patient specific concerns :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
		Intra procedure glycaemic control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Any concerns about sterility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		

Anaesthetist / Doctor giving Procedural Sedation	Doctor performing the Procedure :	Nurse : <u>Dr. N. Sandhya</u>	Technician : <u>Mr. Sathish</u>	Others Please Specify :
Date : <u>16/12/23</u>	Date : <u>16/12/23</u>	Date : <u>16/12/23</u>	Date : <u>16/12/23</u>	Date : <u>16/12/23</u>
Time : <u>13.45</u>	Time : <u>13.45</u>	Time : <u>13.45</u>	Time : <u>13.45</u>	Time : <u>13.45</u>


Medway Hospitals

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


Every heart beat counts

Procedure Monitoring Sheet (Cath Lab)

 Patient Name : **Mr. BALASUBRAMANI**
 62/Male/MHI202381326
 16/12/2023/IPH202302518
 UHID / IP : **Dr. K. JAISHANKAR**
 Consultant :

 Age / Sex : **62y/M**

 Ward Unit : **RL**

 Diagnosis : **USA LCAD/T2 DM/HTN**
Pre Procedure Checklist (Please tick appropriately – To be filled by the Ward Nurse)

PARAMETERS	YES	NO	NA
Vital signs : BP: 153/80 Temp: 98.6 Pulse: 94 RR: 22 SPO2: 97%			
Urine voided	✓		
Bowel preparation		✓	
Pre-procedure medication administered		✓	
Procedure site marked	✓		
Skin preparation done	✓		
NPO : 8.30am			
Loose Tooth removed		✓	
Contact lenses / Eye glasses removed	✓		
Prosthesis present		✓	
Jewellery/Nail polish removed	✓		
Checked for Allergies (Drug / food)	✓		
IV line/In-situ	✓		
Consent taken	✓		
Investigation reports / Documents received	✓		
Signature of Nurse : Amr 2023	Date & Time : 16/12/23 @ 11.36		

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

Time	HR / min	RR / min	BP mmHg	SpO2%	Medication / Remarks	Sign. of Nurse
12.10	92 b/min	20 b/min	204/100 mmHg	98%	—	Amr 2023
13.20	96 b/min	22 b/min	160/82 (112)	98%	—	Amr 2023
13.35	98 b/min	22 b/min	160/80 (108)	98%	—	Amr 2023
Procedure goes over.						

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

Time : 13.45 Route : Rt Radial arterial approach
 Complication : nil

BP : 164/80/108 mmHg, HR : 94b/min, RR : 22b/min, SpO2 : 98%
 Brachial Distal Pulse: felt, Puncture Site: no oozing & hematoma

Advise:

- ◆ Shift To: Ward / ICU ICU
- ◆ Bed rest up to 4 hours
- ◆ Observe puncture site for bleeding
- ◆ Watch for Pulse in Rt Radial artery.
- ◆ Diet DM diet
- ◆ Inform Duty Medical Officer SOS
 - a) If patient complains of any Discomfort
 - b) If dressing is Loose or Socked with Blood
 - c) If limbs are Cold / Absent Pulse
- ◆ Remove Rt Radial dressing on 17/12/23 at 13.00 AM / PM after informing to the consultant.
- ◆ Special instruction if any: nil

Name & Signature of Consultant

POST PROCEDURE OBSERVATION

Date & Time	BP	HR	RR	SpO2%	Site Evaluation	Extremity Status	Remarks	Sign. of Nurse
<u>16/12/23</u> <u>13.55</u>	<u>164/82</u>	<u>94</u>	<u>22</u>	<u>99%</u>	<u>Right Radial artery approach</u>	<u>No oozing, no hematoma</u>	<u>-</u>	<u>Brook</u>

Nurses Notes :

Procedure can done. Rt Radial Arterial sheath removed. Right plaster bandage applied, no oozing & hematoma.

Condition at the end of procedure : ☒ Stable ☐ Critical

Patient shift to : ☐ Recovery Room ☐ Patient Room ☐ CCU ☒ Other ICU

Name & Signature of the Nurse :

Date & Time :

QIP
16/12/23

16/12/23
@ 14:15



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

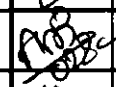

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only 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	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	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	4	4		
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	3	3		
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3		
					TOTAL SCORE	19	19	
					Initial & Emp. No. of Staff Nurse:	102	102	
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6					Initial & Emp. No. of Sr. Staff Nurse:	102	102	

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
16/12/23 @ 11:36	0/10	No pain	-	-	-	AS 0282	Jay 600
		Patient RECEIVED FROM CATLAB.				-	
14:15	0/10	No pain	-	-	-	AS 0240	Jay 600
15:15	0/10	No pain	-	-	-	AS 0240	Jay 600
16:15	0/10	No pain	-	-	-	AS 0240	Jay 600
17:15	0/10	No pain	-	-	-	AS 0240	Jay 600
		Pt got discharged @ 17:23					

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						
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0						
2	Bedridden recently >3 days or major surgery within four weeks	0						
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0						
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0						
5	Entire leg swollen (Assess for both legs)	0						
6	Localized tenderness along the deep venous system (Assess for both legs)	0						
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0						
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0						
9	Previously documented DVT (Assess for both legs)	0						
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0						
FINAL SCORE								
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		LOW						
DVT prophylaxis started		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature & Emp. No. of RN		 1002						
Signature & Emp. No. of Sr. RN		 005						



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



Mr. BALASUBRAMANI
62/Male/MHI202381326
16/12/2023/PH202302518
Dr. K. JAJSHANKAR



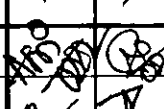
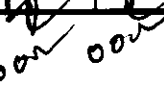
MHI/NUR/2022/046



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
	Yes	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20
AMBULATORY AID									
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30
GAIT									
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20
MENTAL STATUS									
Oriented to own stability		0	0	0	0	0	0	0	0
Overestimated or forgets limitations		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
	Yes	15	15	15	15	15	15	15	15
Total Score		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									

0000 - 24: Low Risk; 25 - 44: Medium Risk; 45 or above: High Risk

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date								
	Time								
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									

MEDWAY HOSPITALS

KODAMBAKKAM (HEART)

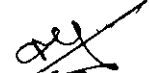
, 1st Main Road, United India Colony , Kodambakkam, Chennai, Tamilnadu, India

044-2473 4455

care@medwayhospitals.com

Registration No	: MHI202381326	Patient Name	: BALASUBRAMANI
Age	: 62	Gender	: Male
IP Number	: MMH/HM/IPH202302518	Discharge Date	: 16/12/2023 7:59:00PM
Bill No	: MMH/HM/IPH00528	Bill Date	: 16/12/2023 3:19:35PM
Ward Name	: RADIAL LOUNGE	Bed Name	: RL-1

NO DUE


Prepared By


Approved By


Checked By

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



Mr. BALASUBRAMANI
Patient Detail 62/Male/MHI202381326
Name: 27/12/2023/IPH2023002613
UHID: Dr. RAJESH.V
DOB:
DOA:
Consultant:

/IPD/2022/002
Medway Heart Institute
Every heart beat counts

ADMISSION SLIP

Admitting Doctor: Dr. Rajesh. Speciality: CPUS.

Advised Date & Time: 27/12/23 @ 11:45 am.

Provisional Diagnosis: CAD - Triple vessel disease.

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: PPN.

INSURANCE

Instructions to Nurse (if any):

→ Admit in private room.

Any other Instructions (if any):

Doctor's Signature [Signature]

Name Dr. V. RAJESH
Reg No : 62794

Reg. No. 62794

Date 27/12/23 Time 11:45 am

For admission desk staff only:

Room Category:

☐ General Ward

☒ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☐ Others _____

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

27/12/23

10:44 AM

27/12/23

11:46 AM

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]

Sandanya

2209

27/12/23

11:46

DR. V. RAJESH
REG. NO. 65701

**Medway Hospitals***The way to better health*

(A Unit of United Alliance Healthcare Pvt Ltd)



Patient Details	
Name:	Mr. BALASUBRAMANI
UHID:	62/Male/MHI202381326
DOB:	27/12/2023/IPH2023002613
DOA:	Dr. RAJESH.V
Consultant	

MHI/HOSP/2022/129

**ADMISSION FORM**

Marital Status Married	Full Address NO-186, 2nd Street. P.P. Garden Amijikarai, Chennai - 29	Telephone Number 9941476652
Occupation —		
Referred from Dr. Rajesh	Date of Time of Admission 27/12/23 @ 11:40 AM	Date & Time of Discharge 27.12.24
		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	I25.1
PATENT LCA STENTS, ACS - UNSTABLE ANGINA	I24.9
POSITIVE TNT - 19.08.2019, S/P.P.TCA + STENTING	R94.3
TO DISTAL AND PROXIMAL LCA - 20.08.2019	
NORMAL LV SYSTOLIC FUNCTION - EF: 64%. TYPE II	I50.1
DIABETES MELLITUS, SYSTEMIC HYPERTENSION	E11.9 / I10

DATE	OPERATION / PROCEDURES	ICPM Code
28.12.23	OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY X 3 GRAFTS	36.13

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		

Dr. V. RAJESH M.S., M.Ch(CTVS) Senior Consultant Cardiothoracic and Vascular Surgery Reg No: 62794	Signature of Medical Records Officer 2568
---	---

AUTHORISATION FOR TREATMENT I PAYMENT

I hereby authorise the Administration, Medical and Nursing and Paramedical, Staff of the Hospital Investigate treat and administer such drugs as may be necessary and to perform such operation under anaesthesia or other wise as may be deemed necessary and / or advisable in the diagnosis and treatment of my illness / patient. N. Balasubramani who is my Father (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 உழியர்கள் எனக்கு / நோயாளிக்கு தேவைப்பட்ட சோதனைகளை செய்து மருந்துகளை கொடுக்கவும், மயக்க மருந்துகள் கொடுத்து செய்முறைகள்/அறுவை சிகிச்சை செய்யவும் அதிகாரம் வழங்குகிறேன். நான் / இதில் குறித்துள்ள நோயாளின் செலவுக்கான தொகை முழுவதும் செலுத்த இதன் மூலம் உறுதி அளிக்கிறேன்.

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

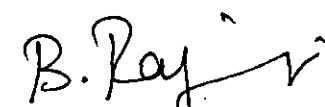
மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.


செவிலியர் கையொப்பம்

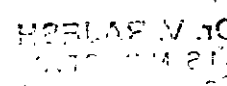
Signature of Admitting Nurse

தேதி

Date 27/12/23


எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian


உறவுமுறை

Nature of Relationship

Daughter

GENERAL CONSENT FOR ADMISSION

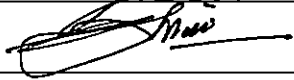
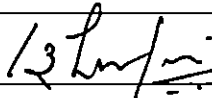
I, N. BALASUBRAMANI the ☐ Patient or ☐ Representative of patient have
 (please tick the correct option above and below)

- ☐ 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.

27/12/23 11:46 AM

	Signature / Thumb Impression*	Name	Date	Time
Patient		N. Balasubramani	27/12/23	11:46 AM
Surrogate/Guardian (if applicable #)	B. Raji	B. RAJESWAR (Write name and relationship with patient)	27/12/23	11:46
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		Bhuraneswari	27/12/23	11:46 AM
Interpreter (if applicable)				

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



ADMISSION CRITERIA FOR INTENSIVE CARE UNIT

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE
1	Hemodynamic instability defined as	
	Pulse less than 40 or more than 150 beats/minute	
	Systolic arterial pressure less than 80 mm Hg or 20 mm Hg below the patient's usual pressure	
	Mean arterial pressure less than 60 mm Hg	
	Diastolic arterial pressure more than 120 mm Hg	
	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	
	Cardiac tamponade or constriction with hemodynamic instability	
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	
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>S</i>	<i>Dr. Prawn</i>	<i>112236</i>	<i>28/12/23</i>	<i>13-35</i>

DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

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

Doctor	Signature	Name	Reg. No.	Date	Time
	<i>✓</i>	<i>Dr. Prawn</i>	<i>112236</i>	<i>30/12/23</i>	<i>12:00</i>



JCI ACCREDITED



NABH ACCREDITED



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



DISCHARGE SUMMARY

IP No.	: IPH2023002613	D.O.A	: 27/12/2023
UHID	: MHI202381326	D.O.D	: 02/01/2024
Name	: Mr. BALASUBRAMANI	Room No.	: 114
Age / Gender	: 62 Years / MALE		
Consultant	: Dr. V. Rajesh, MS, M.Ch (CTVS) Senior Consultant Cardiothoracic and Vascular Surgery		

D.O.S: 28.12.2023

DIAGNOSIS:

TRIPLE VESSEL CORONARY ARTERY DISEASE

PATENT LCX STENTS

ACS – UNSTABLE ANGINA

POSITIVE TMT - 19.08.2019

S/P PTCA + STENTING TO DISTAL AND PROXIMAL LCX – 20.08.2019

NORMAL LV SYSTOLIC FUNCTION – EF: 64%

TYPE II DIABETES MELLITUS

SYSTEMIC HYPERTENSION

SURGERY:

OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3
GRAFTS: LIMA TO LAD, LEFT RADIAL ARTERY TO DISTAL RCA, SVG TO DISTAL
OM1 DONE ON 28.12.2023

BRIEF HISTORY:

Mr. Balasubramani, 62 years old male, a known case of Type II diabetes mellitus, Systemic hypertension, Positive TMT – 19.08.2019, S/P PTCA + stenting to distal and proximal LCX - 2019, ACS – Unstable angina, Triple vessel disease and patent LCX stents, Normal LV systolic function, has come for CABG. Patient was doing well with medications till 1 month ago when he developed chest pain – retrosternal, radiating to left shoulder, associated with palpitations and sweating. H/o breathlessness on exertion. H/o bilateral leg swelling (+). Initially, he went to Chennai Port Trust where he was advised Coronary Angiogram. He was referred from Chennai Port Trust to Medway Heart Institute on 16.12.2023 and underwent Coronary Angiogram which showed Triple vessel disease and patent LCX stents. He was 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 Syncope. No H/O CVA, CKD, BA, seizure disorder or Hypothyroidism.

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

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



94557 94557
1800 572 3003

Medway Group of Hospitals

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

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

Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/118



JCI ACCREDITED



NABH ACCREDITED



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

NAME: Mr. BALASUBRAMANI UHID : MHI202381326 IPNO: IPH2023002613

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

TEMP - 96.5 ° F
HR - 80bpm
BP - 130/80 mmHg
SPO₂ - 94% in room air
CVS - S1S2 (+)
RS - BAE (+)
Abdomen - Soft, non – tender
CNS - NFND

BLOOD INVESTIGATIONS:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	14.0	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	41.7	39-52	%
TWBC	7180	4000 - 10000	Cells/Cumm
NEUTROPHILS	59.0	40-70	%
LYMPHOCYTES	29.5	20 - 40	%
EOSINOPHILS	4.9	0 - 6	%
MONOCYTES	5.6	0 - 6	%
BASOPHILS	1.0	0 - 2	%
PLATELET	249000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Cells /cumm
Urea	23	14 - 40	mgs/dl
Creatinine	0.80	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na ⁺)	139	135 - 145	mmol/l
Potassium (K ⁺)	4.43	3.4 - 5.5	mmol/l
T. Bilirubin	0.43	0.2-1.0	mg/dl
D. Bilirubin	0.16	0.00 – 0.4	mg/dl
I. Bilirubin	0.27	0.4-0.6	mg/dl
S.G.O.T	23	<38	U/L
S.G.P.T	30	<41	U/L
ALP	133	Adult: 42 - 141	U/L
GGT	43	Male : 10 - 45 Female : 5 - 32	U/L
Total Protein	7.1	6.0 - 8.0	gm/dl
S. Albumin	4.2	3.5 - 5.0	gm/dl

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

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



94557 94557
1800 572 3003

Medway Group of Hospitals

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

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

Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/118



JCI ACCREDITED



NABH ACCREDITED



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

NAME: Mr. BALASUBRAMANI UHID : MHI202381326 IPNO: IPH2023002613

PROTHROMBIN TIME	11.5	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.Systmic Embolism: 3.0 - 4.5 INR	
INR	0.9		
HBA1C	11.7	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	1.11	Adult: 0.25 - 5.0 New born-4days: 1.0-39.0 Child upto 14yrs: 1.0-9.0	ulU/ml
T3	150	"Adult : 60 - 152 New born - 4 days : 96 - 730 1 - 11 Months : 102 - 243 1 - 9 yrs: 89 - 237	ug/dl
T4	11.0	"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 – 82bpm, sinus rhythm, LVH (+)

ECHO: S/P PTCA, EF CALCULATED BY SIMPSON'S METHOD: LV EDV : 123ML, ESV : 41ML, EF : 66 %, AORTIC GRADIENT – MAX GRADIENT – 5 MM HG, MEAN GRADIENT – 3 MM HG, CONCENTRIC LVH, ALL CHAMBERS NORMAL SIZED, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION – EF : 64%, GRADE I DIASTOLIC DYSFUNCTION, NORMAL RV SYSTOLIC FUNCTION, RV TDI: 16CM/S, TAPSE : 20MM, IAS / IVS INTACT, AORTIC VALVE SCLEROSIS, TRIVIAL AR, NO AS, OTHER VALVES ARE STRUCTURALLY NORMAL, TRIVIAL MR, TRIVIAL TR, NO PAH, IVC NORMAL IN SIZE AND COLLAPSING, NO CLOT / VEGETATION / EFFUSION.

CAROTID DOPPLER : Normal bilateral carotid and vertebral Doppler study.

CXR: PA film, Lung fields clear.

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

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



94557 94557
1800 572 3003

Medway Group of Hospitals

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

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

Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/11



JCI ACCREDITED



NABH ACCREDITED



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

NAME: Mr. BALASUBRAMANI UHID : MHI202381326 IPNO: IPH2023002613

COURSE IN THE HOSPITAL:

Mr. Balasubramani, 62 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, LEFT RADIAL ARTERY TO DISTAL RCA, SVG TO DISTAL OM1 ON 28.12.2023**. He was extubated on table in Operation theatre. He was shifted to SICU with stable hemodynamics and nil supports. 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 - 88/min BP - 140/80mmHg
SPO2 - 94% in room air

POST OP INVESTIGATIONS:

BLOOD:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	10.7	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	32.2	39-52	%
TWBC	11220	4000 - 10000	Cells/Cumm
NEUTROPHILS	67.7	40-70	%
LYMPHOCYTES	22.3	20 - 40	%
EOSINOPHILS	3.9	0 - 6	%
MONOCYTES	5.7	0 - 6	%
BASOPHILS	0.4	0 - 2	%
PLATELET	292000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Cells/cumm
Urea	46	14 - 40	mgs/dl
Creatinine	1.00	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na+)	138	135 - 145	mmol/l
Potassium (K+)	4.37	3.4 - 5.5	mmol/l

ECG: HR – 86bpm, sinus rhythm, no fresh ST – T changes.

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

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



94557 94557
1800 572 3003

Medway Group of Hospitals

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

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

Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/1



JCI ACCREDITED



NABH ACCREDITED



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

NAME: Mr. BALASUBRAMANI UHID : MHI202381326 IPNO: IPH2023002613

ECHO : S/P CABG, ALL CHAMBERS NORMAL IN SIZED, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION, EF: 59%, NORMAL RV SYSTOLIC FUNCTION, RV TDI: 9CM/S, AORTIC VALVE SCLEROSIS, OTHER VALVES STRUCTURALLY NORMAL, IAS/IVS INTACT, IVC NORMAL IN SIZE AND COLLAPSING, AORTIC GRADIENT – MAX GRADIENT – 2MMHG, MEAN GRADIENT – 1MMHG, GRADE I DIASTOLIC DYSFUNCTION, TRIVIAL AR, NO AS, TRIVIAL MR, TRIVIAL TR, NO PAH, MILD LEFT, MINIMAL RIGHT PLEURAL EFFUSION, TRACE PERICARDIAL EFFUSION ANTERIOR TO RV, NO CLOT/ VEGETATION.

CXR: PA film, sternal wires seen, lung fields clear, mild left, no right pleural effusion

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

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



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
------------------------------	---------------------------	------------------------------	----------------------------	-----------------------------	--------------------------

Medway Centre of Excellence (Chennai)

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

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

MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED



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

NAME: Mr. BALASUBRAMANI UHID : MHI202381326 IPNO: IPH2023002613

ADVICE MEDICATIONS:

Sl. NO.	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
✓	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	25MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
4	TAB. DILZEM – SR (DILTIAZEM)	1 TABLET	90MG	1	0	1	ORAL	AFTER FOOD	X 6 WEEKS
✓	TAB.LASILACTONE (FURSEMIDE + SPIRONOLACTONE)	1 TABLET	50MG/ 20MG	1/2	0	0	ORAL	AFTER FOOD	X 2 WEEKS
6	TAB.PARACIP (PARACETAMOL)	1 TABLET	500MG	1	0	1	ORAL	AFTER FOOD	SOS (IF PAIN OR FEVER)
✓	TAB. NEUROBION FORTE	1 TABLET		1	0	0	ORAL	AFTER FOOD	TO CONTINUE
8	TAB. METHYCOBAL (METHYLCOBALAMIN)	1 TABLET	500MCG	0	0	1	ORAL	AFTER FOOD	X 10 DAYS
9	SYP. CREMAFFIN PLUS (SODIUM PICOSULFATE+ LIQUID PARAFFIN + MILK OF MAGNESIA)	15ML		0	0	1	ORAL	AFTER FOOD	BED TIME (IF CONSTIPATION)
10	TAB. BEPLEX FORTE (ANTIOXIDANTS +MULTIVITAMINS+ MULTIMINERALS)	1 TABLET		1	0	0	ORAL	AFTER FOOD	1 MONTH
11	SYP ALEX PLUS (DEXTROMETHORPHAN HYDROBROMIDE + GUAIFENESIN + PHENYLEPHRINE + CHLORPHENIRAMINE MALEATE)	10ML		0	0	1	ORAL	AFTER FOOD	BED TIME (1 WEEK)
12	TAB.ANXIT (ALPRAZOLAM)	1 TABLET	0.5MG	0	0	1	ORAL	AFTER FOOD	X 5 DAYS

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

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

PATIENT HELPLINE
94557 94557
1800 572 3003

Medway Group of Hospitals

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

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

Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED



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

NAME: Mr. BALASUBRAMANI UHID : MHI202381326 IPNO: IPH2023002613

DIABETIC MEDICATIONS:

Sl. NO	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. DAPAVEL (DAPAGLIFLOZIN)	1 TABLET	10MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
2	TAB. GLIZATO (GLICLAZIDE)	1 TABLET	80MG	1	0	1	ORAL	BEFORE FOOD	TO CONTINUE
3	TAB. JANUMET (SITAGLIPTIN + METFORMIN)	1 TABLET	50MG/ 500MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
4	INJ. WOSULIN (INSULIN ISOPHANE/NPH (70%) + HUMAN INSULIN/SOLUBLE INSULIN (30%))			25U	25U	25U	S/C	BEFORE FOOD	TO CONTINUE

DISCHARGE ADVICE	
DIET	HIGH PROTEIN, LOW SALT LOW FAT / DIABETIC DIET
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION	NIL
REVIEW	REVIEW WITH DR. V. RAJESH 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. V. Rajesh, MS, M.Ch (CTVS)

Senior Consultant Cardiothoracic and Vascular Surgery

Dr. V. RAJESH

Reg No : 62794

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

f @MedwayHospitals

@medwayhospitals

in @medway-hospitals

@medwayhospitals



94557 94557
1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

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

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

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

MHI/HOSP/2022/118



INPATIENT INITIAL ASSESSMENT

Date: 27/12/23

Time of arrival in ward: 1:30 pm

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 96.5 (°F) | Pulse / HR: 81 (beats/min) | BP: 130/80 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 95 (%) | Height: 168 (cms) | Weight: 78.2 (kgs) | BMI: 27.7 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

pt was admitted with Complaints of chest pain (Retrosternal)
Radiating to (L) shoulder associated w palpitation for past month.
c/o Breathlessness on Exertion

PAST MEDICAL HISTORY (with duration of illness):

Diabetes Mellitus: ☒ Yes ☐ No. If Yes, duration: 20yrs Hypertension: ☒ Yes ☐ No. If Yes, duration: 6months

Others: K/c/o Dyslipidemia / CAD - TUA

Past Surgical History: - H/o PTCA +stent → Distal & proximal Lx (2014)
- H/o lap. Appendectomy (2010)
- H/o CAG (16/12/23)

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. TICAGRELO	90mg	po	1-0-1	23/12/23	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	TAB. ECOSPRIN	75mg	po	0-0-0	23/12/23	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	TAB. TELHA	40mg	po	0-0-1	23/12/23	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	TAB. ANGIPLAT	2.5mg	po	1-0-1	27/12/23	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	TAB. DYTOR PLUS	5/50mg	po	1-0-0	27/12/23	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	TAB. ATORVA	20mg	po	0-0-1	27/12/23	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	TAB. METHYL COBALAMIN	500mg	po	0-0-1	26/12/23	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	TAB. GOBEN	300mg	po	0-1-1	26/12/23	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	TAB. NEUROBION FORT	1 tab	po	0-0-1	26/12/23	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	TAB. ISONIT	5mg	po	0-0-1	26/12/23	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family History:

11. TAB NIKORAN 5mg po 1-0-1 27/12/23

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:

AFND

Urinary / Reproductive / Locomotor System:

(N)

Skin / Ophthalmic / ENT

(N)

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:

Unstable Angina / CAD-TVD / I₂dm / B+ITN
/ dyslipidemia

Plan of Care:

— Plan - CABG tomorrow

— F/U preop orders

— Monitor vitals

— check CBG TID

Dr. Anishu Mohanta
No: 2546

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. Anbarasu Jagannathan	DR. S. JAYANTHI	170318	27/12/23	13:30
Consultant	Reg No: 55476 V. Vignesh	DR. RAJESH	62774	25/12/23	15:00
Patient Attendant	B. Rajini	Relationship: Daughter		28/12/23	13:30



Mr. BALASUBRAMANI
62/Male/MHI202381326
27/12/2023/IPH2023002613
Dr. RAJESH.V



DOCTOR'S PROGRESS NOTES

DATE	NOTES
27/12/23	S/R - 12.5m Elargo (Duro)
4:00pm	Δ: CAG done (TMD). / Dyslipidemia Plan for CAG (28/12/23) pt. reprimed. No 40-50% chest pain O/E: conscious, oriented, afebrile S/E: CML: S1S2 (+) RA: RAE (+) P/A: soft Advice: - Vitals monitoring. - Follow up drug chart orders. - NPO from 12:00am (28/12/23) - Inform SOS thy. 171444.

DATE	NOTES
27/12/23	S/B Dr. Mohamed Hydoos
10pm.	CAD-TVD / T ₂ DM / HTN / Dyslipidemia
	Plan: CABG & GA Tomorrow
	Patient conscious oriented afebrile
<u>Vitals</u> Stable	Crs → S, S ⊕ No → BAC ⊕ Pla → Soft, NT
	<u>ADRs</u> - monitor vitals - No follow drug chart - No follow Pre-op orders - NPO from 12Am (65mm)



Mr. BALASUBRAMANI
62/Malc/MHJ202381326
27/12/2023/IPH2023002613
Dr. RAJESH.V

Medway
Heart
Institute
Heart Counts

DATE	NOTES
28/12/23 8:50 AM	S/B Dr. Anusuya patient reviewed. no specific complaints vitals stable pt posted for CABG today pre-op orders followed. Shift to on call on call.
K. M 134779	



Mr. BALASUBRAMANI
62/Male/MH1202381326
27/12/2023/IPH2023002613
Dr. RAJESH.V

[illegible]

DATE	NOTES
28/12/23.	Mr. Balasubramani underwent OPIAB x 3 grafts.
13:45	He was shifted to ICU & full hemodynamics HR: 80/min BP: 145/80 mm Hg CVP: 8 cm H ₂ O SpO ₂ : 100% on 6 liter O mask. Supports: Nil Plan: ABG, ACT, Xray Monitor vitals
	For P 11/22 Dr. Rajesh PA Sai cel MH10028

DATE	NOTES
29/12/2023 8.00	S/B: Dr. Anbazhagan / Dr. Rajesh / Dr. Praveen
	I/P: OPCAB x 3 grafts.
POD #1	patient comfortable
Hb - 11.2	O/E: conscious, oriented, Afebrile
U - 34	BP - 122 / 50 mm Hg
Cr - 0.85	HR - 112 Bpm
Na - 134	SpO ₂ - 96% on nasal prongs
K - 3.46	Drain - 2359 mL / 2049 mL ; Bal 6310 mL
	on weath
RBS - 227 mg/dL	Adequate urine output
	tolerating feeds
PB4	peripheries warm (+)
pH - 7.453	Supports: nil
pO ₂ - 85	total drain: 400 mL
pO ₂ - 61.2	
HCO ₃ - 23.9	
BE - 0.0	
	Plan
	• RF 2-2 litres / day
	• Remove drain & Ar line
	• chest physio & spirometry
	• Mobilize
	• Nebulize
	• T. METOPROLOL 12.5mg 1-0-1
	• T. GLIZATO 60 1-0-1 (RF)
	• T. JANUMET 50/500 1-0-1 (RF)
	• T. DAPANEL 10mg 1-0-0 (RF)
	• T. PREGAMIN 75mg 1-0-1
	• Shift to ICU II

Spencer
12226



DOCTOR'S PROGRESS NOTES

DATE	NOTES
<u>20/12/23</u> 8-00	S/O Dr. Ambekar / Dr. Rajesh / Dr. Pravan
	S/P OPCA & 3 grafts POD-2
I/O - $\frac{2666}{2640}$	pt conscious, oriented comfortable at rest.
	BP - 140/82 mm Hg HR - 130/min sinus U - 3-8 Cr - 1.22 SpO ₂ - 92% in rt
	peripheries warm Tolerating oral feeds
	Plan
	<ul style="list-style-type: none"> • RF 2-2 litres / day • Remove lines • chest physio & spirometry • Mobilise • nebuliser • Shift to ward
	<u>Spencer</u> 112230

DATE	NOTES
30/12/23	S/S Dr. Mohamed hydrous
10 AM	Post OP care of ASG & Grafts BD-2-
	Patient Conscious oriented - Vitals -
Vitals Stable	VS → S/S ⊕ No RAE ⊕ P/A → Soft, N
	ASU - monitor vitals - To follow drip chart - mobilize the patient - Spirometry / nebulisation
31/12/23	C/o fever spikes
5 AM	Temp - 101.4 F No pain Inj - Pains lgtm Distal
	6 AM



DOCTOR'S PROGRESS NOTES

DATE	NOTES
31.12.23	S/B Dr. POORVEN CTVS
10.00AM	Patient reviewed
	Advice to reduce Diuretics frequency
	- T. Furosemide 40mg 1-1-0 to
	T. Furosemide 40mg OD
	- Rest continue the same
Kibn 134579	
31.12.23	S/B Dr. POORVEN Mohamed Hydros
10PM	Post OP care of CABG x 3 grafts POD 3. Patient conscious oriented Afebrile Vitals Stable Wound Wound Pharynx Adm - Monitor vitals - To follow up - Mobilize the patient - Spromed by medical order



Mr. BALASUBRAMANI
62/Malc/MHI202381326
27/12/2023/IPH2023002613
Dr. RAJESH.V



7/041

11

Counts

DOCTOR'S PROGRESS NOTES

[illegible]

DATE	NOTES
1/1/24	S/B Dr. Anusuya
11-00 AM	patient reviewed
	C/O: pain in the surgical site
POD-4	O/E conscious, oriented
Vitals stable	S/E CUS - S ₁ , S ₂ (+) RS - BAE (+)
	L/E Dressing intact no leakage
	Advice - continue the drugs Plan: SR tomorrow - mobilise the patient
	S/B Dr. Mohamed Lythas
1/1/24 10pm	Post op care of OPD x 3 grafts POD-4p Patient conscious oriented afebrile
	Vitals stable
	CUS - S ₁ , S ₂ (+) RS - BAE (+) P/A - soft, NT
	ABW - Monitor vitals - To follow up chart - mobilise the patient - Plan: Dk tomorrow

~~1/1/24~~
(10pm)



DOCTOR'S PROGRESS NOTES

DATE	NOTES
21/1/24 11:15 AM	S/B. Dr. S. R. R. (Congo)
POP-5	Case of OPCAS & 3gref
	Ad. reviewed.
	- no complaints.
CBC - 97 y/d	of R - M. conscious
	oriented,
	Able to
Input 1400ml. Output 2080ml.	AP - CUS - R, L, P, S (P) / 1400
critical care	in - R, L, P, S (P)
	PA - lost
	Ad.
	- vitals monitoring
	- Follow up chest
	- ambulate.
	- Refer to.
	RDR
	183843



Medway Hospitals®
The way to better health

MH/ PRINT / 0099 / NRS

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

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

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

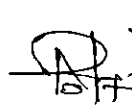
E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com

PRE-OPERATIVE CHECKLIST

Mr. BALASUBRAMANI 62/Male/MH1202381326 Name : 27/12/2023/UPH2023002613 Dr. RAJESH.V Ward :		Age : 62y Gender : M UHID No.: 202381326 Bed No.: 101		B.S.	A.S.
Clinical Diagnosis :					
CAO - TWO				✓	✓
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..... 168CM..... b. Weight..... 78.2 kg.....			✓	✓
5.	Allergic to drugs ? NKA			✓	✓
6.	Surgical Preparation done ? YES			✓	✓
7.	Nill by Mouth From 00:00			✓	✓
8.	Blood Grouping & Rh Typing B POSITIVE			✓	✓
9.	Investigation <input checked="" type="checkbox"/> X-Ray <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> LAB			✓	✓
10.	Blood Sugar 985mg/dl Time 6:30			✓	✓
11.	TPR Chart Pulse 71 Temp 95.5°F BP 134/84 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. Contract 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 <u>YES</u> a. Time <u>7:30</u> b. Nurse <u>Portia</u>	✓	✓
17.	Blood Transfusion requisition Onchart	✓	✓
18.	X-Ray <u>1</u> <u>CAC Report</u> → <u>No</u> (1)	✓	✓
	ECG / ECHO <u>1</u> <u>Screening Echo Report</u> → (1)	✓	✓
	Ultra Sound <u>Carotid Doppler Report</u> → (1)	✓	✓
	C.T. Scan.....		
	MRI Scan		
	TMT		
	Medication		
	<u>27/12/23</u>		
	<u>T. PAN 40MG</u> } GIVEN		
	<u>T. ALPRAX 0.5MG</u> } AT: <u>21:00</u> <u>Portia</u>	✓	
	<u>28/12/23</u>		
	<u>IMJ MORPHINE 5MG</u> } GIVEN		
	Others <u>IMJ PHENARGAN 12.5MG</u> } AT: <u>8:30</u>	✓	

 Verified by
AlChristina
036.
Nurse Signature

Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



MHI/NUR/2022/048

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp No.			
28/12/23	CTOT RECEIVAL REPORT				
@	Patient Received From <u>IPH</u> To <u>CTOT</u> With Blue Op File And Case Sheet				
9.10	ECG: 1 ECHO: 1 X-RAY: 1 ANGIO CD: <u>with attendant</u>				
	CT FILE: <u>---</u>				
	Patient Posted For Procedure: <u>CABG</u>	<u>SK</u> <u>0031</u>			
	Under Anesthesia: <u>GA</u>				
	Allergy Status: <u>NKDA</u>				
	Known Case Of: <u>Type II DM & SHTN w Dyslipidemia</u>				
	Past Surgical History: <u>Hb - Appendectomy - 2010</u> <u>Hb PTCA Stent to distal & proximal Lx (2019)</u>				
	VITAL SIGN: TEMP: <u>37°C</u> HR: <u>71 bpm</u> SPO2: <u>93%</u> BP: <u>131/87 mmHg</u>				
	CTOT SHIFTING REPORT				
28/12/23	Patient Shifted From <u>CTOT</u> To <u>SDU</u> With Blue Op File And Case Sheet Along With				
@	*Surgery Safety Check List				
	*Intra Operative Record				
13-30	*Nurses' Record				
	*ECG: 1 ECHO: 1 X-RAY: 1 ANGIO CD: <u>with attendant</u>				
	CT FILE: <u>---</u>	<u>SK</u> <u>0031</u>			
	Patient Posted And Underwent For Procedure: <u>CABG</u>				
	Under Anesthesia: <u>GA</u>				
	Procedure: <u>OP CABG 3 Vessel - LIMA → LAD, SVB → OM</u> <u>RA → DISTAL RCA</u>				
	Drain tube size and placement: <u>28FR -</u> <u>Left Pleural</u>				
	Pacing wire placement: Present/Absent Site: <u>mediastinum</u>				
	Implants: <u>---</u>				
	Cautery burn/skin peeling/towel clip mark: Present/Absent Site: <u>---</u>				
	VITAL SIGN: TEMP: <u>37°C</u> HR: <u>65 bpm</u> SPO2: <u>100%</u> BP: <u>141/71 mmHg</u>				
	Notes:				
Document endorsed by	Signature	Name	Emp. No.	Date	Time
	<u>SK/0031</u>	<u>M. SARDKUMAR</u>	<u>MHI/0031</u>	<u>28/12/23</u>	<u>13-30</u>

CONSENT FOR ANAESTHESIA SERVICES

I, BALASUBRAMANI ☒ the patient or ☒ the 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 English, which I fully understand and understood the information provided about
Operation / Procedure CORONARY ARTER 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 may be needed 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 Technique Risks Benefits	Total unconscious state that may involve placement of a tube into the windpipe to maintain airway Drug injected into the blood stream, breathed into the lungs, or given by other routes Sore throat, injury to vocal cords, teeth, lips, eyes; awareness during the procedure, memory dysfunction / memory loss, aspiration pneumonia, permanent organ damage, brain damage - 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 Technique Risks Benefits	Temporary decreased or loss of feeling and / or movement in the lower half of the body Drug injected through a needle / catheter placed either directly into the spinal canal or immediately outside the spinal canal 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 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 Technique Risks Benefits	Temporary loss of feeling and / or movement of a specific limb or area Drug injected near nerves providing loss of sensation to the area of the operation Nerve damage, persistent pain, infection, bleeding / hematoma, toxicity due to local anaesthetic, medical necessity to convert to general anaesthesia, brain damage - Pain Free - Safer under certain conditions




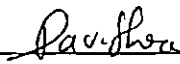
<input type="checkbox"/> Intravenous Regional Anaesthesia <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation Alternatives <input type="checkbox"/> Major/Minor Nerve Block <input type="checkbox"/> GA <input type="checkbox"/> Others	Expected Results	Temporary loss of 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

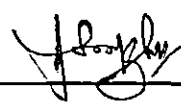
For the above mentioned operation(s) / procedure(s) that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said operation / procedure on ☐ myself or ☐ my above named patient being fully aware of the nature, potential risks and complications, intended benefits and 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		N. BALASUBRAMANT	27/12/23	14:25
Surrogate/Guardian (if applicable #)		B. Rajeswar / Daughter (Write name and relationship with patient)	27/12/23	14:25
Reason for surrogate consent	Patient is unable to give consent because:			
Witness			27/12/23	14:25
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. SYNESTER	43570	27/12/23	14:25

<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 ரீனிக்கேயைப் 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"/> முதலெலும்பு / 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 கையொழுத்தப்பட்ட தேதி, மன ரீதியாக ஒலி மற்றும் எந்தவொரு பயமும் இல்லாமல் ஒப்புதல் அளிக்கிறேன் என்று நான் 18 வயதுக்கு மேற்பட்டவன் என்று இதன்மூலம் அறிவிக்கிறேன்.

மேற்கூறிய செயல்பாட்டிற்கு (என்) / நடைமுறை (கள்) எனக்கு தெரிந்துவிட்டது. நான் தானாக முன்வந்து எனது ஒப்புதலை வழங்குகிறேன்

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

நான் / மேற்கூறிய நோயாளி / பெயரிடப்பட்ட நோயாளியின் பிரதிநிதி, இந்த வடிவத்தில் கையொழுத்தப்பட்ட 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 தீட்டமிடப்பட்ட செயல்பாடு/ நடைமுறைக்கு சாத்தியமான மாற்றுகள், நோயாளி / நோயாளி பிரதிநிதிக்கு விளக்கியுள்ளார். இந்த ஆவணத்தில் விவரிக்கப்பட்டுள்ள தகவல்களை அவர் / அவள் முழுமையாகப் புரிந்து கொண்டார் என்று நான் நம்புகிறேன்.

	கையொப்பம்	பெயர்	பதிவு எண்	தேதி	நேரம்
பெறப்பட்ட ஒப்புதல்					

MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name Mr. Balasubramani Age 62/M UHID MHI 2023 81326

Diagnosis Unstable angina / TVD / Plan CABG
Normal LV function

Serology Negative

EURO Score / STS Score 0.71

1. Ticagrelor, Aspirin & Telma
PRE OP DRUGS (ACE/ARB/ANTIPLATELETS):
Stopped on 23/12/23.

X 204 M.
Diabetes Mellitus (HB1AC) 11.71

Associated Illness T2DM / SHON

Carotid Doppler (D) study

Thyroid Enzymes T3. 1.50
T4. 11.0
TSH. 1.11

Sr. Creatinine 0.80
INR. 0.9

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 PPH

Nursing:

Billing Clearance:

Physiotherapy

Spirometry taught

Concerns from Surgical Team :

SIGNATURE :

Dr. Ranj (MHI 2023)

Mr. Balesubramani 62/M a.k.a. T2DM, SHTN,
S/P PTA + Stent → Distal & Proximal LCX (2019),
Unstable angina, T2D, Good LV has come for
CABG. Pt. was doing well with medications till 1 month
ago when he developed chest pain - retrosternal,
radiating to left shoulder associated with palpitations
& sweating. H/o bilateral leg swelling (+). Initially, he went to Chennai port trust
where he was advised CAG and was referred to MHI.
He came to MHI on 16/12/2022 and underwent CAG
which showed T2D. He was advised early CABG.

ECG: 82bpm, Sinus rhythm, LVH (+).

CXR: PA film, Lung fields clear.

Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



CONSENT FOR SURGERY

1. Mr./Ms./Mrs BALASUBRAMANI..... ☒ 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 / ^{POST PTCA} and about the procedureCORONARY...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 includesRe-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. Angina
5. Prolonged ICU stay 6. High risk to life
- Benefits symptom free survival.
- Alternatives Not Available
- 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>N. BALASUBRAMANI</u>	<u>B. RAJESWAR</u>
Relationship	<u>SELF</u>	<u>DAUGHTER</u>
Signature		<u>B. Raj</u>
Date & Time	<u>27/12/23 at 17-00</u>	<u>27/12/23 @ 17.00</u>
Name & Signature of Doctor with Registration No.: <u>Spraveen</u> <u>Dr. PRAVEEN TEJAKUMAR</u>		

112236

V. Rajesh
62794
Dr. V. RAJESH
M.S., M.Ch(CTVS)
Senior Consultant
Cardiothoracic and Vascular Surgery
Reg No: 62794

Doctor Seal

நோயாளி விவரங்கள்: (Affix Label here)

பெயர் :

UHID :

வெந்த தேதி : பாலினம் :

அறுவை சிகிச்சை ஒப்புதல் படிவம்

நான் நோயாளி அல்லது நோயாளியின் பிரதிநிதி தயவுசெய்து மேலேயும் கீழேயும் பொருத்தமானதை

தீர்வு செய்யவும்

☐ படியுங்கள்

☐ எனது / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளேன்.

உந்த 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:		



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



ANAESTHESIA RECORD

MHI/OT/2022/094



Every heart beat counts

Patient <u>Mr. BALASUBRAMANI</u> Name: 62/Male/MHI202381326 UHID: 27/12/2023/UPH2023002613 DOB: Dr. RAJESH.V DDA: Consul:	Type of Surgery: <input type="checkbox"/> Day Care <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Blood Group: <u>B +ve</u> Height: <u>158</u> cms Weight: <u>78</u> Kgs Pre-Operative Diagnosis: <u>CAD, T2D, DM, HT, EF 65%</u> Proposed Surgery: <u>CABG</u> Anaesthetic Plan: <u>GA</u>
--	--

ASA Grade: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ E

History of Present Illness:

- ☒ ANGINA PTCA + STENT LEX (2019)
☒ DYSPNOEA
☐ SYNCOPE
☐ MI Palpitations
☐ CCF
☐ OTHERS

COMORBIDITY

- ☒ HT ☐ SMOKING
☒ DM ☐ ALCOHOL
☐ ASTHMA / COPD ☐ GERD
☐ HYPO THYROID ☐ CKD / NEPHROPATHY
☐ STROKE / TIA ☐ DRUG ALLERGY
☐ EPILEPSY ☐

Present Medication :

Ticagrelor,
Ecosprin,
Telone,
Im. Folic acid 5mg SC
Anti Platelet Stopped on:
24/12/23 26/12/23

Previous Surgery :

Physical Examination :

- ☐ JAUNDICE ☒ PEDEL OEDEMA
☐ CYANOSIS ☐ CAROTID BRUIT
☐ CLUBBING

SYSTEMIC EXAMINATION

CVS: S1S2 CNS: WNL
 RS: clear lung fields Others: WNL

HR: 82 bpm NIBP: 110/70 SPO2: 98% TEMP: 36.5

INVESTIGATION

HB: 14.0 T.BILIRUBIN: 0.43 T3: 150 SEROLOGY: Non reactive
 PLAT: 2,49,000 I.D.: 0.27 T4: 11.0 Urine: WNL
 TC: 7.180 D.: 0.16 TSH: 1.11
 UREA: 23 T-PROTEINS: 7.1 HBA1C: 11.7 Others: WNL
 CREAT: 0.80 S.ALBUMIN: 4.20 RBS: 11.5/12.1 INR: 0.9
 Na+: 139 PTT / INR: 23.7 APTT: 23.7

ANGIO LMCA - Normal 3 LAD 80%,
LAD 70%, RCA - 70%

ECG NSR. LNH

CXR WNL

ECHO EF 65%,
 TAPSE 20 mm,
 concentric LNH
 NO RWMA
 Aortic Valve stenosis

Other Opinions:

AIRWAY

Teeth Normal
 Mallampatti class II
 Mouth Opening WNL
 Neck Movement WNL
 TM Distance WNL

CAROTID DOPPLER

Normal Bil, carotid f
vertebral Doppler study

Pre OP Instruction :

NPO From: 12 mid night

Pre Medication: Tab. Alfosa 0.5mg + Tab. Pantocid 40 mg
 Night Before Surgery: 1
 Day of Surgery: Dr. Morphine 5mg + Dr. Phenylin 12.5mg Im
 Special Instruction: 1 hr before sending to O.R.

Blood Reservation

PCV: 0.04 Platelet:
 FFP: 0 CRYO:
 Whole Blood:

Remarks: Dr. Folic acid 5mg SC from 24/12/23 to 26/12/23

Dr. A. SAMUEL SYLVESTER

Anaesthetist Name with Reg.No. :

Reg. No: 43570

Signature:

Date: 23/12/23	Anaesthetist DR. JEEVA / DR. PRANEED	Surgeon DR. RAJESH	Anaesthesia Technique <input checked="" type="checkbox"/> GA <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Others
----------------	--------------------------------------	--------------------	--

PRE INDUCTION ANAESTHESIA RECORD Pulse: 80 W BP: 140/80 RR: 18/min Sensorium: CONSCIOUS ORIENTED Sign-in Completed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Equipment Checked: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sign: <u>Dr. JEEVANANDAM</u> Reg. No: <u>83722</u> Time: <u>9:10</u>	MONITORS AND EQUIPMENTS <input type="checkbox"/> NIBP <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> End Tidal CO ₂ <input checked="" type="checkbox"/> Gas Analyzer <input type="checkbox"/> Oxygen Sensor <input type="checkbox"/> Disconnect <input type="checkbox"/> Temperature Probe <input checked="" type="checkbox"/> Foley Catheter <input type="checkbox"/> Nerve Stimulator <input type="checkbox"/> TEE <input type="checkbox"/> Others: _____ <input checked="" type="checkbox"/> CVC Type: <u>4 LUMEN</u> Site: <u>RT IV</u> <u>8.5 FR 13 cm</u> <input checked="" type="checkbox"/> Standard Asepsis <input type="checkbox"/> USG Guidance <input type="checkbox"/> Complications: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, details: _____ <input checked="" type="checkbox"/> Arterial Line - Type: <u>INSYTE 18mm</u> Site: <u>RT RADIAL</u> <input checked="" type="checkbox"/> PVC Type: <u>16G INSYTE</u> Site: <u>RT CUBITAL</u> <input type="checkbox"/> PVC Type: _____ Site: _____ <input type="checkbox"/> Others: _____	GENERAL ANAESTHESIA INDUCTION: <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> Rapid Sequence <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhalation - Agent used: <u>ISOFLURANE</u> Mode of Ventilation: <input type="checkbox"/> Spontaneous <input checked="" type="checkbox"/> Controlled AIRWAY MANAGEMENT: Intubation: Oral / Nasal ETT Size: _____ Type: _____ CL Grade: I / II / III / IV Secured at: _____ cm Any difficulties and accessories: Throat Pack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Removed NG / OG Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No OTHER AIRWAY DEVICES: <input checked="" type="checkbox"/> LMA Type & Size: <u>4</u> <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Face Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Others: _____ Antibiotic / Dose / Time <u>200mg. CEFUROXIME 1.5g IV at 9:30</u> Reversal of Anaesthesia
---	---	--

PATIENT SAFETY Position on Table: <u>SUPINE</u> Pressure points checked & Padded: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eye Care: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Safety Belt: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Warming Blanket: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fluid Warmer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TED Stockings: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sequential Compression / Decompression: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--

DRUGS	PROPOFOL Mg MIDAZOLAM Mg FENTANYL Mg MORPHINE VECURONIUM Mg ETOMIDATE KETAMINE SUXAMETHONIUM CISATHRACURIUM / ATHRACURIUM SEVOFLURANE Airflow	100	2	160	8	10	5	5	✓	✓	✓	✓	✓	✓
VITAL SIGNS	Time Systolic V Diastolic A Pulse ● Resp. ★ Operation ○ Temp X	9:30	10:30	11:30	12:30	13:30								
		200												
		180												
		160												
		140												
		120												
		100												
		80												
		60												
		40												
		20												
		0												
MONITOR	SPO ₂ CVP PAP ETCO ₂ Urine Output	100	100	100	100	100	100	100	100	100				
		6	11	9	10	9	10	8	9	10				
		38	37	36	36	34	32	34	35	34				
		2												
		650 ml												
ABG	PH PCO ₂ PO ₂ Na ⁺ K ⁺ HCT RBS LAC BE HCO ₃													

		START	STOP	FLUID TRANFUSED		BLOOD PRODUCTS	
ANAESTHESIA		9.25	13.20	CRYSTALOID	COLLOID		
PROCEDURE		10.20	13.15	PLA 1500 ml	-		
CPB - OPCAB -				PLA 1500			
AXC				PLA 1500			
CUF : MUF:				PLA 1500			
HEPARIN				PRESSURE MONITOR			
DOSE	TIME	ACT		PRE OP			
105 mg	11.05	>300		PA	RV	PCWP	
				ABP			
PROTAMINE				POST OP			
DOSE	TIME	ACT		PA	RV	PCWP	
50 mg	12.85	12.5		ABP			
INOTROPES & INFUSIONS							
DRUG DILUTION	DOSE (RANGE)	START TIME	END TIME	DRUG DILUTION	DOSE (RANGE)	START TIME	END TIME
NORADRENA - LINE (4 mg / 50 cc)	0.02 - 0.08 µg/kg/min	10.30	13.00				
NITROGLY CERINE (25 mg / 50 cc)	0.5 - 0.75 µg/kg/min	10.30	→ ICU				
REGIONAL ANAESTHESIA YES/NO DETAILS: B/L CPB 20 + 20 ml 0.375 - 1. Rop 1 + Inj' desmed 200 µg				IABP : - ECMO : - TEE : -			
REMARKS / CRITICAL EVENTS							

Dr. JEEVANANDAM
83722

ANAESTHESIOLOGIST NAME :
REG.NO.

Dr. JEEVANANDAM
Reg. No: 83722

[Signature]

SIGNATURE

POST OPERATIVE PLAN

Transfer to: ☒ SICU ☐ Others, specify: _____

Arrival in Recovery / ICU Time: 13.35

SpO₂: 100 % HR: 70 beats/min Rhythm: SINUS RR: 14 breaths/min

ABP: 151/73 mmHg CVP: 4 mmHg PAP: _____ mmHg C.O: _____ L/min

Conscious state: AWAKE Pain score: _____

VENTILATOR SETTINGS :

→ ON O₂ MASK - 6 litres

IONOTROPES:

- NIL -

POST OP ORDERS:

→ TO DO ABG₁, ACT, CBG₁, CXR

→ CONTINUE OXYGEN THERAPY THROUGH FACE MASK

→ CONTINUE MONITORING THE VITALS

MODIFIED ALDRETE'S SCORE (Score against each criteria)

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

Dr. JEEVANANDAM

Reg No: 83722

Anaesthetist Name & Reg.No. :

Signature

OPERATION NOTES

Pre-Operative Diagnosis : CAD, TVD, S/P PTLA, Good LVT

Post-Operative Diagnosis : -DO-

Operation Procedure OPLAB x 3 grafts
LIMA → LAD SVG → OM
LRA → D. RCA

D.O. Operation

2	8	1	2	2	0	2	3
---	---	---	---	---	---	---	---

Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



Please tick the type of procedure :

Closed ☒ Open ☐

Operation Commenced : 10:40

Operation Completed : 13:10

Nature of Anaesthetic : GA

Surgeons Dr. Rajesh / PA: Sai

Perfusionist -

Anaesthetist Dr. Zeena / Dr. Praveen

Nurse Ms. Radhika / Ms. Devi

Incision Median sternotomy

Cannulation

Arterial

Venous

Oxygenator

Median sternotomy. LIMA, LRA, SVG harvested. Systemic

Total CPB Time

heparinization. Heart stabilised to myocardial stabilizers.

Total ACC Time

Distal anastomosis done

Total TCA Time

LRA → D. RCA

SVG → OM

LIMA → LAD

Findings and Relevant Details :

Good myo. contractions
Fat laden heart
Con. LVH.

LIMA, LRA, SVG } healthy
(1st top) conduit

LAD - 1.75m Proximally diseased
Healthy at the site

OM - 1.5mm Healthy at the
diseased vessel

D. RCA - 1.75m thick wall

Proximal anastomosis of vein graft & LRA done onto
aorta (Amm Punch). Protaminised. Hemostasis secured.

Routine chest closure done & drain tubes

Inserta

DR. V. RAJESH
(SVT) MD M. Sc
Senior Consultant

12/12/2023 13:10

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 :

Blood loss : 300 ml.

Anticipated events : Bleeding, rhythm disturbance

Transfusion : Nil

Drains:

Chest (4 Pleural) 1
Mediastinal 1
Pericardial 2
Others

Sponge Count :

Correct.

Dr. V. RAJESH

M.S. M.Ch(CTVS)
Senior Consultant

Cardiothoracic and Vascular Surgery

Reg No: 62794

Surgeon : Dr. Rajesh Date : 28/12/23



JCI ACCREDITED



NABH ACCREDITED

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

NAME: Mr. BALASUBRAMANI	AGE/GENDER: 62 Years / MALE
UHID NO: MHI202381326	IP NO: IPH2023002613
DOA: 27/12/2023	DOS: 28/12/2023
SURGEON: DR. RAJESH	ANESTHETIST: DR. JEEVANANDHAM/DR. PRAVEEN
ASSISTED BY: MS. SAIKUMARI	SCRUB NURSE: MR. SASIKUMAR/MS. DEVIKALA

DIAGNOSIS:**TRIPLE VESSEL CORONARY ARTERY DISEASE****S/P PTCA AND STENT TO DISTAL AND PROXIMAL LCX (10/08/2019)****ACUTE CORONARY SYNDROME****NORMAL LEFT VENTRICULAR FUNCTION****TYPE II DIABETES MELLITUS****SYSTEMIC HYPERTENSION****UNSTABLE ANGINA****SURGERY DONE:****OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3****LIMA TO LAD****LRA TO DISTAL RCA****SVG TO DISTAL OM1****FINDINGS:**

Good myocardial contractions

Hypertrophic left ventricle

Fat laden heart

LIMA – 1.75mm, Good quality, good flow

LRA – 1.75mm, from left hand, good quality

SVG – 4mm, from left leg, Good quality

LAD – 1.75mm, proximal / mid LAD diseased, anastomosis site healthy

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

f @MedwayHospitals**@** @medwayhospitals**in** @medway-hospitals**@** @medwayhospitals**94557 94557**
1800 572 3003**Medway Group of Hospitals**Kodambakkam
044-2473 4455Mogappair
044-26530011Chengalpattu
044-27426829Villupuram
04146-242000Kumbakonam
044-2473 4455Kakinada
0884-2333367**Medway Centre of Excellence (Chennai)**Heart Institute
044 - 4310 8959Institute of Pulmonology
044-2473 4451

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

MHI/HOSP/2022/118



JCI ACCREDITED



NABH ACCREDITED



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

DISTAL OM- 1.8mm, diseased vessel

DISTAL RCA - 1.75mm, thick walled vessel

Good distal run off in all the grafts

PROCEDURE:

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

Heart positioned and stabilized with myocardial stabilizer for DISTAL OM grafting. Arteriotomy was made and 1.5mm intracoronary shunt was inserted. The end of the saphenous vein was anastomosed to the side of the DISTAL OM artery with 7-0 prolene suture. (SVG TO DISTAL 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 DISTAL RCA grafting. Arteriotomy was made and 1.75mm intracoronary shunt was inserted. The end of the left Radial artery was anastomosed to the side of the DISTAL RCA artery with 7-0 prolene suture. (LRA TO DISTAL RCA)

Aorta occluded partially. Two 4mm holes were made on the aorta with aortic punch. Proximal anastomosis of artery and vein grafts done onto aorta with 6-0 and 7-0 prolene suture. Protamine administered. Hemostasis secured. Pericardium reapproximated partially. Routine chest closure done with one mediastinal and one left pleural tubes insitu

SUPPORTS:

He was shifted to ICU with nil support.

CONSULTANT SIGNATURE

Dr. V. Rajesh, MS, M.Ch (CTVS)

Senior Consultant Cardiothoracic and Vascular Surgery

Dr. V. RAJESH

Reg No : 62794

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

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



94457 94457
1800 572 3003

Medway Group of Hospitals

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

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

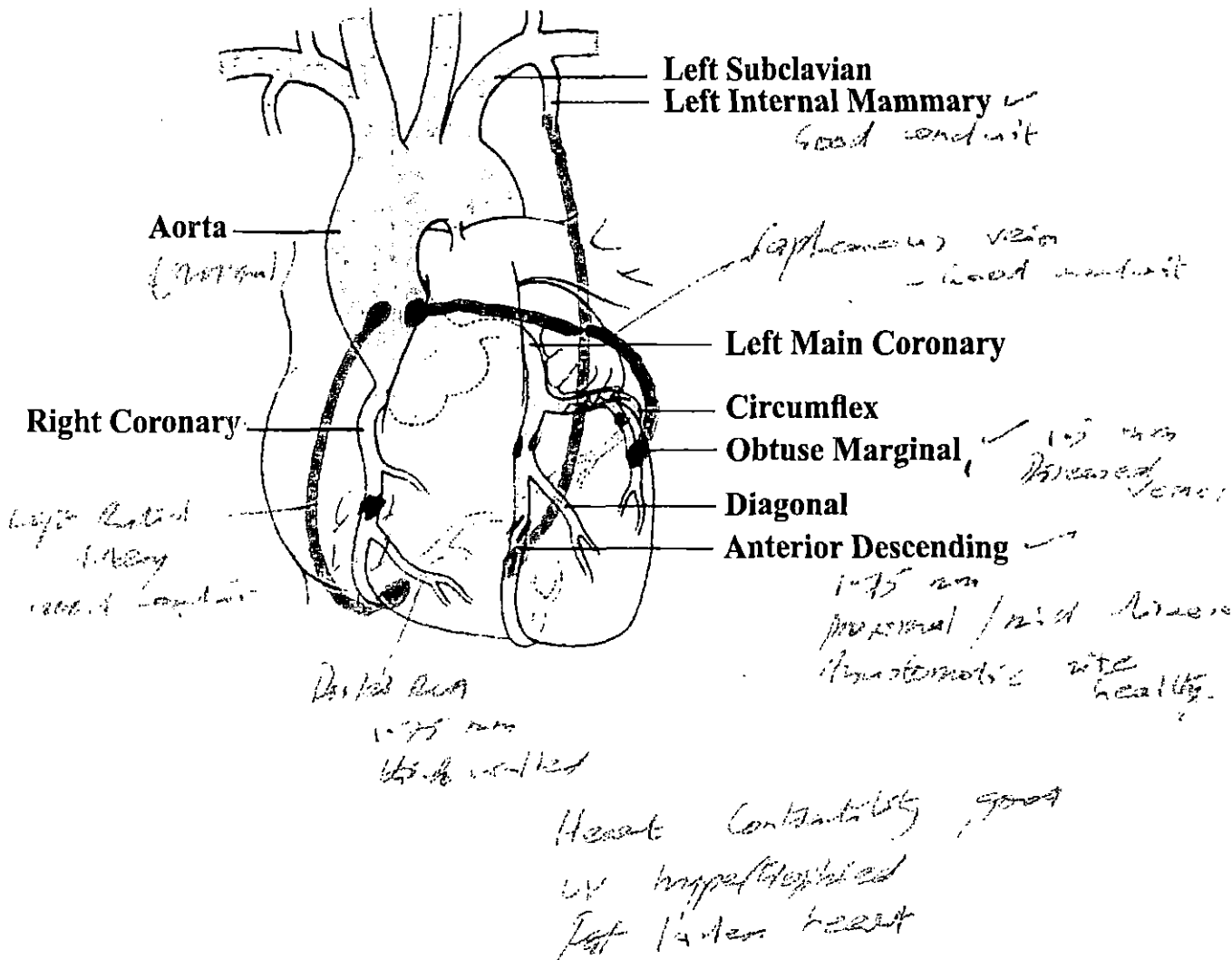
Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118

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


Coronary Artery Disease of s/p MICA extent to Distal & proximal LCA (10/08/2019)
4.5 - Angiographic angiogram / Triple Vessel Disease / Normal LV systolic function /
Type 2 Diabetes / Systemic hypertension.



Name Mr. Balakrishnan 62/12/2019 Date of Surgery 28/12/2023 UHID. No. MHI 20238134

Operation Performed OPCA & 3 Grafts
1. LIMA to LAD, 2. LIMA to RCA, 3. LIMA to DAD
Distal RCA

PATIENT'S INFORMATION SHEET

NAME	Mr. BALASUBRAMANI	AGE / SEX	62 / m.	UHID NO	202381326
	62 / Male / MHI202381326 27 / 12 / 2023 / IPH2023002613				
Dr. RAJESH.V	SURGEON		ANAESTHETIST		
	Dr. RAJESH		Dr. SYLVESTER		
DIAGNOSIS (In Capital Letters)	1. CAD / TVD				
	2. T2DM / HTN				
	3. DYSLIPIDEMIA				
	4. GOOD LV FUNCTION EF - 65%				
	5.				
	6.				
	7.				
	8.				
PRESENT PROCEDURE/ SURGERY	CABG & GA				
PREVIOUS PROCEDURE/ SURGERY	H/O PTCA Stent -> Distal & Proximal H/O Lap. Appendicectomy (2010) (2019)				
CONTACT NO. & RELATIONSHIP	1. MR. RAJESHWAR 9911176652 (DAUGHTER)				

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	1/8/23	T. Ticagrelor	90mg	P/O	101	28/12
2	"	T. Ecosprin	75mg	"	010	"
3	"	T. Telma	40mg	"	001	"
4	1/8/23	T. Angisplat	20mg	"	101	"
5	"	T. Dylor Plus	5/50mg	"	100	}
6	"	T. Atorvas	20mg	"	001	
7	"	T. Methyl Cobalamin	500mg	"	001	
8	"	T. GOBEN	300mg	"	011	
9	1/8/23	T. Neurobion forte Tab	1	"	001	continue
10	"	T. Isont	5mg	"	001	

11. 1/8/23 T. Nikoran 5mg P/O

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	1/8/23	T. Angisplat	20mg	P/O	101	}
2	"	T. Dylor Plus	5/50mg	P/O	100	
3	"	T. Atorvas	20mg	P/O	001	
4	"	T. Methylcobalamin	500mg	P/O	001	
5	"	T. GOBEN	300mg	P/O	011	}
6	1/8/23	T. Neurobion forte Tab	1	P/O	001	
7	"	T. Isont	5mg	P/O	001	
8	"	T. Gnet	500mg	P/O	101	
9	"	T. Jamunet	50/50mg	P/O	010	
10						


ANY RELEVANT INFORMATION:

Admission / OT Receival	Condition of the Patient :		
Date and Time :	1. Stable / Unstable	2. Oriented / Disoriented	
From : To :	3. Conscious / Semiconscious / Unconscious		
	4. Febrile / A febrile	5. Intubated / Extubated	
Transfer Out	Condition of the Patient :		
Date and Time :	1. Stable / Unstable	2. Oriented / Disoriented	
From : To :	3. Conscious / Semiconscious / Unconscious		
	4. Febrile / A febrile	5. Intubated / Extubated	
Transfer In	Condition of the Patient :		
Date and Time :	1. Stable / Unstable	2. Oriented / Disoriented	
From : To :	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
	20yr		
		6 months	
		-	
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 / EIJL	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>27/12/23</p> <p>10 pcr Blood Resection done with lavanya</p>		<p>Quf</p> <p>2100</p>

PATIENT'S INFORMATION SHEET

NAME		AGE / SEX	UHID NO
Mr. BALASUBRAMANI 62 / Male / MHI202381326 27/12/2023 / IPH2023002613 Dr. RAJESH.V			
		SURGEON	ANAESTHETIST
DR. RAJESH		DR. ANBARASU	DR. JEEVANANDAM
DIAGNOSIS (In Capital Letters)	1. CAD - TVD		
	2. CONCENTRIC LVH.		
	3. NORMAL LV SYSTOLIC FUNCTION		
	4. GRADE I - DIASTOLIC DYSFUNCTION		
	5. AORTIC VALVE SCLEROSIS		
	6. TRIVIAL AR, TRIVIAL MR		
	7. EF - 65%		
	8.		
PRESENT PROCEDURE/ SURGERY	OPCAB X 3 GRAFTS LIMA → LAD LRA → D. RCA SVG → OM		
PREVIOUS PROCEDURE/ SURGERY	H/O MICA + STENT → DISTAL & PROXIMAL LCA (2019) H/O LAP APPENDICECTOMY H/O CAG (16.12.23)		
CONTACT NO. & RELATIONSHIP	1. 9941476652 vic 2. 9884460303 Self [Mrs. Rajeswari] daughter [Mr. Balasubramani]		

N.No:- 33/537

JANURAN

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	1.8.23	T. ANULISPLAT	2.5mg	P/O	1-0-1	
2	1.8.23	T. DYTOR PLUS	5/50mg	P/O	1-0-0	
3	1.8.23	T. ATORVAS	20mg	P/O	0-0-1	
4	1.8.23	T. METHYL COBAMIN	500mg	P/O	0-0-1	
5	1.8.23	T. Glibencl	300mg	P/O	0-1-1	continue
6	1.8.23	T. NEUROBION FORT.	1TAB	P/O	0-0-1	
7	1.8.23	T. ISONIT	5mg	P/O	0-0-1	
8	1.8.23	T. CUMET	500mg	P/O	1-0-1	
9	1.8.23	T. Janumet	50/500mg	P/O	0-1-0	
10	1.8.23					

ANTIPLATELETS STOPPED ON 23/12/23

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	29/12/23	TAB. ERUCEMIDE	40mm	P/O	1-1-0	
2	29/12/23	TAB. SPIRONOLACTONE	25mm	P/O	1-1-0	
3	29/12/23	TAB. BEPILEX FORTE	1TAB	P/O	1-0-0	
4	29/12/23	TAB. CLOPILET + ASPIRIN	75+75	P/O	0-1-0	
5	29/12/23	TAB. ATORVASTATIN	40mm	P/O	0-0-1	continue
6	29/12/23	TAB. PARN	650mm	P/O	1-1-1	
7	29/12/23	TAB. LEVULIN	0.63mm	PATH	6/6thly	
8	29/12/23	SYP. SUCRALFATE	10ml	P/O	1-1-1	
9	29/12/23	TAB. DILTIN	30mm	P/O	1-1-1	
10	29/12/23	TAB. BETALOC	12.5mm	P/O	1-0-1	

ANY RELEVANT INFORMATION:

Admission / OT Receival Date and Time : 28/12/23 AF 13.35 From : OT To : SICU	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 : 30/12/23 at 12.00 From : SICU To : IIA	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 4) Known Case Of Others	Year	Months	Days
	20 YEAR		
	-	6 MONTHS	
	-		
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: RT CUBITAL	1. Inserted Date and Time 28/12/23 at 09.20	1. Removed on : 2/1/24
	2. Site:	2. Inserted Date and Time	2. Removed on :
	3. Site:	3. Inserted Date and Time	3. Removed on :
Neck Line : IJL / EIJL	Site: RT IJV	Inserted Date and Time 28/12/23 at 09.28	Removed on 30/12/23 at 10.55
Arterial Line : Right/Left	Site: RT RADIAL	Inserted Date and Time 28/12/23 at 09.20	Removed on 29/12/23 at 10.00
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 + 28/12/23 at 13.00		Removed on 29/12/23 at 9.30
	2. Pleural Right / Left : Inserted Date and Time		Removed on
Urinary Catheterization	Inserted Date and Time 28/12/23 at 09.30	Removed on 30/12/23 @ 04.30	
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>PATIENT CAME WITH COMPLAINTS OF CHEST PAIN & BREATHLESSNESS</p> <p>ECG ON 16.12.2023</p> <p>SCREENING ECHO ON 19.12.2023</p> <p>CAROTID AND VERTEBRAL DOPPLER ON 19.12.23</p> <p>ECG DONE ON 19/12/23 [HR- 82bpm]</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:

Red cells	for bleeding or low hemoglobin
Platelets	for bleeding or low counts
Plasma	for restoring blood volume or providing clotting factors
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..... 13.00
 Date..... 27/12/23

Patients name..... N. BALASUBRAMANI
 Patient signature.....
 or Guardians name..... B. RAJESWAR
 Guardians signature..... B. Raj
 Relationship to patient..... Daughter

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: 13.00 Date: 28/12/23

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:

சிவப்பு அணுக்கள்	இரத்தப்போக்கு அல்லது குறைந்த ஹீமோகுளோபினுக்கு
தட்டணுக்கள்	இரத்தப்போக்கு அல்லது குறைந்த எண்ணிக்கைக்கு
குருதிநீர்	இரத்த கனஅளவை மீட்டமைப்பதற்கு அல்லது உறைவு அம்சங்களை வழங்குவதற்கு
கிரையோபிரெஸிபிட்டேட்	சிறப்பு உறைவு அம்சங்களுக்காக

எனக்கு /நோயாளிகளுக்கு இரத்தம் செலுத்தப்படுவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள் மட்டுமன்றி இடங்களையும் மருத்துவச் விளக்கியுள்ளார்:

1. இரத்தம் செலுத்துவதில் கிடைக்கின்ற வீருப்பத்தேர்வு பற்றி எனக்கு தகவலளிக்கப்பட்டுள்ளது. இதில் தன்னார்வ தானாளிப்பவர்கள் வழங்கியுள்ள வங்கியிலுள்ள இரத்தம் (அலோஜெனிக்) அல்லது சுயமாக தானாளித்தல் (ஆட்டோலோகஸ்) ஆகியவை அடங்கும். ஓர் அவசரநிலையில், வங்கி இரத்தம்தான் பயன்படுத்தப்பட வேண்டியிருக்கும். நேரம் கிடைக்கும் பட்சத்தில் சுய தானாளிப்பிற்கு வாய்ப்புள்ளது.
2. தேசிய விதிமுறைகளுக்கேற்ப கவனத்தூண் முன்சோதனை செய்யப்பட்டிருந்தாலும், உயிருக்கு ஆபத்தை விளைவிக்கக்கூடிய தொற்றுக்களான எய்ட்ஸ், ஹெபடைடிஸ் மற்றும் இதர வைரஸ்கள் அல்லது இதுவரை அறியப்படாத நோய்கள் ஏற்பட்டுள்ள அரிதான நிகழ்வுகளும் உள்ளன. எல்லாவிதமான இடங்களையும் நீக்குவது என்பது நடைமுறைக்கு இயலாத ஒன்றாகும் என்பதையும் நான் புரிந்து கொள்கிறேன். கணிக்க முடியாத எதிர்விளைவுகளும் தோன்றலாம், இவை, காய்ச்சல், பொரிப்பு, முச்சுத்திணறல், அதிர்ச்சி மற்றும் அரிதான நிகழ்வுகளில் இறப்பு ஆகியவற்றை உள்ளடக்கி, அந்த வரம்புக்குட்படாதவையாகவும்கூட இருக்கலாம் என்பதையும் நான் புரிந்து கொள்கிறேன்.
3. இரத்தம் செலுத்துவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள், அதிர்ச்சி, முளை மற்றும் இதர உறுப்புகளுக்கு ஏற்படும் சேதம் குறைக்கப்படுதல், குணமடைதலைத் 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, பயன்படுத்தப்படவிருக்கும் செயல்முறைகள், மற்றும் இதிலுள்ள இடங்கள் மற்றும் அபாயங்கள் ஆகியவை பற்றிய கேள்விகள் கேட்பதற்கு எனக்கு வாய்ப்பிருந்தது. மேலும் தகவலறிந்த நிலையில் முடிவெடுப்பதற்கு ஏற்ப எனக்கு போதிய விவரங்கள் தெரிந்திருந்தன என்று நான் நம்புகிறேன்.
5. முறையான மருத்துவப் பராமரிப்பின் பொருட்டு, இரத்தம் மற்றும் /அல்லது அதன் பாகங்கள் செலுத்தப்படுவதற்கு நான் ஒப்புக்கொள்வதுடன், எனது கையொப்பத்தின் மூலம் எனக்கு அல்லது நோயாளிகளுக்கு இரத்தப் பொருட்கள் செலுத்தப்படுவதற்கு என் ஒப்புதலை அளிக்கிறேன். இதே நோய் தொடர்பாக, இரத்தப் பொருட்கள் செலுத்தப்படுவதற்கான எதிர்காலத் தேவைக்கு வாய்ப்புள்ளது மற்றும் அது தொடர் அடிப்படையில் இருக்கலாம் என்று எனக்குத் தெரிவிக்கப்பட்டிருக்குமானால், இந்த மருத்துவமனை சோப்பின் சூழ்நிலை காலத்தில் முடிவடைபதும் வகையில் அல்லது இந்நோயின் முழுமையான காலகட்டத்திற்கும் தேவையான கூடுதல் இரத்தப் பொருட்கள் செலுத்தப்படுவதற்குரிய ஒப்புதலையும் இத்தகவலறிந்த ஒப்புதல் மூலம் வழங்குவதற்கு நான் ஒப்புக்கொள்கிறேன்.

நோயாளியின் பெயர்.....

சாட்சி..... நோயாளியின் கையொப்பம்.....

மருத்துவர்..... அல்லது பாதுகாவலரின் பெயர்.....

நேரம்..... பாதுகாவலரின் கையொப்பம்.....

தேதி..... நோயாளியுடனான உறைவு.....

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, நேர்மறையாக ஆக்குவதற்கான போதிய அளவில் இரத்தப் பொருட்களை வழங்குவதற்கான உத்தரவை வழங்கும் நடவடிக்கையை நான் மேற்கொண்டுள்ளேன்.

நேரம்:

நோயாளியின் பெயர்

மருத்துவரின் கையொப்பம்

தேதி:

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

Name of the Procedure : OPCAB (CLOSED HEART) Location : CT-OT Date & Time : 28/12/2023 @ 13.30

Does the Procedure involve Procedural Sedation : ☐ Yes ☐ No General Anaesthesia

Mr. BALASUBRAMANI

62/Male/MHI202381326


27/12/2023/IPH2023002613

Dr. RAJESH.V

SIGN IN : <u>9.20</u> Before Induction of Procedural Sedation		TIME OUT : <u>10.20</u> After procedural Sedation and before procedure		SIGN OUT : <u>13.30</u> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> NA
Side	<input type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/> NA <u>CHEST, leg, hand</u>	Side	<input type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/> NA <u>CHEST, leg, hand</u>	confirms labeling and sent to lab	
Consent	<input checked="" type="checkbox"/> Yes	Position : <u>Supine</u>	<input checked="" type="checkbox"/> Yes	Any recovery concerns : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
Known Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> Not known If yes, please specify	Consent	<input checked="" type="checkbox"/> Yes	If Yes, Pls. specify :	
Difficult airway / aspiration risk / dentures	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, equipment and assistance available	Required equipment and implants available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Possibility of hypothermia	<input type="checkbox"/> No <input type="checkbox"/> Yes, warmer in place	Essential Imaging displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
All concerned anesthesia equipment and medication check complete	<input checked="" type="checkbox"/> SpO2 <input checked="" type="checkbox"/> NIBP <input type="checkbox"/> Others pls. specify	Antibiotic prophylaxis within last 60 minutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Pre OP medication taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name of the Antibiotic given <u>Inj. Cefuroxime 500mg @ 9:30</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	Any Equipment / instrument problem that needs to be addressed : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
Required equipment for procedure available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	Venous Thromboembolism Prophylaxis Provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	If Yes, Pls. specify : <u>Sponge, gauze, needle and Instrument Counts correct 8/25</u>	
		Anticipated duration briefed	<input checked="" type="checkbox"/> Yes	Corrective action : <u>NIL</u>	
		Anticipated blood loss briefed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Adequate fluids and blood available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Team briefed on any critical or unexpected steps	<input checked="" type="checkbox"/> Yes		
		For procedural sedation cases	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
		Any patient specific concerns :	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Intra procedure glyceric control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Any concerns about sterility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		

Anaesthetist / Doctor giving Procedural Sedation : <u>Dr. RAJESH.V</u>	Doctor performing the Procedure : <u>Dr. RAJESH.V</u>	Nurse : <u>P. N. S. R. K. N. R.</u>	Technician : <u>B. A. C. R. S. H. N. I.</u>	Others Please Specify : <u>J. C. CHRISTINA</u>
Date : <u>28/12/23</u> Time : <u>13.30</u>	Date : <u>28/12/23</u> Time : <u>13.30</u>	Date : <u>28/12/23</u> Time : <u>13.30</u>	Date : <u>28/12/23</u> Time : <u>13.30</u>	Date : <u>28/12/23</u> Time : <u>13.30</u>

Patient Details (Affix label here)

Name: **Mr. BALASUBRAMANI**
UHID: 62/Male/MHI202381326
DOB: 27/12/2023/IPH2023002613
DOA: Dr. RAJESH.V
Consultant: 

MHI/PHY/2022/050

CONSENT FORM - PHYSIOTHERAPY

I, Mr. Balasubramani the ☐ Patient or ☒ 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 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: DBer, Sprometry, exercise, 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 Improve breathing, To clear out lung secretion

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:

Med

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):

13huf

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

Dr. AKASH G.B (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

13huf

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 #)	<i>13huf</i>	<u>Bhuvaneswari</u> (Write name and relationship with patient)	<u>28/12/23</u>	<u>14:40</u>
Reason for surrogate consent	Patient is unable to give consent because:			
Witness	<i>Raw</i>	<u>JOYIA FLORANCE S</u>	<u>28/12/23</u>	<u>14:40</u>
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	<i>G. E. Akash</i>	<u>AKASH G.B</u>	<u>0256</u>	<u>28/12/23</u>	<u>14:40</u>
Procedure performed by	<i>G. E. Akash</i>	<u>AKASH G.B</u>	<u>0256</u>	<u>28/12/23</u>	<u>14:40</u>

Name: **Mr. BALASUBRAMANI**
UHID: 62/Male/MHI202381326
DOB: 27/12/2023/IPH2023002613
DOA:
Consultant: Dr. RAJESH.V

IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

Chief Complaints:

PT @lo Chest pain (Retrosternal) Radiating to @
Shoulder
associated with palpitation (1 month)
@lo Breathlessness on exertion

Occupation: ☐ Heavy Activity ☒ Moderate Activity ☐ Light Activity

Past Medical / Surgical History:

K/lo DM x 20 yrs
K/lo HTN x 6 months
K/lo Dyslipidemia.

K/H/o PCI + stent (Distal
femoral Lx.
K/H/o Lap. Appendectomy
(2019)
K/H/o CABG (16/12/28)

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 NIL

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: NIL

☐ 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): NIL

☐ 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):

Dyspnoea Grading Scale: *Grade II*

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

Abnormal Breathing Pattern: *Abdominal Breathing*

Pain Assessment: Pain: ☒ Yes ☐ No

Pain Score: *6/10*

Tick whichever is applied: ☒ Numerical Rating Pain Scale ☐ Visual Analog Scale ☐ Wong-Baker Faces

☐ Pain Scale ☐ Critical Care Pain Observation Tool ☐ FLACC

Location: *Chest, Shoulder*

Duration: *months*

Frequency: *—*

Character: *—*

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

☐ Sharp ☐ Cramping ☒ Stabbing ☐ Crushing

Aggravating Factors:

SOB on exertion

Relieving Factors:

on Rest

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:

Unstable angina/ CAD- TND/ T2DM/ SHW/
Dyslipidemia

Physiotherapy Management Plan:

- DBX
- Spine surgery
- chest percussion to BL chest wall
- ROM to BL Udder
- mobilization

	Signature	Name	Emp. No.	Date	Time
Physiotherapist	G. B. Akay	AKAY, G. B.	0256	28/12/23	14:30

RE-ASSESSMENT FORM

Date &
Time

Fall Risk Score: -

Pain Score: 3/10

29/12/23

4

10:00

Surgical Site pain

- DBex encouraged

- Symmetry so encouraged

- Chest percussion to Bk chest wall

- ARom to Bk u/lc

- Mobilization

- To Improve Joint ROM

- To Improve Lung Capacity & function

- To Improve Breathing

- To clear out lung secretion

Post Intervention Pain Score: 3/10

Treatment Care & Plan:

Post-operative Cardiac Pulmonary Rehabilitation

Signature

Name

Emp. No.

Physiotherapist

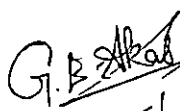
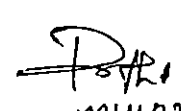
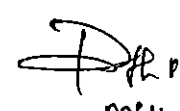
G.E. Akash

AKASH G.E

0256



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
28/12/23	17:30	<p>S/B <u>AKASH</u></p> <ul style="list-style-type: none"> - PT orally extubated - DBE's encouraged - Spirometry ex encouraged Ins: 600cc Exp: 600cc - AROM ex to BL UL & U 	<p>G. E.  MH10256</p>
28/12/23	22:00	<p>S/B <u>Ramanathan.P</u></p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to BL chest wall - AROM Ex's to BL UL & U - Spirometry Ex's encouraged Ins: 600cc Exp: 600cc 	<p> MH10260</p>
29/12/23	6:00	<p>S/B <u>Ramanathan.P</u></p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to BL chest wall - AROM Ex's to BL UL & U - Spirometry Ex's encouraged Ins: 600cc Exp: 600cc 	<p> MH10260</p>



South Asia
ISO 9001:2008



Medway Hospitals®
The way to better health

MH/ PRINT / 0096 / PHY

Mr. BALASUBRAMANI

62/Male/MH1202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
29/12/23	10:00.	<p>S/B <u>J. VIJAYARAGHAVAN</u></p> <ul style="list-style-type: none"> - Insp, Encouraged - chest percussion done to BL chest wall - Active exp to BL UL & LL - Spirometry exp encouraged. Ins: 600cc Exp: 600cc - PT chain mobilized to chair. 	<p>J. Vijay</p> <p>MHC-2102</p>
29/12/23	17:00	<p>S/B <u>AKASH</u></p> <ul style="list-style-type: none"> - Insp encouraged - Spirometry exp encouraged Ins: 600cc Exp: 600cc - chest percussion to BL chest wall - Atom to BL UL & LL - PT chain Mobilized - PT Mobilized Physio the lee 	<p>G.B. Akash</p> <p>MHC0256</p>



South Asia
ISO 9001:2008



Medway Hospitals®
The way to better health

MH/ PRINT / 0096 / PHY

Mr. BALASUBRAMANI

62/Male/MH1202381326

27/12/2023/1PH2023002613

Dr. RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
29/12/23	22:00	<p><u>S/B Ramarathan - 1</u></p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to B/L chest wall - Arm ex's to B/L U & L - Spirometry ex's encouraged In: 60cc Ex: 60cc - PT Chair mobilised. 	<p><i>[Signature]</i> MH10260</p>
30/12/23	9:00	<p><u>S/B JAYARAJAN</u></p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to R/L chest wall - Spirometry ex's encouraged In: 60cc Ex: 60cc - Active ex's to R/L U & L - Patient mobilised to chair. 	<p><i>[Signature]</i> MH102102</p>
30/12/23	17:00	<p><u>S/B ANAND</u></p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to R/L chest wall - Arm to R/L U & L - Spirometry ex's encouraged In: 60cc Ex: 60cc - PT Mobilised 	<p><i>[Signature]</i> MH10286</p>



South Asia
ISO 9001:2008



Medway Hospitals®
The way to better health

MH/ PRINT / 0096 / PHY

Mr. BALASUBRAMANI

62/Malc/MHI202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
31/12/23	10:00	<p><u>Slt J. V. MAYARAGAN</u></p> <ul style="list-style-type: none"> - Dorsal encouraged - Chest percussion done to BL chest wall - Spirometry ex encouraged - Ins-boose exp-boose - Active ex to BL UL & LL - PT mobilised 	<p>J. V. May</p> <p>MMC-2102</p>
31/12/23	15:00	<p><u>Slt J. V. MAYARAGAN</u></p> <ul style="list-style-type: none"> - Dorsal encouraged - Chest percussion done to BL chest wall - Spirometry ex encouraged - Ins-boose exp-boose - Active ex to BL UL & LL - PT mobilised. 	<p>J. V. May</p> <p>MMC-2102</p>
01/01/24	10:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> - Dorsal encouraged - Spirometry ex encouraged - Ins-boose exp-boose - Chest percussion to BL chest wall - ARM to BL UL & LL - PT stairs and encouraged 	<p>G. P. Akash</p> <p>MHI20256</p>



MICROBIOLOGY SHEET

MICROBIOLOGY-CULTURE REPORTS

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

Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/UPH2023002613

Dr. RAJESH.V



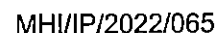
URINE ROUTINE ANALYSIS

MICROBIOLOGY SHEET

DATE	31/12/23		
COLOUR	yellow		
REACTION			
SPECIFIC GRAVITY			
APPEARANCE	SLIGHTLY TURBID		
ALBUMIN			
SUGAR	+++		
ACETONE			
BILE SALT			
BILE PIGMENT			
UROBILINOGEN			
PUS CELLS	3-5		
EPITHELIAL CELLS	1-2		
RBC	Nil		
CASTS	Nil		
CRYSTALS	Nil		
OTHERS	Nil		

MICROBIOLOGY-CULTURE REPORTS

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



Every heart beat counts

DIABETIC CHART

MR. BALASUBRAMANIAN

62/Malc/MHI202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



ACTUAL WEIGHT 18.2 kg HbA_{1c} 11.7%

PREVIOUS DIABETIC MEDICATIONS

[illegible]

INSTRUCTIONS FOR INSULIN INFUSIONS

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

T. DAPAVEL 10mg 1-0-0 (A/F)

T. GLIZATO 60 1-0-1 (B/F)

T. JANUMET 50/500 1-0-1 (A/F)

DIABETIC CHART

Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V

ACTUAL WEIGHT 78.2 kg HbA_{1c} 11.7 %

PREVIOUS DIABETIC MEDICATIONS


~~Janumet 500mg 1-0-1 (A/F)~~ ~~Ins. Wobulin 30/70~~
~~Janumet 50/500 mg 0-1-0 (A/F)~~ ~~25-15-25 (B/F)~~

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
28/12/23	14.35	293 mg/dl	INS. HUMAN ACTRAPID 4IU. INF STARTED @ 14.45	<i>[Signature]</i>	DR. PRAVEEN
	18.30	198 mg/dl	INS. HUMAN ACTRAPID 4IU. IV STARTED @ 18.30	<i>[Signature]</i>	DR. PRAVEEN
	22.00	178 mg/dl	INS. Human Actrapid 2IU. u on flow	<i>[Signature]</i>	DR. praveen
29/12/23	00.00	145 mg/dl	—	<i>[Signature]</i>	DR. praveen
	04.30	266 mg/dl	INS. Human Actrapid 8u bolus given	<i>[Signature]</i>	DR. praveen
	06.30	227 mg/dl	INS. GLIZATO 60mg given at 8.40 AM INS. DAPAVEL 10mg po INS. JANUMET 50/500 mg po given at 9.30	<i>[Signature]</i>	DR. praveen
29/12/23	13.30	293 mg/dl	INS. H.A 10IU IV given INS. H.M 25 IU IV given at 13.40	<i>[Signature]</i>	DR. praveen
	19.30	254 mg/dl	INS. H.M 25 IU IV INS. GLIZATO 60mg given at 8.40	<i>[Signature]</i>	DR. PRAVEEN
30/12/23	5.00	168 mg/dl	INS. GLIZATO 60mg given at 8.40 INS. DAPAVEL 10mg TAB INS. JANUMET 50/500 mg given at 8.30	<i>[Signature]</i>	DR. praveen
			INS. HUMAN MIXTARD 25IU IV given at 9.00	<i>[Signature]</i>	DR. praveen

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.
	351-400	Adjust Infusion rate to 10u / hr.
* To monitor K ⁺ separately.	>400	Adjust Infusion rate to 20u / hr.
Urine Acetone <input type="text"/>		

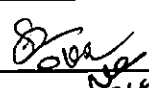

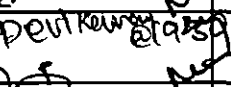











DIABETIC CHART

Every heart beat counts
Mr. BALASUBRAMANI
P: 62/Male/MHI202381326
N: 27/12/2023/1PH2023002613
UI: Dr. RAJESH.V
DI: 

ACTUAL WEIGHT 78.2Kg HbA_{1c} 11.7%

PREVIOUS DIABETIC MEDICATIONS

INS. WO SULIN 20/12/23 (CAF)
2.5-2.5-2.5 U (B/P)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
30/12/23	12:30	269 mg/dl	Ins. H.M 20 units		Dr. Rajesh
	18:30	318 mg/dl	Ins. HA 12U		K. S. K
			Ins. HM - 25U		
			T-Glibenclamide 60mg		
			T-Janumet		
31/12/23	6:30	186 mg/dl	T-Dapavel long		
			T-Glibenclamide 60mg		
			T-Janumet 50/100mg		Dr. Praveen.
			Ins. mixtard (25U)		
	12:30	348 mg/dl	Ins. mixtard 25U		K. S. K
	18:30	319 mg/dl	Ins. HA - 10U (CAF)		
			Ins. HM - 25U (CAF)		
			T-Glibenclamide 60mg (CAF)		
			T-Janumet 50/100mg (CAF)		

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/J - 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

ACTUAL WEIGHT 78.2 kg HbA_{1c} 11.7% INJ. WOGOLIN 30/70 (B/F)
PREVIOUS DIABETIC MEDICATIONS 25-25-25

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
11/1/24	6:30	180 mg/dL	T. Papavel 10mg T. Citizato 80mg	Dr. Rajesh V	Dr. Parveen
			T. Janumet 50/500mg Inj. HM 25U	given at 9.00 AM	
	12:30	205 mg/dL	Inj. HM - 25U	Dr. Rajesh V	Dr. Parveen
	8:30	160 mg/dL	Inj. HM 25U	Dr. Rajesh V	Dr. Parveen
			T. Citizato 80mg T. Janumet 50/500mg		
21/1/24	6:30	97 mg/dL	To Recheck BG After Breakfast		Dr. Parveen
	12:30	194 mg/dL	Inj. HM 25U	Dr. Rajesh V	

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.
<ul style="list-style-type: none"> * Mix 40u short acting Insulin in 40 ml. of normal Saline (IU - 1 ml.) * Start Insulin Infusion 1-2 u / hr (1-2 ml / hr.). * Monitor Blood Glucose hourly (every 2nd hourly when stable) and adjust Insulin rate according to the following Algorithm. * Target Blood Sugar 150-200 mgs. * To monitor K⁺ separately. 	150-200	Adjust Infusion rate to 2u / hr.
	201-250	Adjust Infusion rate to 4u / hr.
	251-300	Adjust Infusion rate to 6u / hr.
	301-350	Adjust Infusion rate to 8u / hr.
	351-400	Adjust Infusion rate to 10u / hr.
Urine Acetone	>400	Adjust Infusion rate to 20u / hr.

BLOOD GROUP

"B" POSITIVE

INVESTIGATION SHEET

Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



Date	19/12/23						
HAEMATOLOGY							
Hb	14.0						
P.C.V	41.7						
Platelets	249000						
TLC	7180						
Polymorphs	59.0						
Lymphocytes	29.5						
Eosinophils	4.9						
Mono / Basophils	5.6/1.0						
E.S.R							
BIO-CHEMISTRY							
Urea	23						
Creatinine	0.80						
Sodium	139						
Potassium	4.43						
Bicarbonate	23						
Chloride	99.7						
Magnesium							
Calcium	9.2						
Phosphorus	3.3						
LFT							
T.Bilirubin	0.43						
D.Bilirubin	0.16						
I.Bilirubin	0.27						
S.G.O.T	23						
S.G.P.T	30						
ALP	133						
GGT	43						
Total Protien	7.1						
S.Albumin	4.2						
CARDIAC ENZYMES							
Troponin I							
CKNAC - CPK							
CK - M.B. MASS							
LDH							
Ntpro bnp							

[illegible]

BLOOD GROUP

B POSITIVE

INVESTIGATION SHEET

Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



Date	19.12.23	28/12/23	29/12/23	30/12/23	1/1/24
HAEMATOLOGY					
Hb	14.0	12.2	11.2	10.9	10.7
P.C.V	41.7	35.2	34.5		32.2
Platelets	249000	223000	253000		29200
TLC	7180		11570		112200
Polymorphs	59.0		76.1		67.7
Lymphocytes	29.5		14.5		22.3
Eosinophils	4.9		0.1		3.9
Mono / Basophils	5.6 / 1.0		9.0 / 0.3		5.7 / 0.4
E.S.R					
BIO-CHEMISTRY					
Urea	23		34	38	46
Creatinine	0.80		0.85	1.22	1.60
Sodium	139			139	138
Potassium	4.43			3.93	4.37
Bicarbonate	23				
Chloride	99.7				
Magnesium		1.6	1.4		
Calcium	9.2				
Phosphorus	3.3				
LFT					
T.Bilirubin	0.43				
D.Bilirubin	0.16				
I.Bilirubin	0.27				
S.G.O.T	23				
S.G.P.T	30				
ALP	133				
GGT	43				
Total Protein	7.1				
S.Albumin	4.2				
CARDIAC ENZYMES					
Troponin I					
CKNAC - CPK			271		
CK - M.B. MASS			15.0		
LDH					
Ntpro bnp					

[illegible]

[illegible]

MHVIP/2022/074



Every heart beat counts

VITAL INFORMATION SHEET

BLOOD GROUP B positive

ON ADMISSION

Height in CM

Weight in Kg.

168 cm

78. 2 by

Diagnosis: CAD - TVD

Procedure :

[illegible]

AP stopped on 23/12/22





Médway
Heart
Institute

 1.85 m^2

7819

CAD-TVD, Good LV, EF-65%.

Procedure : ORAB x 3 GRAFTS

NO. OF DAYS	DOS	QDOD	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
40.5°						
40°						
39.5°						
39°						
38.5°						
38°						
37.5°						
37°						
36.5°						
36°						
PULSE	70/min	115 min	100/min	98/min	92	94
RESP	20/min	22/min	20/min	20/min	20	22
B.P.	112/60	143/54	131/68	133/71	120/50	140/30
SPO2	99%	95%	96%	96%	98%	98%
DAILY WEIGHT	78kg	Real rest	Real rest	Real rest	Real rest	Real rest
24 HRS INTAKE	2359 ml	2606 ml	1400 ml	1700 ml	1400 ml	1400 ml
24 HRS OUTPUT	2049 ml	2640 ml	3550 ml	2150 ml	2250 ml	2250 ml
BALANCE	+310 ml	-34 ml	-2180 ml	450 ml	650 ml	650 ml
MOTION	x 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				
	21-24				
	18-20				
	15-17				
	12-14				
	9-11				
	<8				
A+B	SpO2 Scale 1	Oxygen Saturation (%)			
	>96				
	94-95				
	92-93				
	<91				
	>96 on oxygen				
	95-96 on o2				
	93-94 on O2				
	>93 on air				
	88-92				
	86-87				
	84-85				
	<83%				
Air or Oxygen ?	A= Air	O2litre/ min	Device		
	>220				
	201-219				
	181-200				
	161-180				
	141-160				
	121-140				
	111-120				
	91-100				
	81-90				
	71-80				
	61-70				
	51-60				
	<50				
Diastolic BP	mmHg				
	>131				
	121-130				
	111-120				
	101-110				
	91-100				
	81-90				
	71-80				
	61-70				
	51-60				
	41-50				
	31-40				
	<30				
D	Consciousness	Score for New onset of confusion (no score if chronic)			
	Alert				
	Confusion				
	V				
	P				
	U				
E	>39.1 degree Celsius				
	38.1-39.0				
	37.1-38.0				
	36.1-37.0				
	35.1-36.0				
	<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 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



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					
A+B					
SpO2 Scale 1					
Oxygen Saturation (%)					
SpO2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % in hypercapnic respiratory failure only use scale 2 under the direction of qualified clinician					
Air or Oxygen ?					
C					
Blood Pressure					
Diastolic BP					
C					
Pulse					
Beats / min					
D					
Consciousness					
Score for New onset of confusion (no score if chronic)					
E					
Temperature					
Degree Celsius					
NEWS Total					
Monitoring Frequency					
Escalation of Care Y/N					
Initials by RN					
Initials by Sr. RN					

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

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



Medway
Heart
Institute

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

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

Date	From:	To:	Bed No:	INTAKE & OUTPUT CHART											
24 Hrs : Started Time :		Ended Time :													
NPO Started at :			NPO Over at :												
SHIFT	Morning			Afternoon			Night			Restricted Fluid (RF)					
INTAKE															
OUTPUT															
Total Intake:				Total Output:				Difference:							
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										
14.00	100					100	17.00	300					300		
15.00	150					20	18.00	250					550		
18.00	200					400	21.30	300					850		
19.00	100					550	6.30	250					1100ml		
20.00	100					650									
21.50	150					800									
TOTAL INTAKE- 800 ml															
TOTAL OUTPUT- 1100ml															
BALANCE- 300ml															



Date	From: 30/12/23	To: 31/12/23	Bed No: 114	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			600 ml		350 ml										
OUTPUT			200 ml		2400 ml		RF - 2.2 Gt/Day								
Total Intake:			Total Output:			Difference:									
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										
14:00	200					650	16:00	200					950		
16:00	200					850	18:00	200					1150		
18:00	100					1050	20:00	200					1250		
19:00	100					1150	21:00	800					1950		
20:00	50					1200	1:30	800					2750		
21:00	100					1300	4AM	800					3550		
12:00	100					1400									
						TOTAL INTAKE - 1400 ml									
						TOTAL OUTPUT - 3550 ml									
						MOTION NOT PASSE ↓									

Balance - 2150 ml



Date	From: 31/12/23	To: 7/1/24	Bed No:	INTAKE & OUTPUT CHART													
24 Hrs : Started Time : 7:30am, Ended Time :																	
NPO Started at :		NPO Over at :															
SHIFT	Morning	Afternoon	Night														
INTAKE	350	1150	200ml	RF - 2.2 litres													
OUTPUT	500	750	900ml														
Total Intake:		Total Output:		Difference:													
INTAKE (ml)				OUTPUT (ml)													
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by		
			Type of Fluid	Additions	Amount												
9:00	150					150	9:30	300					300				
10:30	50					200	11:00	300					300				
11:30	100					300	14:00	450					450				
12:00	50					300	16:00	300					1250				
12:30	UP TO 19:00 1150ml Intra					1500	20:00	500					1750				
21:00	100					1600	5AM	400					2150				
22:00	100					1700											
								TOTAL INTAKE - 1700ml									
								TOTAL OUTPUT - 2150ml									
								BALANCE - 450ml									
								MOTION NOT PASSED									
NABH 2024																	

Date	From: 11/12/24	To: 21/12/24	Bed No: 44	INTAKE & OUTPUT CHART															
24 Hrs : Started Time : 7:30 am																Ended Time :			
NPO Started at :																NPO Over at :			
SHIFT	Morning															Afternoon			Night
INTAKE	550			450 ml			150 ml			RF - 2.8 liters									
OUTPUT	1050			800 ml			700 ml												
Total Intake: 1400 ml				Total Output: 2050 ml				Difference: 650 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														
7:00	150					150	7:00	350					350						
8:50	300					450	10:00	350					700						
11:00	100					550	12:00	350					1050						
13:00	150					700	16:00	800					1350						
14:30	100					800	20:00	700					1650						
17:50	150					950	21:15	1100					2050						
18:30	50					1000													
20:30	100					1100													
22:00	100					1200													
2:00	50					1350													
6:30	100					1450													
							TOTAL INTAKE - 1400												
							TOTAL OUTPUT - 2050												
							BALANCE 650												



Medway Hos
The way to better
(A Unit of United Alliance Healthc.

MR. BALASUBRAMANI

62/Malc/MH1202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



MHI/IP/2022/066



Every heart beat counts

Date	From:	To:	Bed No:										
2	1	3	114										
24 Hrs : Started Time :		Ended Time :											
7-00		7-00											
NPO Started at :		NPO Over at :											
SHIFT	Morning	Afternoon	Night										
INTAKE	400 ml												
OUTPUT	1000 ml												
Total Intake:	Total Output:		Difference:										
INTAKE (ml)		OUTPUT (ml)											
Time	Oral	Tube Feeding	Intravenous Infusion	Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
Type of Fluid	Additions	Amount											
7-00	200			200	7-20	350					350		
9-15	100			300	9-45	300					650		
10-30	200			500	12-00	350					1000		
12-15	200			700									
												Total Intake - 700ml	
												Total output - 1000ml	
												Nag 02/2/24	

Mr. BALASUBRAMANI
62/Male/MHI202381326
27/12/2023/1PH2023002613
Dr. RAJESH.V



Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Diagnosis: CAD - TVD / SIPP TCA (2019) / FF - 64-1- / DM / HTN / CABG (2023)

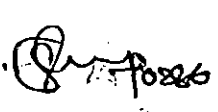

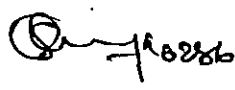
Height: 158 cms Weight: 78.7 Kgs Food allergies: Yes/No; if yes, specify: _____

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

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

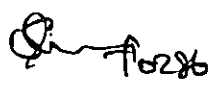

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

(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:				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Oral	No change	Sub-optimal solid diet	Full liquid diet/moderate overall decrease	Hypo-caloric liquid diet
Enteral/Parenteral Nutrition	Adequate/Excessive	Sub-optimal	Inadequate	Typo-caloric feeds
3) Gastrointestinal Symptoms Duration:				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No symptoms	Nausea	Vomiting/moderate GI symptoms	Diarrhoea	severe anorexia
4) Functional Capacity (Nutrition related functional impairment) Duration:				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
None/Improved	Difficulty with ambulation	Difficulty with normal activity	Light activity	Bed/chair-ridden with no or little activity
5) Co-morbidity (Disease and its relationship to nutrition requirements)				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" 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	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	Severe
Total Score = Sum of above 7 components				
Nutritional Status : Based on this patient is				
Well Nourished		<input type="checkbox"/> (7 to 14)		
Moderately Malnourished		<input checked="" type="checkbox"/> (15 to 18) 10		
Severely Malnourished		<input type="checkbox"/> (19 to 35)		
Nutrition Intervention:				
<input checked="" type="checkbox"/> Oral		<input type="checkbox"/> Enteral <input type="checkbox"/> Parenteral		
Diet counseling provided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Frequency of re-assessments: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
Enteral/Parenteral <input type="checkbox"/> Daily		Calorie count: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>27/12/23 15:00</p>	<p>A 62 years old gentleman came c/clo chest pain c/palpitation & sweating was assessed to be well-nourished as evident by SGA. K/Clo - T2D/DM/HTN. Educated the patient and family on 1600 calories, low fat, low salt, high protein, diabetic diet. Emphasized on small frequent meals c/low glycemic control.</p>	
<p>28/12/23 17:00</p>	<p>patient shifted to OT for surgery (CABG). kept on NBM. patient received to SICU. NBM over. will initiate diabetic liquid diet as per doctor's advice.</p>	
<p>29/12/23 10:00</p>	<p>NBM over. patient tolerated Diabetic, liquid diet. can initiate diabetic, soft solid high protein diet.</p>	

Department of Dietetics

①
CARE PLAN FORM - A

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
20/12/23 15:00	patient received to ward. re-emphasized ^{on the} diet restrictions. motivated to eat well.	
2/1/24. 10:00.	oral intake is good. Educated the patient & family on 1600 calories, Low fat, Low salt high protein, diabetic diet on <u>discharge</u> . Emphasized on small frequent meals and low glycemic control. Diet modifications & clarifications done. <u>diet chart</u> given on discharge	

CARE PLAN FORM - A

DATE AND TIME	DIETITIAN NOTES	SIGNATURE



Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



e)

PSYCHOLOGICAL WELLBEING REPORT

Date: 02/01/24

Time: 12.20pm

Unit: 11A

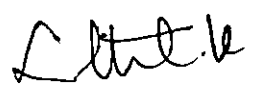
Clinical diagnosis:

Surgery/ Procedure: OPCAB X 3 grafts (Pod 5)

Impression: Functioning well, resistant to open up if unwilling?

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

Employee ID: MH10218PS4


 Signature of the Psychologist:

INTRAOPERATIVE NURSING RECORD

Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/IPH2023002613

Dr. RAJESH.V



Consultant: Dr. RAJESH.V

Name of Surgery : OPCAB CLOSED HEART

Date of Surgery : 22/12/23

Mode of Transfer to OR ☐ Bed ☒ Stretcher ☐ Other ☐

Anaesthesia Type : ☐ Epidural ☐ Spiral ☐ LOC ☐ MAC
☒ GEN ☐ Regional _____

Position : ☐ 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 Rt upper arm - Megaduro pad used ☐ Bipolar

Tourniquet ☐ Location _____
☐ Applied Time _____ ☐ Released Time _____
☐ Applied Time _____ ☐ Released Time _____
☐ Applied Time _____ ☐ Released Time _____

Other equipment used : _____

Personal : ☒ Surgeon Dr. RAJESH.V ☒ Asst. PA-SADIKUMART
☒ Anaesthetist Dr. RAJESH.V ☒ Asst. DR. DEEVANANDAM

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
Romson's	28FR	left pleura	—	—	—	2
Romson's	28FR	mediastinum	—	—	—	SK 0031

Urinary catheterization done by M. HARI Used HIR 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	correct	SK 0031	Rashika 0238
Change over count	correct	correct				correct	correct	correct	SK 0031	Rashika 0238
First closure count	correct	correct				correct	correct	correct	SK 0031	Rashika 0238
Final closure count	correct	correct				correct	correct	correct	SK 0031	Rashika 0238

☒ Count Correct

Corrective action taken

Surgeon informed

Wound dressing done with sterile mapre, leg dressing done with sterile a pad where bandage
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 : RINDEVI 0237 / RASHIKA

Date & Time : 28/12/23 @ 13:30

Circulating Nurse Signature SK 0031

Name : RIN SASEKUMAR 0031

Date & Time : 28/12/23 @ 13:30

NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 27/12/23 Time of Arrival: 12.00 Mode of Admission: ☒ Walking ☐ Wheelchair ☐ Stretcher
Accompanied by Relative: ☐ Yes ☐ No If Yes, Name of the Relative: MRS. RAJESWARI
Relationship with Patient: DAUGHTER Contact Person's Name: Rajeswari Relationship: DAUGHTER
Contact No.: 9941476652 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 : 20 YRS | NO If yes specify
Drugs History : Antiplatelet 23/12/23 (Specify) T. Timogel, Telma, EcoSpirin.

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: 96.5 (°F) | Pulse / HR: 81 (beats/min) | BP: 130/80 (mmHg)
Respiration: 20 (breaths/min) | SpO₂: 95 (%) | CBG: 301 (mg/dl) | Height: 168 (cms) | Weight: 78-2 (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: Diabetic MRS. CATH Time: 12.30

Orient Patient if: ☒ Conscious Orient Patient Attendant if: ☐ Unconscious ☐ Disoriented
☒ Room ☒ Side Rails ☒ Toilet Bell ☒ Patient Information Board ☒ Bathroom ☒ Bed Controls
☒ Use of Footstool ☒ Grab Bars ☒ Nurses Call Bell ☒ Television ☒ Light Controls ☐ Telephone

Functional Assessment:

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

Daily Activity Of Living:

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

Pressure Injury Risk Assessment: Braden Scale

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

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

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

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

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

Witnessed by: _____ Signature: _____ Relationship: _____

MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)
Fall Risk Assessment (Modified Morse Scale):

Variables		Numeric Value
History of falling (immediate or within 6 months)	No	0
	Yes	<input checked="" type="checkbox"/> 25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0
	Yes	<input checked="" type="checkbox"/> 15
Ambulatory Aid None / Bed Rest / Nurse Assist		<input checked="" type="checkbox"/> 0
	Crutches / Cane / Walker	15
Furniture		30
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	<input checked="" type="checkbox"/> 0
	Yes	20
Gait Normal / Bed Rest / Wheel Chair		<input checked="" type="checkbox"/> 0
	Weak	10
Impaired		20
Mental Status Oriented to own stability		<input checked="" type="checkbox"/> 0
	Overestimated or forgets limitations	15
Medications Includes PCA / opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, hypoglycemics, sedatives, immunosuppressant and psychotropics	No	0
	Yes	<input checked="" type="checkbox"/> 15
Score Interpretation: 0-24: Low-risk; 25-44: Medium Risk; Above 45: High Risk		Total Score <u>55</u>

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk interventions (25 - 44)

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

High-risk interventions (above 45)

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

Initial Assessment to Special Needs and Vulnerability of Patient:

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

DVT RISK ASSESSMENT

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

S. No.	Parameters	Yes / No	Score
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
2	Bedridden recently >3 days or major surgery within four weeks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
5	Entire leg swollen (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
6	Localized tenderness along the deep venous system (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
9	Previously documented DVT (Assess for both legs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like 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	0

Risk Score Interpretation (Probability of DVT):

Tick the score obtained (✓)

Final Score

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

Personal Belongings / Valuables:

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

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

Patient / Patient's Attendant	Sign.	Name	Emp. No.	Date	Time
	B. Raj	B. Rajeswari	Relationship DAUGHTER	27/12/23	12:30
Nurse	M. Revathi	M. Revathi	0225	27/12/23	12:30
Unit In-Charge		D. Laxmanan	0005	27/12/23	15:00

[illegible]

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: -

B

BACKGROUND

Type of surgery: -

Allergies if any: N/A

On room air / Oxygen: on Room Air

Complaints / New Symptoms in last shift:

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97.8 (°F) | Pulse / HR: 71 (beats/min) | Respiration: 22 (breaths/min)

BP: 131/87 (mmHg) | SpO₂: 93 (%) | Height: 162 (cms) | Weight: 78.2 (kgs) | BMI: 27.7 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 Npo from 00.00

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Nandhini	0170	28/12/23	8:00
Handover taken by	-	shifted to OT	-	-	-
Document endorsed		Dr. Rajesh V.	0005	28/12/23	08:30

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 28/12/23

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:

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: NKDA

On room air / oxygen: On Room air

IV fluids on flow: -

Complaints / New Symptoms in last shift:

A

ASSESSMENT

Vital Signs: Temp: 97 (°F) | Pulse / HR: 71 (beats/min) | Respiration: 20 (breaths/min)

BP: 126/84 (mmHg) | SpO₂: 93 (%) | Height: 168 (cms) | Weight: 78.2 (kgs) | BMI: 27.8 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: Diabetic diet

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: Today plan LABOT NPO MN 12.00

	Signature	Name	Emp. No.	Date	Time
Handover given by	Jeni	Jenipriya	0284	28/12/23	8.00
Handover taken by		shifted to OT			
Document endorsed	Nag	S. Nalin.	0084	28/12/23	10:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 28/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - JVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right Cubital Left: D1

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☒ Yes ☐ No Day: 1

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

GCS: 15/15

POD: D08

Central line days: D1

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB

Date of surgery: 28/12/23

Allergies if any: NKDA

On room air / oxygen: ON O2 Sat

IV fluids on flow: KABLYTE

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 92.4°F | Pulse / HR: 69 (beats/min) | Respiration: 24 (breaths/min)

BP: 149/71 (mmHg) | SpO₂: 100 (%) | Height: 158 (cms) | Weight: 70 (kgs) | BMI: 31.2 kg/m²

Others: CxP - 240/140, BSA: 1.85 m²

Pain Score: 4/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 65 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 (OI)

Current diet: NPO

Drains: Mgt continued and left placed

R

RECOMMENDATION

Referral doctors: Dr. Deepak

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		FLORENCE S	0074	28/12/23	19.30
Handover taken by		Deepalakshmi	0001	28/12/23	19.30
Document endorsed		Manu	0003	29/12/23	7.00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 28/12/2023. Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD - TUD

NEWS / PEWS Score:

Ventilator day: -

Peripheral line day: Right: Cubital Left: D1

Ryle's Tube: ☐ Yes ☒ No Day: D1

Urinary Catheter: ☒ Yes ☐ No Day: D1

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

GCS: 15/15

POD: Pos

Central line days: D1

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPERS x 3 Grafts

Date of surgery: 28/12/2023

Allergies if any: NKDA

On room air / oxygen: ON Nasal prongs 4lit IV fluids on flow: KABINTE

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 97 (°F) | Pulse / HR: 98 (beats/min) | Respiration: 12 (breaths/min)

BP: 137/64 (mmHg) | SpO₂: 100 (%) | Height: 158 (cms) | Weight: 78 (kgs) | BMI: 31.2 kg/m²

Others: Cep - 6mmHg, BSA - 1.8m²

Pain Score: 2/10 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 in 01

Current diet: Semi solid diet

Drains: Mediastinal + H pleural

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

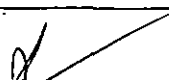
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: _____

Pending follow-up orders:

Special instructions if any: Skin peeling (+) in neck site dressing.

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>V. Iyer</u>	<u>V. Deepalakshmi</u>	<u>0101</u>	<u>29/12/23</u>	<u>07:10</u>
Handover taken by	<u>[Signature]</u>	<u>DR. FLORENCE S</u>	<u>0034</u>	<u>29/12/23</u>	<u>7:30</u>
Document endorsed	<u>[Signature]</u>	<u>[Signature]</u>	<u>0003</u>	<u>30/12/23</u>	<u>8:00</u>

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.			
28/12/2023	After Night Duty report on 28/12/2023				
19.30-09.10	Took over the patient in hemodynamically stable & well support. on continuous monitoring patient is conscious & oriented Gcs-15/15, pain score - 2/10	R. Dey 1001			
20.00	patient had rice canjea orally & tolerating well.	R. Dey 1001			
21.30	Nebulization & spirometry given Chest physio given.				
22.00	patient's condition informed to Dr. Anbarasu & Dr. Rajesh	R. Dey 1001			
23.30	Inj. Paracetamol 1gm given as per chart.	R. Dey 1001			
01.30	patient had decreased output Inj. Lax 10mg IM stat given	R. Dey 1001			
01.30	patient sleeping well in comfortable position vitals are stable.	R. Dey 1001			
04.30	Blood sample taken and send to lab report to be.				
05.00	Oral care, sponge bath given. Basic care given, skin intact.	R. Dey 1001			
05.30	New line care and catheter care given Nebulization and spirometry provided. Inj. Cefuroxime 1.5gm given as per chart.				
06.00	patient's condition informed to Dr. Anbarasu & Dr. Rajesh advised to continue the same.	R. Dey 1001			
06.40	ABU taken. In ABU, pos b1.2, K ⁺ 3.46 meq/L. Nasal prongs slit corrected. Inj. Kcl 20meq correction started.				
07.10	patient's condition handed over to morning duty staff	R. Dey 1001			
Document endorsed by	Signature	Name	Emp. No.	Date	Time
		R. Dey	1001	30/12/23	9.00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 29/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - IVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right Ceftriaxone Left: 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: 1 POP

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OR CAB

Allergies if any: NKDA

On room air / oxygen: ON O2 NGT

Complaints / New Symptoms in last shift: pain

Date of surgery: 28/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 100.2 (°F) | Pulse / HR: 112 (beats/min) | Respiration: 21 (breaths/min)

BP: 121/51 (mmHg) | SpO2: 96 (%) | Height: 158 (cms) | Weight: 78 (kgs) | BMI: 31.2 kg/m²

Others: c/v 5 mmHg, BSA: 1.85m²

Pain Score: 2/10 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: Mediastinal + left pleural

R

RECOMMENDATION

Referral doctors: Dr. Provan Jayakumar

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

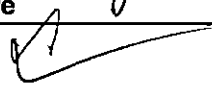
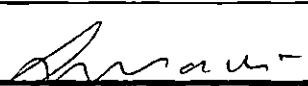
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders:

Special instructions if any: NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		SONIA FLORANCE S	0074	29/12/23	
Handover taken by		D. Sreedha	0270	29/12/23	19.30
Document endorsed		Dr. Provan Jayakumar	000	30/12/23	9.0

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
29/12/23 7-3:00	Look over the patient in a neurologically maintaining condition without supports.	
7:30	He is conscious, oriented + afebrile.	R/N Qian/0074
8:30	Due medications given.	
	He had rice Kongji & tolerated well.	R/N Qian/0074
9:00	Administered due medications as per doctors order. Antidiabetic drug added.	
9:30	Modastinal and left pedal dorsi removed ordered by Dr. Subraman.	R/N Qian/0074
10:00	Stabilization given and Opiro encouraged.	
10:30	Voice call encouraged and patient interacted with attendants.	
11:00	He had soup & tolerated well. xray taken @ to be called. results reported.	R/N Qian/0074
11:30	Mobilized him on chair.	
12:00	Shifted to SPICO ordered by Dr. Subraman.	R/N Qian/0074
13:30	Due medications given.	
14:00	He had rice Kongji & tolerated well.	
	Due medications given. Mobilized back to bed.	R/N Qian/0074
16:00	Stabilization given and Opiro encouraged.	
17:00	Due medications given.	
17:40	Antibiotics given as per chart	R/N Qian/0074
18:15	Attendants visited the patient and explained about the condition. CBU checked and values satisfactory.	
19:00	He got handed over to Night duty staff.	R/N Qian/0074
Document endorsed by	Signature 	Name  Emp. No. 0005 Date 30/12/23 Time 9:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CVD - TVD
NEWS / PEWS Score: —
Ventilator day: —
Peripheral line day: Right: 10/12/23 Left: D2
Ryle's Tube: ☐ Yes ☒ No Day: —
Urinary Catheter: ☒ Yes ☐ No Day: D2
Barrier nursing: ☒ Yes ☐ No 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: OPVAX 3 VRAFTS
Allergies if any: NDDA
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: 98°F | Pulse / HR: 100b/min (beats/min) | Respiration: 20b/min (breaths/min)
BP: 120/60 mmHg | SpO₂: 96% (%) | Height: 158 (cms) | Weight: 78 (kgs) | BMI: 31.2 kg/m²
Others: B&P - 1.85m
Pain Score: 0 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: Soft diet Drains: —

R

RECOMMENDATION

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

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>Sh</u>	<u>D. Subra</u>	<u>0270</u>	<u>30/12/23</u>	<u>7.00</u>
Handover taken by	<u>Joys</u>	<u>JOY FLORENCE'S</u>	<u>0034</u>	<u>30/12/23</u>	<u>7.00</u>
Document endorsed	<u>Sh</u>	<u>Sh</u>	<u>0002</u>	<u>30/12/23</u>	<u>9.0</u>

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 30/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: -

Ventilator day:

Peripheral line day: Right: Cubital Left: D3

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: 11 POD

Central line days: 103

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: 102 (°F) | Pulse / HR: 119 (beats/min) | Respiration: 30 (breaths/min)

BP: 127/70 (mmHg) | SpO₂: 90 (%) | Height: 158 (cms) | Weight: 78 (kgs) | BMI: 31.2 / kg m²

Others: BSA: 1.85 m²

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

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

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

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

Current diet: Left sided diet Drains: Removed

R

RECOMMENDATION

Referral doctors: Dr. Praveen Jayakumar

Pending medications:

Pending medication indent:

Pending lab reports / Investigations: Nil

Critical value alert and its corrections:


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

Pending follow-up orders: Nil

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by	<i>[Signature]</i>	ANNA FLORANCE	007A	30/12/23	12:00
Handover taken by	<i>[Signature]</i>	Paula	007	30/12/23	12:00
Document endorsed	<i>[Signature]</i>	K. S. S. S.	2002	30/12/23	9:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
30/12/23 7-15	Took over the patient in a haemodynamically maintaining condition without supports. He is conscious, Oriented and comfortable.	
7:30	Due medications given as per chart	R/N Jais/0074
8:00	He had stable vitals and tolerated well.	
8:30	Due medication given as per chart	R/N Jais/0074
9:00	Dr. Subramaniam / Dr. Praveen Jeyarajan seen the patient and advised to give intravenous strong IV bolus in view of HR - 130 bpm and shift him to ward	R/N Jais/0074
9:30	Analgesia given with Lorazepam 0.5mg and Spinal Anesthesia encouraged.	
9:45	Mobilized back to bed.	R/N Jais/0074
10:30	Administered due medication as per chart.	
10:55	Right IJL removed ordered by Dr. Praveen.	R/N Jais/0074
11:00	He had stable vitals and tolerated well.	
12:00	* patient shifted to ward with all investigation charts, ABG - 2, x-ray - 4 & skin intact.	R/N Jais/0074
<u>Receiving Notes</u>		
12:00	- Patient received from CCU SICU	R/N Jais
	- While receiving patient is hemodynamically stable - and good	
12:30	- Patient handed over to receiving duty staff	R/N Jais
Document endorsed by	Signature	Name
		Dr. Jais
		Emp. No.
		2003
		Date
		30/12/23
		Time
		1.00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD - w

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: 03 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

POD: 1

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: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 96 (%) | Height: 168 (cms) | Weight: 78 (kgs) | BMI: 27.2 kg/m²

Others: -

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

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

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

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

Current diet: normal diet Drains: nil

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Monisha	0171	30/12/23	09:30
Handover taken by		RIN Bhawani	0271	30/12/23	10:20
Document endorsed		S. Nalini	0084	30/12/23	20:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD - TVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: 23 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: 1

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABX3 graft

Date of surgery: 28/12/23

Allergies if any: NKA

On room air / oxygen: RA

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 98.5°F | Pulse / HR: 74 (beats/min) | Respiration: 22 (breaths/min)

BP: 110/80 (mmHg) | SpO₂: 97% | Height: 158 (cms) | Weight: 74 (kgs) | BMI: 1.2 kg/m²

Others: -

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

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

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

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

Current diet: N diet

Drains: nil

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

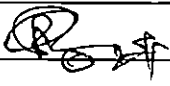
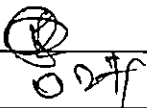
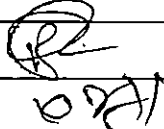
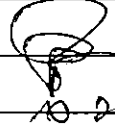
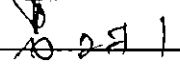
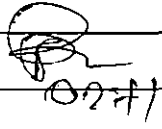
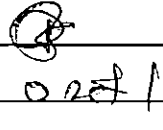
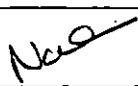
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		R IN Bloutri	0271	31/12/23	7:30
Handover taken by		S. Nalini	2333	31/12/23	7:45
Document endorsed		S. Nalini	0084	31/12/23	8:0

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
30/12/23	<u>Night duty notes</u>	
19.30	Patient hand over from evening duty staff	
20.00	due medication given	
21.00	Vitals checked & recorded Vitals are stable.	
22.00	Patient side rails low time Nebulization given.	
	Patient had complaints of fever Temp. 101.2° T. 100.0 650mg given.	
1AM	Again checked temperature @ 1AM Temp. 100.5° Informed DRG	
5AM	Temp (101.5°) at 5AM STAT Anti-pyretic given	
6AM	Monitor Intake & Output.	
7.30	Patient hand over by morning duty staff.	
Document endorsed by	Signature 	Name S. Nalin
	Emp. No. 0084	Date 31/12/23
	Time 2:10	

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD-TUD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Yes ☐ No Left: ☒ Day: ☒ Night

Ryle's Tube: ☐ Yes ☒ No Day: ☐ Night

Urinary Catheter: ☐ Yes ☒ No Day: ☐ Night

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0

B

BACKGROUND

Type of surgery: ORABX 3 grafts

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: 98.4°F | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 140/90 (mmHg) | SpO₂: 98 (%) | Height: 158 (cms) | Weight: 78 (kgs) | BMI: 31.2 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Diabetic diet

Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: Nil

	Signature	Name	Emp. No.	Date	Time
Handover given by		Parvisha	0072	31/12/23	13:00
Handover taken by		N. S. Nalini	0116	31/12/23	13:00
Document endorsed		S. Nalini	0024	31/12/23	13:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD + T2D

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: OPCAB 3 grafts

Allergies if any: NKA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: —

Date of surgery: 28/12/23

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 98.2 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 94 (%) | Height: 158 (cms) | Weight: 78 (kgs) | BMI: 31.2 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ N/A

Current diet: ☒ 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: — CBC, Urea, Creatinine, Na⁺, K⁺ Go to doctor

Special instructions if any: Suture removal plan.

	Signature	Name	Emp. No.	Date	Time
Handover given by		Dr. Rajesh V.	2333	31/12/23	19:30
Handover taken by		Dr. Nalin	0271	31/12/23	20:00
Document endorsed		Dr. Nalin	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-TVD
NEWS / PEWS Score: 10
Ventilator day: 10
Peripheral line day: Right: 10 Left: 10
Ryle's Tube: ☐ Yes ☒ No Day: 10
Urinary Catheter: ☐ Yes ☒ No Day: 10
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism: -
GCS: 5/15
POD: -
Central line days: -
VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABX 3 grafts Date of surgery: 28/12/23
Allergies if any: NKDA
On room air / oxygen: RA
IV fluids on flow: -
Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 74 (beats/min) | Respiration: 20 (breaths/min)
BP: 120/80 (mmHg) | SpO₂: 95 (%) | Height: 158 (cms) | Weight: 78 (kgs) | BMI: 31.2 kg/m²
Others: -
Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker-FACES Pain Rating Scale / NRS / CPOT
Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☐ High
Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☒ NA
Current diet: Nil Drains: -

R

RECOMMENDATION

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

	Signature	Name	Emp. No.	Date	Time
Handover given by		R.N. Bhargava	0271	31/12/23	7:20
Handover taken by		S. Nalini	0022	1/1/24	7:30
Document endorsed		S. Nalini	0024	1/1/24	8:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
31/12/23	Night duty Notes	
17:30	Patient hand over from evening duty staff.	0271
20:30	Vitals checked & recorded	
21:00	also Medication given as per.	0271
22:00	Patient Side no issue Patient Stable well.	0271
23:00	Patient Sleeping Now.	
12am	Patient Side no issue	0271
5am	Patient had complaints of chest pain. Dmo & hydro line seen. Patient Side no issue Patient Stable well.	0271
6am	Monitor Intake & Output chart.	
7:30	Patient hand over by morning duty staff.	0271
Document endorsed by	Signature Nee	Name S. Nalini
	Emp. No. 0024	Date 11/12/24
		Time 8:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 1/1/23

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:

Central line days:

VIP Score: 0

B

BACKGROUND

Type of surgery: OPCABX 3 grafts

Allergies if any: NADA

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: 96 (°F) | Pulse / HR: 86 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 98 (%) | Height: 158 (cms) | Weight: 78 (kgs) | BMI: 31.2 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: Diabetic diet

Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: Nil

	Signature	Name	Emp. No.	Date	Time
Handover given by	<i>Dr. Paritha</i>	Paritha	0072	1/1/23	13:00
Handover taken by	<i>Dr. Anand</i>	Anand	0141	1/1/23	13:50
Document endorsed	<i>Dr. S. Nalini</i>	S. Nalini	0024	1/1/24	13:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/12/24 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - TOI

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: 0 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

POD: -

Central line days: -

VIP Score: 015

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: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 96 (%) | Height: 158 (cms) | Weight: 78 (kgs) | BMI: 31.2 kg/m²

Others: -

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

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

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

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

Current diet: normal diet

Drains: nil

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Monisha	011	11/12/24	19:30
Handover taken by		R. N. Bharatha	0271	11/12/24	19:30
Document endorsed		S. Nalini	0024	11/12/24	20:20

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: CAD - TxD
NEWS / PEWS Score: -
Ventilator day: -
Peripheral line day: Right: DA 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: 015

B

BACKGROUND

Type of surgery: OP CABX 3 graft
Allergies if any: NKDA
On room air / oxygen: Room air
Complaints / New Symptoms in last shift: -
Date of surgery: 28/12/23
IV fluids on flow: -

A



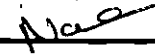
ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 74 (beats/min) | Respiration: 20 (breaths/min)
BP: 130/70 (mmHg) | SpO₂: 97 (%) | Height: 152 (cms) | Weight: 82 (kgs) | BMI: 31.2 kg/m²
Others: -
Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT
Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High
Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☒ NA
Current diet: Normal diet Drains: N/A

R

RECOMMENDATION

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

	Signature	Name	Emp. No.	Date	Time
Handover given by		RIN Bhargava	02571	2/1/24	7.30
Handover taken by		S. Nalin	0072	2/1/24	7.30
Document endorsed		S. Nalin	0084	2/1/24	8.00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 2/1/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-TWO

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 POD

Central line days:

VIP Score: 0

B

BACKGROUND

Type of surgery: ORARY 3 grafts

Allergies if any: N/A

On room air / oxygen: RA

Complaints / New Symptoms in last shift: Nil

Date of surgery: 28/12/22

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97.4 (°F) | Pulse / HR: 82 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/80 (mmHg) | SpO₂: 98 (%) | Height: 158 (cms) | Weight: 78 (kgs) | BMI: 31.2 kg

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: Diabetic diet

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: Nil

	Signature	Name	Emp. No.	Date	Time
Handover given by	<i>Pat</i>	<i>Parishan</i>	0072	2/1/24	13.00
Handover taken by		<i>Dis charged</i>			
Document endorsed	<i>Nce</i>	<i>S. Nalini</i>	0084	2/1/24	20.00

NURSES PROGRESS NOTES

[illegible]

ADULT NURSING CARE PLAN

Mr. BALASUBRAMANI
62/Male/MHI202381326
27/12/2023/1PH2023002613
Dr. RAJESH.V



MHI/NUR/2022/044




Every heart beat counts

Initial Date: 27/12/23 Time: 8-00		Modified Date: Time:	
Reason for Modification:		Diagnosis: CAD - T.V.D.	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input 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 checked="" type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M + E pt takes regular @ diet self N Patient had 10M diet self
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M E on room air self N Patient is on Room Air self
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input 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 pt takes oral fluid self N To Chart Monitored self

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

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input 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 N Patient well groomed M	 Self AP
SAFETY <input type="checkbox"/> Check ID-Hand <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 E ID band present N ID band present M	 Self AP
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 checked="" 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 pt sleeps well N comfortable position M	 Self AP
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M E pt vitals are checked N vital signs checked & recorded M	 Self AP
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 patient M	 AP

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M E Pt verbal communication good M Good communication	 JLF M
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	 JLF M
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Dharmaraj	0005	28/12/23	08:00

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 28/12/23 Time: 13.45		Modified Date: — Time: —		
Reason for Modification: —		Diagnosis: CAD - TVD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	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 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 E Administered analgesics as per order N Patient had tolerable pain after intervention	[Signature] [Signature] V. D. [Signature]
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 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 E SpO ₂ - 100% N Patient is comfortable on Nasal prongs 4lit Neb & Spiro provided	[Signature] [Signature] V. D. [Signature]
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 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 NA N NA	
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 E ON bed rest N Patient is on bed rest Drains present	[Signature] [Signature] V. D. [Signature]

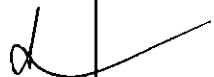
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> 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 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 IV line patent and healthy N Patient is on adequate oral & IV fluids	[Signature] 11/1/10
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 checked="" 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 Aseptic precautions followed. N Aseptic precautions followed in all aspects of patient care	[Signature] 11/1/10
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 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 fall risk precautions followed N Safety precautions followed	[Signature] 11/1/10
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 E drain intact. N Surgical site intact	[Signature] 11/1/10
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 E ON IVF 1000 kcal N Patient is tolerating semisolid diet	[Signature] 11/1/10

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 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	ON C&D UTI no oppt adequate			
				N	Maintain adequate cleaning & dressing	11. Apr 101		
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	NA			
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient	M				
				E	Haemodynamically stable			
				N	patient is hemodynamically stable	11. Apr 101		
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				
				E	good knowledge on need of ICU stay			
				N	educated patient & attenders regarding treatment protocol & follow up	11. Apr 101		
ANY OTHER NEEDS				M				
				E				
				N				
Endorsed by	Signature		Name		Emp. ID		Date	Time
					0005		30/12/11	7.00

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 29/12/23 Time: 7.00		Modified Date: — Time: —	
Reason for Modification: —		Diagnosis: CAD - IV D	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
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 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 Administered medication by the order of physician E Administered medication as per order N provided comfortable position SP 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 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 SpO ₂ - 96% ON O ₂ via E SpO ₂ - 90% ON room air N ON Room Air SP 02/23
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 type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M He is cooperative E — N — SP 02/23
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-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 ON Bed rest E ON chair rest N mobilized SP 02/23

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 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 Monitor I/O, administered due medication.	Jais 0074
			E IV line patent and healthy.	Jais 0074
			N IV line patent @ healthy.	SP 0270
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 precaution followed.	Jais 0074
			E aseptic precaution followed used aseptic	Jais
			N precautions followed	SP 0270
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.	Jais 0074
			E fall risk precaution followed	Jais 0074
			N Fall risk precautions followed	SP 0270
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	Jais 0074
			E wound healthy	Jais 0074
			N wound healthy	SP
DIET & NUTRITION <input type="checkbox"/> NPO <input checked="" 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 liquid diet	Jais 0074
			E on liquid diet	Jais 0074
			N soft diet	SP 0270

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 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	only cath urine output adequate	
			E	only cath urine output adequate	
			N	only cath, adequate urine output	
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	Haemodynamically stable	Jais 2014
			E	Haemodynamically stable	
			N	Haemodynamically stable	
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	gained knowledge on importance of hand hygiene	Jais 2014
			E	gained knowledge on importance of hand hygiene	
			N	Explained about pt condition & how to stay	
ANY OTHER NEEDS			M		
			E		
			N		
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Jais	2003	30/12/23	9~



ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 20/12/23 Time: 8:00		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 Administer analgesics as per order E provided comfortable position N Provide calm environment
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 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 SpO ₂ - 90% ON ROOM air E SpO ₂ - 98% N SpO ₂ - 98%
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 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 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-Emboic 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 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 checked="" type="checkbox"/> Enhance fluid intake unless restricted <input checked="" type="checkbox"/> Check IV sites and assess if there is any complication <input checked="" type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input checked="" type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input checked="" type="checkbox"/> Monitor for possible sources of fluid loss <input checked="" type="checkbox"/> Monitor BP for orthostatic changes	M IV line started & healthy E 26 chest was monitored N 270 chest monitored	Davis 02/14 [Signature] 02/14 [Signature] 02/14
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 checked="" type="checkbox"/> Restrict visitors and use appropriate PPE <input checked="" type="checkbox"/> Meticulous hand washing before and after patient's care <input checked="" type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input checked="" type="checkbox"/> Administer antibiotics as ordered <input checked="" type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M Aseptic technique followed. E — N —	Davis 02/14 [Signature] 02/14
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 checked="" type="checkbox"/> Remove clutter, keep items patient needs within reach <input checked="" type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input checked="" type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input checked="" type="checkbox"/> Offer urinal or bedpan to the patient if needed	M fall risk precaution followed. E — N provide gill & call up	Davis 02/14 [Signature] 02/14
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 checked="" type="checkbox"/> Provide wound care as ordered <input checked="" type="checkbox"/> Minimize pressure <input checked="" type="checkbox"/> Provide adequate nutritional support <input checked="" type="checkbox"/> Report signs of poor healing or trauma to doctor	M wound healthy E — N —	Davis 02/14 [Signature] 02/14
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 Jaws solid diet E PT had [Signature] N PT had [Signature]	Davis 02/14 [Signature] 02/14 [Signature] 02/14

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 C&D urine output adequate. E No chest signs N Second Sp. trach	[Signature] [Signature]
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 Flounderingly stable E verbal 10/10 N vitals stable 10	[Signature] [Signature]
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 gained knowledge on importance of hand hygiene E H&A education was given N Heart education given	[Signature] [Signature]
ANY OTHER NEEDS				M E N	
Endorsed by	Signature	Name	Emp. ID	Date	Time
	[Signature]	[Signature]	2005	30/12/23	9.00

ADULT NURSING CARE PLAN

Pt: **Mr. BALASUBRAMANI**
No: 62/Male/MHI202381326
UI: 27/12/2023/IPH2023002613
DI: Dr. RAJESH.V
DI:
Cc:

Initial Date: 31/12/23 Time: 7:30		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD-T2D		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input checked="" 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 checked="" type="checkbox"/> Encourage patient to consume the served meal <input checked="" type="checkbox"/> Record amount of food consumed	M Takes normal diet E pt had diet N pt had diet	Postn P P P
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input checked="" type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input checked="" type="checkbox"/> No other respiratory abnormalities <input checked="" type="checkbox"/> Patient respiratory rate will remain within established limits <input checked="" 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 checked="" type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input checked="" type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input checked="" type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input checked="" type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input checked="" type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input checked="" type="checkbox"/> Note for changes in level of consciousness <input checked="" type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input checked="" type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Patient is on room air E pt on Room air N pt SpO2 97%	Postn P P P
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 checked="" type="checkbox"/> Check IV sites and assess if there is any complication <input checked="" type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input checked="" type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input checked="" type="checkbox"/> Monitor for possible sources of fluid loss <input checked="" type="checkbox"/> Monitor BP for orthostatic changes	M Takes adequate oral fluids E I/O monitor N I/O chart monitoring	Postn P P P

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 checked="" 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 checked="" type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input checked="" type="checkbox"/> Apply Anti-Embollic stocking / SCD <input checked="" type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input checked="" type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input checked="" type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Pt mobilized well E mobilized freely N mobilized well.	Jshn P 233 P 237
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 checked="" 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 checked="" type="checkbox"/> Encourage fibre diet intake <input checked="" type="checkbox"/> Encourage early ambulation <input checked="" type="checkbox"/> Report any abnormalities to physician <input checked="" type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input checked="" type="checkbox"/> Check placement before feeding <input checked="" type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol <input checked="" type="checkbox"/> Check for malena / constipation / urinary retention	M self voiding E Elimination pattern N Elimination was good.	Psh P 233 P 237
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 checked="" type="checkbox"/> Patient will discharge with intact skin integrity	<input checked="" type="checkbox"/> Minimize / Eliminate friction and shear <input checked="" type="checkbox"/> Minimize pressure (off-loading) with special beds <input checked="" type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input checked="" type="checkbox"/> Early skin inspection and treatment <input checked="" type="checkbox"/> Keep position changing 2 hourly and manage pain <input checked="" type="checkbox"/> Manage moisture, clean and dry skin <input checked="" type="checkbox"/> Maintain adequate nutrition and hydration <input checked="" type="checkbox"/> Proper application of medications and dressing <input checked="" type="checkbox"/> Follow doctors and TVN order properly <input checked="" type="checkbox"/> Monitor the healing status <input checked="" type="checkbox"/> Educate patient and family members about further skin care	M Maintains normal skin E — N maintain skin integrity	Psh P 237

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt well groomed E groomed well N groomed well	Pfla P 2537 P 0241
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M ID band @ E ID band @ N ID band checked	Pfla P 2537 P 0241
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 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 checked="" 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 checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M vital signs stable E Ug & stable N V/S checked & recorded	Pfla P 2537 P 0241
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input checked="" type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input checked="" type="checkbox"/> Provide empathy and reassurance	M Provided Psychological Support E — N —	Pfla Pfla

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

ADULT NURSING CARE PLAN

Pat **Mr. BALASUBRAMANI**
Na 62/Male/MH1202381326
UH 27/12/2023/IPH2023002613
DC Dr. RAJESH.V
DC
Co.

Initial Date: 1/1/2024 Time: 7:30		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - TUD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Takes diabetic diet E pt had @ diet N pt had @ diet	[Signature] [Signature] [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 type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Patient is on room air E SpO ₂ - 98% N SpO ₂ - 98%	[Signature] [Signature] [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 Takes adequate oral fluids E No chest or monitor N No chest monitor	[Signature] [Signature] [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-Emboic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Pt mobilized well E not mobilized well N Pt mobilized well	PBL PBL PBL
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M self voiding E @ bathroom N Elimination pattern was good	PBL PBL PBL
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input checked="" type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M No oozing in surgical site E N maintain skin but erythema	PBL PBL PBL

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt well groomed E — N pt well groomed	JH2 JH2
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M ID band ⊕ E ID band ⊕ N ID band checked	JH2 JH2 JH2
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input checked="" type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input checked="" type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input 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 stable E vital very stable N V/S checked & recorded	JH2 JH2 JH2
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input checked="" type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input checked="" type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input checked="" type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M Provided Psychological support E — N —	JH2 JH2

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input checked="" type="checkbox"/> Encourage the use of call bell <input checked="" type="checkbox"/> Obtain interpreter if needed <input checked="" type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M effective verbal communication E pt communicate well N pt communication well	[Signature] [Signature] [Signature]
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input checked="" type="checkbox"/> Observe and report any medication reaction <input checked="" type="checkbox"/> Provide proper measures of wound care <input checked="" type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input checked="" type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input checked="" type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input checked="" type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M medications given as per order E medication was given N medication given as per	[Signature] [Signature] [Signature]
Endorsed by	Signature	Name	Emp. ID	Date	Time
	[Signature]	S. Nalini	0024	11/1/24	16:00

ADULT NURSING CARE PLAN

Pati: **Mr. BALASUBRAMANI**
Nam: 62/Male/MHI202381326
UHIL: 27/12/2023/IPH2023002613
DOB: Dr. RAJESH.V
DOA:
Consu:

Initial Date: 2/1/24 Time: 7:30		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - T2D		
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 Takes Diabetic diet E N	Roshan
OXYGENATION <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Patient is on room air E N	Roshan
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Takes adequate oral fluids E N	Roshan

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 type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embolic 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 Patient not mobilized well. E N	Pdn
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input checked="" type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as toley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Self voiding E N	Pdn
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 No sooring E N	Pdn

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M <i>Pt well groomed</i> E N	<i>Pstn</i>
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 <i>ID band ⊕</i> E N	<i>Pstn</i>
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input checked="" type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input checked="" type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E N	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M <i>Vital signs Stable</i> E N	<i>Pstn</i>
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Copying Pattern <input type="checkbox"/> Identify Stressors <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input checked="" type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input checked="" type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M <i>Provided psychological Support</i> E N	<i>Pstn</i>

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 effective verbal communication E N	<i>Polin</i>
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input 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	<i>Polin</i>
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>Nas</i>	<i>E. Nalin</i>	<i>0024</i>	<i>2/11/24</i>	<i>16:00</i>

Date: 27/12/2023
Time: 8:41 AM

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IVs for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3
TOTAL SCORE					23	23	23
Initial & Emp. No. of Staff Nurse:					27	27	27
Initial & Emp. No. of Sr. Staff Nurse:					27	27	27

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	2	2	
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	2	3	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	1	1	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	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	1	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		1	2	2	
					TOTAL SCORE	6	11	12
					Initial & Emp. No. of Staff Nurse:	100-101	100-102	100-103
					Initial & Emp. No. of Sr. Staff Nurse:	100-104	100-105	100-106

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:					2023	2023	2023
Initial & Emp. No. of Sr. Staff Nurse:					2023	2023	2023

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	3	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
FRICION & 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
					Initial & Emp. No. of Staff Nurse:	24
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6					Initial & Emp. No. of Sr. Staff Nurse:	24



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	2	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	2	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	2	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	2	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	2	4	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3	
					TOTAL SCORE	23	23	23
					Initial & Emp. No. of Staff Nurse:	[Signature]		
					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

Date: 2 / 1 / 24
Time: 11 / 8 / 11

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		
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:	828	
					Initial & Emp. No. of Sr. Staff Nurse:	100	

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

PAIN RE-ASSESSMENT & MONITORING CHART

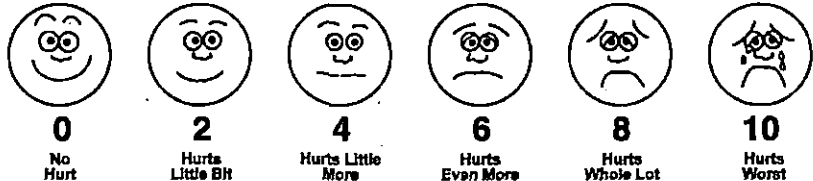
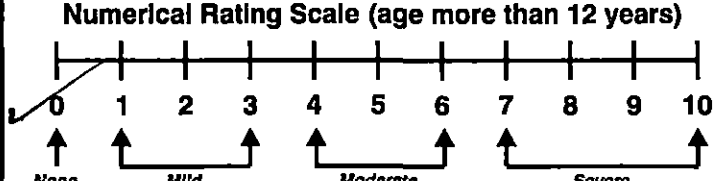
Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
4:00 0/10	0/10	No pain	-	-	-	Self	05/05
18:00 0/10	0/10	No pain	-	-	-	Self	05/05
22:00 0/10	0/10	No pain	-	-	-	Self	05/05
28.11.23 2:00 0/10	0/10	No Pain	-	-	-	Self	05/05
6:00 0/10	0/10	No pain	-	-	-	Self	05/05

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 01:30-15	1/10	dull pain	<10 sec	sternum	Non pharmacological management done	[Signature] 1001	[Signature] 1000
15:30	2/10	Achy pain	10-15 sec	sternum	Pharmacological management done.	[Signature] 1001	[Signature] 1000
17:30	1/10	dull pain	<15 sec	drain site	comfortable position given.	[Signature] 1001	[Signature] 1000
19:30	2/10	Achy pain	10 sec	sternum	Non-pharmacological intervention provided	[Signature] 1001	[Signature] 1000
21:30	1/10	Dull pain	5 sec	Base	provided comfortable position	[Signature] 1001	[Signature] 1000
23:30	2/10	Achy pain	10 sec	sternum	pharmacological intervention provided	[Signature] 1001	[Signature] 1000
29/12/23 01:30	0/10	patient is sleeping			-	[Signature] 1001	[Signature] 1000
02:30		patient is sleeping			-	[Signature] 1001	[Signature] 1000
05:30	2/10	Dull pain	10 sec	Base	provided comfortable position	[Signature] 1001	[Signature] 1000

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.
5-30	2/10	dull pain	<15 sec	drain site	Pharmacological management done	Shah 0024	Shah 0001
9-30	1/10	dull pain	10-15 sec	stomach	Non pharmacological management done.	Shah 0024	Shah 0001
11-30	1/10	dull pain	<10 sec	drain site	Non pharmacological management done.	Shah 0024	Shah 0001
13-30	1/10	dull pain	<10 sec	drain site	comfortable position given.	Shah 0024	Shah 0001

PAIN SCALES

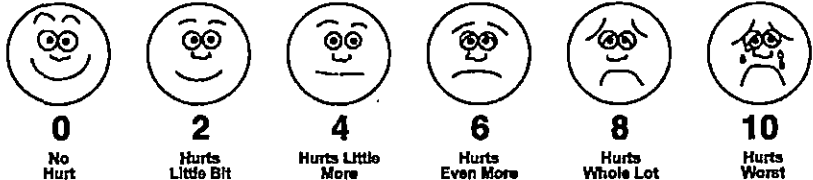
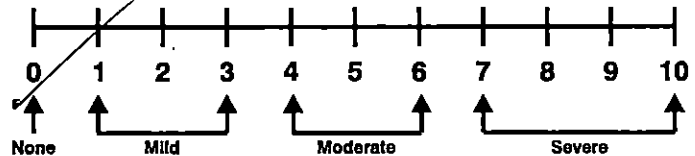
PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for Infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.	
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both	
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)	 <p>0 No Hurt 2 Hurts Little Bit 4 Hurts Little More 6 Hurts Even More 8 Hurts Whole Lot 10 Hurts Worst</p>	Numerical Rating Scale (age more than 12 years)  <p>0 1 2 3 4 5 6 7 8 9 10 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		

PAIN RE-ASSESSMENT & MONITORING CHART


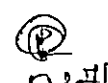

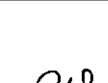
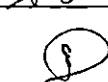
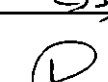
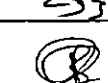
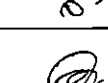
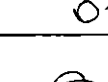
Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
29/12/23 15:30	15:30	Achy pain	<15 sec	Abdomen	Non pharmacological management done.	Dr. Anbarasu	Dr. Anbarasu
	17:30	dull pain	10-15 sec	Mid-epigastrium	pharmacological management done.	Dr. Anbarasu	Dr. Anbarasu
19:30	1/10	Dull pain	<10 sec	suprapubic site	non-pharmacological Intervention done	Dr. Anbarasu	Dr. Anbarasu
21:30	1/10	Dull pain	<15 sec	Abdomen	non-pharmacological Intervention done	Dr. Anbarasu	Dr. Anbarasu
23:30		patient	is	sleep	well	Dr. Anbarasu	Dr. Anbarasu
30/12/23 01:30		patient	is	sleep	well	Dr. Anbarasu	Dr. Anbarasu
03:30		patient	is	sleep	well.	Dr. Anbarasu	Dr. Anbarasu
05:30	1/10	Dull pain	<10 sec	Abdomen	non-pharmacological Intervention done	Dr. Anbarasu	Dr. Anbarasu
07:30	1/10	dull pain	<15 sec	Abdomen	Non pharmacological management done.	Dr. Anbarasu	Dr. Anbarasu

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.
9.30	1/10	dull pain	<15 sec	afternoon	Pharmacological management done.	[Signature]	[Signature]
11.30	1/10	dull pain	<10 sec	back	comfortable position given.	[Signature]	[Signature]
05.00	0/10	no pain	—	—	—	[Signature]	Nae 024
09.30	0/10	no pain	—	—	—	[Signature]	Nae 024

PAIN SCALES

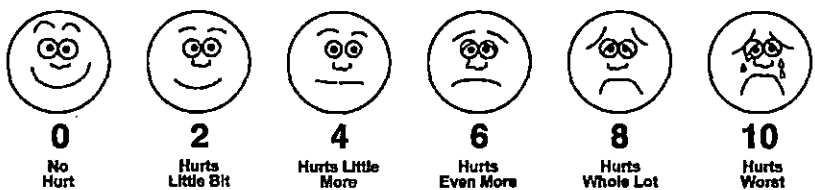
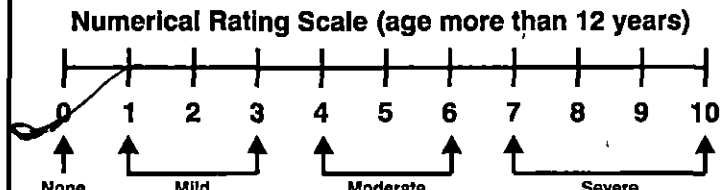
PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention
CRIES (38 weeks - 2 months)	The CRIES scale is used for Infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)	 <p>0 No Hurt 2 Hurts Little Bit 4 Hurts Little More 6 Hurts Even More 8 Hurts Whole Lot 10 Hurts Worst</p> <p>Numerical Rating Scale (age more than 12 years)</p>  <p>0 1 2 3 4 5 6 7 8 9 10 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	

PAIN RE-ASSESSMENT & MONITORING CHART

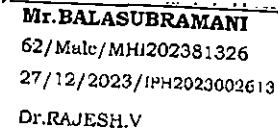
Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
23-0	0/10	No pain	-	-	-	 024	Nae 024
3/11/23 3-00	0/10	No pain	-	-	-	 024	Nae 024
7-00	0/10	No pain	-	-	-	 024	Nae 024
10-00	0/10	No pain	-	-	-	 024	Nae 024
2-50	0/10	No pain	-	-	-	 024	Nae 024
8-00	0/10	No pain	-	-	-	 024	Nae 024
22-00	0/10	No pain	-	-	-	 024	Nae 024
11/12/24 2am	0/10	No pain	-	-	-	 024	Nae 024
6am	0/10	No pain	-	-	-	 024	Nae 024

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
10:00	0/10	No pain	-	-	-	ASH	Nae 024
11:00	0/10	no pain	-	-	-	ASH	Nae 024
18:00	0/10	no pain	-	-	-	ASH	Nae 024
22:00	0/10	no pain	-	-	-	ASH	Nae 024

PAIN SCALES

PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for Infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.	
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both	
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)	 <p>0 No Hurt</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>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-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



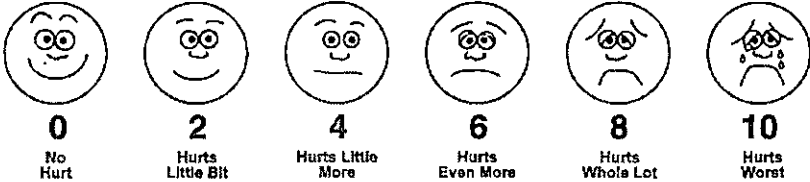
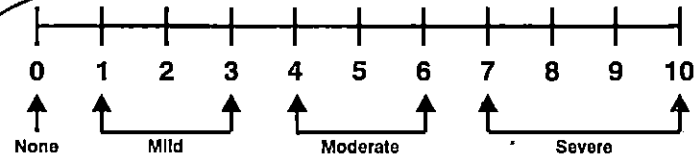
Medway
Heart
Institute

Every heart beat counts

[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.
					I		

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> <div>0</div>No Hurt <div>2</div>Hurts Little Bit <div>4</div>Hurts Little More <div>6</div>Hurts Even More <div>8</div>Hurts Whole Lot <div>10</div>Hurts Worst </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/counselling: K - Individual Counseling; L - Family counselling					

Pharmacological Interventions as per doctor's prescription









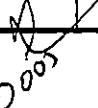
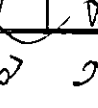
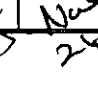

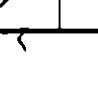
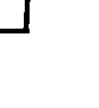
DVT RISK ASSESSMENT

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					
		27/12/2023	14:00					
		28/12/23	7:00					
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 ESKD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0					
FINAL SCORE		0	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature & Emp. No. of RN		[Signature] 15172						
Signature & Emp. No. of Sr. RN		[Signature] 05						

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	29/12/23	29/12/23	30/12/23	31/12/23	1/12/24	2/12/24
		Time	12:45	08:00	6:00	8:00	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		 0005	 0001	 0027	 0024	 0041	 0041	
Signature & Emp. No. of Sr. RN		 0005	 0001	 0027	 0024	 0041	 0041	

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	27/12	27/12	28/12						
	Time	14:00	20:00	2:00						
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		15	30	20						
Low Risk (0 - 24)		LOW								
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		Date									
Tick as per the Risk Score		Time									
Low Risk Interventions (0 - 24)											
Familiarize the patient with the immediate surroundings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Remind the patient to use call bell before getting out of bed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Keep the two side rails in the raised position at all times for all patients regardless of age	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Keep the call bell, bedside table, water, glasses within the patient's easy reach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Remove excess equipment or furniture to make a clear path	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Keep the patient's bed in the low position at all times except during procedure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Bed wheels should be locked	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Encourage family participation in the patient's care.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Ensure that floor of the bathroom is dry and not slippery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Review medications for potential side effects that can promote falls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Use safety belts during movement in wheelchair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
The patients are not ambulated by themselves. They are to be ambulated only with assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Medium risk interventions (25 - 44)											
Apply all the low risk interventions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Use restraints and bed monitors as ordered by the doctor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Allow the patient to ambulate only with assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Do not leave patients unattended in diagnostic or treatment areas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Accompany the patient while going to bathroom	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Advise the patient to use grab bars near the toilet, bathtub, and shower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Make sure the family and other visitors understand the restrictions mentioned above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
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											













MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	28/12/23	28/12/23	29/12	29/12	29/12/23	30/12	30/12/23	30/12	31/12
	Time	13:45	20:00	7:00	12:00	21:00	8:00	14:50	20:00	8:00
History of falling (immediate or within 6 months)	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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	<input checked="" type="checkbox"/>	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
Yes	15	15	15	15	15	15	15	15	15	15
Total Score		65	50	50	60	50	35	36	35	35
Low Risk (0 - 24)										
Medium Risk (25 - 44)							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
High Risk (45 or above)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
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									
	Time									
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	NA	NA	NA	NA	NA	NA	NA	NA	NA
Provide a commode at bedside (if appropriate)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Urinal/bedpan should be within easy reach (if appropriate)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Encourage family members or other visitors to stay with them	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
If appropriate, consider using protection devices: safety belts	✓	/	✓	✓	/	✓	✓	✓	✓	✓
Signature & Emp. No. of RN	[Signature]	[Emp. No.]	[Signature]	[Emp. No.]	[Signature]	[Emp. No.]	[Signature]	[Emp. No.]	[Signature]	[Emp. No.]
Signature & Emp. No. of Sr. RN	[Signature]	[Emp. No.]	[Signature]	[Emp. No.]	[Signature]	[Emp. No.]	[Signature]	[Emp. No.]	[Signature]	[Emp. No.]

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	31/12/23	31/12/23	11/12/23	11/12/23	11/12/23	21/12/23			
	Time	4.00	20.00	8.00	12.00	20.00	8.00			
History of falling (immediate or within 6 months)	No	0	10	0	0	10	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	5/1/2023	8/1/23	11/1/23	11/1/23	11/1/23	2/1/23			
	Time	14:00	20:00	8:30	12:30	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		✓	✓	✓	✓	✓	✓			
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		✓	✓	✓	✓	✓	✓			
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		<i>[Signature]</i> 233	<i>[Signature]</i> 233	<i>[Signature]</i> 233	<i>[Signature]</i> 233	<i>[Signature]</i> 233	<i>[Signature]</i> 233			
Signature & Emp. No. of Sr. RN		<i>[Signature]</i> 110 24	<i>[Signature]</i> 110 24	<i>[Signature]</i> 110 24	<i>[Signature]</i> 110 24	<i>[Signature]</i> 110 24	<i>[Signature]</i> 110 24			



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>27/12/23</u> Time <u>12-02</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	27/12				27								Doctor
<input checked="" type="checkbox"/> Information on Disease / Diagnostics													<u>[Signature]</u>
<input type="checkbox"/> Treatment Medications													<u>[Signature]</u>
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines													Doctor / Nurse
<input checked="" type="checkbox"/> Information on drug / drug and drug / food interactions													<u>[Signature]</u>
<input type="checkbox"/> Discharge Medications													
Surgical Instructions													Nurse
<input checked="" type="checkbox"/> Pre - Operative Instructions													<u>[Signature]</u>
<input 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													

B. Raj

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

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

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

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

Written Material given and explained (if any)

Reports Given :

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

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse _____ Signature : _____

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input checked="" type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input checked="" 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>18:00</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	28/12				29/12				30/12				Doctor
<input checked="" type="checkbox"/> Information on Disease / Diagnostics		S	OD	V		S	OD	V		P	OD	V	[Signature]
<input checked="" type="checkbox"/> Treatment		S	OD	V									
Medications		S	OD	V						P	OD	V	Doctor / Nurse
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines													[Signature]
<input type="checkbox"/> Information on drug / drug and drug / food interactions													
<input type="checkbox"/> Discharge Medications													
Surgical Instructions													Nurse
<input type="checkbox"/> Pre - Operative Instructions													
<input type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care)		S	OD	V		S	OD	V		P	OD	V	
Pain Management		S	OD	V		S	OD	V		P	OD	V	Nurse
<input checked="" type="checkbox"/> Reporting of pain		S	OD	V		S	OD	V		P	OD	V	[Signature]
<input checked="" type="checkbox"/> Pain Management		S	OD	V		P	OD	V		P	OD	V	
Safe and effective use of medical Equipment (if required)		P	OD	V		P	OD	V					Doctor / Nurse
Name of Equipment		P	OD	V		P	OD	V					
Rehabilitation Techniques		P	OD	V		P	OD	V					

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
	28/12	L	P	O	29/12	L	P	O		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	Maria C. ... Senior Dietitian
<input type="checkbox"/> Diet advice for home													Nurse
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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

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

Written Material given and explained (if any)

Nil


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 : _____



Mr. BALASUBRAMANI
62 / Male / MHI202381326
27 / 12 / 2023 / IPH2023002613
Dr. RAJESH.V

Consulant.

MHI/IP/2022/055



Medway
Heart
Institute

every heart beat counts

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>3/12/23</u> Time <u>8:00</u>		Nurse Signature : <u>[Signature]</u>

Learning Record

[illegible]

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance	11/12		P		01/12				2/1				Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk			P	OD V			P	OD V					Maria Catherine John Senior Dietician
<input checked="" type="checkbox"/> Diet advice for home													Nurse
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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 : N. BALAKRISHNAN

Signature : _____

Name of Discharge Nurse

S. Nalin

Signature : _____

[Handwritten Signature]
Nad...
02/12

IN-HOUSE TRANSFER FORM

Part A (to be filled by Nurses)

Date of Transfer: 30/12/23 Time: 12:00 Transferred from: SD-ICU To: 114

Diagnosis: CAD - TVD

Vital Signs: Temp: 100.2 (°F) | Pulse / HR: 96 (beats/min) | BP: 115/59 (mmHg) | Respiration: 18 (breaths/min)

Part B (to be filled by Physicians)

Any Critical Investigations: _____



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

Present Medication (for Medication Reconciliation)

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1,	TAB. FRUSEMIDE	40mg	P/O	1-1-0	30/12/23 at 8:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2,	TAB. SPIRANOLACTONE	25mg	P/O	1-1-0	30/12/23 at 10:30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3,	TAB. BEPLEX FORTE	1TAB	P/O	1-0-0	30/12/23 at 8:05	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4,	SYP. SUCRALFATE	10ml	P/O	1-1-1	30/12/23 at 7:30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5,	NERB. LEVOLIN	0.63mg	INH	2x6 th ly	30/12/23 at 9:30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6,	TAB. CLOPILET + ASPIRIN	75/75	P/O	0-1-0	29/12/23 at 14:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7,	TAB. ATORVASTATIN	40mg	P/O	0-0-1	29/12/23 at 21:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8,	TAB. PARACETAMOL	650mg	P/O	1-1-1	30/12/23 at 8:05	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9,	SYP. OXEMAFIN	15ml	P/O	0-0-1	29/12/23 at 21:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10,	TAB. DILTIZEM	30mg	P/O	1-1-1	30/12/23 at 8:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11,	TAB. BETALOC	12.5mg	P/O	1-0-1	30/12/23 at 10:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12,	TAB. PRADIGABALIN	45mg	P/O	1-0-1	29/12/23 at 21:00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details (if any):

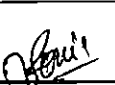

Patient Condition: ☒ Stable ☐ Sick-need urgent care ☐ Others: _____

	Sign.	Name	Reg. No.	Date	Time
Transferring Doctor		Dr. Praveen	112236	30/12/23	12:00
Receiving Doctor		Dr. K. Anusuy	134559	30/12/23	12:10

Part C (to be filled by Nurses)

Check for	Transferring Nurse	Receiving Nurse
Drains	<input type="checkbox"/> Chest <input type="checkbox"/> Abdominal <input type="checkbox"/> Others: <u>Nil</u>	<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: <u>Nil</u> 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: <u>3</u> 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		Panna Florence	0074	30/12/23	12:00
Receiving Nurse		Panna	0072	30/12/23	12:10



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	X			
Others if any	X			
NURSING				
Safety Precautions Ensured	✓			
Care of Lines and Tubes	✓			
Infection Control Measures	✓			
Skin Care	✓			
Response to assistance	✓			
Others if any	X			
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	Elango	Dr. Sri Elango	179044	27/12/23	13:00
Nursing Staff	[Signature]	B. Vanisri	0105	27/12/23	13:00
Dietician	[Signature]	Maria Catherine John	2401	27/12/23	13:00
Physiotherapist	[Signature]	Senior Dietician	0260	28/12/23	18:00
Patient Care Service Staff					



FAMILY COUNSELLING FORM

CONSULTANT- <u>Dr. RAJESH.V</u>			DIAGNOSIS <u>CAD - IVD</u>			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
28/12/23	R/N Gauri Co-FA	Mrs. Punita [Wife]	Explained about the general condition, Need of ICU stay, medicinal supports and visitors policy.	-	B. Punita	8 112236
29/12/23	Gauri Co-FA	B. Rajeswar [Daughter]	explained about the general condition, Need of ICU stay and medicinal supports. visitors policy explained.	-	B. Rajeswar	8 112236



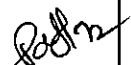
Medway
Heart
Institute

27/12/23
Dr. Rajesh

Every heart beat counts

[illegible]

WOUND ASSESSMENT CHART

EXUDATE AMOUNT	2/1/23							
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)								
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. BALASUBRAMANI
62/Male/MHI202381326
27/12/2023/IPH2023002613
AGE / SEX : Dr. RAJESH.V

IP No. / UHID No

Ward / Bed No. *W-3*

ANY SCORE > 0 SHOULD BE MONITORED IN EVERY SHIFT

DATE	TIME	SITE	SCORE	DESCRIPTION	ACTION	FOLLOW UP	S / N EMP No.
<i>28/12/23</i>	13:45	<i>RT cubital</i>	<i>0/5</i>	<i>IV line patent</i>	<i>Flushed</i>	<i>NO SIGN OF PHLEBITIS</i>	<i>2027</i>
	20:00	<i>RT cubital</i>	<i>0/5</i>	<i>IV line patent</i>	<i>Flushed</i>	<i>No signs of phlebitis</i>	<i>2027</i>
<i>29/12/23</i>	8:00	<i>RT cubital</i>	<i>0/5</i>	<i>IV line patent</i>	<i>Flushed</i>	<i>No signs of phlebitis</i>	<i>2027</i>
	12:00	<i>RT cubital</i>	<i>0/5</i>	<i>IV line patent</i>	<i>Flushed</i>	<i>No signs of phlebitis</i>	<i>2027</i>
	21:00	<i>RT cubital</i>	<i>0/5</i>	<i>PATIENT</i>	<i>FLUSHED</i>	<i>OBSERVATION</i>	<i>2027</i>
<i>30/12/23</i>	8:00	<i>RT cubital</i>	<i>0/5</i>	<i>IV line patent</i>	<i>Flushed</i>	<i>No signs of phlebitis</i>	<i>2027</i>
	17:00	<i>RT cubital</i>	<i>0/5</i>	<i>2nd line patent</i>	<i>Flushed</i>	<i>-</i>	<i>2027</i>
	21:00	<i>RT cubital</i>	<i>0/5</i>	<i>2nd line patent</i>	<i>Pulled</i>	<i>-</i>	<i>2027</i>
<i>31/12/23</i>	8:00	<i>RT cubital</i>	<i>0/5</i>	<i>patent</i>	<i>flushed</i>	<i>-</i>	<i>2027</i>
	14:00	<i>RT cubital</i>	<i>0/5</i>	<i>patent</i>	<i>flushed</i>	<i>-</i>	<i>2027</i>
	20:00	<i>RT cubital</i>	<i>0/5</i>	<i>Patent</i>	<i>Flushed</i>	<i>-</i>	<i>2027</i>
<i>1/12/23</i>	8:00	<i>RT cubital</i>	<i>0/5</i>	<i>Patent</i>	<i>flushed</i>	<i>-</i>	<i>2027</i>
	14:00	<i>RT cubital</i>	<i>0/5</i>	<i>patent</i>	<i>flushed</i>	<i>-</i>	<i>2027</i>
	20:00	<i>RT cubital</i>	<i>0/5</i>	<i>Patent</i>	<i>Flushed</i>	<i>-</i>	<i>2027</i>
<i>2/12/23</i>	8:00	<i>RT cubital</i>	<i>0/5</i>	<i>patent</i>	<i>flushed</i>	<i>-</i>	<i>2027</i>
				<i>IV line</i>	<i>Removed</i>		

MHI - OP

Mr. BALASUBRAMANI

62/Male/MHI202381326

Date of Reg: 15/12/2023 12:33 PM



MHI/ER/2022/009

Date of Admission: 15/12/23 Time: 11:50 Speciality: _____ Nationality: _____

Name: MR. BALASUBRAMANI Sex: M UHID: _____ DOB: _____ Consultant: _____

Return to ER within 72 hours: ☐ Yes ☒ No Triage ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Non Trauma ☐ Trauma MLC No.: _____

Allergies: ☐ No ☐ Yes (if yes, specify): _____

Clinical Diagnosis: DM1/HTN/CAD - since in 2019 / ? UNSTABLE ANGINA / ? SAT

Chief Complaints: CHEST PAIN / DISCOMFORT / AGGRAVATED ON EXERCISE x 1/12

Past Clinical History:

VITALS	BP (mmHg)	PR/min.	Resp. Rate/min.	Temp °F	SpO ₂ %	Pain Score	GCS
At Admission	132/77	82/min	20	97.2	99%	0/10	15/15
At Discharge	130/70	82	20	98.6	99%	0/10	15/15

SYSTEMIC EXAMINATIONS

Head & Neck:

Chest: MINIMAL ATRIAL CALUS

CVS: SW

Abdomen: SW

CNS: RPRD

Extremities:

TREATMENT GIVEN

VITAMS & MINERALS

ECG - NO ACUTE CHANGES

ECHO - EF - 62%. NO RWMA

CULR DR. SIVASUBRAMANIAM ATTEND C-

Discharge Advice: CONTINUE PRESENT MEDICATIONS

To DO CAST PREP 1x - IN PORT TUNNEL AND
R/W 1x IN RW AREA.

Investigations Advised (if any):

CAST PREP

In case of the following symptoms, kindly contact EMERGENCY Tel: 044 - 2473 4455

☐ Fever > 101°F, Rigor or Chills

☐ Other Symptoms: _____

☐ Pain, Headache and Vomiting

☐ Discharge from wound

Follow up advice: _____

Condition at time of discharge: ☒ Stable ☐ Critically Ill ☐ Comatose ☐ Dead on Arrival

Date of Discharge: _____ Time of Discharge: _____ Type of Discharge: ☐ Normal ☐ Referred ☐ LAMA

Doctor	Signature	Name	Reg. No.	Date	Time
		Dr. Anish Nelson Reg. No: 88434	Dr. Anish Nelson Reg. No: 88434	15/12/23	12:50
Patient / Attendant	Signature	Name	Relationship	Date	
		N. BALASUBRAMANI	Self	15/12/23	



Every heart beat counts

[illegible]

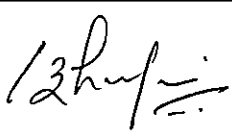
Allergies: NKA

Diagnosis: Unstable angina / CAD-TD / T2DM / SH TN


Prescribed drug name	Medication name brought by Patient/ Attender	Dose	Freq.	Qty.	Batch No. & Expiry date	Temp.
T. Dytos plus	T. Dytos plus	50mg	1-0-0	4	SIN 21405 7/24	7/24 225°C
T. Atorvas	T. Atorvas	20mg	0-0-1	16	BRLI 2140A 11/25	11/25 225°C
T. Methylcobalamin	T. Methylcobalamin	1500mcg	0-0-1	10	COT 1114 8/25	8/25 225°C
T. Groben	T. Groben	300mg	0-1-0	4	CT 23210705 7/25	7/25 225°C
T. Neurobion forte	T. Neurobion forte	1 tab	0-0-1	11	323483909 11/25	11/25 225°C
T. Isorit	T. Isoriti	5mg	0-0-1	13	T66316 5/24	5/24 225°C
T. Nikoran	T. Nikoran	5mg	1-0-1			
T. Cimet	T. Cimet	500mg	1-0-1	17	CT 23240573 6/25	6/25 225°C
Inj. wasulin	Inj. wasulin	30/10	25+15- 25	1 cont	G4 10098 9/25	9/25 2-8°C
T. Janumet	T. Janumet	50/ 500mg	0-1-0	15	JAA 23033 3/25	3/25 225°C
T. Angiplat	T. Angiplat	25mg	1-0-1	1 cont	A 252241 10/24	10/24 225°C

	Signature	Name	Emp. No.	Date & Time
Doctor		Dr. Mohamedhyams	KSSR	27/12/23
Clinical Pharmacist	V. P. ji.	V. Padmapriya	0224	27/12/23 16.11

This is to certify that, I take full responsibility of the quality and potency of the medications that I have brought to the hospital. Medications that I have got are stored with proper medication storage recommendation given by the manufacturer (Room temperature (below 25°C) or Fridge temperature (2°- 8°C)). Any Adverse effects that is caused or effects that affects my recovery due to improper storage condition of medications that I have got from home, will be under my responsibility. I am aware that several medications that are available in Indian and International market are spurious and bogus which can cause harm to my health. I assure that Medway Hospitals or its employees will not be held responsible for any outcome/ results in the future.

	Signature/ Thumb impression	Name	Date	Time
Patient				
Guardian		Bhuvaneswari (Daughter) (Name and Relationship with the Patient)	27/12/23	16.15

Reason for Guardian consent:

	Signature/ Thumb impression	Name	Date	Time
Assigned Staff		A. Nandhini	27/12/23	16.15


At a place near to the hospital on 27/12/23

[illegible]

REGULAR PRESCRIPTIONS To be filled in by Doctors only				Date →	To be filled by Nursing Staff only. Sign and time given					
				Time ↓						
DRUG NAME T. Dytus plus										
Dose 5/song	Route P/O	Frequency 1-0-0		8:00 am						
Dr. Sign & Reg. No. / Seal <i>Elyo</i> <i>19/10/23</i>		Start Date & Time 27/12/23 @ 12:30								
		Stop Date & Time								
Additional Info:										
DRUG NAME T. Atracurium										
Dose 20mg	Route P/O	Frequency 0-0-1								
Dr. Sign & Reg. No. / Seal <i>Elyo</i> <i>19/10/23</i>		Start Date & Time 27/12/23 @ 12:30								
		Stop Date & Time		20:00 pm						
Additional Info:										
DRUG NAME T. methylcobalamin										
Dose 1500mcg	Route P/O	Frequency 0-0-1								
Dr. Sign & Reg. No. / Seal <i>Elyo</i> <i>19/10/23</i>		Start Date & Time 27/12/23 @ 12:30								
		Stop Date & Time		20:00 pm						
Additional Info:										
DRUG NAME T. Cloben										
Dose 300mg	Route P/O	Frequency 0-1-0		14:00						
Dr. Sign & Reg. No. / Seal <i>Elyo</i> <i>19/10/23</i>		Start Date & Time 27/12/23 @ 12:30								
		Stop Date & Time		20:00						
Additional Info:										
DRUG NAME T. Neurobion Forte										
Dose 11 tabs	Route P/O	Frequency 0-0-1								
Dr. Sign & Reg. No. / Seal		Start Date & Time 27/12/23 @ 12:30								
		Stop Date & Time		20:00 pm						
Additional Info:										
Area In-charge Nurse Signature:										

REGULAR PRESCRIPTIONS To be filled in by Doctors only ↓			Date →	To be filled by Nursing Staff only. Sign and time given					
			Time ↓	27/12/21	28/12/21				
DRUG NAME T-ISONIT									
Dose 5mg	Route P/O	Frequency 0-0-1							
Dr. Sign & Reg. No. / Seal <i>Ely</i> <i>17/10/21</i>		Start Date & Time 27/12/21 @ 12.30							
		Stop Date & Time							
Additional Info:			20:00 pm	20:30					
DRUG NAME T-COMET									
Dose 500mg	Route P/O	Frequency 1-0-1	8:00 am						
Dr. Sign & Reg. No. / Seal <i>Ely</i> <i>17/10/21</i>		Start Date & Time 27/12/21 @ 12.30							
		Stop Date & Time							
Additional Info:			20:00 pm						
DRUG NAME T-ANGIPLAT									
Dose 2.5mg	Route P/O	Frequency 1-0-1	8:00 am						
Dr. Sign & Reg. No. / Seal <i>Ely</i> <i>17/10/21</i>		Start Date & Time 27/12/21 @ 12.30							
		Stop Date & Time							
Additional Info:			16:00 pm						
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:									

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
28/12	1200m	NPO from 1200m		16500					

NURSE IDENTIFICATION RECORD

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

Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
	Morning					Morning			
	Evening					Evening			
27/12/20	Night	A. Nandhini	0170	A.		Night			
28/12/20	Morning	A. Nandhini	0170	A.		Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			

[illegible]

2025 2023 2021 Nov 2024 Nov 2024 Nov 24

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 ↓	29/12/2023	30/12/23	31/12/23	1/1/24	2/1/24
DRUG NAME TAB. BEPLEX FORTE			8.00	9.05	8.40	8.00		
Dose	Route	Frequency						
1 tab	p.o	1 - 0 - 0						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 29/12/23 @ 8.00						
		Stop Date & Time 31/12/23 @ 10.00						
Additional Info:								
DRUG NAME TAB. CLOPIDOGREL + ASPIRIN			14.00	14.00	14.00	14.00		
Dose	Route	Frequency						
75 + 15mg	p.o	0 - 1 - 0						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 29/12/23 @ 14.00						
		Stop Date & Time						
Additional Info:								
DRUG NAME TAB. ATORVASTATIN			21.00	21.00	21.00	21.00		
Dose	Route	Frequency						
40mg	p.o	0 - 0 - 1						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 29/12/23 @ 21.00						
		Stop Date & Time						
Additional Info:								
DRUG NAME TAB. PARACETAMOL			8.00	8.40	8.00	9.00	9.45	
Dose	Route	Frequency						
650mg	p.o	1 - 1 - 1						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 29/12/23 @ 20.00						
		Stop Date & Time						
Additional Info:								
DRUG NAME SYP. CRETAFFIN PLUS			21.00	21.00	21.00	21.00		
Dose	Route	Frequency						
15ml	p.o	0 - 0 - 1						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 29/12/23 @ 21.00						
		Stop Date & Time						
Additional Info:								
Area In-charge Nurse Signature:								

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given				
			Time ↓	31/12	1/1/24	2/1/24		
DRUG NAME T. SP. ROND LACTONE			10.00	→	10.00			
Dose 25mg	Route PO	Frequency 1-0-0						
Dr. Sign & Reg. No. / Seal S 112236		Start Date & Time 31/12/23 9.00 Stop Date & Time 21/12/24 8.00						
Additional Info:								
DRUG NAME T. NEUROBION FORTE			8.00	→	8.00	9.45		
Dose 1 tab	Route PO	Frequency 1-0-0						
Dr. Sign & Reg. No. / Seal S 112236		Start Date & Time 31/12/23 9.00 Stop Date & Time						
Additional Info:								
DRUG NAME T. METHYL COBALAMIN								
Dose 500mg	Route PO	Frequency 0-0-1						
Dr. Sign & Reg. No. / Seal S 112236		Start Date & Time 21/12/23 21.00 Stop Date & Time						
Additional Info:			20.00	21.00	21.00			
DRUG NAME T. ANX II								
Dose 0.5mg	Route PO	Frequency 2-0-1						
Dr. Sign & Reg. No. / Seal S 112236		Start Date & Time 1/1/24 @ 8.00 Stop Date & Time						
Additional Info:			20.00	21.00	21.00			
DRUG NAME T. LASILACTONE								
Dose 20/50	Route PO	Frequency 1/2-0-0						
Dr. Sign & Reg. No. / Seal S 112236		Start Date & Time 21/12/23 8.00 Stop Date & Time						
Additional Info:								
Area In-charge Nurse Signature:				21.00	21.00	21.00		

ANTIMICROBIALS To be filled in by Doctors only

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

Time ↓ 28/12 29/12 30/12 31/12 1/1/24

DRUG NAME

TNJ. CEFUROXIME SODIUM

6.30

Dose

1.5gm

Route

IV

Frequency

A 12th hourly

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

28/12/23 at 9.30

Stop Date & Time

29/12/23 at 18.30

Additional Info:

DRUG NAME

Inj. PIPTAZ

8.00

Dose

4.5g

Route

IV

Frequency

1-1-1

Dr. Sign & Reg. No. / Seal

8
112236

Start Date & Time

30/12/23 11.00

Stop Date & Time

Additional Info: x 3 days

DRUG NAME

T. TANIFLU

8.00

Dose

75mg

Route

PO

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

8
112236

Start Date & Time

31/12/23 11.00

Stop Date & Time

Additional Info: x 3 days

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:

2023 0003 1/24 1/24 1/24

ANTIMICROBIALS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given							
			Time ↓								
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:											

ANTIMICROBIALS <i>To be filled in by Doctors only</i>			Date → Time ↓	To be filled by Nursing Staff only. Sign and time given							
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:											

AS REQUIRED PRESCRIPTIONS			Date →	To be filled by Nursing Staff only. Sign and time given						
			Time ↓							
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:										
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:										
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:										

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	S	112236	2/1/24	8:00	Normal Diet (d/c)	K.B.	134559
28/12/23	20:00	Liquid Diet	S	112236					
29/12/23	7:00	Liquid diet	S	112236					
30/12/23	7:00	Soft solid diet	K.B.	134559					
31/12/23	8:00	Soft solid diet	K.B.	134559					
1/1/24	8:00	Soft solid diet	K.B.	134559					

NURSE IDENTIFICATION RECORD

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

Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
	Morning				1/1/24	Morning	Paulina	0072	P.H.
28/12/23	Evening	ANITA FLORANCE S	0074	AN	1/1/24	Evening	M. Devika	018	M.D.
28/12/23	Night	V. Deepalakshmi	0101	V.D.	1/1/24	Night	A. Nandhini	0173	A.N.
29/12/23	Morning	ANITA FLORANCE S	0074	AN	2/1/24	Morning	M. Devika	0249	M.D.
29/12/23	Evening	ANITA FLORANCE S	0074	AN		Evening			
29/12/23	Night	SHEEBA D	0240	S.D.		Night			
30/12/23	Morning	ANITA FLORANCE S	0074	AN		Morning			
30/12/23	Evening	M. Devika	018	M.D.		Evening			
30/12/23	Night	RIN Bhargava	18	R.B.		Night			
31/12/23	Morning	M. Devika	018	M.D.		Morning			
31/12/23	Evening	Monisha	0105	MN		Evening			
31/12/23	Night	RIN Bhargava	2241	R.B.		Night			

Mr. BALASUBRAMANI
62/Male/MHI202381326
27/12/2023/IPH2023002613
Dr. RAJESH.V

IMMEDIATE CARE FLOWCHART

B

NAME :

UHID NO :

AGE :

SEX :

BLOOD GROUP : B⁺VE

HEIGHT : 158CM

WEIGHT : 78kg

B.S.A : 1.85m²

HAEMODYNAMICS								RESP. PARAMETERS			INVESTIGATIONS / OTHER DATA
TEMP	H.R.	RHY.	ST.	B.P.	R.A.P.	PERI.	P.P.	RR	BREATH	SPO2	
	106	SINUS	0-00	115/67	83	COARM	++	35/HR	B/L/C	92%	ON ROOM AIR
101°F	111	SINUS	0-00	118/61	80	COARM	++	16/HR	B/L/C	92%	
	106	SINUS	0-01	136/69	91	WARM	++	20/HR	B/L/CL	97%	
	100	SINUS	0-01	150/80	99	WARM	++	20/HR	CL	96%	
97°F	109	SINUS	0-00	146/60	79	WARM	++	20/HR	CL	96%	
	97	SINUS	0-01	124/70	88	WARM	++	20/HR	CL	95%	
	98	SINUS	0-00	120/60	79	WARM	++	18/HR	CL	96%	
	95	SINUS	0-01	113/55	74	WARM	++	20/HR	CL	97%	
	94	SINUS	0-00	110/60	79	WARM	++	22/HR	CL	96%	
		SINUS	0-01	133/71	92	WARM	++	20/HR	CL	97%	
		SINUS	0-00	121/60	79	WARM	++	22/HR	CL	96%	
		SINUS	0-01	118/78	81	WARM	++	20/HR	CL	95%	
		SINUS	0-01	130/65	87	WARM	++	21/HR	CL	96%	
			0-01	126/79	81	WARM	++	22/HR	CL	94%	

PREVIOUS DAY - HOURS

DRAINAGE

URINE

TOTAL INTAKE

TOTAL OUTPUT

BALANCE

OP CAB X 3 GRAFTS

LIMA → LAD

LRA → D. RCA

SVG → OM



Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/IPH2023002613

Name

Dr. RAJESH.V

UHID N



MHI/ICU/2022/076

Sheet No.

1

Age

Sex

Blood Group

B POSITIVE

Height

158cm

Weight

78kg

BSA

1.85m²

A

SURGICAL PROCEDURE:

DATE OF SURGERY: 28/12/23

POST-OP DAY: D03

VENTILATORS PARAMETERS

BLOOD GAS

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
28/12/22	13.35			ON		O ₂ MASK					60%							
	14.35			ON		O ₂ MASK					60%	7.350	44.6	101.5	24.0	92.1	1.6	
	17.30			ON		NOVAL PRONGS					60%							

CRITICAL CARE FLOWCHART

PATIENT HAD RECEIVED FROM OT:-13.35

OT URINE:- 600ml

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

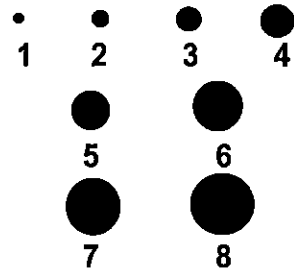
MOTOR

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

SECRECTIONS

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

OPLAB X 3 GRAFTS
LIHA → LAD
LRA → D. RCA
SV4 → OM

Mr. BALASUBRAMANI

62/Male/MHI202381326

27/12/2023/IPH2023002613

Name

Dr. RAJESH.V

UHID No.



Blood Group

158cm

Age

Sex

Weight

BSA

70kgs

1.85m²

MHI/ICU/2022/076

Sheet No.

2

A

SURGICAL PROCEDURE:

DATE OF SURGERY: 28/12/23

POST-OP DAY: Dos

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	23.30		ON		Nasac	Pronlu					2lit							
29/12/23																		
	05.00		ON		Room	Air						06.15	7.453	35.0	61.8	23.9	92.9	0.0
	06.30		ON		Room	Nasac	Pronlu				2lit							

CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

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

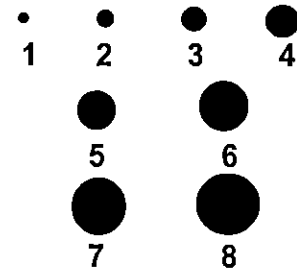
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

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

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

OP CAB x 3 GRAFTS
 LAD → LAD
 RCA → D. RCA
 SV4 → CM



Mr. BALASUBRAMANI		MHI/ICU/2022/076	
62/Male/MHI202381326			
Name	27/12/2023/IPH2023002613	Sheet No.	
UHID No	Dr. RAJESH.V	Age	Sex
Blood Group	B +ve	Weight	BSA
	158cm	78kg	1.85m ²
			A

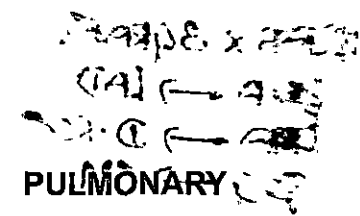
SURGICAL PROCEDURE:

DATE OF SURGERY: 28/12/23

POST-OP DAY: 1st pod

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
29/12/23	07:30			ON	N/A	PRONUE					2lit							
	10:00			ON	ROOM	AIR												

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

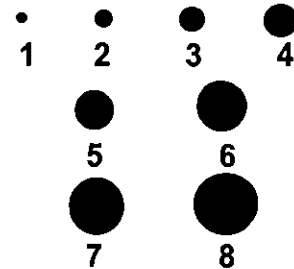
MOTOR

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

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

Sheet No. 1		Name Mr. BALASUBRAMANI 62/Male/MHI202381326 27/12/2023/IPH2023002613 Dr. RAJESH.V		Age		Sex	
UHID No.		[Barcode]		Height 158cm		Weight 74kg	
Blood Group B +ve		BSA 1.85m 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
8/8/14/23							13.35		cl	100%	14/mt		97.5°						
	1A.35	12.5	135	4.10	1.05 293		14.30		cl	100%	13/mt								
							15.30		cl	97%	25/mt								
							16.30		cl	100%	16/mt								
							17.30		cl	100%	14/mt		95°						
	18.30				198		18.30		cl	100%	18/mt								
							19.30		cl	100%	16/mt								
							20.30		cl	100%	12/mt		92°						
							21.30		cl	99%	25/mt								
	22.00				178		22.30		cl	99%	23/mt								

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME			13.35	16.00	20.00	
	EYES			A	A	4	
	VERBAL			5	5	5	
	MOTOR			6	6	6	
	ARMS R/L			St	St	St	
	LEGS R/L			St	St	St	
PUPILS	R.SIZE/REACTION			3/BY	3/BY	3/BY	
	L.SIZE/REACTION			3/BY	3/BY	3/BY	
CARDIO-VASCULAR	HEART SOUNDS			S/S2	S/S2	S/S2	
	VALVE CLICK			-	-	-	
	CAPILLARY REFILL			BY	BY	BY	
	EDEMA			0	0	0	
	NECK VEINS			N	N	N	
PULMONARY	WORK OF BREATHING			GA	GA	TA	
	SUCTION			-	-	-	
	SECREATIONS			-	-	-	
GASTRO INTESTINAL	BOWEL SOUNDS			+	+	+	
	ABDOMINAL TONE			S	S	So	
	N/G POSITION			-	-	-	
	GASTRIC RESIDUAL			-	-	-	
	LIVER			N	N	N	

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE			cl	cl	cl	
	PD - FUNCTION			-	-	-	
	DRAINAGE			-	-	-	
	PD - SITE			-	-	-	
	COLOUR			-	-	-	
SKN	Sx WOUND-CHEST			cl	cl	cl	
	LEG			cl	cl	cl	
	DRESSING			OT	OT	OT	
	PRESSURE SORE-SITE			Nil	Nil	Nil	
	AREA			-	-	-	
	DRESSING CONDITION			-	-	-	
MISCELL	POSITION CHANGE			Q2H	Q2H	Q2H	
	CHEST-PHYSIO			ABP SPIO	ABP SPIO	ABP SPIO	
	ACTIVITY			P-E	P-E	P-E	
				ABP CVP	ABP CVP	ABP CVP	
	S/N NAME			Pauls	Pauls	Deere	
	TIME			13.35	16.00	20.00	
	SIGNATURE			Pauls	Pauls	K. Pauls 10/1	

Sheet No. 2	Name Mr. BALASUBRAMANI 62/Male/MHI202381326 27/12/2023/IPH2023002613			
	Dr. RAJESH.V UHID No. 	Age	Sex	
B	Blood Group B +VE	Height 158cm	Weight 76kgs	BSA 1.85m²



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 ^{cm} G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
							23.30		cl	92%	21mt		97.3 F						
	00.00				140		00.30		cl	100%	23mt								
							01.30		cl	100%	23mt								
							02.30		cl	92%	23mt		97.4 F						
							03.30		cl	98%	22mt								
	04.30				266		04.30		cl	100%	26mt								
	05.15	11.7	134	3.46	1.01		05.30		cl	96%	25mt								
	06.30				227		06.30		cl	96%	12mt		98.3 F						

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME					00.00	04.00
	EYES					4	4
	VERBAL					5	5
	MOTOR					6	6
	ARMS R/L					8+	8+
	LEGS R/L					8+	8+
PUPILS	R.SIZE/REACTION					3/B+	3/B+
	L.SIZE/REACTION					3/B+	3/B+
CARDIO-VASCULAR	HEART SOUNDS					S1S2	S1S2
	VALVE CLICK						
	CAPILLARY REFILL					B+	B+
	EDEMA					0	0
	NECK VEINS					N	N
PULMONARY	WORK OF BREATHING					TA	TA
	SUCTION					-	-
	SECREATIONS					-	-
GASTRO INTESTINAL	BOWEL SOUNDS					+	+
	ABDOMINAL TONE					SO	SO
	N/G POSITION					-	-
	GASTRIC RESIDUAL					-	-
	LIVER					N	N

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE					C	C
	PD - FUNCTION					-	-
	DRAINAGE					-	-
	PD - SITE					-	-
	COLOUR					-	-
SKN	Sx WOUND-CHEST					C	C
	LEG					C	C
	DRESSING					OT	OT
	PRESSURE SORE-SITE					Nu	Nu
	AREA					-	-
	DRESSING CONDITION					-	-
MISCELL	POSITION CHANGE					Q2H	Q2H
	CHEST-PHYSIO					Neb Spino	Neb Spino
	ACTIVITY					PE ABP Wp	PE ABP Wp
	S/N NAME					Deepe	Deepe
	TIME					00.00	04.00
	SIGNATURE					C. G. W. 10/1	C. G. W. 10/1

Mr. BALASUBRAMANI
62/Male/MHI202381326
27/12/2023/IPH2023002613

Sheet No. 3	Name Dr. RAJESH.V	UHID No. 	Age	Sex
	Blood Group B +ve			



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 ^{cm} G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
29/12/23							07.30		cl	100%	12/mt		100.2°F						
							8.30		cl	96%	11/mt								
							9.30		cl	97%	20/mt								
							10.30		cl	91%	21/mt		100°F						
							11.30		cl	91%	12/mt	106/69 (81)							
							12.30		cl	94%	27/mt	116/68 (77)	100.1°F						
	13.30				293		13.30		cl	97%	26/mt	133/73 (93)							
							14.30		cl	96%	30/mt	130/68 (86)							
							15.30		cl	95%	24/mt	121/66 (84)							
							16.30		cl	98%	25/mt	118/65 (82)							

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME	8:00	12:00				
	EYES	A	A				
	VERBAL	5	5				
	MOTOR	6	6				
	ARMS R/L	SE	SE				
	LEGS R/L	SE	SE				
PUPILS	R.SIZE/REACTION	3/BY	3/BY				
	L.SIZE/REACTION	3/BY	3/BY				
CARDIO-VASCULAR	HEART SOUNDS	S1S2	S1S2				
	VALVE CLICK	-	-				
	CAPILLARY REFILL	BY	BY				
	EDEMA	0	0				
	NECK VEINS	N	N				
PULMONARY	WORK OF BREATHING	SP	SP				
	SUCTION	-	-				
	SECREATIONS	-	-				
GASTRO INTESTINAL	BOWEL SOUNDS	+	+				
	ABDOMINAL TONE	S	S				
	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	Nil	Nil				
	AREA	-	-				
	DRESSING CONDITION	-	-				
MISCELL	POSITION CHANGE	Q&H	Q&H				
	CHEST-PHYSIO	NA spiro	NA spiro				
	ACTIVITY	P.O P.O	P.E P.E				
		2BP CVP	1BP				
	S/N NAME	Q&H	Q&H				
	TIME	8:00	12:00				
	SIGNATURE	Q&H	Q&H				

Mr. BALASUBRAMANI

62/Male/MH1202381326

MHI/ICU/2022/076

Name

27/12/2023/IPH2023002613

Dr. RAJESH.V

UHID No.



Age

Sex

Sheet No.

Blood Group

B POSITIVE

Height

158cm

Weight

72kg

BSA

1.89m²

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		
28/12/23	13.35																	
	14.30	20	200									8.0	8.0	208	200	200	ACIRP	
	15.30	130	330			100		100	100			8.0	338	100	300	4.0	40/40	
	16.30	100	430			100		100	200			8.0	638	100	400	4.0		
	17.30	45	505			50		50	250			8.0	763	100	500	4.0		
	18.30	150	655			30		30	280			8.0	943	100	600	4.0		
	19.30	100	755			20		20	300			8.0	1068	100	500	2.0		
	20.30	100	855			10		10	310			8.0	1173	100	800	2.0	Febril	
	21.30	20	925			10		10	320			8.0	1253	200	1000	2.0	500/20	
	22.30	60	985			20		20	340			8.0	1333	100	1100	2.0	2.0	

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

AC: 101 qce at 14.35

GENITOURINARY (GU)

PD

URINE

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS

POSITION CHANGE

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN

COLOUR

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

Mr. BALASUBRAMANI

62/Male/MH1202381326

27/12/2023/IPH2023002613

MHI/ICU/2022/076

Name

Dr. RAJESH.V

UHID No.



Age

Sex

Sheet No.

2

Blood Group

Height

Weight

BSA

C

158cm

78kg

1.85m²

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		Amnt	total	Acetate	Fentanyl		
28/12/23	23.30	50	1035			10		10	350				8.0	1393	100	1200	2.0	1.0		
29/12/23	00.30	100	1135						350				8.0	1493	100	1300	2.0	1.0		
	01.30	100	1235			30		30	380				8.0	1623	100	1400	2.0	1.0		
	02.30	90	1325			20		20	400				8.0	1733	100	1500	-	1.0		
	03.30	80	1405						400				8.0	1813	100	1600		1.0		
	04.30	80	1485						400			5.0	13.0	1898	100	1700		1.0		
	05.30	80	1565						400				13.0	1948	100	1800		1.0		
	06.30	70	1635						400			1.0	14.0	2049	200	2000		-		

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

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

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN**COLOUR**

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE**SITE**

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

Mr. BALASUBRAMANI

62/Male/MHI202381326

MHI/ICU/2022/076

Name 27/12/2023/UPH2023002613

Dr. RAJESH.V

UHID No

Age

Sex

Sheet No.

3

Blood Group

B +VE

Height

158cm

Weight

74kg

BSA

1.85m²

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	KL	20/50	
29/12/23	08:30	60	60			10		10	10					70			25.0		
	8:30	50	110			10		10	20					130			25.0		
	9:30	75	185						20					205	100	100	-		
	10:30	250	435						20					455	200	300			
	11:30	200	635						20					655	200	500			
	12:30	250	885						20					905		500			
	13:30	250	1135						20					1155	100	600			
	14:30	100	1235						20					1255		600			
	15:30	150	1385						20					1405		600			
	16:30	150	1535						20					1555		600			

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME	
	9:30	MEDIASTINAL AND LEFT PLEURAL DRAIN REMOVED [DR. ANBARASU]
	10:00	RIGHT RADIAL ARTERIAL LINE REMOVED [DR. PRAVEEN]

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

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN**COLOUR**

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE**SITE**

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

Mr. BALASUBRAMANI

62/Male/MHI202381326

Name 27/12/2023/1PH2023002613

Dr. RAJESH.V

UHID No.

Blood Group

B +ve

Height
158cmWeight
76kgBSA
1.85m²

Sheet No.

Age

Sex

I

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: B +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
						Mix		AMT.	TOTAL														
28/12/23	13.35											70	SINUS	0.01	150/73	84	2		Cool	F/F			
	14.30					0.0	0.0			0.0	-6	72	SINUS	0.02	128/58	81	4		Warm	F/F			
	15.30					0.0	0.0			20A	-3A	74	SINUS	0.01	118/56	76	9		Warm	F/F			
	16.30					0.0	6.0			410	-220	85	SINUS	0.01	122/60	81	7		Warm	F/F			
	17.30					0.0	6.0			516	-247	86	SINUS	0.01	107/52	71	5		Warm	F/F			
	18.30					0.0	6.0	81P3	81P3	622	-321	91	SINUS	0.04	132/56	80	5		Warm	F/F			
	19.30					2.0	4.0	50	50	774	-289	94	SINUS	0.04	141/63	89	7		Warm	++			
	20.30					2.0	6.0	100	150	978	-195	98	SINUS	0.03	150/69	96	8		Warm	++			
	21.30					2.0	6.0		150	1182	-71	104	SINUS	0.03	146/58	87	7		Warm	++			
	22.30					2.0	6.0	50	200	1336	+3	108	SINUS	0.04	149/59	88	8		Warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS TIME

@ 20.00 T. Ecospirin Asmu plo stat given PREVIOUS DAY HRS

DR. PRAVEEN

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

DATE	TIME	REMARKS / PLAN

[illegible]

Mr. BALASUBRAMANI

62/Male/MHI202381326

Name 27/12/2023/1PH2023002613

Dr. RAJESH.V

UHID No.



Blood Group

B +ve

Height

158cm

Weight

75kg

BSA

1.85m²

Sheet No.

2

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: B +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
						Muc.		AMT.	TOTAL														
28/12/23	23:30					2.0	5.0		200	1440	+47	104	sinus	0.02	52	71	6		Warm	++			
	00:30					2.0	5.0		200	1544	+51	105	sinus	0.04	52	79	6		Warm	++			
	01:30					2.0	5.0		200	1648	+25	105	sinus	0.01	50	69	4		Warm	++			
	02:30					2.0	3.0		200	1750	+17	105	sinus	0.02	46	45	5		Warm	++			
	03:30					2.0	3.0		200	1852	+39	106	sinus	0.03	50	86	5		Warm	++			
	04:30					2.0	3.0		200	1954	+56	108	sinus	0.00	50	86	6		Warm	++			
	05:30					2.0	3.0	100	300	2054	+179	106	sinus	0.03	49	84	4		Warm	++			
	06:30					2.0	2.0		300	2354	+30	118	sinus	0.06	43	54	83	7	Warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

@ 23.45. Inj. Lasix 1mg iv stat given
Dr. PRAVEEN Jeyaraj

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

Mr. BALASUBRAMANI

62/Male/MHI202381326

Name 27/12/2023/1PH2023002613

Dr. RAJESH.V

UHID No. 

Sheet No.

Age

Sex

3

Blood Group

B +ve

Height

158cm

Weight

78kg

BSA

1.85m²

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.)

2.2lit/day

HAEMODYNAMICS

Blood Group:

B +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
						misc		AMT.	TOTAL														
29/12/23	04.30					2.0	27.0	50	50	77.0	+7.0	114	Sinus TACHY	0.06	119/49	72	5		WARM	++			
	8.30					2.0	25.0		50	104	-26	111	SINUS	0.07	126/52	76	5		WARM	++			
	9.30					2.0	2.0	100	150	306	+101	110	SINUS	0.04	159/69	95	8		WARM	++			
	10.30							150	300	506	+51	88	SINUS	0.04					WARM	++			
	11.30								300	706	+51	85	SINUS	0.08					WARM	++			
	12.30							50	350	756	-149	91	SINUS	0.00					WARM	++			
	13.30								350	856	-299	102	SINUS	0.06					WARM	++			
	14.30							150	500	956	-299	105	SINUS	0.06					WARM	++			
	15.30								500	956	-149	106	SINUS	0.06					WARM	++			
	16.30								500	956	-599	110	SINUS	0.03					WARM	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY16..... HRS 55 mins

DRAINAGE: 400me TOTAL INTAKE: 2359me

URINE: 1635me TOTAL OUTPUT: 2049me

TOTAL BALANCE: +310me

P.T.O.



MHI/ICU/2022/064



Every heart beat counts

MR. BALASUBRAMANI

62/Male/MH1202381326

27/12/2023/IPH2023002613

Dr.RAJESH.V

NAME :

UHID NO :

AGE :

SEX :

BLOOD GROUP: B ^{7VE}

HEIGHT : 158 cm

WEIGHT: 78 kg


B.S.A: $1.85m^2$

[illegible]

Mr. BALASUBRAMANI
62/Male/MHI202381326
27/12/2023/1PH2023002613

IMMEDIATE CARE FLOWCHART

A

NAME : 

UHID NO :

AGE :

SEX :

SURGICAL PROCEDURE : OPCABX 3 GRAFTS

POSTOP DAY : 2 POD

FLUID REQUIREMENT : 2-2 lit/day. 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.			
29/12/17-30	100	1635				20	1655				600	100	600	1056	699	
18-30	75	1710				20	1730				600	150	650	1106	604	
19-30	100	1810				20	1830				600		650	1106	724	
20-30	100	1910				20	1930				600	100	750	1206	804	
21-30	80	1990				20	2010				600	150	900	1356	854	
22-30	150	2140				20	2160	KABLYTE			600	100	1000	1456	704	
23-30	75	2215				90	2235	100	100	700	100	1100	1656	579		
00-30	80	2295				20	2315	100	200	800		1100	1756	559		
30/12/01-30	75	2370				20	2390	100	300	900		1100	1856	534		
02-30	75	2445				20	2465	100	400	1000	100	1200	2056	409		
03-30	100	2545				20	2565	100	500	1100		1200	2156	409		
04-30	75	2620				20	2640				1100	100	1300	2256	384	
05-30	(2)	2620				20	2640				1100	150	1450	2406	284	
06-30		2620				20	2640				1100	200	1650	2606	34	

SPECIFIC OBSERVATIONS/REMARKS

@4-30. Foley's catheter Removed.

MEDICATION / DRUGS

—