



**MRD CHECKLIST**


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



**Medway Hospitals**

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



Pt: Mr. SOMASUNDARAM M  
N: 47/Male/MH1202379692  
U: 05/11/2023/IPH202302190  
D: Dr. RAJESH.V  
Di:   
Cl:

MHI/IPD/202



Every heart beat counts

## ADMISSION SLIP

Admitting Doctor: Dr. RAJESH. V Speciality: Cardiothoracic Surgery

Advised Date & Time: 05/11/23 @ 10:20

Provisional Diagnosis:

CAD - Right Dominant critical Lx -  
Borderline LAD major OM

Reason for Admission: ☐ Medical Management ☒ Surgical Management

☐ Others (please specify details) CABG

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: 5-7 days

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

Payer: ☐ Self ☐ Insurance ☒ Others: ESI

Instructions to Nurse (if any):

consent

Any other instructions (if any):

**Dr. V. RAJESH**

M.S., M.Ch.(C.V.S.)

Senior Consultant

Cardiothoracic and Vascular Surgery

Reg No. 62744

Doctor's Signature

for 62744

Name

DR. RAJESH

Reg. No.

62744

Date

05/11/23

Time

10:20

For admission desk staff only:

Room Category:

- ☒ General Ward  
☐ Single Room  
☐ Twin Sharing  
☐ Deluxe Room  
☐ Suite Room  
☐ Others \_\_\_\_\_

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

05-11-2023

05-11-2023

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

*Reshma Banu*

RESHMA BANU.

NH1 0264

05-11-2023

10:28 AM



Mr. SOMASUNDARAM M  
Patient Det: 47/Male/MHI202379692  
Name: 05/11/2023/1PH202302190  
UHD: Dr. RAJESH.V  
DOB:   
DOA:   
Consultant:   
Barcode:

MHI/HOSP/2022/129



## ADMISSION FORM

Marital Status <b>M</b>	Full Address <b>KULAKARAI STREET PODATTURPETTAI, PODATTUR</b>		Telephone Number <b>8939461060</b>
Occupation <b>GM</b>	<b>-PETTAI TIRUVALLUR</b>		
Referred from <b>Dr. Rajesh</b>	Date of Time of Admission <b>05-11-2023:10:28AM</b>	Date & Time of Discharge <b>10/11/23 @ 11:30</b>	Total No. of Days <b>5 days</b>
UNIT <b>cardiothoracic</b>	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		
FINAL DIAGNOSIS			ICD Code
<b>DOUBLE VESSEL CORONARY ARTERY DISEASE</b>			<b>I25.1</b>
<b>ACUTE CORONARY SYNDROME - NON-ST ELEVATION</b>			<b>I24.9</b>
<b>MYOCARDIAL INFARCTION, SYSTEMIC</b>			<b>I10</b>
<b>HYPERTENSION, TYPE 2 DIABETES MELLITUS</b>			<b>E11.9</b>
<b>NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION</b>			<b>I50.1</b>
DATE	OPERATION / PROCEDURES		ICPM Code
<b>6/11/23</b>	<b>OFF PUMP CORONARY ARTERY BYPASS WRAPPING SURGERY OPCABX 2 GRAFTS LIMA TO LAD, LEFT RADIAL ARTERY TO MIDDLE OM DONE</b>		<b>36.12 00.99</b>
DATE	TYPE OF ANESTHESIA		
<b>6/11/23</b>	<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 Dr. V. RAJESH M.S., M.Ch(CTVS) Senior Consultant Cardiothoracic and Vascular Surgery Reg No: <b>67744</b> Signature of the Consultant:			
		S. Aleem 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....SOMA SUNDARAM who is my .....HUSBAND..... (Relationship).

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

இதன் மூலமாக நான் நிர்வாகம், மருத்துவம், தாதுபர், 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 என்ன 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

தேதி

எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of Admitting Nurse

Date  
05-11-2023

Signature of the Patient / Relative / Gurdian

LOOM

உறவுமுறை

WIFE  
Nature of Relationship

## GENERAL CONSENT FOR ADMISSION

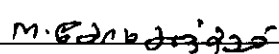

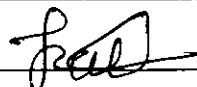
I, \_\_\_\_\_ the ☒ Patient or ☐ Representative of patient have  
(please tick the correct option above and below)

☐ 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 be administered necessary drugs, medications, intravenous fluids, as advised 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 as a patient as outlined in the patient handbook.
- 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 also consent and agree to the use and/or publication of my treatment details / medical record for medical, scientific or educational purposes (Teaching, research and academics) provided the pictures or the descriptive texts accompanying them do not reveal my identity.

- 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 also consent to receive communication on treatment related information via text messages and e-mail as per the details provided at the time of registration.
- 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		SOMA SUNDARAM M	05-11-2023	10:28 AM
Surrogate/Guardian (if applicable #)		MEENA (Write name and relationship with patient)	05-11-2023	10:28 AM
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		JRESHMA BANU.	05-11-2023	10:28 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	<b>Hemodynamic instability defined as</b>		
	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	<b>Cardio-vascular System</b>		
	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	<b>Miscellaneous Conditions</b>		
	Septic shock with hemodynamic instability		
	Hemodynamic monitoring		
	Clinical conditions requiring ICU level nursing care		
4	<b>Post procedure elective admission</b>		
	Post Coronary Angioplasty		
	Post Cardio-vascular Surgery	✓	
5	<b>Following angiographic procedure</b>		
	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	<b>Pulmonary System</b>		
	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	<b>Renal failure</b>		
	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	<b>Endocrine System and Metabolism related</b>	
	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 hyponatremia (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
		Dr. pravara jayakumar	112236	6/11/23	14.02

## DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

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

Doctor	Signature	Name	Reg. No.	Date	Time
		Dr. praveen	112236	8/11/23	11.45



## DISCHARGE SUMMARY

IP No.	: IPH202302190	D.O.A	: 05/11/2023
UHID	: MHI202379692	D.O.D	: 10/11/2023
Name	: Mr. SOMASUNDARAM.M	Room No.	: GN
Age / Gender	: 47Years / MALE		
Consultant	: Dr. V. Rajesh, MS, M.Ch (CTVS) Senior Consultant Cardiothoracic and Vascular Surgery		

D.O.S: 06.11.2023

### DIAGNOSIS:

**DOUBLE VESSEL CORONARY ARTERY DISEASE**  
**ACUTE CORONARY SYNDROME – NON ST ELEVATION MYOCARDIAL INFARCTION –**  
**SEPTEMBER 2023**  
**NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION – EF: 60%**  
**TYPE 2 DIABETES MELLITUS**  
**SYSTEMIC HYPERTENSION**

### SURGERY:

**OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 2 GRAFTS:**  
**LIMA TO LAD, LEFT RADIAL ARTERY TO MAJOR OM DONE ON 06.11.2023**

### BRIEF HISTORY:

Mr. Somasundaram.M, 47 years old male, a known case of Type II diabetes mellitus, Systemic hypertension, Acute coronary syndrome – Non ST elevation myocardial infarction, CAD – double vessel disease, Normal LV systolic function, has come for CABG. Patient was apparently normal till 2 months when he developed chest pain - retrosternal, radiating to right shoulder, jaws and back. Initially, he went to ESI hospital and was diagnosed as ACS – NSTEMI. He was managed conservatively and advised Coronary angiogram. He was referred from ESI to Medway Heart Institute on 25.09.2023 and underwent Coronary angiogram which showed Double vessel disease. He was advised for CABG.

NAME : MR. SOMASUNDARAM

UHID : MHI202379692

IPNO : IPH202302190

Patient and attenders were explained about the nature of disease, risks and prognosis of CAD and the need for revascularization. Currently, he is getting admitted for the same. No H/O Breathlessness, Palpitations, Syncope or Swelling of Legs.

No H/O CVA, CKD, BA, seizure disorder or Hypothyroidism

### **ON EXAMINATION:**

Patient Conscious, Oriented and afebrile.

TEMP - 96.4° F  
HR - 72bpm  
BP - 130/78 mmHg  
SPO<sub>2</sub> - 98% in room air  
CVS - S1S2 (+)  
RS - BAE (+)  
Abdomen - Soft, non – tender  
CNS - NFND

### **BLOOD INVESTIGATIONS:**

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	12.4	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	38.2	39-52	%
TWBC	7270	4000 - 10000	Cells/Cumm
POLYMORPHS	57.0	40-70	%
LYMPHOCYTES	25.3	20 - 40	%
EOSINOPHILS	4.9	0 - 6	%
PLATELET	325000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Lakhs/cumm
Urea	11.6	14 - 40	mgs/dl
Creatinine	0.65	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na <sup>+</sup> )	139	135 - 145	mmol/l
Potassium ( K <sup>+</sup> )	4.19	3.4 - 5.5	mmol/l
T. Bilirubin	0.315	0.2-1.0	mg/dl
D. Bilirubin	0.137	0.00 – 0.4	mg/dl
I. Bilirubin	0.177	0.4-0.6	mg/dl
S.G.O.T	23	<38	U/L
S.G.P.T	19	<41	U/L
ALP	110	Adult: 42 - 141	U/L

NAME : MR. SOMASUNDARAM

UHID : MHI202379692

IPNO : IPH202302190

PROTHROMBIN TIME	10.7	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	8.9	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	1.055	Adult: 0.25 - 5.0 New born-4days: 1.0-39.0 Child upto 14yrs: 1.0-9.0	uIU/ml
T3		"Adult : 60 - 152 New born - 4 days : 96 - 730 1 - 11 Months : 102 - 243 1 - 9 yrs: 89 - 237	ug/dl
T4	1.01	"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: 72bpm, sinus rhythm, ST depression in lateral leads

**ECHO:** MILD CONCENTRIC LVH, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV FUNCTION – EF : 60 %, NORMAL RV FUNCTION, RV TDI: 12CM/S, TAPSE : 24MM, ALL VALVES ARE STRUCTURALLY NORMAL, IAS / IVS INTACT, IVC NORMAL IN SIZE AND COLLAPSING, TRIVIAL MR, TRIVIAL TR, NO PAH, NO CLOT / VEGETATION / EFFUSION

**CXR:** PA film, lung Fields clear.

NAME : MR. SOMASUNDARAM

UHID : MHI202379692

IPNO : IPH202302190

### COURSE IN THE HOSPITAL:

Mr. Somasundaram.M, 47 years old male, was admitted with above mentioned complaints. He underwent **OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 2 GRAFTS: LIMA TO LAD, LEFT RADIAL ARTERY TO OM ON 06.11.2023**. He was extubated on table in Operation theatre. He was shifted to SICU with stable hemodynamics and nil supports. Drains were removed on POD1 (07/11/2023). He was shifted to ward on POD 2 (08/11/2023). Suture removal was done on POD 3 (09/11/2023). 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 - 106/min BP - 130/80mmHg  
SPO2 - 94% in room air

### POST OP INVESTIGATIONS:

#### BLOOD:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	11.4	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
Urea	32	14 - 40	mgs/dl
Creatinine	0.55	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na+)	135	135 - 145	mmol/l
Potassium ( K+ )	4.21	3.4 - 5.5	mmol/l

**ECG:** HR – 96 bpm, Sinus rhythm, Q wave in inferior leads

**ECHO :** S/P CABG, ALL CHAMBERS NORMAL IN SIZED, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION – EF : 60%, NORMAL RV SYSTOLIC FUNCTION, RV TDI : 10CM/S, TAPSE: 17MM, ALL VALVES STRUCTURALLY NORMAL, IAS / IVS INTACT, IVC NORMAL IN SIZE AND COLLAPSING, AORTIC GRADIENT – MAX GRADIENT – 14 MM HG, MEAN GRADIENT – 8 MM HG, TRIVIAL MR, MILD TR, MILD PAH, MILD PERICARDIAL EFFUSION BEHIND RA, MEASURES : 10MM, TRACE PERICARDIAL EFFUSION POSTEROLATERAL TO IV, MILD BILATERAL PLEURAL EFFUSION, NO CLOT / VEGETATION.

**CXR:** PA film, sternal wires seen, lung fields clear, CTR:0.55 % , minimal bilateral pleural effusion.

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

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

**PATIENT HELPLINE**  
**94457 94457**  
**1800 572 3003**

#### 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 | Institute of Pulmonology  
044 - 4310 8959 | 044-2473 4454

**ADVICE MEDICATIONS:**

SL. NO.	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. CLOPITAB A (CLOPIDOGREL + ASPIRIN)	1 TABLET	75MG / 75MG	0	1	0	ORAL	AFTER FOOD	TO CONTINUE
2	TAB. ROSUVAS (ROSUVASTATIN)	1 TABLET	40MG	0	0	1	ORAL	AFTER FOOD	TO CONTINUE
3	TAB. DILZEM - SR (DILTIAZEM)	1 TABLET	90MG	1	0	1	ORAL	AFTER FOOD	X 6 WEEKS
4	TAB. BETALOC (METOPROLOL)	1 TABLET	25MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
5	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)
7	SYP. CREMAFFIN PLUS (SODIUM PICOSULFATE + LIQUID PARAFFIN + MILK OF MAGNESIA)	15ML		0	0	1	ORAL	AFTER FOOD	BED TIME (IF CONSTIPATION)
8	TAB. BEPLEX FORTE (ANTIOXIDANTS + MULTIVITAMINS + MULTIMINERALS)	1 TABLET		1	0	0	ORAL	AFTER FOOD	1 MONTH
9	SYP ALEX PLUS (DEXTROMETHORPHAN HYDROBROMIDE + GUAIFENESIN + PHENYLEPHRINE + CHLORPHENIRAMINE MALEATE)	10ML		0	0	1	ORAL	AFTER FOOD	BED TIME (1 WEEK)
10	TAB. ANXIT (ALPRAZOLAM)	1 TABLET	0.25MG	0	0	1	ORAL	AFTER FOOD	X 5 DAYS

NAME : MR. SOMASUNDARAM

UHID : MHI202379692

IPNO : IPH202302190

**DIABETIC MEDICATIONS:**

Sl. NO	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB.METFORMIN	500MG	1 TABLET	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
2	TAB. GLIMEPRIDE	2 MG	1 TABLET	1	0	1	ORAL	BEFORE FOOD	TO CONTINUE
3	INJ. HUMAN INSULIN (RECOMBINANT HUMAN MONOCOMPONENT INSULIN)			6U	0	6U			TO CONTINUE
4	INJ. NPH (ISOPHANE INSULIN)			6U	0	6U			TO CONTINUE

DISCHARGE ADVICE	
DIET	HIGH PROTEIN, LOW SALT LOW FAT DIET.
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION	NIL
REVIEW	TO DO FBS, PPBS, HB, UREA, CREATININE, SODIUM, POTASSIUM, CHEST X RAY IN ESI HOSPITAL ON 20/11/2023 AND REVIEW WITH REPORTS

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

*I have read and understood the Content of the discharge summary.*

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

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PATIENT HELPLINE  
94457 94457  
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Medway Group of Hospitals

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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

## INPATIENT INITIAL ASSESSMENT

Date: 5/11/23

Time of arrival in ward: 11.00

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 96.4 (°F) | Pulse / HR: 72 (beats/min) | BP: 190/130 (mmHg)

Respiration: 20 (breaths/min) | SpO<sub>2</sub>: 98 (%) | Height: 158 (cms) | Weight: 69.8 (kgs) | BMI: 27.7 kg/m<sup>2</sup>

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 came in with H/O - shoulder pain @, Jaw pain and L sided chest pain on 18/9/23, sought consult at ESIC hospital and was treated conservatively. Pt was advised CATH and was referred to CMH and was done on 25/9/23 reveals DVT. and now pt was advised for CATH

### PAST MEDICAL HISTORY (with duration of illness):

Diabetes Mellitus: ☒ Yes ☐ No. If Yes, duration: 5 yrs Hypertension: ☒ Yes ☐ No. If Yes, duration: 4 yrs

Others:

### Past Surgical History:

H/O - Hemorrhoidectomy 2003



**Present Medication (for Medication Reconciliation):**

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
①	inj REGULER insulin	40 IU/ml	S/c	6-0-6 hr	5/11/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
②	inj NPH	40 IU/ml	S/c	6-6-6 hr	5/11/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
③	T-WINTROL	2.6 mg	Po	1-0-1	5/11/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
④	T-PAN	40 mg	Po	1-0-1	5/11/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
⑤	T-METFORMIN	500 mg	Po	1-0-1	5/11/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
⑥	T-GLIMEPRIDE	1 mg	Po	1-0-1	31/10/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
⑦	E-Zim VITAMIN CAP	1 cap	Po	1-0-0	5/11/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
⑧	T-CLOPIDOGREL	75 mg	Po	0-1-0	31/10/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
⑨	T-FLOSPRIN	75 mg	Po	0-1-0	31/10/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
⑩	T-ATROVA	40 mg	Po	0-0-1	4/11/23	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Family History:**

CAD (+) - Father

**Personal / Social History (Tick whichever is applicable)**

Lifestyle: ☐ Sedentary ☒ Active Occupation: \_\_\_\_\_

Smoking: ☐ Yes ☒ No Alcohol: ☐ Yes ☐ No Recreational Drug Use: ☐ Yes ☒ No

Others: \_\_\_\_\_  
amb - 17/9/23

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

①

**General Physical Examination:**

Pallor: ☐ Yes ☒ No

Icterus: ☐ Yes ☐ No

Clubbing: ☐ Yes ☒ No

Edema: ☐ Yes ☒ No

Lymphadenopathy: ☐ Yes ☒ No

## SYSTEMIC EXAMINATION

CVS:

S1 S2

Respiratory System:

BAE

Gastrointestinal System:

Soft

Central Nervous System:

NF

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:

CAD - Critical Lx - major OM + Borderline LAD / 74-75 - DM / SHTN. / N LV.

Plan of Care:

- Admit pt to Dr. Rajesh.

- Plan: CABG - Tomorrow

- To get anesthetic Fitness.

1. RAL V 30

**Investigations Advised:**

Reports enclosed.

**Diet Advice:**

- ☐ Nil per Oral      ☐ Clear liquid diet      ☐ Normal liquid diet      ☐ Diabetic liquid diet  
☐ Semisolid diet      ☐ Soft solid diet      ☐ South Indian normal diet      ☐ North Indian normal diet  
☐ Neutropenic liquid diet      ☐ Others: low salt, low fat diabetic diet.

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

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

**Others:**

**Dr. V. RAJESH**

	Signature	Name	Reg. No.	Date	Time
Resident Doctor	M.S. M.Ch(CTVS) Senior Consultant Cardiothoracic and Vascular Surgery Reg. No. 62794	Dr. Day	163261	5/11/23	11:00
Consultant	V. Rajesh 62794	DR. RAJESH.	62794	05/11/23	14:00
Patient Attendant	1800711	Relationship WIFE	—	5/11/23	11:00

Dr. A. J. Delgado  
R. Rapetti  
Lai Chl  
MHC002g

DATE	NOTES
07/11/2023	slB: Dr. Anbarasu / Dr. Rajesh / Dr. Praveen / Dr. Jai
@ 8.30	
	s/p: DCLAB x 2 grafts.
PoDHI	• patient comfortable
Hb -	O/E: conscious, oriented, Afebrile
u -	• BP - 136/84 mmHg
cr -	• HR - 104 Bpm
Na - 136	• SpO <sub>2</sub> - 88% on room air
K - 4.18	• I/O - 2349 ml / 2198 ml ; Bal Gt 151 ml
	• On ucath
RBS - 180 mg/dl	• Adequate urine output
	• Tolerating feeds
ABG	• peripheries felt warm (+)
pH - 7.410	
PO <sub>2</sub> - 39.4	Supports: NIL
PO <sub>a</sub> - 66.4	Total drain: 470 ml
HCO <sub>3</sub> - 24.4	
BE - (-) 0.2	
	plan
	• RF - 2.4 litres/day
	• Good chest physio
	• Remove drains & exten ur
	• mobilize
	• Nebulization & spirometry
	• T. METOPROLOL 25mg 1-0-1
	• Rested OIB
	• Shift to ICU II
	<i>Sponser</i> 112236



DATE	NOTES
8/11/23	<u>SIB - Dr Hari Vignesh</u>
9.45 PM	<div data-bbox="343 283 478 382" data-label="Text"> <div>POD-2</div> </div> Pt reviewed
Vital stable	No fresh complaint
	DIE - Wc for
	Pt conscious
	oriented
	SIE - CUS - S, S ⊕
	RS - BILAE ⊕
	CNS - M FND
	PIO - soft
	<div data-bbox="502 1102 710 1190" data-label="Text"> <div>V. Jey</div> </div> <div data-bbox="1109 1102 1204 1190" data-label="Text"> <div><u>Dr</u></div> </div>
	<div data-bbox="566 1190 694 1255" data-label="Text"> <div>181100</div> </div> <div data-bbox="1013 1190 1396 1255" data-label="Text"> <div>- As pm day chert</div> </div>



## DOCTOR'S PROGRESS NOTES

DATE	NOTES
9/11/23	S/B: - Dr. Jany (Dm)
15:00	pt reviewed.
	S/P - OPCAS x 2 graft (PCD - 11)
	no new complaints at present.
	O/E: - Pt conscious.
	oriented
	afebrile
	S/E: - W S - S/S
	W - 3 B/E
	PA 5-6 mm
	W S - 11 mm
	ADU:
	- maintain vitals
	- continue drug as per chart.
	- Plan: - Titrated D/C
	- Inform (S/S)
	by 11-324



DATE	NOTES
9/11/22	clab Dr. Amarech (D.M.M.)
9:05 pm	POD <u>III</u> 02000 + 2 grafts
	pt reviewed, no fresh complaints.
	S/E - pt cooperative, oriented, oriented.
	S/E - CUS / JMS RS
	S/E - left, RS @
	Advice:
	- monitor vitals
	- continue Drips as per chart
	- Plan D/C tomorrow
	- Inform ROS
	R. J. Shy



**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 Balasubramaniyan 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

<b>Mr. SOMASUNDARAM M</b> 47/Male/MHI202379692 Name : 05/11/2023/PH202302190 Dr. RAJESH.V Ward :		Age : 47 Gender : M UHID No. : 202379692	
		Bed No. : G.w-1	B.S. A.S.
Clinical Diagnosis : <b>CORONARY ARTERY DISEASE - CRITICAL          LCX DOUBLE VESSEL DISEASE</b>		✓	✓
Proposed Procedure : <b>CORONARY ARTERY BYPASS GRAFT</b>		✓	✓
<b>CHECKLIST</b>			
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.....158 cm..... b. Weight.....69.25 Kg.....	✓	✓
5.	Allergic to drugs ? NKDP	✓	✓
6.	Surgical Preparation done ?	✓	✓
7.	Nil by Mouth From 12 MN	✓	✓
8.	Blood Grouping & Rh Typing A <sup>+</sup>	✓	✓
9.	Investigation <input checked="" type="checkbox"/> X-Ray <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> LAB	✓	✓
10.	Blood Sugar 109 Time 6:30	✓	✓
11.	TPR Chart Pulse 92 bpm Temp 98.4 BP 154/112 RR 20 bpm	✓	✓
12.	Time Voided a. Retention <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓
13.	Enema <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	✓	✓

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Secured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	✓	✓
16.	Pre-Operative Medication Administered ..... 9:30 ..... a. Time ..... 9:30 .....      b. Nurse ..... P. S. M. ....	✓	✓
17.	Blood Transfusion requisition Onchart	✓	✓
18.	X-Ray ..... 1/1 .....      No	✓	✓
	ECG / ECHO ..... 1/1 .....      ✓	✓	
	Ultra Sound .....		
	C.T. Scan.....		
	MRI Scan .....		
	TMT .....		
	Medication		
5/11/23	T. PAN AOMG } given @ 21.00	✓	✓
	T. ALPRAX 0.25mg }		
6/11/23	2in Morphine 5mg }		
	2in Phenergan 12.5mg } IM given		
	Others		

F. Gato  
Nurse Signature  
Verified by  
GNS



## MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name Mr. Somasundaram

Age 71m

UHID MH1202379692

Diagnosis CAD - Critical Lx + DxD,  
 Good sv function, EF-60%,  
 Borderline LAD

Plan CABG

Serology

Non-reactive

EURO Score / STS Score 0.55%

PRE OP DRUGS (ACE/ARB/ANTIPLATELETS): stopped  
 on 01/11/2023

Diabetes Mellitus (Hb1AC) 8.9%

Associated Illness T2DM, HTN

Carotid Doppler +

Thyroid Enzymes T4 - 1.01, TSH - 1.05

Sr. Creatinine 0.65 mg/dL

Any other illness of concern -

Allen's Test (+ve)

Myocardial viability if needed -

Varicose Veins -

Pulmonologist Clearance -

Nephro Clearance: -

Neurology Clearance: -

Dental Clearance: -

Mitral Regurgitation Assessment Trivial MR / NO PAH


Nursing:

Billing Clearance: ✓

Physiotherapy

Spirometry taught ✓

Concerns from Surgical Team :

SIGNATURE:   
 Dr. Rajesh V  
 (MH1216)

## MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name	Mr. Somasundaram M.	Age	UHID
Diagnosis		Plan	
Serology			
EURO Score / STS Score		PRE OP DRUGS (ACE/ARB/ANTIPLATELETS):	
Diabetes Mellitus (HB1AC)		Associated Illness	
Carotid Doppler		Thyroid Enzymes	
Sr. Creatinine		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			
Nursing:		Billing Clearance:	
Physiotherapy		Spirometry taught	
Concerns from Surgical Team :			

**SIGNATURE :**

MR. Somasundaram is 47/M TYPE II DM, systemic hypertension.

ACS - NSTEMI, CAD - TUD Normal LV systolic function as come for.

CABG. patient was apparently normal till 2 months ago. when he developed retrosternal chest pain radiating to <sup>Right shoulders, jaws, and back</sup> back, neck and shoulders.

He immediately went to ~~the~~ nearest ~~hospital~~ Kinnage. ESI hospital

where he diagnosed as ACS - NSTEMI he was advised for early

CABG. He came to Medway hospital on 25/09/2023 he underwent

CABG on 25/09 same day which showed ~~an~~ CAD - DVID.

He was advised for CABG vs Multivessel PCI/DKD

Mr. SOMASUNDARAM N

47/Male/MHI202379692

05/11/2023/IPH202302190

Dr. RAJESH.V



## CONSENT FOR SURGERY

1. Mr./Ms./Mrs ..... SOMASUNDARAM ..... ☒ 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 / DOUBLE VESSEL DISEASE... and about the procedure .....CORONARY ARTERY BYPASS GRAFTING..... (full name of operation / procedure given below in this consent form)

- I am now aware of the intended benefits, possible risks and complications and available alternatives to the said operation / procedure. I am also aware that results of any operation / procedure can vary from patient to patient and I declare that no guarantees have been made to me regarding success of this operation / procedure. I am aware that while majority of patients have an uneventful operation and recovery few cases may be associated with complications. I am aware of the common risks and complications associated with this operation / procedures and understand that it is not possible to list all possible risks and complications of any operation / procedure.
- I have been told about additional procedure that may be come necessary during the surgery which includes .....Re-exploration.....

I also understand that sometimes a planned operation / procedure may need to be postponed or cancelled if patient's clinical condition worsens or due to any unforeseen technical reason. I am also aware that I can withdraw my consent at any point of time at my own risk and consequence by submitting the withdrawal in writing.

- I am aware that I may require administration of blood and / or blood products during or after the operation / procedure as found necessary by the doctor (for which a separate consent shall be obtained).
- I am now also aware that during the course of this operation / procedure the doctor will be assisted by medical and paramedical team and that the doctor may seek consultation / assistance from relevant specialists if the need arises.
- I am also aware of the expected course after the operation / procedure and the care to be provided and understand that sometimes admission to an Intensive Care Unit and or extension of duration of hospitalization may be required and or there may be requirement of extra medicines or treatments thereby leading to increase in the treatment expenses depending upon the body's response to the treatment / procedure.

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

DETAILS	PATIENT / RELATIVES	WITNESS
Name ( in BLOCK LETTER)	MR. SOMA SUNDARAM	MRS. MEENA
Relationship	SELF	WIFE
Signature	<i>[Signature]</i>	<i>[Signature]</i>
Date & Time	5/11/23 @ 1500	5/11/23 @ 15.00
Name & Signature of Doctor with Registration No.: <i>[Signature]</i> Dr. PRAVEEN TEYAKUMAR		

Dr. V. RAJESH  
M.S., M.Ch(CTVS)  
Senior Consultant  
Cardiothoracic and Vascular Surgery  
Reg No: 62701

*[Signature]* 112236  
627014  
Dr. V. RAJESH

Doctor Seal



## CONSENT FOR ANAESTHESIA SERVICES

I, MR. SOMASUNDARAM ☒ 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 ARTERY BYPASS GRAFTING  
(full name of operation / procedure given below in this consent form)

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

It has been 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"/> <b>General Anaesthesia</b>  <b>Alternatives</b> <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"/> <b>Spinal or Epidural Analgesia / Anaesthesia</b> <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation <b>Alternatives</b> <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 checked="" type="checkbox"/> <b>Major / Minor Nerve Block</b> <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation <b>Alternatives</b> <input type="checkbox"/> GA <input type="checkbox"/> IV Regional Anaesthesia <input type="checkbox"/> Spinal/Epidural Anesthesia <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

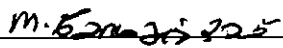


<input type="checkbox"/> <b>Intravenous Regional Anaesthesia</b> <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation <b>Alternatives</b> <input type="checkbox"/> Major/Minor Nerve Block <input type="checkbox"/> GA <input type="checkbox"/> Others	Expected Results	Temporary 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"/> <b>Monitored Anaesthesia care</b> (with sedation) <b>Alternatives</b> <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"/> <b>Monitored Anaesthesia Care</b> (without sedation) <b>Alternatives</b> <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		MR. SOMA SUNDARAM	5/11/23	15.00
Surrogate/Guardian (if applicable #)		MRS. MEENA (WIFE) <small>(Write name and relationship with patient)</small>	5/11/23	15.00
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		S. DEVADHARSHINI	5/11/23	15.00
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. P. PRAVEEN Reg. No: 36510	86510	5/11/23	15.00

## மயக்க மருந்து சேவைகளுக்கான ஒப்புதல்

1. ☐ நோயாளி .....அல்லது ☐ நோயாளியின் பிரதிநிதி,

மேலேயும் கீழேயும் சரியான விருப்பத்தைத் தேர்ந்தெடுங்கள்) படித்தல்

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

செயல்பாடு / செயல்முறை \_\_\_\_\_

இந்த ஒப்புதல் படிவத்தின் கீழே கொடுக்கப்பட்ட செயல்பாட்டு நடைமுறையின் முழு பெயர்)

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

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

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

**பிறப்புக்கு முந்தைய / ஆரம்பகால குழந்தை பருவ மயக்க மருந்து**

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

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

மேற்கூறிய செயல்பாட்டிற்கு (எஸ்) / நடைமுறை (க்ள்) எனக்கு தெரிந்துவிட்டது, நான் தானாக முன்வந்து எனது ஒப்புதலை வழங்குகிறேன்

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

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

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

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

நான் நியமிக்கப்பட்ட மருத்துவர், இயல்பு, சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்கள், நோக்கம் கொண்ட நன்மைகள், எதிர்பார்க்கப்பட்ட பின் நடைமுறைக்கு வரும் நடைமுறைகள் மற்றும் திட்டமிடப்பட்ட செயல்பாடு/ நடைமுறைக்கு சாத்தியமான 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					



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# ANAESTHESIA RECORD

MHI/OT/2022/094



Every heart beat counts

Patient: **Mr. SOMASUNDARAM M**

Name: 47/Male/MHI202379692

UHC: 05/11/2023/IPH202302190

DOB: Dr. RAJESH.V



Consent: \_\_\_\_\_

Type of Surgery : ☐ Day Care ☒ Elective ☐ Emergency

Blood Group : A+ Height : 158 cms Weight : 70 Kgs

Pre-Operative Diagnosis:

Critical LCA + BVD

Proposed Surgery:

CABG

Anaesthetic Plan

ETSA / C.N

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

## History of Present Illness:

- ☒ ANGINA
- ☐ DYSPNOEA
- ☐ SYNCOPE
- ☐ MI
- ☐ CCF
- ☐ OTHERS

Previous Surgery :                     

## COMORBIDITY

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

## Present Medication :

Anti Platelet Stopped on :

1.11.23

## Physical Examination :

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

## SYSTEMIC EXAMINATION

CVS : 1 (A)

CNS : (2)

Others :                     

HR : 72 NIBP : 130/80 SPO2 : 96% TEMP :                     

## INVESTIGATION

HB : 12.4 T.BILIRUBIN : 0.3 T3 :                       
PLAT : 3.25 I.D. : 0.1 T4 : 1.01  
TC : 92.7 D. : 0.1 TSH : 1.05  
UREA : 11.6 T-PROTEINS :                      HBA1C : 8.9  
CREAT : 0.65 S.ALBUMIN :                       
Na+ : 139 PTT / INR : 10.7 / 0.9 RBS :                       
K+ : 4.1 APTT : 26.2

## SEROLOGY

Urine: (A)

Others:                     

ANGIO Critical LCA + BVD

ECG ST/T ↓ - lab

CXR (2)

ECHO EF-61%  
mild conc. Lvt

## AIRWAY

Teeth (2)

Mallampatti class II

Mouth Opening (2)

Neck Movement (2)

TM Distance                     

## CAROTID DOPPLER

## Other Opinions:

## Pre OP Instruction :

NPO From: 12 hr

Pre Medication : T. par 40 mg  
T. A. par 0.25 mg / HS

Night Before Surgery :                     

Day of Surgery : Di. morphine 5mg / im

Special Instruction : Di. phenegon 12.5mg / im

## Blood Reservation

PCV : (2)

Platelet :                     

FFP :                     

CRYO :                     

Whole Blood:                     

## Remarks:

Anaesthetist Name with Reg.No. :

**Dr. P. PRAVEEN**  
Reg. No: 86510

Signature :

## POST OPERATIVE PLAN

Transfer to: ☒ SICU ☐ Others, specify: \_\_\_\_\_

Arrival in Recovery / ICU Time: 14-00

SpO<sub>2</sub>: 99 % HR: 62 beats/min Rhythm: NSR RR: 18 breaths/min

ABP: 116/52 mmHg CVP: 6 mmHg PAP: \_\_\_\_\_ mmHg C.O: \_\_\_\_\_ L/min

Conscious state: sedated Pain score: \_\_\_\_\_

### VENTILATOR SETTINGS:

pt. extubated on OR

### IONOTROPES:

nil

### POST OP ORDERS:

- ABG, ACT, CXR
- O<sub>2</sub> - 5L/min
- vitals monitoring
- review S.O.S.

### MODIFIED ALDRETE'S SCORE (Score against each criteria)

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

Total Score: 9

Patient fit for discharge:

☒ YES ☐ NO

Anaesthetist Name & Reg.No. :

**DR. PRAVEEN**  
Reg. No: 88510

Signature

## OPERATION NOTES

Pre-Operative Diagnosis : CAD, DVD GOOD LVF

Post-Operative Diagnosis : do-

Operation Procedure OPCAB x 2

LIMA → LAD

LRA → OM

D.O. Operation 

0	6	1	1	2	0	2	3
---	---	---	---	---	---	---	---

Please tick the type of procedure :

Closed ☒ Open ☐

Operation Commenced : 10:00

Operation Completed : 13:45

Nature of Anaesthetic : GA

Surgeons Dr. ~~Arav~~ Rajesh / Dr. Praveen / Dr. Sai

Perfusionist :

Anaesthetist Dr. Jeeva

Nurse Ms. Sai / Ms. Devi

Incision Median sternotomy

Cannulation

Arterial

Venous

Oxygenator

Median sternotomy. LIMA & LRA harvested.

Total CPB Time

Total ACC Time

Total TCA Time

Systemic heparinisation. Heart stabilised & myocardial stabilizer Distal anastomosis done

LIMA → LAD

LRA → OM

Findings and Relevant Details :

Good myo contractions

LIMA - 1.75 good quality

LRA - 3mm "

LAD - 1.5mm Healthy tgs

OM - 1.75mm Intramyocardial  
Healthy

Proximal anastomosis of Radial artery done onto aorta Protaminised. Hemostasis secured Routine chest closure done & drain tube inserted

Mr. SOMASUNDARAM M

47/Male/MHI202379692

05/11/2023/IPH202302190

Dr. RAJESH.V



## POST-BY PASS HAEMODYNAMICS

RA		LA		Cardiac Output
RV		LA		CI
	SVS		SYS	
PA		BP		MEAN
	DIAS		DIAS	
PACW				

Support:	Isoprin	Adrenaline
	Dopamine	I A B P
	Dobutrex	Others

## POST-OPERATIVE INSTRUCTIONS :

-ABG, ACT X-ray

± Blood loss: 200ml.

Transfusion: Nil

Anticipated events: Bleeding.

Drains: Chest - (1 + Pleural - 1)  
 Mediastinal -  $\frac{1}{2}$   
 Pericardial -  $\frac{1}{2}$   
 Others

Sponge Count :

Dr. V. RAJESH  
 Coroner, M Ch(CTVS)  
 Senior Consultant  
 Cardiothoracic and Vascular Surgery  
 62794

Surgeon : Dr. Rajesh Date : 6/11/23

2 pm





JCI ACCREDITED



NABH ACCREDITED

**OPERATION NOTES****Every heart beat counts**  
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<b>NAME:</b> MR. SOMUSUNDARAM	<b>AGE/GENDER:</b> 47Years / MALE
<b>UHID NO:</b> MHI202379692	<b>IP NO:</b> IPH202302190
<b>DOA:</b> 05/11/2023	<b>DOS:</b> 06/11/2023
<b>SURGEON:</b> DR. RAJESH	<b>ANESTHETIST:</b> DR. JEEVANANDHAM
<b>ASSISTED BY:</b> DR. PRAVEEN JEYAKUMAR	<b>PHYSICIAN ASSOCIATE:</b> MS. SAIKUMARI
<b>SCRUB NURSE:</b> MR. SASIKUMAR/MS. DEVIKALA	

**DIAGNOSIS:****DOUBLE VESSEL CORONARY ARTERY DISEASE****ACUTE CORONARY SYNDROME – NON ST ELEVATION MI (SEPTEMBER 2023)****NORMAL LEFT VENTRICULAR FUNCTION (EF – 60%)****TYPE II DIABETES MELLITUS****SYSTEMIC HYPERTENSION****SURGERY DONE:****OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 2****LIMA TO LAD****LRA TO MAJOR OM****FINDINGS:**

Good myocardial contractions

LIMA – 1.75mm, Good quality, good flow

LRA – 1.75mm, from left hand, Good quality

LAD – 1.5mm, Healthy target

D1 – Small

OM – 1.75mm, intra myocardial vessel, Healthy target

RCA – Dominant, minimal disease

Good distal run off in all the grafts

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044-27426829Villupuram  
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



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**PROCEDURE:**

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

Heart positioned and stabilized with myocardial stabilizer for 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 OM artery with 7-0 prolene suture. (LRA TO OM)

Heart re-positioned and stabilized with myocardial stabilizer for LAD grafting. Arteriotomy was made and 1.5mm 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)

Aorta occluded partially. One 4mm hole was made on the aorta with aortic punch. Proximal anastomosis of artery graft done onto aorta with 6-0 prolene suture. Protamine administered. Hemostasis secured. 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

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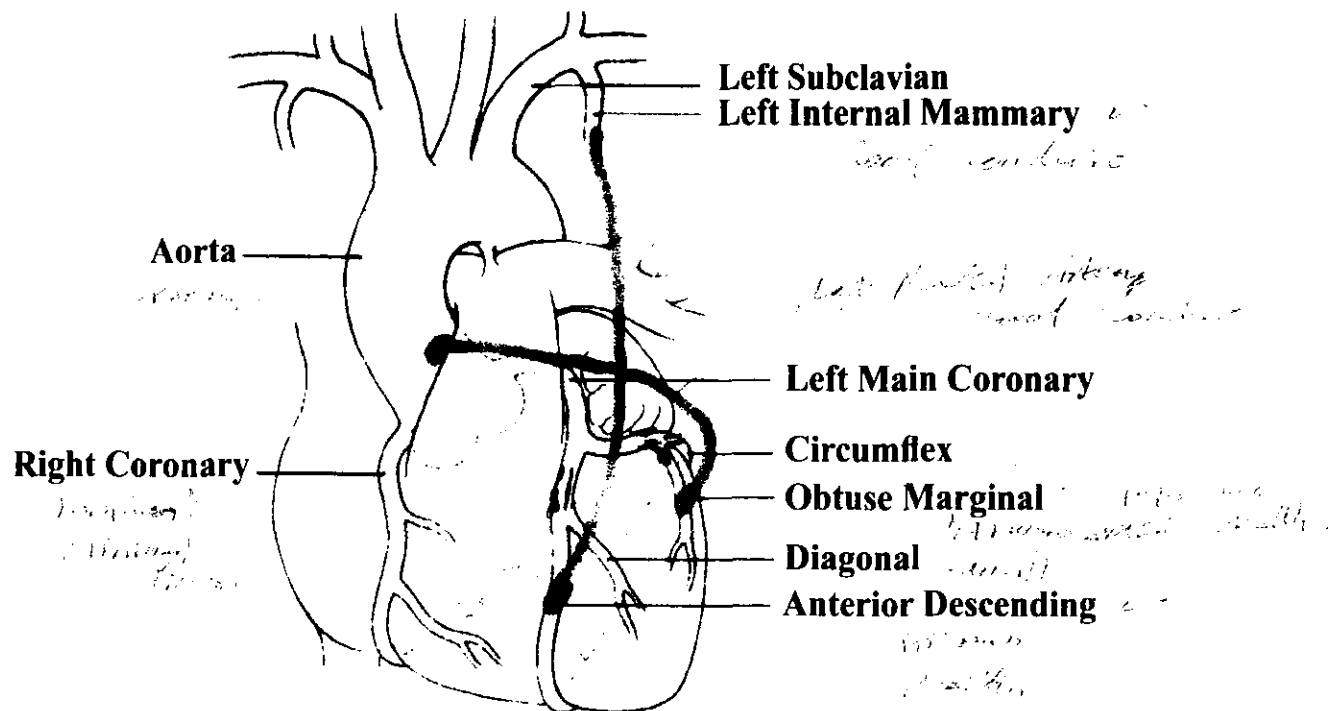
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Heart Institute  
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Institute of Pulmonology  
044-2473 4454

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

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[illegible]

Don't v. worth. 4. 11. 19

**(Operation Performed)** 5/2/73 11:00 AM

$\frac{1}{2} \frac{d}{dt} \left( \frac{1}{2} \frac{d^2}{dt^2} \right) = \frac{1}{2} \frac{d^3}{dt^3}$

At the time of the 1990 census, the population of the village was 1,225 people.


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**Mr. SOMASUNDARAM M**

47 / Male / MHI202379692

05/11/2023 / IPH202302190

Dr. RAJESH.V

NAME


**PATIENT'S INFORMATION SHEET**

AGE / SEX

UHID NO

CONSULTANT

SURGEON

ANAESTHETIST

DR. RAJESH

DR. RAJESH

DR. PRAVEEN DR. JEEVA

 DIAGNOSIS  
(In Capital Letters)

1. CAD - RIGHT DOMINANT : CRITICAL LCX -  
MAJOR OM DISEASE (TVD)
2. NORMAL LV SYSTOLIC FUNCTION.  
NORMAL RV FUNCTION.
3. MILD CONCENTRIC LVH.  
TRIVAL MR.
4. TRIVAL TR.  
EF: 61%
- 5.
- 6.
- 7.
- 8.

 PRESENT PROCEDURE/  
SURGERY

 OPCAB x 2 GRAFTS  
LIMA → LAD  
LRA → OM.

 PREVIOUS PROCEDURE/  
SURGERY

SLP. HAEMORRHOIDECTOMY DONE ON 2003.

 CONTACT NO. &  
RELATIONSHIP

 1. 8939461060 MRS. MEENA  
WIFE (V.C)

 2. 8681017980 V.C  
MR. SRINIVASAN (COUSIN)

N. No. 8/404.

CAT: EST

## MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	5/11/23	T. ATORVAT	40mg	PO	0-0-1	Continues
2	5/11/23	T. PAN.	40mg	PO	1-0-1	
3	5/11/23	T. ANGLISPAW Tr	26mg	PO	1-0-1	
4						
5						
6						
7						
8						
9						
10						

ANTIPLATELETS STOPPED ON, 1/11/2023

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	6/11/23	Syp. SUCRALFATE	10ml	PO	1-1-1	
2	6/11/23	NEB. LEVODOPA	0.63mg	INH	Q6H	
3	7/11/23	T. FROSENUDE	40mg	PO	1-1-0	
4	7/11/23	T. SPIRANOLACTONE	25mg	PO	1-1-0	
5	7/11/23	T. CLOPILET-A	75mg	PO	0-1-0	
6	7/11/23	T. PARACETAMOL	650mg	PO	1-1-1	
7	7/11/23	Syp. CRENALFIDIN PLK	15ml	PO	0-0-1	continues
8	6/11/23	T. DILZEM-CR	90mg	PO	1-0-1	
9	7/11/23	T. BEPLEX FORTE	1tab	PO	1-0-0	
10	7/11/23	T. ROSUVASTATIN	40mg	PO	0-0-1	
11.	7/11/23	T. METAPROLOL	25mg	PO	1-0-1	
12.	7/11/23	T. PREGABYN	75mg	PO	1-0-1	

ANY RELEVANT INFORMATION:

<b>Admission / OT Reveal</b> <b>Date and Time :</b> 6/11/23 At 14.00 <b>From :</b> OT <b>To :</b> SICU		<b>Condition of the Patient :</b> 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated	
<b>Transfer Out</b> <b>Date and Time :</b> 08/11/23 @ 11.45 <b>From :</b> SICU <b>To :</b> GW		<b>Condition of the Patient :</b> 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated	
<b>Transfer In</b> <b>Date and Time :</b> <b>From :</b> <b>To :</b>		<b>Condition of the Patient :</b> 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated	
1) Known Case of Diabetic Mellitus 2) Known Case of Hypertension 3) Known Case of Bronchial Asthma/COPD	Year	Months	Days
	5 YEARS		
	4 YEARS		
	—		
4) Known Case Of Others	—		
<b>Denture</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent	
<b>Allergic Reaction : Drugs/Food</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Drug / Food Name :	
<b>Pressure Ulcer Present</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about <b>Grade</b> : 1 / 2 / 3 / 4 & Site:	

ANY RELEVANT INFORMATION:

			Sign With Date
<b>Peripheral Cannulation</b>	1. Site: <u>RIGHT CUBITAL.</u> 2. Site: 3. Site:	1. Inserted Date and Time <u>6/11/23 AT 9:40</u> 2. Inserted Date and Time 3. Inserted Date and Time	1. Removed on : <u>10/11/23</u> 2. Removed on : 3. Removed on :
<b>Neck Line : YJL / EJL</b>	Site: <u>RIGHT</u>	Inserted Date and Time <u>6/11/23 AT 9:40</u>	Removed on <u>08/11/23 @ 11:30</u>
<b>Arterial Line : Right/Left</b>	Site: <u>RADIAL</u>	Inserted Date and Time <u>6/11/23 AT 9:45</u>	Removed on <u>7/11/23 AT 10:30</u>
<b>Sheath Arterial / Venous:</b>	Site:	Inserted Date and Time	Removed on
<b>Pressure Bandage</b>	Site:	Inserted Date and Time	Removed on
<b>Drain Site</b>	1. <b>Mediastinal</b> : Inserted Date and Time <u>6/11/23 AT 13:40</u> 2. <b>Pleural Right / Left</b> : Inserted Date and Time		Removed on <u>7/11/23 AT 9:50</u> Removed on
<b>Urinary Catheterization</b>	Inserted Date and Time <u>6/11/23 AT 9:50</u>	Removed on <u>8/11/23 @ 4:45</u>	
<b>Nasal / Oral Gastric Tube</b>	Inserted Date and Time	Removed on	
<b>Intubation Date and Time</b>	Extubation Date And Time	Reintubation Date And Time	
<b>Other Information</b>	PATIENT CAME WITH THE H/O. SHOULDER PAIN (R), JAW PAIN AND LEFT SIDED CHEST PAIN ON 18/9/23 CABG DONE ON 25/09/2023 SURGICAL Echo DONE ON 03/10/2023 ECG DONE ON 26/10/2023.		

Mr.SOMASUNDARAM M

47 / Male / MHI202379692

05/11/2023 / PH202302190

Dr. RAJESH.V



### PATIENT'S INFORMATION SHEET

NAME	Soma Sundaram	AGE / SEX	47 / M	UHID NO	202379692
CONSULTANT	SURGEON		ANAESTHETIST		
DR. RAJESH	Dr. Rajesh V		Dr. PRAVEEN		
DIAGNOSIS (In Capital Letters)	1. CORONARY ARTERY DISEASE				
	2. CAD - RIGHT DOMINANT CRITICAL LCX - MAJOR OM				
	3. BORDERLINE LAD				
	4.				
	5.				
	6.				
	7.				
	8.				
PRESENT PROCEDURE/ SURGERY	CORONARY ARTERY BYEPASS GRAFTING				
PREVIOUS PROCEDURE/ SURGERY	H/O Haemorrhoidectomy 20 years before				
CONTACT NO. & RELATIONSHIP	1. MRS. MEENA (WIFE) 8989461060		2.		



## MEDICATION HISTORY


S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1		Ins. Regular Insulin	40 IU/ml	SIC	6-0-6 units	5/11/23
2		Ins. NPH	40 IU/ml	SIC	6-6-6 units	5/11/23
3		T. WINTRO	2.6mg	PO	1-0-1	5/11/23
4		T. PAN	40mg	PO	1-0-1	5/11/23
5		T. METFORMIN	500mg	PO	1-0-1	5/11/23
6		T. GLIMEPIRIDE	1mg	PO	1-0-1	5/11/23
7		T. CLOPIDOGREL	75mg	PO	0-1-0	31/10/23
8		T. ECOSPIRIN	75mg	PO	0-1-0	31/10/23
9		T. ATORVAS	40mg	PO	0-0-1	4/11/23
10		C. ZIM Vitamin C	1 cap	PO	1-0-0	5/11/23

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1		T. ATORVAS	40mg	PO	0-0-1	Continue
2		T. PAN	40mg	PO	1-0-1	
3		T. ANGISPAN TR	2.6mg	PO	1-0-1	
4						
5						
6						
7						
8						
9						
10						

ANY RELEVANT INFORMATION:

<b>Admission / OT Reveal</b>  <b>Date and Time :</b>  <b>From :                      To :</b>		<b>Condition of the Patient :</b> 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
<b>Transfer Out</b>  <b>Date and Time :</b> 6/11/23 @  <b>From :</b> 11th floor <b>To :</b> OT		<b>Condition of the Patient :</b> 1. <u>Stable</u> / Unstable 2. <u>Oriented</u> / Disoriented 3. <u>Conscious</u> / Semiconscious / Unconscious 4. Febrile / <u>A febrile</u> 5. Intubated / Extubated		
<b>Transfer In</b>  <b>Date and Time :</b>  <b>From :                      To :</b>		<b>Condition of the Patient :</b> 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
1) Known Case of Diabetic Mellitus  2) Known Case of Hypertension  3) Known Case of Bronchial Asthma/COPD	Year	Months	Days	
	5 YEARS			
	4 YEARS			
	-			
4) Known Case Of Others	-			
<b>Denture</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent		
<b>Allergic Reaction : Drugs/Food</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      Not known If you means mention about Drug / Food Name :		
<b>Pressure Ulcer Present</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about <b>Grade</b> : 1 / 2 / 3 / 4 & Site:		

**ANY RELEVANT INFORMATION:**

				Sign With Date
<b>Peripheral Cannulation</b>	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 :	
<b>Neck Line : IJL / EJL</b>	Site:	Inserted Date and Time	Removed on	
<b>Arterial Line : Right/Left</b>	Site:	Inserted Date and Time	Removed on	
<b>Sheath Arterial / Venous:</b>	Site:	Inserted Date and Time	Removed on	
<b>Pressure Bandage</b>	Site:	Inserted Date and Time	Removed on	
<b>Drain Site</b>	1. <b>Mediastinal</b> : Inserted Date and Time		Removed on	
	2. <b>Pleural Right / Left</b> : Inserted Date and Time		Removed on	
<b>Urinary Catheterization</b>	Inserted Date and Time		Removed on	
<b>Nasal / Oral Gastric Tube</b>	Inserted Date and Time		Removed on	
<b>Intubation Date and Time</b>	Extubation Date And Time		Reintubation Date And Time	
<b>Other Information</b>	<p align="center">             10 p.v. Reservoir done              blood bank SIN Vennila           </p>			

**SAFE PROCEDURE CHECKLIST**  
Adapted from WHO Safe Surgery Checklist

**Mr. SOMASUNDARAM M**

47 / Male / MHI202379692

05/11/2023 / IPH202302190

Dr. RAJESH.V



Name of the Procedure : OPCAR (CLOSED HEART) Location : CT-OT Date & Time : 06/11/23 @ 13:55

Does the Procedure involve Procedural Sedation : ☒ Yes ☐ No ↓ General Anesthesia

SIGN IN : <u>9:40</u> Before Induction of Procedural Sedation		TIME OUT : <u>10:40</u> After procedural Sedation and before procedure		SIGN OUT : <u>13:55</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 type="checkbox"/> Lt <input type="checkbox"/> NA <u>CHEST, Lt hand</u>	Side	<input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA <u>CHEST, Lt 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 checked="" 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 checked="" 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 1.5gm @ 9:40</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, Gauge, needle and instruments Counts correct 8/15</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Intra procedure glycemic control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Any concerns about sterility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		

Anaesthetist / Doctor giving Procedural Sedation : <u>Dr. JENA</u> Date : <u>06/11/23</u> Time : <u>13:55</u> Reg. No. <u>186610</u>	Doctor performing the Procedure : <u>Dr. RAJESH.V</u> Date : <u>06/11/23</u> Time : <u>13:55</u>	Nurse : <u>R/o SUJATHA</u> Date : <u>06/11/23</u> Time : <u>13:55</u>	Technician : <u>SATHYA</u> Date : <u>06/11/23</u> Time : <u>13:55</u>	Others Please Specify : <u>I/c CHRISTINA</u> Date : <u>06/11/23</u> Time : <u>13:55</u> <u>036</u>
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## 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 <u>10</u>	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 5.11.23  
Doctor Dr. Rajesh V  
Time 15.00  
Date 5/11/23

Patients name MR. SOMASUNDARAM  
Patient signature M. Somasundaram  
or Guardians name MRS. MEENA  
Guardians signature Meena  
Relationship to patient WIFE

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: 1800 Date: 5/11/23

Doctors Signature: Dr. P. PRAVEEN  
Reg. No: 86510

## ஒப்புதல் : கிரத்தம் / கிரத்தத்தின் பாகங்களை செலுத்துதல்

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

சீவப்பு அணுக்கள்	கிரத்தப்போக்கு அல்லது குறைந்த ஹீமோகுளோபினுக்கு
தட்டணுக்கள்	கிரத்தப்போக்கு அல்லது குறைந்த எண்ணிக்கைக்கு
குருதிநீர்	கிரத்த கன அளவை மீட்டமைப்பதற்கு அல்லது உறைவு அம்சங்களை வழங்குவதற்கு
கிரையோபிரைஸிபிடேட்	சிறப்பு உறைவு அம்சங்களுக்காக

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

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

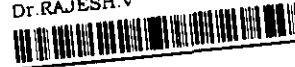
நோயாளியின் பெயர்.....  
 சாட்சி ..... நோயாளியின் கையொப்பம் .....  
 மருத்துவர் ..... அல்லது பாதுகாவலரின் கையொப்பம் .....  
 நேரம் ..... பாதுகாவலரின் கையொப்பம் .....  
 தேதி ..... நோயாளியுடனான உறைவு .....

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, நேர்மாறாக ஆக்குவதற்கான போதிய அளவில் கிரத்தப் பொருட்களை வழங்குவதற்கான உத்தரவை வழங்கும் நடவடிக்கையை நான் மேற்கொண்டுள்ளேன்.

நேரம் :

நோயாளியின் பெயர் : மருத்துவரின் கையொப்பம்.....

தேதி :



## CONSENT FORM - PHYSIOTHERAPY

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

☒ Read

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

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

POST OPERATIVE CARDIO

PULMONARY Rehabilitation

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

Brief description of the Operation / Procedure: DBE's, Chest Percussion, Arrom En's  
Spirometry En's, Mobilization

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

TO Improve ADL, TO Improve JROM, TO Clean out  
Lung Secretion, TO Improve Chest Expansion

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

Pain

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

Nil

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

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

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

Mr. Srinivasan

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 #)	<u>N. Srinivasan</u>	<u>Mr. Srinivasan</u> (Write name and relationship with patient)	<u>6/11/23</u>	<u>18:00</u>
Reason for surrogate consent	Patient is unable to give consent because:			
Witness	<u>[Signature]</u>	<u>ARUN</u>	<u>6/11/23</u>	<u>18:00</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	<u>[Signature]</u>	<u>J. VIJAYARAJAN</u>	<u>2102</u>	<u>6/11/23</u>	<u>18:00</u>
Procedure performed by	<u>[Signature]</u>	<u>J. VIJAYARAJAN</u>	<u>2102</u>	<u>6/11/23</u>	<u>18:00</u>





## IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

### Chief Complaints:

PT c/o R Shoulder pain, Jaw pain & L Side  
Chest pain x 2 month back

Occupation: ☐ Heavy Activity ☐ Moderate Activity ☐ Light Activity

### Past Medical / Surgical History:

K/c/o DM x 5 yrs

K/c/o HTN x 4 yrs

SLP Haemorrhoidectomy x 2003

### 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:

☐ 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 ☐ O<sub>2</sub> Support ☐ Ventilatory Support ☐ BIPAP

☐ Tracheal Mask ☐ Nasal Prongs ☐ Face Mask

Intubated: ☐ Yes ☒ No

Tracheostomy: ☐ Yes ☒ No

### Brain Injury (if applicable): NA

☐ Traumatic ☐ Non Traumatic

☐ Mild ☐ Moderate ☐ Severe

☐ Conscious ☐ Unconscious

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

**Spine Injury:** ☐ Present ☒ Absent

AIS:ISNCSCI SCALE: *NIL*

☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx

**Associated Injuries:** Speech impaired: ☐ Yes ☒ No

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

ASHWORTH SCALE: *NIL*

☐ Tightness ☐ Contracture ☐ Deformity ☐ Sensory Deficit

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

**Functional Activities**

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

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

FIM Score:

**Breathlessness (if applicable):** *NIL*

Dyspnoea Grading Scale:

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

Abnormal Breathing Pattern:

**Pain Assessment:** Pain: ☒ Yes ☐ No

Pain Score: *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, jaw* Duration: *2 months back* Frequency: *—* Character: *—*

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

☐ Sharp ☐ Cramping ☒ Stabbing ☐ Crushing

Aggravating Factors:

Relieving Factors:

**Examination** (Please tick and mention abnormal findings only):

☐ Range of Motion:

Normal

☐ Muscle Strength:

Normal

☐ Reflexes:

Normal

Plantar Response: ☒ Diminished ☐ Brisk ☐ Clonus

Biceps: ☒ Diminished ☐ Brisk ☐ Clonus

Triceps: ☒ Diminished ☐ Brisk ☐ Clonus

Supinators: ☐ Diminished ☐ Brisk ☐ Clonus

Knee: ☐ Diminished ☐ Brisk ☐ Clonus

Ankle: ☒ Diminished ☐ Brisk ☐ Clonus

Sensation: Good.

**Investigation & Findings:**

CAD - Critical Lx - major cm + Borderline LAD / Ty-II DM /  
SH TN / (N) LV.

**Physiotherapy Management Plan:**

- Deep breathing exercise
- Spirometry exercise
- Chest percussion to B/L chest wall
- AROM to B/L UL & LL
- Mobilization

	Signature	Name	Emp. No.	Date	Time
Physiotherapist	G. E. Akash	AKASH. G. E	0256	6/11/23	17:00

# RE-ASSESSMENT FORM

Date &  
Time

8/1/23  
&  
11:00

Fall Risk Score:

3/10

Pain Score:

Surgical Site pain

- Does encourage
- Spontaneously encourage
- Diet permission to be diet well
- Mobilization
- To improve Joint Pm
- To improve lung capacity & function
- To improve breathing

Post Intervention Pain Score:

3/10

Treatment Care & Plan:

Post operative Cardiac Pulmonary Rehabilitation

Signature

Name

Emp. No.

Physiotherapist

*[Signature]*

Phyllis G. B.

0256



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Ward / Point / 0096 / PHY

Mr. SOMASUNDARAM M

47 / Male / MH1202379692

05/11/2023 / IPH202302190

Dr. RAJESH.V



### PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
6/11/23	17:00	<u>S/B vijayaraghavan</u> - PT orotracheal extubation - DBc encouraged - Spirometry su encouraged Ins: 600cc Exp: 600cc - AROM to B/L U/LLL	G.E. Akash MH10256
6/11/23	9:00	<u>S/B AKASH</u> - DBc encouraged - Spirometry su encouraged Ins: 600cc Exp: 600cc - AROM su to B/L U/LLL	G.E. Akash MH10256
6/11/23	6:00	<u>S/B AKASH</u> - DBc encouraged - Spirometry su encouraged Ins: 600cc Exp: 600cc - AROM su to B/L U/LLL - Chest percussion to B/L Chest wall	G.E. Akash MH10256



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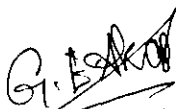

Mr. SOMASUNDARAM M  
47/Malc/MH1202379692

05/11/2023/IPH202302190

Dr. RAJESH.V



## PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
1/11/23	9:00	<p>S/B <u>Ramarathan P</u></p> <ul style="list-style-type: none"> <li>- DBE's encouraged</li> <li>- Chest Percussion to B/L Chest wall</li> <li>- AROM Ex's to B/L UL &amp; LL</li> <li>- Spirometry Ex's encouraged</li> <li>In: 600cc Exp: 600cc</li> </ul>	 MH10260
7/11/23	17:00	<p>S/B <u>Vijayanagharan</u></p> <ul style="list-style-type: none"> <li>- DBE's encouraged</li> <li>- Spirometry Ex's encouraged</li> <li>In: 600cc Exp: 600cc</li> <li>- Chest Percussion to B/L Chest wall</li> <li>- AROM to B/L UL &amp; LL</li> <li>- PT Chair Mobilized.</li> </ul>	 MH10256
7/11/23	21:00	<p>S/B <u>ARABH</u></p> <ul style="list-style-type: none"> <li>- DBE's encouraged</li> <li>- Spirometry Ex's encouraged</li> <li>In: 600cc Exp: 600cc</li> <li>- Chest Percussion to B/L Chest wall</li> <li>- AROM to B/L UL &amp; LL</li> </ul>	 MH10256



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Mr. SOMASUNDARAM M

47/Male/MH1202379692

05/11/2023/IPH202302190

Dr. RAJESH.V



## PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
8/11/23	6:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> <li>- DBE encouraged</li> <li>- Spirometry encouraged Ins: 600cc Exp: 600cc</li> <li>- Chest percussion to BL Chest wall</li> <li>- AROM to BL UL &amp; LL</li> <li>- PT Chair Mobilized</li> </ul>	<p>G.E. Shree</p> <p>MH10256</p>
8/11/23	9:30	<p><u>S/B Ramanathan.P</u></p> <ul style="list-style-type: none"> <li>- DBE's encouraged</li> <li>- Chest Percussion to BL Chest wall</li> <li>- AROM Ex's to BL UL &amp; LL</li> <li>- Spirometry A's Encouraged Ins: 600cc Exp: 600cc</li> <li>- PT mobilised</li> </ul>	<p>D.H.P</p> <p>MH10260</p>
8/11/23	17:00	<p><u>S/B <del>AKASH</del> Vijayaraghavan</u></p> <ul style="list-style-type: none"> <li>- DBE Encouraged</li> <li>- Spirometry Encouraged</li> <li>- Chest percussion to Chest wall</li> <li>- PT Mob lized</li> </ul>	<p>G.E. Shree</p> <p>MH10256</p>



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Mr. SOMASUNDARAM M

47/Male/MH1202379692

05/11/2023/IPH202302190

Dr. RAJESH.V



## PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
9/11/23	10:00	<u>S/B Ramanathan</u> <ul style="list-style-type: none"><li>- Dev encouraged</li><li>- Spontaneously encouraged</li><li>- Chest percussion to BL</li><li>- Chest wall</li><li>- AROM to BL U/LC</li></ul>	<u>G.E. S/B</u> MH12023
9/11/23	12:00	<u>S/B AKASH</u> <ul style="list-style-type: none"><li>- Dev encouraged</li><li>- Spontaneously encouraged</li><li>- Ins: 600cc Exp: 600cc</li><li>- Chest percussion to BL</li><li>- Chest wall</li><li>- AROM to BL U/LC</li><li>- PT Mobilized</li></ul>	<u>G.E. Akas</u> MH120236



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

**Mr. SOMASUNDARAM M**

47/Male/MHI202379692

05/11/2023/1PH202302190

Dr. RAJESH.V

**DIABETIC CHART**

ACTUAL WEIGHT ..... 69.5 kg ..... HbA<sub>1c</sub> ..... 8.7% .....  
 PREVIOUS DIABETIC MEDICATIONS ..... Inj. Regular insulin 6-0-6 units, in NPH- 6-0-0 units.  
T-METFORMIN 500mg 1-0-1 [T-GLIMEPRIDE 1mg 1-0-1]

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
7/1/23	11.00	72 mg/dl	-	<i>[Signature]</i>	<i>[Signature]</i>
	12.30	62 mg/dl	-	<i>[Signature]</i>	<i>[Signature]</i>
	18.30	77 mg/dl	-	<i>[Signature]</i>	<i>[Signature]</i>
6/11/23	6.30	109 mg/dl	NPO	<i>[Signature]</i>	<i>[Signature]</i>

**INSTRUCTIONS FOR INSULIN INFUSIONS**

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



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MHI/IP/2022/065



Every heart beat counts

## DIABETIC CHART

Mr. SOMASUNDARAM M

47/Male/MHI202379692

05/11/2023/1PH202302190

Dr. RAJESH.V



ACTUAL WEIGHT 70 kg HbA<sub>1c</sub> 8.9 % INJ. REGULAR INSULIN 6-0-6 UNITS

PREVIOUS DIABETIC MEDICATIONS 1 METFORMIN 500mg 1-0-1 (AF) INJ. NPH 6-0-6 UNITS

1 GLIMIPRIDE 2mg 1-0-1 (BF)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
6/11/23	15:00	162 mg/dl	-	Moh 0219	DR. PRAVEEN
	19:00	165 mg/dl	-	Moh 0219	DR. SYLVESTER
	23:45	148 mg/dl	-	Pav 0219	DR. SYLVESTER
7/11/23	6:30	180 mg/dl	T. GLIMIPRIDE 2mg @ 9:00 T. METFORMIN 500mg @ 8:00	Moh 0219	DR. SYLVESTER
	13:00	154 mg/dl	-	M. P. 0219	DR. PRAVEEN
	19:00	138 mg/dl	T. GLIMIPRIDE 2mg @ 9:00 T. METFORMIN 500mg @ 8:00	P. 0219	DR. PRAVEEN
8/11/23	7:00	120 mg/dl	T. GLIMIPRIDE 2mg @ 9:00 T. METFORMIN 500mg @ 8:00	P. 0219	DR. PRAVEEN
	12:30	100 mg/dl	-	P. 0219	DR. PRAVEEN
	18:30	119 mg/dl	T. METFORMIN 500mg @ 8:00 T. GLIMIPRIDE 2mg @ 9:00	P. 0219	DR. PRAVEEN
9/11/23	6:30	200 mg/dl	Inj. Regular Insulin 6-0-6 Inj. NPH 6-0-6	P. 0219	DR. PRAVEEN
	12:30	120 mg/dl	Inj. NPH 6-0-6	P. 0219	DR. PRAVEEN
	18:30	180 mg/dl	Inj. NPH 6-0-6 T. METFORMIN 500mg @ 8:00 T. GLIMIPRIDE 2mg @ 9:00	P. 0219	DR. PRAVEEN

### INSTRUCTIONS FOR INSULIN INFUSIONS

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

	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"/>		

**BLOOD GROUP**

"A" *positive*

**INVESTIGATION SHEET**

**Mr. SOMASUNDARAM M**

47 / Male / MHI202379692

05/11/2023 / IPH202302190

Dr. RAJESH.V



Date	27/6/23						
<b>HAEMATOLOGY</b>							
Hb	12.4						
P.C.V	38.2						
Platelets	325000						
TLC	7270						
Polymorphs	57.0						
Lymphocytes	25.3						
Eosinophils	4.0						
Mono / Basophils							
E.S.R							
<b>BIO-CHEMISTRY</b>							
Urea	11.60						
Creatinine	0.65						
Sodium	139						
Potassium	4.19						
Bicarbonate							
Chloride							
Magnesium							
Calcium							
Phosphorus							
<b>LFT</b>							
T.Bilirubin	0.315						
D.Bilirubin	0.137						
I.Bilirubin	0.177						
S.G.O.T	23						
S.G.P.T	19						
ALP	110						
GGT							
Total Protien							
S.Albumin							
<b>CARDIAC ENZYMES</b>							
Troponin I							
CKNAC - CPK							
CK - M.B. MASS							
LDH							
Ntpro bnp							

[illegible]

Mr. SOMASUNDARAM M

47 / Male / MHI202379692

05/11/2023 / IPH202302190

Dr. RAJESH.V



## BLOOD GROUP

A POSITIVE

## INVESTIGATION SHEET

Date	27/10/23	31/11/23	08/11/23	9/11/23		
<b>HAEMATOLOGY</b>						
Hb	12.4	13.0	11.4	10.6		
P.C.V	38.2					
Platelets	325000					
TLC	7270					
Polymorphs	57.0					
Lymphocytes	25.3					
Eosinophils	4.9					
Mono / Basophils						
E.S.R						
<b>BIO-CHEMISTRY</b>						
Urea	11.60	26.	32	18.29		
Creatinine	0.65	0.48	0.55	0.71		
Sodium	139		135	135		
Potassium	4.19		4.21	4.48		
Bicarbonate						
Chloride						
Magnesium						
Calcium						
Phosphorus						
<b>LFT</b>						
T.Bilirubin	0.315					
D.Bilirubin	0.137					
I.Bilirubin	0.177					
S.G.O.T	23					
S.G.P.T	19					
ALP	110.					
GGT						
Total Protein						
S.Albumin						
<b>CARDIAC ENZYMES</b>						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp						

[illegible]



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**Mr SOMASUNDARAM M**

47/Male/MHI202379692

05/11/2023/1PH202302190

UH Dr.RAJESH.V

DO 



MHI/IP/2022/074



**Every heart beat counts**

## VITAL INFORMATION SHEET

BLOOD GROUP *A positive*

## ON ADMISSION

**Height in CM****Weight in Kg.**

158 cm

69.25 kg

Diagnosis: CAD - RIGHT DOMINANT; CRITICAL LCX - MAJOR OM; BORDERLINE LAD Procedure:

[illegible]

AP Stopped on 1/11/13.



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**Mr.SOMASUNDARAM M**

47/Male/MH1202379692

05/11/2023/1PH202302190

Dr. RAJESH.V



**Every heart beat counts**

BSA:

BLOOD GROUP *A POSITIVE*

 $1.75 \text{ m}^2$ 

## ON ADMISSION

**Height in CM**

**Weight in Kg.**

158 cm

To be

## VITAL INFORMATION SHEET

① PRAIRIE x 2 GRAFIS

**Procedure :** LIMA  $\rightarrow$  LAD.  
LRA  $\rightarrow$  DIM.

**Diagnosis.**

CAD-TVD, NORMAL LV FUNCTION.

### Procedure :

NO. OF DAYS	DOS	POD-I	POD-II	POD-III	POD-IV
DATE	6/11/23	7/11/23	8/11/23	9/11/23	10/11/23
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
TEMP					
PULSE	79b/m	78b/m	74b/m	98b/m	64b/m
RESP	16mt	18mt	26bpm	41mt	22mt
B.P.	135/79	162/90	98/62	124/71	128/50
SPO2	100%	100%	99%	95%	96%
DAILY WEIGHT	Bed Fast	Bed fast	Bed rest	94.7	94.7
24 HRS INTAKE	2349 ml	2341 ml	1550 ml	1950 ml	
24 HRS OUTPUT	2198 ml	2250 ml	2500 ml	2850 ml	
BALANCE	+151 ml	(+291 ml)	950 ml	900 ml	
MOTION	x	x x x	x	✓	✓





## EARLY WARNING SCORE MONITORING CHART

Name: \_\_\_\_\_

**Age/Sex:**

**Patient Id No:**

[illegible]

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

Score and monitoring frequency	4	Every Hourly
	3	Every 2 <sup>nd</sup> Hourly
	2	Every 4 <sup>th</sup> Hourly



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Dr. RAJESH.V

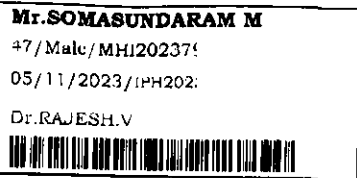
[illegible]



Date	From: 8/11/23	To: 9/11/23	Bed No:		<b>INTAKE &amp; OUTPUT CHART</b>								
24 Hrs : Started Time : 12.30		Ended Time : 7.00											
NPO Started at :		NPO Over at :											
SHIFT	Morning	Afternoon	Night	Restricted Fluid (RF)									
INTAKE	1225	425	650 ml	2.4 lit Day									
OUTPUT	400	1100	1000 ml										
Total Intake: 1550 ml		Total Output: 2500		Difference: 950 ml									
<b>INTAKE (ml)</b>				<b>OUTPUT (ml)</b>									
Time	Oral	Tube Feeding	Intravenous Infusion			Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount								
11.45	125				425	11.45	400				400		
14.00	100				525	14.00	650				1050		
14.15	125				650	17.30	450				1500		
16.30	150				800	19.00	600				2100		
17.30	100				900	4.00	400				2500		
19.00	200				1100								
21.00	100				1200								
22.00	200				1400								
5.30	150				1550								
													Nuc
													0024
							TOTAL INTAKE - 1550 ml						
							TOTAL OUTPUT - 2500 ml						
							BALANCE - 950 ml						



<b>Date</b>		<b>From:</b> 9/11/23		<b>To:</b> 10/11/23		<b>Bed No:</b> GW-4		<b>INTAKE &amp; OUTPUT CHART</b>							
<b>24 Hrs : Started Time :</b>		7:00		<b>Ended Time :</b>		7:00									
<b>NPO Started at :</b>				<b>NPO Over at :</b>											
<b>SHIFT</b>		Morning		Afternoon		Night									
<b>INTAKE</b>		450ml		500		1000 ml		<b>Restricted Fluid (RF)</b>							
<b>OUTPUT</b>		850ml		900		1400 ml									
<b>Total Intake:</b> 1950 ml				<b>Total Output:</b> 2850ml				<b>Difference:</b> 900ml							
<b>INTAKE (ml)</b>								<b>OUTPUT (ml)</b>							
Time	Oral	Tube Feeding	Intravenous Infusion				Time	Urine	Vomitus	N/G Aspirate	Drain Tube	Others		R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
9:30	450					200	9:00	300					300		
10:10	100					300									
11:30	150					450	11:40	250					550		
14:00	250					400	13:00	400					950		
15:00	150					850	14:00	500					1400		
18:00	100					250	20:30	600					2050		
20:30	200					1150	2:30	500					2550		
22:30	300					1450	6:30	300					2850		
2:30	300					1750									
6:30	200					1950									
															NCC 02/11/23
															TOTAL INTAKE - 1950 ml
															TOTAL OUTPUT - 2850 ml
															BALANCE - 900 ml



Medway  
**Heart**  
Institute

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[illegible]



Mr. SOMASUNDARAM M

47 / Male / MHI202379692

05/11/2023 / IPH202302190

Dr. RAJESH.V



**Department of Dietetics**

**NUTRITION ASSESSMENT AND CARE PLAN FORM**

Diagnosis: CAD - T2D / EF-61% / CABG / DM / HTN

Height: 158 cms Weight: 70 Kgs Food allergies: Yes/No, if yes, specify.....

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

Diet Prescription: NBM



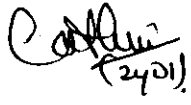

**SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)**

(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 checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Healthy	Mild co - morbidity	Moderate co - morbidity/ age >75 years	severe co - morbidity	Very severe multiple co - morbidity
B) Physical examination				
1) Decreased fat stores or loss of subcutaneous fat				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Normal	Mild	Moderate		Severe
2) Sign of muscle wasting				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Normal	Mild	Moderate		Severe
Total Score = Sum of above 7 components				
Nutritional Status : Based on this patient is				
Well Nourished		<input checked="" type="checkbox"/> (7 to 14)		
Moderately Mainnourished		<input type="checkbox"/> (15 to 18)		
Severely Mainnourished		<input type="checkbox"/> (19 to 35)		
Nutrition Intervention:				
<input checked="" type="checkbox"/> Oral		<input type="checkbox"/> Enteral		<input type="checkbox"/> Parenteral
Diet counselling provided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Frequency of re-assessment: <input type="checkbox"/> Fort - night <input type="checkbox"/> Monthly		
Enteral / Parenteral <input type="checkbox"/> Daily		Calorie count: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Dietitian Signature / Name / Date / Time:

*[Signature]* 05/11/23, 04:00

Mod  
S.

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
6/14/21, 14:00	<p>A 42-year old male came to 40 (R) shoulder pain associated with (L) side chest pain was assessed to be well nourished as evident by SGA.</p> <p>Keto - DM/HMN</p> <p>Patient shifted to <del>or</del> <sup>or</sup> for surgery (CABG) and kept on DMH. Patient <u>united</u> to sup. will initiate a diabetes; liquid diet as per doctor's advice.</p>	 Maria Catherine John (2401) Senior Dietitian
7/14/21, 12:40	<p>Patient <u>united</u> to step down to DMH ora. Patient presented diabetes; liquid well. Can initiate a diabetes; high protein, soft solid diet.</p>	 Maria Catherine John (2401) Senior Dietitian
8/14/21, 14:00	<p>Patient <u>united</u> to wound. Reemphasized on the diet restriction. Motivated to eat well.</p>	 (2401)
9/14/21, 10:00	<p>Oral intake is good. Diet modification and clarification done. Motivated to eat well.</p>	 (2401)

Department of Dietetics

**CARE PLAN FORM - A**

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
18/11/23, 10:00	<p>Diet intake is good. Educated the patient and family on 1600 calories, low fat, low salt, high protein, diabetic diet on discharge. Emphasized on small frequent meals &amp; low glycemic control. Diet modification and clarification done. Diet chart given on discharge.</p>	<p><i>[Signature]</i> Senior Dietitian</p>

## INTRAOPERATIVE NURSING RECORD

**Mr. SOMASUNDARAM M**

47 / Male / MHI202379692

05/11/2023 / IPH202302190

Dr. RAJESH.V



Consultant : Dr. RAJESH.V

Name of Surgery : OPCAB (CLOSED HEART)

Date of Surgery : 06/11/23

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 ☐ Bipolar

Tourniquet

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

Other equipment used :

Personal

☒ Surgeon Dr. Rajesh ☐ Asst. Dr. Praveen  
☒ Anaesthetist Dr. Jeeva ☐ Asst. Dr. Praveen

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
Pomson's	23 Fr	lt. Pleura				
Pomson's	23 Fr	mediastinum				

Urinary catheterization done by BACA used 14 Fr Foley's Catheter  
Sponge Count Record

Count	Raytex Sponges	Gauze Lined	Gauze Unlined	Neuro Patties	Tonsil cotton balls	Vein Canula	Bulldog clamp	Needle	Circ. Nurse sign	Scrub Nurse Sign
Pre-op	Correct	Correct					Correct	Correct	8/125	SK/031
Change over count	Correct	Correct					Correct	Correct	8/125	SK/031
First closure count	Correct	Correct					Correct	Correct	8/125	SK/031
Final closure count	Correct	Correct					Correct	Correct	8/125	SK/031

☒ Count Correct

Corrective action taken

Surgeon informed

Dressing / Cast Immobilizer

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

Transferred to : S & W ☐ Patient Room ☐ CCU ☐ Recovery Room

Scrub Nurse Signature SK/031

Name : R/W SAKTHIMAN

Date & Time : 06/11/23 @ 13:55

Circulating Nurse Signature 8/125

Name : R/W SUJATHA. A

Date & Time : 06/11/23 @ 13:55

sterile chest and Hand dressing done with Meper



Mr. SOMASUNDARAM M

47/Male/MHI202379692

05/11/2023/IPH202302190

Dr. RAJESH.V



## PSYCHOLOGICAL WELLBEING REPORT

Date: 10.11.23

Time: 2 rpm.

Unit: GW-4

Clinical diagnosis:

Surgery/ Procedure: OPCABG<sub>2</sub>

Impression: distressed due to son's demise.

Pt feeling down & understands their heart condition due to son's demise by an accident Feb, 23. Pt had reduced sleep since Feb'23. Pt also has increased financial burden. These could be the predisposing factors.

Employee ID: MH10275P84

*C. L. K.*  
Signature of the Psychologist:

## NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 5/11/23 Time of Arrival: 11:00 Mode of Admission: ☒ Walking ☐ Wheelchair ☐ Stretcher

Accompanied by Relative: ☒ Yes ☐ No If Yes, Name of the Relative: Mrs. Meena

Relationship with Patient: Wife Contact Person's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: 8939461060 Primary language spoken: ☒ Tamil ☐ English ☒ Indian ☐ International

Interpreter needed: ☐ Yes ☒ No

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

Menstrual History: LMP: \_\_\_\_\_ Menopause: \_\_\_\_\_

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

Drugs History: Antiplatelet (Specify) AR Stopped on 1/11/23

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

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

If Yes, specify details: \_\_\_\_\_

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

Vital Signs: Temp: 98.4 (°F) | Pulse / HR: 72 (beats/min) | BP: 130/80 (mmHg)

Respiration: 20 (breaths/min) | SpO<sub>2</sub>: 98 (%) | CBG: 72 (mg/dl) | Height: 158 (cms) | Weight: 69.25 (kgs)

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

If Yes, specify: \_\_\_\_\_

Pain: ☐ Yes ☒ No. If Yes, Score: 0/6 Pain Scale Used: ☐ Wong-Baker FACES Pain Rating Scale (7-12 years)

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

Duration: \_\_\_\_\_ Location: \_\_\_\_\_

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

### Nutritional Screening:

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

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

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

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: Mrs. Catherine Time: 11:30

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



**As per the score, tick the following appropriate boxes:**

**Low Risk Interventions (0 - 24)**

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

**Medium risk interventions (25 - 44)**

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

**High-risk interventions (above 45)**

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

**Initial Assessment to Special Needs and Vulnerability of Patient:**

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

## DVT RISK ASSESSMENT

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

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

### Risk Score Interpretation (Probability of DVT):

Tick the score obtained (✓)

### Final Score

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

### Personal Belongings / Valuables:

Valuables	Description	With Patient	With Patient's Attendant	Name & Signature of the Patient / Patient's Attendant	Remarks
Dentures	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both <input checked="" type="checkbox"/> Nil				
Hearing Aid	<input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Nil				
Eye glasses / Contact lens	<input 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
	<i>LB 0017</i>	Mrs. Meena	Relationship WIFE	5/11/23	11:20
Nurse	<i>Pdhu</i>	Pavithra	0072	5/11/23	11:20
Unit In-Charge	<i>De</i>	Dhan	0005	05/11/23	14:00



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/11/23

Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - TUD

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:

**B**

### BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: NKDA

On room air / oxygen: RA

IV fluids on flow: —

Complaints / New Symptoms in last shift: Nil

**A**

### ASSESSMENT

Vital Signs: Temp: 97.4 (°F) | Pulse / HR: 72 (beats/min) | Respiration: 20 (breaths/min)

BP: 158/125 (mmHg) | SpO<sub>2</sub>: 98 (%) | Height: 158 (cms) | Weight: 69.5 (kgs) | BMI: 27.2 kg/m<sup>2</sup>

Others: —

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

Fall Risk Score: 20 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: Tomorrow plan CABG

	Signature	Name	Emp. No.	Date	Time
Handover given by		Parthva	0052	5/11/23	13:00
Handover taken by		Devadhasini	0212	5/11/23	13:00
Document endorsed		Dharmaraj	0005	05/11/23	14:00

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/11/23

Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

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: -

**B**

### BACKGROUND

Type of surgery: -

Allergies if any: NKDA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 72 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO<sub>2</sub>: 98 (%) | Height: 158 (cms) | Weight: 69.75 (kgs) | BMI: -

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: DM Diet

Drains: -

**R**

### RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: Tomorrow plan CABG

	Signature	Name	Emp. No.	Date	Time
Handover given by	S. Di	S. Dhanaraj	0212	5/11/23	19:30
Handover taken by	F. Cathrine	F. Cathrine	0207	5/11/23	19:30
Document endorsed	DD	Dhanaraj	0005	05/11/23	8:00

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/11/23 Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: CAD-DVD

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: -

**B**

### BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: NKDP

On room air / oxygen: RD

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

**A**

### ASSESSMENT

Vital Signs: Temp: 98.2 (°F) | Pulse / HR: 92 brx (beats/min) | Respiration: 20 br (breaths/min)

BP: 154/102 (mmHg) | SpO<sub>2</sub>: 95 (%) | Height: 158 (cms) | Weight: 69.25 (kgs) | BMI: 27.7 Kg/m<sup>2</sup>

Others: NIL

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: Tomorrow plan CABG, NPO from 12MN

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>F. Catharine</u>	<u>F. Catharine</u>	<u>0207</u>	<u>6/11/23</u>	<u>7:30</u>
Handover taken by	<u>[Signature]</u>	<u>[Signature]</u>	<u>0005</u>	<u>6/11/23</u>	<u>7:30</u>
Document endorsed	<u>[Signature]</u>	<u>[Signature]</u>	<u>0005</u>	<u>06/11/23</u>	<u>8:00</u>

[illegible]





Mr. SOMASUNDARAM M

47/Male/MHI202379692

05/11/2023/IPH202302190

Dr. RAJESH.V



MHI/NUR/2022/048

### NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp No.			
	<b>CTOT RECEIVAL REPORT</b>				
	Patient Received From <u>ICU</u> To <u>CTOT</u> With Blue Op File And Case Sheet				
	ECG: (1) ECHO: (1) X-RAY: (1) ANGIO CD: <u>NIL</u>				
<u>06/11/23</u>	CT FILE: <u>NIL</u>				
<u>(2)</u>	Patient Posted For Procedure: <u>OPCAB (CH)</u>	<u>Sujatha A</u> <u>125</u>			
<u>9:35</u>	Under Anesthesia: <u>↓ GA</u>				
	Allergy Status: <u>Not known</u>				
	Known Case Of: <u>Δsis, CAD, TUD, normal LV, EF-61%,</u> <u>2 DM, HTN.</u>				
	Past Surgical History:				
	VITAL SIGN: TEMP: <u>92°F</u> HR: <u>92 bpm</u> SPO2: <u>98%</u> BP: <u>150/120 mmHg</u>				
	<b>CTOT SHIFTING REPORT</b>				
	Patient Shifted From <u>ST-OT</u> To <u>ICU</u> With Blue Op File And Case Sheet Along With				
	*Surgery Safety Check List				
	*Intra Operative Record				
<u>06/11/23</u>	*Nurses' Record				
<u>(2)</u>	ECG: (1) ECHO: (1) X-RAY: (1) ANGIO CD: <u>NIL</u>	<u>Sujatha A</u> <u>125</u>			
<u>13:55</u>	CT FILE: <u>NIL</u>				
	Patient Posted And Underwent For Procedure: <u>OPCAB (CH)</u>				
	Under Anesthesia: <u>↓ GA</u>				
	Procedure: <u>OPCAB (CH) LIMA → LAD</u> <u>Lt RADIAL → OM.</u>				
	Drain tube size and placement: <u>28Fr.</u>				
	Pacing wire placement: Present/Absent Site: <u>NIL</u>				
	Implants: <u>NIL</u>				
	Cautery burn/skin peeling/towel clip mark: Present/Absent Site: <u>NIL</u>				
	VITAL SIGN: TEMP: HR: SPO2: BP:				
	Notes: <u>Blood group → A<sup>+</sup>, Hb. 12 gms, 1 Open Resealed.</u>				
Document endorsed by	Signature <u>Sujatha A</u> <u>125</u>	Name <u>SUJATHA A</u>	Emp. No. <u>125</u>	Date <u>06/11/23</u>	Time <u>13:55</u>

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 6/11/23 Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - TUD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right:

Left:

Ryle's Tube: ☐ Yes ☒ No

Day:

Urinary Catheter: ☐ Yes ☒ No

Day:

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD:

Central line days: --

VIP Score: --

**B**

### BACKGROUND

Type of surgery: --

Date of surgery: --

Allergies if any: NIL DA

On room air / oxygen: IL

IV fluids on flow: --

Complaints / New Symptoms in last shift: NIL

**A**

### ASSESSMENT

Vital Signs: Temp: 96.4 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/70 (mmHg) | SpO<sub>2</sub>: 97 (%) | Height: 18 (cms) | Weight: 65.2 (kgs) | BMI: 27.7 kg/m<sup>2</sup>

Others: --

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

Fall Risk Score: 3 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: NPO

Drains: --

**R**

### RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:


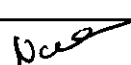
Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		<u>Pushpa</u>	<u>0082</u>	<u>6/11/23</u>	<u>9-20</u>
Handover taken by		<u>Shifted to OT</u>			
Document endorsed		<u>S. Nalini</u>	<u>0024</u>	<u>6/11/23</u>	<u>10:20</u>

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 6/11/23

Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: CUBITAL (D1) 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: DOS

Central line days: D1

VIP Score: 0.5

**B**

### BACKGROUND

Type of surgery: OPCAB x 2 VRAFTS

Allergies if any:

On robm air / oxygen: DN, O2 mode 5, 6lit

Complaints / New Symptoms in last shift:

Date of surgery: 6/11/23

IV fluids on flow: KABILUT C

**A**

### ASSESSMENT

Vital Signs: Temp 94.1 (°F) | Pulse / HR: 75 (beats/min) | Respiration: 15 (breaths/min)

BP: 141/83 (mmHg) | SpO<sub>2</sub>: 100 (%) | Height: 152 (cms) | Weight: 70 (kgs) | BMI: 27.7 kg/m<sup>2</sup>

Others: BSA - 1.75 m<sup>2</sup>

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

Fall Risk Score: 05 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Current diet:

NPO

Drains: MEDIASTINAL + LEFT 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:

	Signature	Name	Emp. No.	Date	Time
Handover given by	Maha	MAHALAKSHMI.M	0219	6/11/23	19.30
Handover taken by	Flora	FLORANCE.F	0034	6/11/23	19.30
Document endorsed	R. Nalin	R. Nalin	0004	6/11/23	20.00

## NURSES PROGRESS NOTES

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date:

6/11/23

Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: CAD - IVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: CUB 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: D03

Central line days: 15

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: ORCA

Allergies if any: NKDA

On room air / oxygen: ON O2 2L

Complaints / New Symptoms in last shift: -

Date of surgery: 6/11/23

IV fluids on flow: KABLYE

**A**

### ASSESSMENT

Vital Signs: Temp: 99.3 (°F) | Pulse / HR: 83 (beats/min) | Respiration: 16 (breaths/min)

BP: 160/88 (mmHg) | SpO<sub>2</sub>: 100 (%) | Height: 168 (cms) | Weight: 70 (kgs) | BMI: 24.7 / kg/m<sup>2</sup>

Others: CVP - 8 mmHg, BSA: 1.75 m<sup>2</sup>

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 (oi)

Current diet: Liquid diet

Drains: Medastid and left pleural

**R**

### RECOMMENDATION

Referral doctors: Dr. praveen jeyakumar.

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>[Signature]</i>	DR. FLORANCE J	0024	7/11/23	8:00
Handover taken by	<i>[Signature]</i>	MARICIAUS HMI-M	0219	7/11/23	7:00
Document endorsed	<i>[Signature]</i>	& Nalini	0024	7/11/23	8:00

## NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
6/11/23 19-7.00	took over the patient in a haemodynamically maintaining condition without supports. He is conscious, orientated and afebrile.	R/N Javis/0024
20.30	He had cath and tolerated well.	
21.00	Due medications given.	
21.15	Nubelization given with Levulin 0.63mg and apnoea encouraged.	R/N Javis/0024
22.00	back care given. Apnea intact.	
22.30	Emp. paracetamol 1gm iv given as per doc.	R/N Javis/0024
00.00	Assessment done and interpreted.	
04.30	Blood sample collected and sent for toxicology investigation.	
5.00	Oral care given and sponge bath given.	R/N Javis/0024
5.30	Nubelization given and Apnea encouraged. Line care and catheter care given with baseline vitals under aseptic precautions.	R/N Javis/0024
6.00	patient condition improved to Dr. Ambrose, No special orders.	
	ABG taken values satisfactory.	
7.00	He got handed over to Night duty staff in a haemodynamically stable condition without supports.	R/N Javis/0024
Document endorsed by	Signature Nees	Name S. Nalini
		Emp. No. 0024
		Date 7/11/23
		Time 8:00



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 7/11/23

Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD-TWO

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right: CAPITAL (D2)

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☐ No

Barrier nursing: ☒ Yes ☐ No

Left:

Day:

Day:

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

GCS: 15/15

POD: I

Central line days: P2

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCAB x 2 VENTS

Allergies if any: NEDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift:

Date of surgery: 6/11/23

IV fluids on flow: —

**A**

### ASSESSMENT

Vital Signs: Temp: 97.4 (°F) | Pulse / HR: 100 (beats/min) | Respiration: 26 (breaths/min)

BP: 146/95 (mmHg) | SpO<sub>2</sub>: 98 (%) | Height: 158 (cms) | Weight: 70 (kgs) | BMI: 27.7 kg/m<sup>2</sup>

Others: Cup: 10 mmHg BSA: 1.75 m<sup>2</sup>

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

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: MEDASTINAL AND LEFT PLEURAL

**R**

### RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: Nil

	Signature	Name	Emp. No.	Date	Time
Handover given by	Maha	MAHARAJA SUNDARAM M	0229	7/11/23	2-30
Handover taken by	M. Raju	G. PRIVANNA	0139	7/11/23	2-30
Document endorsed	Dr. Raju	S. Nalini	0084	7/11/23	13:00



[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 7/11/23

Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: WBIT 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: D1

Central line days: D2

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: ORAB x 2 biapts

Allergies if any: NKDA

On room air / oxygen: on Room air

Complaints / New Symptoms in last shift: -

Date of surgery: 6/11/23

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp: 97 (°F) | Pulse / HR: 74 (beats/min) | Respiration: 18 (breaths/min)

BP: 102/62 (mmHg) | SpO<sub>2</sub>: 92 (%) | Height: 158 (cms) | Weight: 70 (kgs) | BMI: 27.7 kg/m<sup>2</sup>

Others: BGA - 1.7m<sup>2</sup>

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

Fall Risk Score: 56 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: NIL

**R**

### RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

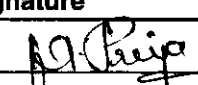

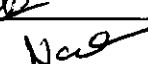
Pending lab reports / Investigations:

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: OPD due

	Signature	Name	Emp. No.	Date	Time
Handover given by		<u>N. PRIYANKA</u>	<u>0139</u>	<u>7/11/23</u>	<u>19:30</u>
Handover taken by		<u>Sathya Vani</u>	<u>0265</u>	<u>7/11/23</u>	<u>19:30</u>
Document endorsed		<u>N. Nalini</u>	<u>0024</u>	<u>7/11/23</u>	<u>20:00</u>

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 7/11/23

Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: CAD - TUD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: CUBITUS 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: I

Central line days: D2

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCAB X 3 GRAFTS

Allergies if any: NK

On room air / oxygen: ON O2 2 lit

Complaints / New Symptoms in last shift: -

Date of surgery: 6/11/23

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp: 98.5 (°F) | Pulse / HR: 100 (beats/min) | Respiration: 14 (breaths/min)

BP: 116/20 (92) mmHg | SpO<sub>2</sub>: 96 (%) | Height: 155 (cms) | Weight: 70 (kgs) | BMI: 29.7 kg/m<sup>2</sup>

Others: BSA - 1.7 m<sup>2</sup>

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: Benissolid

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		Sathya Vani	0265	8/11/23	7.20
Handover taken by	D. Sheelva	D. Sheelva	0270	08/11/23	7.30
Document endorsed		S. Nalini	0084	8/11/23	8.00

### NURSES PROGRESS NOTES

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 08/11/23

Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - TUD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: CUBA 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: D3

VIP Score: 015

**B**

### BACKGROUND

Type of surgery: OPCAB x 2 UTRAFIS

Date of surgery: 06/11/23

Allergies if any: NEDA

On room air / oxygen: ON Room Air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

**A**

### ASSESSMENT

Vital Signs: Temp: 98.1°F | Pulse / HR: 100 (beats/min) | Respiration: 22 (breaths/min)

BP: 130/60 (mmHg) | SpO<sub>2</sub>: 92% | Height: 180 (cms) | Weight: 70 (kgs) | BMI: 27.7 kg/m<sup>2</sup>

Others: BSA - 1.7 m<sup>2</sup>

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: Soft DIET

Drains: -

**R**

### RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by	D. Sheeba	D. Sheeba	0270	08/11/23	12.30
Handover taken by	A. Nanthini	A. Nanthini	0170	08/11/23	12.30
Document endorsed	P. Nalin	P. Nalin	0084	08/11/23	1300

## NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
08/11/23 7-30	Morning duty Reports on 08/11/23.	
9.00	Patient taken over the pt from night duty staff. pt is conscious and oriented. vitals monitored. pt is haemodynamically stable. pt is on Room Air, HR-98, BP-130/60 (#1) mmHg, SpO <sub>2</sub> -92% * pt had food and water. due medications given as per doctor's chart.	Shukla 0570
10.00	* pt passed urine in Loom, vitals monitored. mobilized well. 2 to Chart maintained. @ 11.30. pt IJV line removed slifting notes	Shukla 0570
11.45	* pt is conscious and oriented. vitals monitored. 2 to chart monitored. HR-86 bmt, SpO <sub>2</sub> -94% on Room Air. pt shifted to 2 <sup>nd</sup> floor (Gru)	Shukla 0570
Document endorsed by	Signature Nalin	Name S. Nalin;
		Emp. No. 0024
		Date 8/11/23
		Time 12:00

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 8/11/23 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

Central line days:

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OP CABX 2 GRAFTS

Date of surgery: 6/11/23

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: 97.6°F | Pulse / HR: 95 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/70 (mmHg) | SpO<sub>2</sub>: 93 (%) | Height: 158 (cms) | Weight: 70 (kgs) | BMI: 27.7 kg/m<sup>2</sup>

Others:

Pain Score: 1/11 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

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

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

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

Current diet:

Drains:

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: 8/11/23

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>A. Nanthini</u>	<u>0170</u>	<u>8/11/23</u>	<u>19.30</u>
Handover taken by	<u>[Signature]</u>	<u>M. Revathi</u>	<u>0225</u>	<u>8/11/23</u>	<u>19.30</u>
Document endorsed	<u>[Signature]</u>	<u>S. Nalini</u>	<u>0084</u>	<u>8/11/23</u>	<u>20:00</u>



[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: **8/11/23**

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**

Central line days: -

VIP Score: **0/5**

**B**

### BACKGROUND

Type of surgery: **OPCABX24RAFTS**

Allergies if any: **NKDA**

On room air / oxygen: **on room air**

Complaints / New Symptoms in last shift: -

Date of surgery: **6/11/23**

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp: **96.7** (°F) | Pulse / HR: **85** (beats/min) | Respiration: **20** (breaths/min)

BP: **130/70** (mmHg) | SpO<sub>2</sub>: **95** (%) | Height: **158** (cms) | Weight: **70** (kgs) | BMI: **27.7 kg/m<sup>2</sup>**

Others: -

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

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

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

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

Current diet:

**Diabetic diet**

Drains: -

**R**

### RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

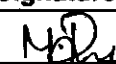

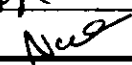
Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		<b>N. Revathi</b>	<b>0225</b>	<b>9/11/23</b>	<b>7.30</b>
Handover taken by		<b>S. Nalini</b>	<b>0084</b>	<b>9/11/23</b>	<b>8.30</b>
Document endorsed		<b>N. Revathi</b>	<b>0084</b>	<b>9/11/23</b>	<b>8.30</b>

**NURSES PROGRESS NOTES**

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/11/23 Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: AD-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: HL

Central line days: -

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCAB X 2 GRAFTS

Allergies if any: NKDA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: -

Date of surgery: 6/11/23

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp: 97 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO<sub>2</sub>: 96 (%) | Height: 158 (cms) | Weight: 70 (kgs) | BMI: 27.7 kg/m<sup>2</sup>

Others: -

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

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

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

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

Current diet: DN 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	S. D. S.	S. Dhandachari	0212	9/11/23	12:30
Handover taken by	S. D. S.	S. Dhandachari	0212	9/11/23	12:30
Document endorsed	N. S.	S. Nalini	0024	9/11/23	13:00

NURSES PROGRESS NOTES					
Date & Time	Observations / Action			Signature with Emp. No.	
9/11/23 7:30	Morning Duty Notes - Patient taken over from night duty staff - While take over patient is hemodynamically stable - 3rd pop			Pasha	
8:30	- Dec medications given as per chart			Pasha	
8:40	- Patient 8/8 Dr. Ambrose S's advised to do suture removal & investigations today discharge tomorrow			Pasha	
9:00	- Suture removal done			Pasha	
10:00	- Vital signs checked & recorded				
12:45	- ECG, Echo, X-ray done			Pasha	
13:00	- Patient handed over to evening duty staff			Pasha	
Document endorsed by	Signature <i>Nee</i>	Name S. Nalini	Emp. No. 0084	Date 9/11/23	Time 1400

**Document  
endorsed by**

**Signature**

Not

Name

*E. nalis*

**Emp. No.**

0024

Date \_\_\_\_\_

9/11/23

Time

140

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/11/23 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: 11

Central line days: —

VIP Score: 05

**B**

### BACKGROUND

Type of surgery: OP CAB x 2 CYPARTS

Allergies if any: 1/20A

On room air / Oxygen: on Room Air

Complaints / New Symptoms in last shift: —

Date of surgery: 6/11/23

IV fluids on flow: —

**A**

### ASSESSMENT

Vital Signs: Temp: 98.4 (°F) | Pulse / HR: 110 (beats/min) | Respiration: 20 (breaths/min)

BP: 128/85 (mmHg) | SpO<sub>2</sub>: 91 (%) | Height: 158 (cms) | Weight: 70 (kgs) | BMI: 27.4 kg/m<sup>2</sup>

Others: —

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

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

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

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

Current diet: DM diet

Drains: —

**R**

### RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —



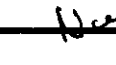
Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by		<u>M. David</u>	<u>002</u>	<u>9/11/23</u>	<u>19.30</u>
Handover taken by		<u>M. Parathi</u>	<u>0025</u>	<u>9/11/23</u>	<u>19.30</u>
Document endorsed		<u>S. Nalini</u>	<u>0024</u>	<u>9/11/23</u>	<u>20.00</u>

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200

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/11/23

Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left:

Day:

Day:

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

GCS: 15/15

POD: 11

Central line days: -

VIP Score: -

**B**

### BACKGROUND

Type of surgery: OP CAB X 24 RAFTS

Allergies if any: NKDA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: -

Date of surgery: 6/11/23

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp: 96.5 (°F) | Pulse / HR: 100 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO<sub>2</sub>: 96 (%) | Height: 158 (cms) | Weight: 70 (kgs) | BMI: 27.7 kg/m<sup>2</sup>

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:



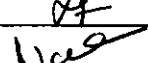
Pending lab reports / Investigations:

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 discharge.

	Signature	Name	Emp. No.	Date	Time
Handover given by		<u>M. Revathi</u>	<u>0225</u>	<u>10/11/23</u>	<u>7.30</u>
Handover taken by		<u>Agusthiya</u>	<u>0116</u>	<u>10/11/23</u>	<u>8.00</u>
Document endorsed		<u>S. Nalini</u>	<u>0084</u>	<u>10/11/23</u>	<u>8.00</u>



NURSES PROGRESS NOTES					
Date & Time	Observations / Action			Signature with Emp. No.	
9/11/23 at 19.30	Night duty Note.  Pt hand over taken to the evening duty staff. ⇒ conscious & oriented. - Pt hemodynamically stable Stable. ⇒ vitals are stable.				
20.30	- Pt had a Diabetic diet → Medication given as per drug chart.				
21.00	- Pt good mobilized. - Pt was stable & no have complaints				
22.00	→ Nebulization was given. - Today suture removal done = Surgical site No Dressing = Tomorrow Plan discharge.				
00.00	- Pt sleeping well,				
4.00	- Pt was deep sleep & NO have complaints				
6.00	⇒ Nebulization was stable. Vitals checked & recorded - I/O Chart monitored.				
7.30	⇒ PT hand over given to the morning duty staff.				
<hr/>					
Document endorsed by	Signature	Name	Emp. No.	Date	Time
	Nae	S. Nalini	8084	10/11/23	8:00

**Document  
endorsed by**

**Signature**

Nae

Name

S. Nalini

**Emp. No.**

9084

Date \_\_\_\_\_

10/11/23

Time

850

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 10/11/23

Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - PVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism: 0

GCS: 15/15

POD: 11

Central line days: -

VIP Score: -

**B**

### BACKGROUND

Type of surgery: OP CAB 2 grafts

Date of surgery: 6/11/23

Allergies if any: NOKA

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: 79 (beats/min) | Respiration: 22 (breaths/min)

BP: 100/70 (mmHg) | SpO<sub>2</sub>: 98 (%) | Height: 152 (cms) | Weight: 70 (kgs) | BMI: 29.7 kg/m<sup>2</sup>

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: 7 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: 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: today plan discharge.

	Signature	Name	Emp. No.	Date	Time
Handover given by	A	S. Nalin	011	10/11/23	12.30
Handover taken by	Ai	A. Anthea	011	10/11/23	12.30
Document endorsed	Wes	S. Nalin	0024	10/11/23	13.00

## NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
	Morning duty notes	
10/11/23 7.30	Pt waking over from the night duty staff Pt conscious & oriented Pt fed on normal diet	Bois
09.30	Medication administration as per drug chart Dr. Ambarak for SIB Pt to advised Ambly plan discharge.	Bois
11.30	vital signs read & monitored Eco chart monitored	
12.00	Pt changing over to the Evening duty staff	Bois
	Discharge notes	
18.00	patient discharge summary explained to the patient attender	Si 02
18.00	⇒ patient vital signs stable	
	⇒ patient Advice medication explained	
18.00	⇒ patient Line removed ⇒ ID band removed	Si 02
Document endorsed by	Signature Nee	Name S. Nalini
	Emp. No. 0084	Date 10/11/23
		Time 12:00

# ADULT NURSING CARE PLAN

Mr. SOMASUNDARAM M

47/Male/MHI202379692

05/11/2023/IPH202302190

Dr. RAJESH.V



MHI/NUR/2022/044




Every heart beat counts

Initial Date: 5/11/23 Time: 11-00		Modified Date: Time:	
Reason for Modification:		Diagnosis: CAD - TUD	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
<b>NUTRITION</b> <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input 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 It had DM Diet NPT had DM diet
<b>OXYGENATION</b> <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O <sub>2</sub> <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 <sub>2</sub> 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 <sub>2</sub> saturation and pulse rate <input type="checkbox"/> If any O <sub>2</sub> 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 Pt on Room air N Pt is on room air
<b>FLUID &amp; ELECTROLYTES</b> <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Takes adequate oral fluids E Pt Flt Chart monitored N Pt I/O Chart maintained

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>MOBILITY</b> <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input checked="" type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Pt mobilized well E pt mobilized well N Patient well mobilized	Ash S.D. 0207
<b>ELIMINATION</b> <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 checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as toley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Self voiding E pt self voided N pt self voided	Ash S.D. 0211 R.C 0207
<b>SKIN INTEGRITY</b> <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI <b>GRADES OF PRESSURE INJURY</b> <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input checked="" type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M Maintains normal skin integrity E Pt skin is normal Integrity N pt skin integrity normal	Ash S.D. 0211 R.C 0207

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

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials	
<b>COMMUNICATION</b> <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M effective verbal communications E Pt communication is well N Pt well communicated	RBR S.D. PC 0207	
<b>SPECIAL INTERVENTIONS</b> <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 order E Due medication given N Due medication given	RBR S.D. PC 0207	
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Dharamvir	0005	06/11/23	8:00

## ADULT NURSING CARE PLAN

Mr. SOMASUNDARAM M

+7 / Male / MHI202379692

05/11/2023 / IPH202302190

Dr. RAJESH.V



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 6/11/23		Time: 8:00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CAD - DVD DVD			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
<b>NUTRITION</b> <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M	NPO			
			E				
			N				
<b>OXYGENATION</b> <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O <sub>2</sub> <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 <sub>2</sub> 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 <sub>2</sub> saturation and pulse rate <input type="checkbox"/> If any O <sub>2</sub> 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				
<b>FLUID &amp; ELECTROLYTES</b> <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 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	NPO			
			E				
			N				



Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>MOBILITY</b> <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Diet no Edged well  E  N	Poffn   
<b>ELIMINATION</b> <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input 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 / Hemetemeses as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M self voiding  E  N	Poffn   
<input checked="" type="checkbox"/> <b>SKIN INTEGRITY</b> <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI  <b>GRADES OF PRESSURE INJURY</b> <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 Pre paration done  E  N	Poffn   

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>COMMUNICATION</b> <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M <i>effective verbal communication</i> E N	<i>pat</i>   
<b>SPECIAL INTERVENTIONS</b> <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M <i>medication given as per order</i> E N	<i>pat</i>   
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>Nes</i>	<i>S. Nalini</i>	<i>0024</i>	<i>6/11/23</i>	<i>18:00</i>



## ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 6/11/23 Time: 16.00		Modified Date: — Time: —		
Reason for Modification: —		Diagnosis: CAD - T.V.D.		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>PAIN</b> <input type="checkbox"/> Comfortable Position <input 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 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	<b>M</b> <b>E</b> Administered pain medication as per order <b>N</b> Administered dose analgesics as per order.	<b>Dr. SUG.</b> <b>Dr. SUG.</b>
<b>OXYGENATION</b> <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 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	<b>M</b> <b>E</b> On O2 mask <b>N</b> SpO2 - 100% on Nasal prongs.	<b>Dr. SUG.</b> <b>Dr. SUG.</b>
<b>ANXIETY</b> <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	<b>M</b> <b>E</b> A/N <b>N</b>	<b>Dr. SUG.</b> <b>Dr. SUG.</b>
<b>MOBILITY</b> <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)	<b>M</b> <b>E</b> On Bed Rest - d/c <b>N</b> on bed rest	<b>Dr. SUG.</b> <b>Dr. SUG.</b>

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>FLUID &amp; ELECTROLYTE</b> <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M	
			E Monitors intake and output	pac 02/19
			N Monitored I/O IV line patient	pac 02/19
<b>RISK OF INFECTION</b> <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input checked="" type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons	M	
			E Aseptic techniques followed	pac 02/19
			N Aseptic techniques followed	pac 02/19
<b>RISK OF FALL</b> <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 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	pac 02/19
			N fall risk precautions followed	pac 02/19
<b>SKIN &amp; WOUND CARE</b> <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 No oozing - skin intact	pac 02/19
			N drain intact	pac 02/19
<b>DIET &amp; NUTRITION</b> <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 NPO	pac 02/19
			N ON IVF 100ml/hr	pac 02/19

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation		Sign & Initials
<b>CARE OF CATHETERS, DRAINS, ETC.</b>		<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		
				E	on CBD output adequate	MS
				N	on CBD urine output adequate	MS
<b>DISTURBED BODY IMAGE</b>		<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	Nn	MS
				N		
<b>OBSERVATION</b> <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		
				E	Vitals stable hemodynamically	MS
				N	hemodynamically stable	MS
<b>HEALTH EDUCATION</b> <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	Gained knowledge regarding treatment	MS
				N		
<b>ANY OTHER NEEDS</b>				M		
				E		
				N		
Endorsed by	Signature	Name	Emp. ID		Date	Time
	MS	S. Nalini	0024		6/11/23	18:00



## ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 7/11/23 Time: 10:00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - TUD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>PAIN</b> <input type="checkbox"/> Comfortable Position <input checked="" type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input checked="" type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Administered pain medication as prescribed E Provided comfortable position N Provided comfortable position for patient	Dr. 02/5 NP 10/31 J. 02/5
<b>OXYGENATION</b> <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 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 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 Room air E Patient is on room air N On O2 2 lit	M 02/5 NP 12/3 J. 02/5
<b>ANXIETY</b> <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 NA E NA N NA	M 02/5 NP 10/31 J. 02/5
<b>MOBILITY</b> <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" 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 Patient mobilized after drain removal E Patient is on bed rest N On bed rest	M 02/5 NP 10/31 J. 02/5

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>FLUID &amp; ELECTROLYTE</b> <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input checked="" type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	<p>M <i>Monitors intake and output</i></p> <p>E <i>Monitored I/O chart</i></p> <p>N <i>Maintained I/O every hour.</i></p>	<p><i>Mal 0219</i></p> <p><i>MR 0137</i></p> <p><i>bi 0205</i></p>
<b>RISK OF INFECTION</b> <input checked="" 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 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	<p>M <i>Aseptic techniques followed</i></p> <p>E <i>NO signs of infection</i></p> <p>N <i>Followed aseptic precautions.</i></p>	<p><i>Mal 0219</i></p> <p><i>MR 0137</i></p> <p><i>bi 0205</i></p>
<b>RISK OF FALL</b> <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input checked="" type="checkbox"/> Dependent State	<input type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input checked="" type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	<p>M <i>Fall risk precautions followed</i></p> <p>E <i>safety precaution should be maintained</i></p> <p>N <i>Provided safe environment.</i></p>	<p><i>Mal 0219</i></p> <p><i>MR 0137</i></p> <p><i>bi 0205</i></p>
<b>SKIN &amp; WOUND CARE</b> <input type="checkbox"/> Observe REEDA <input checked="" type="checkbox"/> Oozing <input checked="" 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	<p>M <i>No oozing. Skin intact.</i></p> <p>E <i>No oozing, drain site is intact</i></p> <p>N <i>Skin is intact.</i></p>	<p><i>Mal 0219</i></p> <p><i>MR 0137</i></p> <p><i>bi 0205</i></p>
<b>DIET &amp; NUTRITION</b> <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 checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input checked="" type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	<p>M <i>On liquid diet. Tolerated well.</i></p> <p>E <i>Patient is on soft diet</i></p> <p>N <i>Encouraged to take adequate nutrition.</i></p>	<p><i>Mal 0219</i></p> <p><i>MR 0137</i></p> <p><i>bi 0205</i></p>



Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials	
<b>CARE OF CATHETERS, DRAINS, ETC.</b>		<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 On CBD. output Adequate. E ON CBD, urine output is adequate. N Observed I/O chart every hour.	[Signature] 8/2/23	
<b>DISTURBED BODY IMAGE</b>		<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 NA E NA N NA	[Signature] 8/2/23 [Signature] 8/2/23 [Signature] 8/2/23	
<b>OBSERVATION</b> <input 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"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input checked="" type="checkbox"/> Monitor GCS of patient	M Vitals stable hemodynamically E Monitored vitals signs N Monitored vitals & GCS.	[Signature] 8/2/23 [Signature] 8/2/23 [Signature] 8/2/23	
<b>HEALTH EDUCATION</b> <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input checked="" type="checkbox"/> Provide proper education regarding follow-up diet <input 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 regarding diet E Educated about diet N Educated regarding diet.	[Signature] 8/2/23 [Signature] 8/2/23 [Signature] 8/2/23	
<b>ANY OTHER NEEDS</b>				M E N		
Endorsed by	Signature		Name	Emp. ID	Date	Time
	[Signature]		R. Nalini	0084	7/11/23	16:40


## ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 8/11/23 Time: 8-00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - TVD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>PAIN</b> <input type="checkbox"/> Comfortable Position <input 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 type="checkbox"/> Administer pain medication as prescribed and as needed <input checked="" type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Provide Comfortable position E Provide Comfortable position N Provide comfortable position	8/11/23 [Signature] [Signature] [Signature]
<b>OXYGENATION</b> <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 checked="" type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input checked="" type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M Pt is on Room Air, SpO <sub>2</sub> - 91% E Patient is on Room Air N Pt is on room air	[Signature] [Signature] [Signature]
<b>ANXIETY</b> <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 - N -	
<b>MOBILITY</b> <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 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 Provide Safe Environment E Patient mobilized well N Pt good mobilized	8/11/23 [Signature] [Signature] [Signature]

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>FLUID &amp; ELECTROLYTE</b> <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input 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	2 to chart was maintained M E I/O chart monitored N I/O chart monitored	sf 05/20 [Signature] 05/20
<b>RISK OF INFECTION</b> <input type="checkbox"/> Prevent Infection <input checked="" type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input 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 type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	no oozing in surgical site M E Use aseptic technique N use aseptic technique	sf 05/20 [Signature] 05/20
<b>RISK OF FALL</b> <input checked="" type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input 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 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	provide safe environment M E - N -	sf 05/20 [Signature] 05/20
<b>SKIN &amp; WOUND CARE</b> <input type="checkbox"/> Observe REEDA <input checked="" type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input checked="" type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input 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	no oozing in surgical site M E No oozing N NO Oozing	sf 05/20 [Signature] 05/20
<b>DIET &amp; NUTRITION</b> <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 checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input checked="" type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	encourage to take adequate nutrition M E DM diet N Pt had DM diet	sf 05/20 [Signature] 05/20

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>CARE OF CATHETERS, DRAINS, ETC.</b>		<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 maintained 210 chart	AD
				E maintained 210 chart	AD
				N I/O chart monitored	
<b>DISTURBED BODY IMAGE</b>		<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 -	
<b>OBSERVATION</b> <input checked="" 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 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 monitored vital signs	sl 0210
				E Monitored vital signs	AD 0210
				N monitored vital	AD 0210
<b>HEALTH EDUCATION</b> <input checked="" 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 checked="" type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input checked="" 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 Educate about pt regarding Diet @ 210 stay	sl 0210
				E Health Education	AD 0210
				N provide health education	AD 0210
<b>ANY OTHER NEEDS</b>				M -	
				E -	
				N -	
Endorsed by	Signature	Name	Emp. ID	Date	Time
	AD	S. Nalen	0084	8/11/23	15:00

# ADULT NURSING CARE PLAN

Pat: **Mr. SOMASUNDARAM M**  
Nai: 47 / Male; MH1202379692  
UH: 05/11/2023/1PH202302190  
DO: Dr. RAJESH.V  
DO:   
Cor:

MHI/NUR/2022/044



Every heart beat counts

Initial Date: 9/11/23 Time: 8.00		Modified Date: Time:	
Reason for Modification:		Diagnosis: CAD-DVD	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Sign & Initials
<b>NUTRITION</b> <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input checked="" type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Takes normal diet Postn
			E pt Normal diet Son
			N pt had DM diet MD 05/5
<b>OXYGENATION</b> <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O <sub>2</sub> <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 <sub>2</sub> 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 <sub>2</sub> saturation and pulse rate <input type="checkbox"/> If any O <sub>2</sub> abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Patient is on room air Postn
			E pt room air Son
			N pt is on room air MD 05/5
<b>FLUID &amp; ELECTROLYTES</b> <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 Postn
			E pt takes adequate oral fluids Son
			N No chart monitoring MD 05/5

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>MOBILITY</b> <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Patient mobilized freely E pt mobilizing freely N PE good mobilized.	PSH JG KPS
<b>ELIMINATION</b> <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-continnence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M self voiding E pt self voidity N Normal Elimination Pattern	PSH JG KPS
<b>SKIN INTEGRITY</b> <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI <b>GRADES OF PRESSURE INJURY</b> <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 pt NO oozing surgical site N Maintain normal skin integrity	PSH JG KPS

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>COMMUNICATION</b> <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 checked="" type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M Effective verbal communication E pt effectively communicate N Pt 4009 communicate	P.H. S. M.D.
<b>SPECIAL INTERVENTIONS</b> <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input 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 pt medication given as per chart N Due drug are given	P.H. S. M.D.
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nas	S. Nalini	0084	9/11/23	16:00



# ADULT NURSING CARE PLAN

Patie: **Mr. SOMASUNDARAM M**  
Name: 47 / Male / MHI202379692  
UHID: 05/11/2023 / IPH202302190  
DOB: Dr. RAJESH.V  
DOA:  
Consl:

Initial Date: 10/11/23		Time: 8.00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CAD-DVD			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
<b>NUTRITION</b> <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt kept on diet	Sub			
			E				
			N				
<b>OXYGENATION</b> <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O <sub>2</sub> <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 <sub>2</sub> 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 <sub>2</sub> saturation and pulse rate <input type="checkbox"/> If any O <sub>2</sub> abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Pt on room air	Sub			
			E				
			N				
<b>FLUID &amp; ELECTROLYTES</b> <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M monitored	Sub			
			E				
			N				

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>MOBILITY</b> <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M P of co ell mobilized E N	Bob
<b>ELIMINATION</b> <input checked="" type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input 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 / Hemetemeses as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M P no b voiding E N	Bob
<b>SKIN INTEGRITY</b> <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI <b>GRADES OF PRESSURE INJURY</b> <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 maintained Normal skin E N	Bob

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>HYGIENE</b> <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input checked="" 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 PA w/ 04 groomed E N	Bbb   
<b>SAFETY</b> <input checked="" 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 clear ID band E N	Bbb   
<b>COMFORT AND SLEEP</b> <input checked="" type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input checked="" type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M w/ no pain, clean room E N	Bbb   
<b>OBSERVATION</b> <input 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	monitored vitals E N	Bbb   
<b>PSYCHOLOGICAL / SPIRITUAL SUPPORT</b> <input checked="" type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input checked="" 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 checked="" type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M provided spiritual support E N	Bbb   

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>COMMUNICATION</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M <i>pt well communicated</i> E N	<i>EB</i>
<b>SPECIAL INTERVENTIONS</b> <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 <i>also drug given</i> E N	<i>EB</i>
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>Nad</i>	<i>S. nalani</i>	<i>0024</i>	<i>10/11/23</i>	<i>14:00</i>



## BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

<b>SENSORY PERCEPTION</b> ability to respond meaning-fully to pressure-related discomfort	<b>1. Completely Limited</b> 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	<b>2. Very Limited</b> 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	<b>3. Slightly Limited</b> 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	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4
<b>MOISTURE</b> degree to which skin is exposed to moisture	<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	<b>2. Very Moist</b> Skin is often, but not always moist. Linen must be changed at least once a shift	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day	<b>4. Rarely Moist</b> Skin is usually dry, linen only requires changing at routine intervals	4	4	4
<b>ACTIVITY</b> degree of physical activity	<b>1. Bedfast</b> Confined to bed	<b>2. Chairfast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	<b>4. Walks Frequently</b> Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4
<b>MOBILITY</b> ability to change and control body position	<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	<b>3. Slight Limited</b> Makes frequent through slight changes in body or extremity position independently	<b>4. No Limitation</b> Makes major and frequent changes in position without assistance	4	4	4
<b>NUTRITION</b> usual food intake pattern	<b>1. Very Poor</b> 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	<b>2. Probably Inadequate</b> 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	<b>3. Adequate</b> 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	<b>4. Excellent</b> 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	4	4
<b>FRICTION &amp; SHEAR</b>	<b>1. Problem</b> 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	<b>2. Potential Problem</b> 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	<b>3. No Apparent Problem</b> 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
<b>TOTAL SCORE</b>					22	23	23
<b>Initial &amp; Emp. No. of Staff Nurse:</b>					20/11/23	20/11/23	20/11/23
<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>					20/11/23	20/11/23	20/11/23

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

## BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

<b>SENSORY PERCEPTION</b> ability to respond meaning-fully to pressure-related discomfort	<b>1. Completely Limited</b> Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation <b>OR</b> limited ability to feel pain over most of body	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness <b>OR</b> has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or the need to be turned <b>OR</b> had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4		
<b>MOISTURE</b> degree to which skin is exposed to moisture	<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	<b>2. Very Moist</b> Skin is often, but not always moist. Linen must be changed at least once a shift	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day	<b>4. Rarely Moist</b> Skin is usually dry, linen only requires changing at routine intervals	4		
<b>ACTIVITY</b> degree of physical activity	<b>1. Bedfast</b> Confined to bed	<b>2. Chairfast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	<b>4. Walks Frequently</b> Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4		
<b>MOBILITY</b> ability to change and control body position	<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	<b>3. Slight Limited</b> Makes frequent through slight changes in body or extremity position independently	<b>4. No Limitation</b> Makes major and frequent changes in position without assistance	4		
<b>NUTRITION</b> usual food intake pattern	<b>1. Very Poor</b> 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 <b>OR</b> is NPO and / or maintained on clear liquids or IV's for more than 5 days	<b>2. Probably Inadequate</b> 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	<b>3. Adequate</b> 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 <b>OR</b> is on a tube feeding or TPN regimen which probably meets most of nutritional needs	<b>4. Excellent</b> 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		
<b>FRICTION &amp; SHEAR</b>	<b>1. Problem</b> 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	<b>2. Potential Problem</b> 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	<b>3. No Apparent Problem</b> 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		
<b>TOTAL SCORE</b>					22		
<b>Initial &amp; Emp. No. of Staff Nurse:</b>					22		
<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>					25		

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



## BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

<b>SENSORY PERCEPTION</b> ability to respond meaningfully to pressure-related discomfort	<b>1. Completely Limited</b> Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation <b>OR</b> limited ability to feel pain over most of body	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness <b>OR</b> has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or the need to be turned <b>OR</b> had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort		3	3	
<b>MOISTURE</b> degree to which skin is exposed to moisture	<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	<b>2. Very Moist</b> Skin is often, but not always moist. Linen must be changed at least once a shift	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day	<b>4. Rarely Moist</b> Skin is usually dry, linen only requires changing at routine intervals		2	2	
<b>ACTIVITY</b> degree of physical activity	<b>1. Bedfast</b> Confined to bed	<b>2. Chairfast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	<b>4. Walks Frequently</b> Walks outside room at least twice a day and inside room at least once every two hours during waking hours	1	1	1	
<b>MOBILITY</b> ability to change and control body position	<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	<b>3. Slight Limited</b> Makes frequent through slight changes in body or extremity position independently	<b>4. No Limitation</b> Makes major and frequent changes in position without assistance	1	2	2	
<b>NUTRITION</b> usual food intake pattern	<b>1. Very Poor</b> 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 <b>OR</b> is NPO and / or maintained on clear liquids or IV's for more than 5 days	<b>2. Probably Inadequate</b> 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	<b>3. Adequate</b> 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 <b>OR</b> is on a tube feeding or TPN regimen which probably meets most of nutritional needs	<b>4. Excellent</b> 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	
<b>FRICION &amp; SHEAR</b>	<b>1. Problem</b> 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	<b>2. Potential Problem</b> 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	<b>3. No Apparent Problem</b> 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	
					<b>TOTAL SCORE</b>	6	12	12
					<b>Initial &amp; Emp. No. of Staff Nurse:</b>	21/11/23	21/11/23	21/11/23
					<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>	24	24	24

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

## BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

<b>SENSORY PERCEPTION</b> ability to respond meaning-fully to pressure-related discomfort	<b>1. Completely Limited</b> Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation <b>OR</b> limited ability to feel pain over most of body	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness <b>OR</b> has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or the need to be turned <b>OR</b> had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	2	2	3
<b>MOISTURE</b> degree to which skin is exposed to moisture	<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	<b>2. Very Moist</b> Skin is often, but not always moist. Linen must be changed at least once a shift	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day	<b>4. Rarely Moist</b> Skin is usually dry, linen only requires changing at routine intervals	2	2	3
<b>ACTIVITY</b> degree of physical activity	<b>1. Bedfast</b> Confined to bed	<b>2. Chairfast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	<b>4. Walks Frequently</b> Walks outside room at least twice a day and inside room at least once every two hours during waking hours	2	2	2
<b>MOBILITY</b> ability to change and control body position	<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	<b>3. Slight Limited</b> Makes frequent through slight changes in body or extremity position independently	<b>4. No Limitation</b> Makes major and frequent changes in position without assistance	2	3	3
<b>NUTRITION</b> usual food intake pattern	<b>1. Very Poor</b> 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 <b>OR</b> is NPO and / or maintained on clear liquids or IV's for more than 5 days	<b>2. Probably Inadequate</b> 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	<b>3. Adequate</b> 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 <b>OR</b> is on a tube feeding or TPN regimen which probably meets most of nutritional needs	<b>4. Excellent</b> 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	3	3
<b>FRICION &amp; SHEAR</b>	<b>1. Problem</b> 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	<b>2. Potential Problem</b> 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	<b>3. No Apparent Problem</b> 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
<b>TOTAL SCORE</b>					12	14	16
<b>Initial &amp; Emp. No. of Staff Nurse:</b>					ADP 25	ADP 25	ADP 25
<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>					ADP 24	ADP 24	ADP 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



Name: Mr. Somasundaram  
UHID: 4741M 202379692  
DOB: 5/11/23 Sex: 202302190  
DOA: 5/11/23 202302190  
Consultant: DR.

Date: 8/11/23  
Time: 11:23

## BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

<b>SENSORY PERCEPTION</b> ability to respond meaning-fully to pressure-related discomfort	<b>1. Completely Limited</b> Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation <b>OR</b> limited ability to feel pain over most of body	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness <b>OR</b> has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or the need to be turned <b>OR</b> had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4		
<b>MOISTURE</b> degree to which skin is exposed to moisture	<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	<b>2. Very Moist</b> Skin is often, but not always moist. Linen must be changed at least once a shift	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day	<b>4. Rarely Moist</b> Skin is usually dry, linen only requires changing at routine intervals	3	3		
<b>ACTIVITY</b> degree of physical activity	<b>1. Bedfast</b> Confined to bed	<b>2. Chairfast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	<b>4. Walks Frequently</b> Walks outside room at least twice a day and inside room at least once every two hours during waking hours	3	3		
<b>MOBILITY</b> ability to change and control body position	<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	<b>3. Slight Limited</b> Makes frequent through slight changes in body or extremity position independently	<b>4. No Limitation</b> Makes major and frequent changes in position without assistance	3	3		
<b>NUTRITION</b> usual food intake pattern	<b>1. Very Poor</b> 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 <b>OR</b> is NPO and / or maintained on clear liquids or IV's for more than 5 days	<b>2. Probably Inadequate</b> 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	<b>3. Adequate</b> 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 <b>OR</b> is on a tube feeding or TPN regimen which probably meets most of nutritional needs	<b>4. Excellent</b> 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		
<b>FRICTION &amp; SHEAR</b>	<b>1. Problem</b> 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	<b>2. Potential Problem</b> 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	<b>3. No Apparent Problem</b> 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		
					<b>TOTAL SCORE</b>	19	19	
					<b>Initial &amp; Emp. No. of Staff Nurse:</b>	10	50	
					<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>	10	50	

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

<b>SENSORY PERCEPTION</b> ability to respond meaning-fully to pressure-related discomfort	<b>1. Completely Limited</b> Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation <b>OR</b> limited ability to feel pain over most of body	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness <b>OR</b> has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or the need to be turned <b>OR</b> had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4
<b>MOISTURE</b> degree to which skin is exposed to moisture	<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	<b>2. Very Moist</b> Skin is often, but not always moist. Linen must be changed at least once a shift	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day	<b>4. Barely Moist</b> Skin is usually dry, linen only requires changing at routine intervals	4	4	4
<b>ACTIVITY</b> degree of physical activity	<b>1. Bedfast</b> Confined to bed	<b>2. Chairfast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	<b>4. Walks Frequently</b> Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4
<b>MOBILITY</b> ability to change and control body position	<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	<b>3. Slight Limited</b> Makes frequent through slight changes in body or extremity position independently	<b>4. No Limitation</b> Makes major and frequent changes in position without assistance	4	4	4
<b>NUTRITION</b> usual food intake pattern	<b>1. Very Poor</b> 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 <b>OR</b> is NPO and / or maintained on clear liquids or IV's for more than 5 days	<b>2. Probably Inadequate</b> 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	<b>3. Adequate</b> 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 <b>OR</b> is on a tube feeding or TPN regimen which probably meets most of nutritional needs	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	3	3	3
<b>FRICION &amp; SHEAR</b>	<b>1. Problem</b> 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	<b>2. Potential Problem</b> 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	<b>3. No Apparent Problem</b> 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
<b>TOTAL SCORE</b>					22	22	22
<b>Initial &amp; Emp. No. of Staff Nurse:</b>					Rajesh	Rajesh	Rajesh
<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>					24	24	24

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

## BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

<b>SENSORY PERCEPTION</b> ability to respond meaning-fully to pressure-related discomfort	<b>1. Completely Limited</b> Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation <b>OR</b> limited ability to feel pain over most of body	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness <b>OR</b> has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or the need to be turned <b>OR</b> had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	<b>3</b>		
<b>MOISTURE</b> degree to which skin is exposed to moisture	<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	<b>2. Very Moist</b> Skin is often, but not always moist. Linen must be changed at least once a shift	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day	<b>4. Rarely Moist</b> Skin is usually dry, linen only requires changing at routine intervals	<b>3</b>		
<b>ACTIVITY</b> degree of physical activity	<b>1. Bedfast</b> Confined to bed	<b>2. Chairfast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	<b>4. Walks Frequently</b> Walks outside room at least twice a day and inside room at least once every two hours during waking hours	<b>3</b>		
<b>MOBILITY</b> ability to change and control body position	<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	<b>3. Slight Limited</b> Makes frequent through slight changes in body or extremity position independently	<b>4. No Limitation</b> Makes major and frequent changes in position without assistance			
<b>NUTRITION</b> usual food intake pattern	<b>1. Very Poor</b> 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 <b>OR</b> is NPO and / or maintained on clear liquids or IV's for more than 5 days	<b>2. Probably Inadequate</b> 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	<b>3. Adequate</b> 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 <b>OR</b> is on a tube feeding or TPN regimen which probably meets most of nutritional needs	<b>4. Excellent</b> 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	<b>3</b>		
<b>FRICTION &amp; SHEAR</b>	<b>1. Problem</b> 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	<b>2. Potential Problem</b> 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	<b>3. No Apparent Problem</b> 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		<b>3</b>		
					<b>TOTAL SCORE</b>	<b>19</b>	
					<b>Initial &amp; Emp. No. of Staff Nurse:</b>	<b>200</b>	
					<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>	<b>24</b>	

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

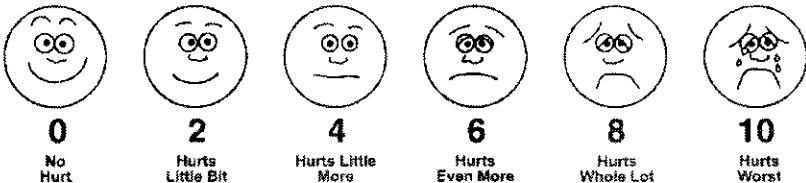
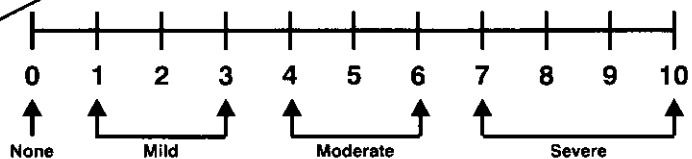


## PAIN RE-ASSESSMENT & MONITORING CHART

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.
5/11/23 11.00	0/10	No pain	—	—	—	P.J.N	0005
15.00	0/10	NO pain	—	—	—	S.D. 0211	0005
19.00	0/10	NO pain	—	—	—	S.D. 0211	0005
23.00	0/10	NO pain	—	—	—	D.C. 0207	0005
6/11/23 3.00	0/10	NO pain	—	—	—	D.C. 0207	0005
7.00	0/10	NO pain	—	—	—	D.C. 0207	0005
					I		

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

### PAIN SCALES

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

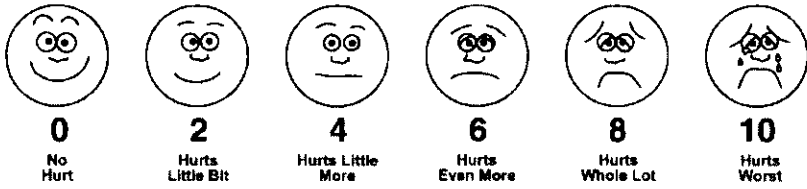
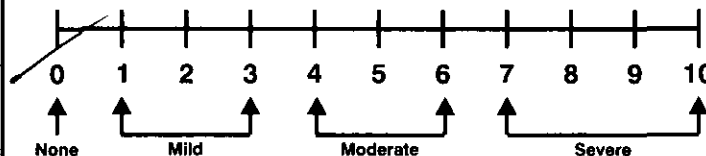
Pharmacological Interventions as per doctor's prescription

## 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.
6/11/23 14:00	2/10	Achy pain	10sec	STERNUM	Non pharmacological intervention. given.	Mah 024	Nar 024
16:00	4/10	Achy pain	10sec	STERNUM	Non pharmacological intervention given	Mah 024	Nar 024
18:00	4/10	Dull pain	10sec	STERNUM	Non pharmacological intervention given	Mah 024	Nar 024
20:00	1/10	dull pain	<10 sec	back	Non pharmacological management done.	Nar 024	Nar 024
22:00	2/10	Achy pain	10-15 sec	STERNUM	pharmacological management done.	Nar 024	Nar 024
24:00	1/10	dull pain	<15 sec	STERNUM	Non pharmacological management done.	Nar 024	Nar 024
02:00	-	-	-	-	-	Nar 024	Nar 024
04:00	-	-	-	-	-	Nar 024	Nar 024
06:00	1/10	dull pain	10 sec	chest area.	pharmacological management done.	Nar 024	Nar 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.
8:00	1/10	Dull pain.	15 sec	sternum	pharmacological intervention given	MAH 5219	Nae 024
10:00	1/10	Achy pain	10 sec	sternum	pharmacological intervention given	MAH 0419	Nae 024
12:00	1/10	Dull Pain	5-10 sec	Surgical site	Non-pharmacological Intervention given.	MAH 0131	Nae 024
14:00	2/10	Achy Pain	5 sec	sternum	Non-pharmacological Intervention given	MAH 0131	Nae 024

### PAIN SCALES

<b>PIPPS</b> (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	
<b>CRIES</b> (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.	
<b>FLACC Scale</b> (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both	
<b>Wong-Baker FACES Pain Rating Scale</b> (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>	<b>Numerical Rating Scale (age more than 12 years)</b>  <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>None Mild Moderate Severe</p>
<b>Critical care Pain Observation Tool (CPOT)</b> (ventilator / comatose)	<b>FACIAL EXPRESSION:</b> 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing <b>BODY MOVEMENTS:</b> 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation <b>COMPLIANCE WITH VENTILATION (Intubated patients):</b> 0 - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator (or) <b>VOCALIZATION (non-intubated patients):</b> 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing <b>MUSCLE TENSION:</b> 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid <b>TOTAL SCORE:</b> 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain	
<b>Non-pharmacological Interventions</b>	<b>Distraction:</b> A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers <b>Cutaneous Stimulation and massage:</b> E - Positioning; F - Rubbing / Massage the skin <b>Thermal Therapies</b> (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy <b>Transcutaneous electrical nerve stimulation (TENS):</b> J - Interferential therapy   <b>Psycho-social therapy/counseling:</b> K - Individual Counseling; L - Family counseling	

Pharmacological Interventions as per doctor's prescription

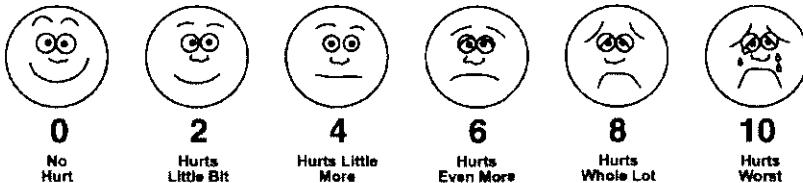
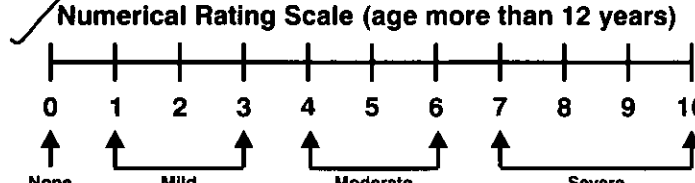
## PAIN RE-ASSESSMENT & MONITORING CHART

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.
1600	2/10	Achy Pain	5-10 Secs	Stemum	Pharmacological Intervention given	<i>[Signature]</i> 0130	Nae 024
1800	1/10	Dull Pain	5 Secs	Surgical Site	Non-pharmacological Intervention given	<i>[Signature]</i> 0139	Nae 024
20.00	2/10	Dull ache	20Sec.	Surgical Site	Non-pharmacological intervention done.	<i>[Signature]</i> 0265	Nae 024
22.00	1/10	Dull ache	10Sec.	Surgical Site.	Pharmacological intervention done.	<i>[Signature]</i> 0266	Nae 024
00.00		Patient is Sleeping				<i>[Signature]</i> 0265	Nae 024
2.00		Patient is Sleeping				<i>[Signature]</i> 0266	Nae 024
4.00		Patient is Sleeping				<i>[Signature]</i> 0265	Nae 024
6.00	1/10	Dull ache	15 Secs.	Surgical Site.	Non-pharmacological interventions done.	<i>[Signature]</i> 0265	Nae 024
8.00	1/10	Dull pain	210 sec	Surgical Site	Non-pharmacological intervention Done	<i>[Signature]</i> 0270	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	1/10	Dull pain	4-10 Sec	Surgical Site	Non-Pharmacological Intervention done	ef 0270	Nea 024
12.00	0/10	No pain	-	-	No pain	0271	Nea 024
14.00	1/10	Dull pain	10-15 Sec.	Surgical Site	Pharmacological Management given	0270	Nea 024
18.00	1/10	Dull pain	10-15 Sec.	Surgical Site	Provide comfortable position to the patient	0270	Nea 024

### PAIN SCALES

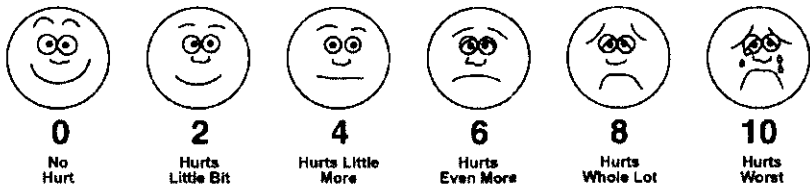
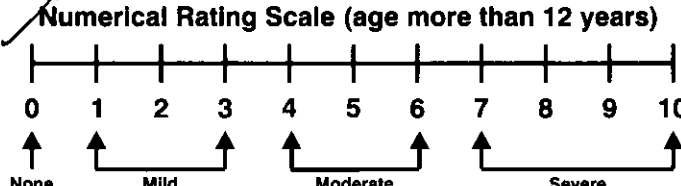
<b>PIPPS</b> (28 weeks to $\leq$ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures > 12 = Moderate to severe pain - Pharmacological intervention
<b>CRIES</b> (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score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

## PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
22-00	1/10	Dull Pain	ON & OFF	Sternum	Provide pharmacological support	MD 025	Nae 024
9/11/23 2-00	1/10	Dull Pain	ON & OFF	Sternum	provide Pharmacological support	MD 025	Nae 024
6-00	0/10	NO Pain	-	-	-	MD 025	Nae 024
10-00	0/10	No pain	-	-	-	MD 025	Nae 024
14-00	0/10	NO pain	-	-	-	MD 025	Nae 024
18-00	0/10	NO pain	-	-	-	MD 025	Nae 024
22-00	0/10	NO Pain	-	-	-	MD 025	Nae 024
10/11/23 2-00	0/10	NO Pain	-	-	-	MD 025	Nae 024
6-00	0/10	NO Pain	-	-	-	MD 025	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	-	-	-	SB 06	Nca 024

### PAIN SCALES


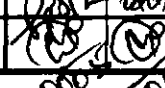
<b>PIPPS</b> (28 weeks to ≤ 38 weeks)	<b>6 or less</b> = Minimal to no pain <b>7 - 12</b> = Mild pain - Provide comfort measures <b>&gt; 12</b> = Moderate to severe pain - Pharmacological intervention	
<b>CRIES</b> (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation.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

Pharmacological Interventions as per doctor's prescription



## DVT RISK ASSESSMENT











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

		Date	Time						
		5/11/23	6/11/23						
		11.00	6.00						
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 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						
<b>FINAL SCORE</b>		0	0						
Low Risk: -2 to 0   Moderate Risk: 1 to 2   High Risk: 3 to 8		Low	Low						
<b>DVT prophylaxis started</b>		<input type="checkbox"/> Yes <input checked="" 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Signature &amp; Emp. No. of RN</b>									
<b>Signature &amp; Emp. No. of Sr. RN</b>									



## 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	6/11/23	8/11/23	9/11/23	10/11/23		
		Time	16:00	1:00	6:00	6:00	6:00	
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0	0	0	0		
2	Bedridden recently >3 days or major surgery within four weeks	+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		
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0	0	0	0		
5	Entire leg swollen (Assess for both legs)	0	0	0	0	0		
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0	0	0	0		
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	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		
9	Previously documented DVT (Assess for both legs)	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		
FINAL SCORE		+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.		
DVT prophylaxis started		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature & Emp. No. of RN		 24	 24	 24	 24	 24		
Signature & Emp. No. of Sr. RN		 24	 24	 24	 24	 24		



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(A Unit of United Alliance Healthcare Pvt Ltd)



Mr.SOMASUNDARAM M

47/Male/MHI202379692

05/11/2023/1PH202302190

Dr.RAJESH.V



MHI/NUR/2022/046



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## MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	5/11/23	5/11/23	5/11/23	6/11/23					
	Time	11:00	14:00	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"/>	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	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
<b>AMBULATORY AID</b>										
None / Bed Rest / Nurse Assist		<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 0	0	0	0	0	0
Crutches / Cane / Walker		<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
<b>GAIT</b>										
Normal / Bed Rest / Wheel Chair		<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 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
<b>MENTAL STATUS</b>										
Oriented to own stability		<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
<b>MEDICATIONS</b> Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics										
No	<input checked="" type="checkbox"/>	0	0	0	0	0	0	0	0	0
Yes	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	15	15	15	15	15	15
<b>Total Score</b>		30	30	30	30					
<b>Low Risk (0 - 24)</b>										
<b>Medium Risk (25 - 44)</b>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<b>High Risk (45 or above)</b>										
<b>Signature &amp; Emp. No. of RN</b>										
<b>Signature &amp; Emp. No. of Sr. RN</b>										

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

[illegible]



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Mr. SOMASUNDARAM M

47/Malc/MHI202379692

05/11/2023/IPH202302190

Dr. RAJESH.V



MHI/NUR/2022/046



## MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	6/11/23	6/11/23	7/11/23	7/11/23	7/11/23	8/11/23	8/11/23	8/11/23	9/11/23
	Time	16:00	20:00	8:00	14:00	21:00	8:00	14:00	20:00	8:00
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
<b>AMBULATORY AID</b>										
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
<b>GAIT</b>										
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
<b>MENTAL STATUS</b>										
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
<b>MEDICATIONS</b> 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
<b>Total Score</b>		65	50	50	50	50	56	50	50	50
<b>Low Risk (0 - 24)</b>										
<b>Medium Risk (25 - 44)</b>										
<b>High Risk (45 or above)</b>		✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Signature &amp; Emp. No. of RN</b>		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
<b>Signature &amp; Emp. No. of Sr. RN</b>		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

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



[illegible]



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Mr. SOMASUNDARAM M

47/Male/MHJ202379692

05/11/2023/PH202302190

Dr. RAJESH.V



MHI/NUR/2022/046



Where heart beat never stops...

## MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	9/11/23	rdh						
	Time	11:00	2:00	2:00					
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
<b>AMBULATORY AID</b>									
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
<b>GAIT</b>									
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
<b>MENTAL STATUS</b>									
Oriented to own stability		0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15
<b>MEDICATIONS</b> 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
<b>Total Score</b>		50	30	30					
<b>Low Risk (0 - 24)</b>									
<b>Medium Risk (25 - 44)</b>				7					
<b>High Risk (45 or above)</b>		✓	✓						
<b>Signature &amp; Emp. No. of RN</b>		Dr. RAJESH.V	Dr. RAJESH.V	Dr. RAJESH.V					
<b>Signature &amp; Emp. No. of Sr. RN</b>		Dr. RAJESH.V	Dr. RAJESH.V	Dr. RAJESH.V					

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

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date	9/11/17	9/11/17	9/11/17						
	Time	14.00	20.00	20.00						
<b>Low Risk Interventions (0 - 24)</b>										
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		✓	✓	✓						
<b>Medium risk interventions (25 - 44)</b>										
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		✓	✓	✓						
<b>High-risk interventions (45 or above)</b>										
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										
<b>Signature &amp; Emp. No. of RN</b>		822	822	822						
<b>Signature &amp; Emp. No. of Sr. RN</b>		822	822	822						

[illegible]

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

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

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

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

Written Material given and explained (if any)

Reports Given :

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

Name of Attendant / Patient : \_\_\_\_\_ Signature : \_\_\_\_\_

Name of Discharge Nurse \_\_\_\_\_ Signature : \_\_\_\_\_

[illegible]

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance	06/11/11				07/11/11				08/11/11				Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk		S	D	V		S	D	V		S	D	V	John Senior Dietician
<input type="checkbox"/> Diet advice for home		-	-	-		-	-	-		-	-	-	Nurse
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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

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

Written Material given and explained (if any)

Reports Given :

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

Name of Attendant / Patient : \_\_\_\_\_ Signature : \_\_\_\_\_

Name of Discharge Nurse

Signature :

## PATIENT AND FAMILY EDUCATION RECORD

## Assessment

**To be filled by concerned disciplines. Use key below**

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input checked="" type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>9/11/22</u> Time <u>8:00</u>		Nurse Signature : <u>Paula</u>

## Learning Record

[illegible]



Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance													Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk			P	W			P	W			P	W	Marie Leung (M. Leung) Senior Dietician
<input checked="" type="checkbox"/> Diet advice for home			-	-			-	-			P	W	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 : LSOOTT Signature : LSOOTT

Name of Discharge Nurse H. Dawid Signature : [Signature]



## IN-HOUSE TRANSFER FORM

### Part A (to be filled by Nurses)

Date of Transfer: 08/11/23 Time: 11.45 Transferred from: SDICU To: ICU

Diagnosis: CAD - TMD, EF - 61%

Vital Signs: Temp: 98.4 (°F) | Pulse / HR: 86b/min (beats/min) | BP: 110/60 (mmHg) | Respiration: 24 (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	Syp. SUCRALFATE	10ml	PO	1-1-1	08/11/23 @ 7.30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	NEB. LEVOLINE	0.63mg	Inh	Q6H	08/11/23 @ 9.30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	T. PROSENAIDE	40mg	PO	1-1-0	08/11/23 @ 7.30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	T. SPIRANOLACTONE	25mg	PO	1-1-0	08/11/23 @ 10.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	T. CLOPILET - A	75mg	PO	0-1-0	08/11/23 @ 14.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	T. PARACETAMOL	650mg	PO	1-1-1	08/11/23 @ 8.30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Syp. CRENAFIN BUS	15ml	PO	0-0-1	08/11/23 @ 21.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	T. DILTIZEM - SR	90mg	PO	1-0-1	08/11/23 @ 8.30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	T. BERLEY FORTE	1 tab	PO	1-0-0	08/11/23 @ 8.30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	T. ROSUVASTATIN	40mg	PO	0-0-1	08/11/23 @ 21.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11	T. METAPROLOL	25mg	PO	1-0-1	08/11/23 @ 9.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12	T. PREGABIN	75mg	PO	1-0-1	08/11/23 @ 9.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details (if any):

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

	Sign.	Name	Reg. No.	Date	Time
Transferring Doctor	<i>r</i>	<i>Dr. praveen</i>	<i>112236</i>	<i>8/11/23</i>	<i>11.45</i>
Receiving Doctor	<i>Dr</i>	<i>Dr. nisha hydari</i>	<i>165037</i>	<i>8/11/23</i>	<i>11.45</i>

**Part C (to be filled by Nurses)**

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

Additional Details (if any):

	Sign.	Name	Emp. No.	Date	Time
Transferring Nurse	<i>D. Sheeba</i>	<i>D. Sheeba</i>	<i>0270</i>	<i>08/11/23</i>	<i>11.45</i>
Receiving Nurse	<i>Dr</i>	<i>B. Vanigri</i>	<i>0195</i>	<i>8/11/23</i>	<i>11.45</i>




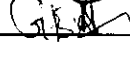


## Inter Disciplinary Team Rounds (IDTR) Checklist

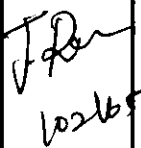
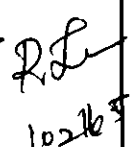
Date: 5/11/23 Time: 11:00

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

### Inter Disciplinary Team Members

	Signature	Name	Reg. / Emp. No.	Date	Time
Doctor		Dr. G. Arash	16326	5/11/23	12:00
Nursing Staff		Rajesh V	002	5/11/23	12:00
Dietician		Arash G	2401	6/11/23	14:00
Physiotherapist		ARASH. G	0256	6/11/23	10:00
Patient Care Service Staff					

## FAMILY COUNSELLING FORM

CONSULTANT- Dr. RAJESH.V			DIAGNOSIS- CAD-TVD			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
6/11/23	RIN. MAHA LAISHMI.M	Meena (wife)	Explained about patient condition, treatment process, need of ICU stays & visiting hours.	-	LOOT	 102165
7/11/23	RIN PRIYANKA	Meena (wife)	Explained about current condition of the patient, ward shifting and visiting hours.	-	LOOT	 102165



## HOME MEDICATION FORM

Weight (kgs): 69.25 kg

Assigned Nurse: S/N. Suresh

Allergies, if any:



NKDA

Diagnosis:

CAD - LAD / T<sub>2</sub>DM / SHTN / (N) LV

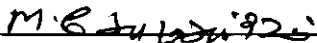

The following medications brought to the hospital by the patient / attender at the time of admission have been approved for hospital use. These medications have been checked by the Clinical Pharmacist for the appropriateness, expiry date, storage condition and labeling.

Name of the Medication Prescribed	Name of the Medication brought by Patient / Attender	Dose	Frequ-ency	Quan-tity	Batch No.	Expiry Date	Storage Conditions
T. Metformin	T. Metformin	500 mg	1-0-1	17	6208023	4/26	25°C
T. Glimepiride	T. Glimepiride	1 mg	1-0-1	33	61L111023	5/25	25°C
T. Pan 40	T. Pan 40	40 mg		7	KFA23013AL	3/25	25°C
T. Trimetazide	T. Trimetazidine	20 mg		17	IDN23004	5/26	25°C
T. Nitroglycerin	T. Nitroglycerin	2.6 mg		1 cont	WWC230056	2/25	25°C

Doctor	Signature	Name	Reg. / Emp. No.	Date	Time
		Dr. Vaishnavi	150327	5/11/23	14.50
Clinical Pharmacist		V. Padmapriya	0224	5/11/23	14.30

## TO WHOM IT MAY CONCERN

This is to certify that I take full responsibility for the quality and potency of the medications that I have brought to the hospital. I understand that medications have to be stored according to the recommendations given by the manufacturer including storage in refrigerator for the medications which requires to be stored between 2° to 8° Celsius, failure of which may affect the safety and efficacy of the medications. I assure that the above mentioned medications which I have brought from home had been stored under the temperature and storage conditions recommended by the manufacturer. Any adverse effects caused due to the medications that I have brought to the hospital, which might adversely affect my recovery due to the improper storage conditions, shall totally be my responsibility. I am aware that several medications available in the Indian and International market are spurious and can cause harm to one's health. I acknowledge that I had been explained about the above mentioned medications and its risks. I assure that, no one will hold Dr. Rela Institute and Medical Centre, Chromepet, its Doctors and its staff in any way responsible for any outcome whatsoever as result thereof.

	Signature / Thumb Impression*	Name	Date	Time
<b>Patient</b>		MR. SORUSUNDHARAN	5/11/23	11-30
<b>Surrogate/Guardian</b> (if applicable #)		(Write name and relationship with patient)		
<b>Reason for surrogate consent</b>	Patient is unable to give consent because:			
<b>Witness</b>		M. Raveesh	5/11/23	14-30
<b>Interpreter</b> (if applicable)				

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

(A Unit of United Alliance Healthcare Pvt Ltd)

Sex: 202379692

[illegible]



# WOUND ASSESSMENT CHART

<b>EXUDATE AMOUNT</b>	9/11/23	10/11/23						
none	<input checked="" type="checkbox"/>	<input checked="" 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"/>
<b>EXUDATE</b>								
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"/>
<b>ODOUR</b>								
none	<input checked="" type="checkbox"/>	<input checked="" 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"/>
<b>PAIN AT WOUND SITE</b> (nil) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (max)								
<b>INFECTION SUSPECTED*</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SWAB SENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ANTIBIOTIC THERAPY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BLOOD GLUCOSE / URINE ANALYSIS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PATIENT / CARER TO DO DRESSING</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SIGNATURE</b>								


**\*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.SOMASUNDARAM M 47 / Male / MHI202379692 05/11/2023 / IPH202302190
AGE / SEX :	Dr.RAJESH.V 






IP No. / UHID No

Ward / Bed No. 5100

**ANY SCORE>0 SHOULD BE MONITORED IN EVERY SHIFT**

[illegible]

[illegible]

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given						
			Time ↓	5/11	6/11/23					
DRUG NAME T - ATOVA										
Dose 40mg	Route PO	Frequency 0-0-1								
Dr. Sign & Reg. No. / Seal  163268		Start Date & Time 5/11/23 13:00								
		Stop Date & Time								
Additional Info:			20.00	8.00						
DRUG NAME T - PAN			7.30							
Dose 40mg	Route PO	Frequency 1-0-1								
Dr. Sign & Reg. No. / Seal  163268		Start Date & Time 5/11/23 13:00								
		Stop Date & Time								
Additional Info:			19.30							
DRUG NAME T - AMUGSPAN 12			8.00							
Dose 2.6mg	Route PO	Frequency 1-0-1								
Dr. Sign & Reg. No. / Seal 		Start Date & Time 5/11/23 13:00	16.00							
		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:										

### DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
5/11/23	11.00	low salt, low fat on diet	<i>h</i>	163268					

### 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			
5/11/23	Evening	<i>Smurley</i>	2208	<i>ny</i>		Evening			
5/11/23	Night	<i>M. Decker</i>	016	<i>De</i>		Night			
5/11/23	Morning	<i>A</i>				Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			

[illegible]

[illegible]

# REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

7/11/23 8/11/23 9/11/23 10/11

## DRUG NAME

TAB. ZINCOVIT

Dose

1 tab

Route

P/O

Frequency

1-0-0

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

Reg. No: 112100

Start Date & Time

Stop Date & Time

Additional Info:

## DRUG NAME

TAB. CLOPIDOGREL + ASPIRIN

Dose

75/75mg

Route

P/O

Frequency

0-1-0

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

7/11/23 AT 14:00

Stop Date & Time

Additional Info:

## DRUG NAME

TAB. ATORVASTATIN

Dose

40mg

Route

P/O

Frequency

0-0-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

7/11/23 AT 21:00

Stop Date & Time

7/11/23 AT 21:00

Additional Info:

## DRUG NAME

TAB. PARACETAMOL

Dose

650mg

Route

P/O

Frequency

1-1-1

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

Reg. No: 112236

Start Date & Time

7/11/23 AT 14:00

Stop Date & Time

Additional Info:

## DRUG NAME

Syr. CREMAFFIN PLUS

Dose

15ml

Route

P/O

Frequency

0-0-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

7/11/23 AT 21:00

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

11/11/23 02:41 11/11/23 02:41 11/11/23 02:41 11/11/23 02:41

Clinical Pharmacist  
Heart Institute

Clinical Pharmacist  
Medway Heart Institute

Clinical Pharmacist  
Medway Heart

Clinical Pharmacist  
Heart Institute

11/11/23 11:00





# 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. JVA BRADINE

Dose

5mg

Route

PO

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

Start Date & Time

10/11/23 9.00

Stop Date & Time

Additional Info:

## DRUG NAME

T. LASILACTONE

Dose

20/50

Route

PO

Frequency

1/2-0-0

Dr. Sign & Reg. No. / Seal

Start Date & Time

10/11/23 9.00

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:

12/11/23

Clinical Pharmacist  
Madhavi Heart Institute

ANTIMICROBIALS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given						
			Time ↓	6/11/23	7/11/23					
DRUG NAME TOL. CEFURAXIME SODIUM			5:40	5:50						
Dose 1.5g	Route IV	Frequency Q12H		D1	D2					
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 6/11/23 At 17:40	17:40	17:40	17:40					
		Stop Date & Time 7/11/23 at 18:40								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
Area In-charge Nurse Signature:										

0001/23  
2023

[illegible][illegible]

[illegible]

013  
Mama  
Bura

# DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
6/11/23	10:30	<del>Normal</del> Liquid diet	f	112236					
7/11/23	9:00	liquid diet	f	112236					
8/11/23	9:00	Soft Solid Diet	S	112236					
9/11/23	9:00	Normal diet	f	163267					
10/11/23	9:00	Normal diet	f	163267					

## 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				10/11/23	Morning	Pavan Juri	2333	ov
6/11/23	Evening	MAHALAKSHMI - M	0219	Di		Evening			
6/11/23	Night	ANITA FLORENCE - S	0034	Abu		Night			
7/11/23	Morning	MAHALAKSHMI - M	0219	Ma		Morning			
7/11/23	Evening	KA. PRIYANKA	0139	bp		Evening			
7/11/23	Night	Sathya Vani - M	0265	f		Night			
8/11/23	Morning	SHREBA - D	0270	f		Morning			
8/11/23	Evening	M. Dair	0022	Di		Evening			
8/11/23	Night	F. Catherine	0207	F.C		Night			
9/11/23	Morning	N. Suresh	2208	M		Morning			
9/11/23	Evening	M. Devika	0182	Di		Evening			
9/11/23	Night	F. Catherine	0207	F.C		Night			

OPCAB X 2 GRAFTS

LIMA -> LAD

LRA -> OM



<b>Mr. SOMASUNDARAM M</b>		MHI/ICU/2022/076	
47 / Male / MHI202379692			
Name	05/11/2023/1PH202302:90	Sheet No. <b>61</b>	
UHD No.	Dr. RAJESH.V	Age	Sex
Blood Group	Height	Weight	BSA
<b>A POSITIVE</b>	<b>158cm</b>	<b>70 kg</b>	<b>1.75m<sup>2</sup></b>
<b>A</b>			

SURGICAL PROCEDURE:

DATE OF SURGERY: **06/11/23**

POST-OP DAY: **1 D05**

DATE	TIME	VENTILATORS PARAMETERS											BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO <sub>2</sub>		pH	PCO <sub>2</sub>	PO <sub>2</sub>	HCO <sub>2</sub>	SAT%	BE
06/11/23	14:00	ON FACE MASK																
											6lit O <sub>2</sub>		7.308	53.1	186.8	26.0	98.8	-0.3
	18:00	ON NASAL PRONGS																
											4lit							

CRITICAL CARE FLOWCHART

PATIENT GOT RECEIVED FROM OT AT 14:00

OT URINE : 150ml.

## NEURO

### EYES

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

### VERBAL

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

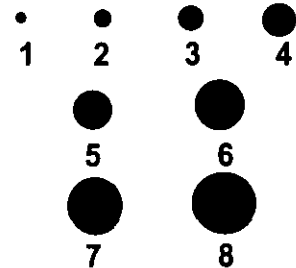
### MOTOR

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

### MOTOR ARMS/LEGS

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

### PUPILS SCALE (mm)



### PUPILS REACTION

Br-Brisk  
Sl-Sluggish  
O-Absent

## CARDIOVASCULAR

### CAPILLARY REFILL

Br-Brisk  
Sl-Sluggish  
O-Absent

### EDEMA

D-Dependent  
G-Generalised  
O-Absent

### HEART SOUNDS

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

### NECK VEINS

JVP  
N-Normal  
In-Increased

### VALVE CLICK/ SHUNT NUMBER

Valve Replaced /  
Shunt  
+Present  
O-Absent

## PULMONARY

### WORK OF BREATHING

Ab-Abdominal  
TA-Thoraco-abdominal  
L-Laboured

### SUCTION

ET-Endotracheal  
N-Nasal  
Or-Oral

### BREATH SOUNDS

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

### SECRETIONS

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

### CHARACTER

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

## GASTROINTESTINAL

### BOWEL SOUNDS

+Present  
O-Absent

### NGT POSITION

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

### ABDOMINAL TONE

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

### GASTRIC RESIDUAL

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

### LIVERSIZE

N-Normal  
E-Enlarged



Mr. SOMASUNDARAM T

47/Male/MH1202379692

05/11/2023/IPH202302190

Dr. RAJESH.V

UHID No. [Barcode]

Age

Sex




Sheet No. <b>1</b>	Name			
	UHID No.			
<b>B</b>	Blood Group	Height	Weight	BSA
	<b>A POSITIVE</b>	<b>158 cm</b>	<b>70 kg</b>	<b>1.75 m<sup>2</sup></b>

DATE	TIME	BIOCHEMISTRY						VITAL PARAMETERS							TIME	CARDIAC ASSIST DEVICE			
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO <sub>2</sub>	BREATH SOUNDS	Sao <sub>2</sub>	RR/MT	N,BP	TEMP°F	Abd°C/G		IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
06/11/23	14:00						14:00		cl	100%	17/mt		91.8°F						
	15:00	14.0	136	4.84	$\frac{1.06}{162}$		15:00		cl	100%	14/mt		95.9°F						
							16:00		cl	100%	14/mt								
							17:00		cl	100%	13/mt								
							18:00		cl	99%	15/mt								
							19:00		cl	97%	24/mt		97.3°F						
							20:00		cl	100%	18/mt								
							21:00		cl	100%	26/mt								
							22:00		cl	99%	18/mt								
	93.4°F				148		23:00		cl	99%	13/mt								

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME			14:00	18:00	20:00	
	EYES			B	Y	A	
	VERBAL			4	5	6	
	MOTOR			5	6	6	
	ARMS R/L			Wk	St	St	
	LEGS R/L			Wk	St	St	
PUPILS	R.SIZE/REACTION			3/Br	2/Br	3/Br	
	L.SIZE/REACTION			3/Br	3/Br	3/Br	
CARDIO-VASCULAR	HEART SOUNDS			S/S2	S/S2	S/S2	
	VALVE CLICK			-	-	-	
	CAPILLARY REFILL			Br	Br	Br	
	EDEMA			0	0	0	
	NECK VEINS			N	N	N	
PULMONARY	WORK OF BREATHING			TA	TA	TA	
	SUCTION			-	-	-	
	SECREATIONS			-	-	-	
GASTRO INTESTINAL	BOWEL SOUNDS			+	+	+	
	ABDOMINAL TONE			Soft	So	S	
	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	
	AREA			-	-	-	
	DRESSING CONDITION			-	-	-	
MISCELL	POSITION CHANGE			Q2H	Q2H	Q2H	
	CHEST-PHYSIO			N2B SPIRO	N2B SPIRO	N2B SPIRO	
	ACTIVITY			PE	PE	PE	
				ABD CVP	ABD CVP	ABD CVP	
	S/N NAME			Augustine	Nguma	John	
	TIME			14:00	18:00	20:00	
	SIGNATURE			John	John	John	

<b>Mr. SOMASUNDARAM M</b> 47/Male/MHI202379692		MHI/ICU/2022/076	
Name	05/11/2023/1PH202302:90	Sheet No. <u>1</u>	
Dr. RAJESH.V		Age	Sex
UHID No			
Blood Group	A POSITIVE	Height	Weight
	158cm	70 kg	BSA
			1.75m <sup>2</sup>
			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		Volume	AMT	TOTAL			
06/11/23	14:00																			
	15:00	170	170		70			70	70			2.0	2.0	242	200	200				
	16:00	120	290		70			70	140				2.0	432	200	400				
	17:00	150	440		50			50	190				2.0	632	200	600				
	18:00	130	570		20			20	210				2.0	782	100	700				
	19:00	120	690		40			40	250				2.0	942	100	800				
	20:00	100	790		10			10	260				2.0	1052	100	900				
	21:00	100	890		40			40	300				2.0	1192	100	1000				
	22:00	70	960		20			20	320				2.0	1282	100	1100				
	23:00	100	1060		50			50	370				2.0	1432	100	1200	NTG	25/15		

**SPECIFIC OBSERVATIONS/PROBLEMS**

DATE	TIME

ACT: 116 sec

CRITICAL CARE FLOWCHART

## 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-Deoderm  
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

Name		Mr. SOMASUNDARAM M	
UHID No		47/Male/MHI202379692	
Blood Group		05/11/2023/IPH202302190	
Age		Dr. RAJESH.V	
Sex		Sheet No.	
Height		158 cm	
Weight		1.75 m	
BSA		D	



### FLUID ASSESSMENT (contd.)

### HAEMODYNAMICS

Blood Group: <sup>4VE</sup> A

DATE	TIME	INFUSIONS (contd.)					N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
						msc	AMT.	TOTAL														
06/12	14:00					2.0	2.0				81	SINUS	0.00	131/74	90	10		Cool	++			
	15:00					2.0	2.0		202	40	77	SINUS	0.00	121/82	98	14		Warm	++			
	16:00					2.0	2.0		404	28	73	SINUS	0.01	113/88	75	15		Warm	++			
	17:00					2.0	2.0		606	26	84	SINUS	0.01	103/75	93	12		Warm	++			
	18:00					2.0	2.0	SIPS	708	74	89	SINUS	0.01	102/64	78	7		Warm	++			
	19:00					2.0	2.0	100	910	32	93	SINUS	0.00	115/71	85	6		Warm	++			
	20:00					2.0	2.0	100	1112	+60	85	SINUS	0.02	121/79	95	9		Warm	++			
	21:00					2.0	2.0	50	1264	+72	80	SINUS	0.06	150/92	111	11		Warm	++			
	22:00					2.0	2.0	250	1366	+80	92	SINUS	0.04	178/100	127	8		Warm	++			
	23:00					2.0	2.0	250	1468	+36	90	SINUS	0.04	139/94	124	6		Warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS  
TIME

PREVIOUS DAY ..... HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:


P.T.O.

DATE	TIME	REMARKS / PLAN

[illegible]

LRA  $\rightarrow$  CM



<b>Mr.SOMASUNDARAM M</b> 47/Male/MHI202379692 05/11/2023/IPH202302190 Dr.RAJESH.V 		MHI/ICU/2022/076 Sheet No. <u>2</u>	
Name UID No.		Age	Sex
Blood Group <b>A POSITIVE</b>		Height <b>158 cm</b>	BSA <b>1.75 m<sup>2</sup></b>

**SURGICAL PROCEDURE:**

DATE OF SURGERY: 06/11/23

POST-OP DAY: 7 POD

[illegible]

## 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

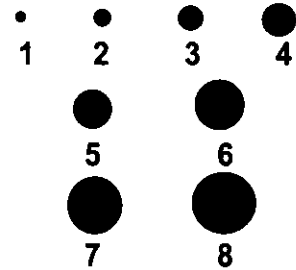
### MOTOR

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

## 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-Distended

### GASTRIC RESIDUAL

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

## 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

### LIVERSIZE

N-Normal  
E-Enlarged



Sheet No. 	Name Mr. SOMASUNDARAM M. 47/Male/MHI202379692 05/11/2023/IPH202302:90 Dr. RAJESH.V			
	UHID No 	Age	Sex	
B	Blood Group A +ve	Height 158 cm	Weight 70 kg	BSA 1.75 m <sup>2</sup>



DATE	TIME	BIOCHEMISTRY						VITAL PARAMETERS						CARDIAC ASSIST DEVICE					
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO <sub>2</sub>	BREATH SOUNDS	Sao <sub>2</sub>	RR/MT	N,BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
3/11/23							00:00		cl	99%	20/mt		98°F						
							01:00		cl	98%	19/mt								
							02:00		cl	97%	28/mt								
							03:00		cl	99%	20/mt								
							04:00		cl	99%	21/mt		95.4°F						
							05:00		cl	99%	21/mt								
	6:30	14.1	136	4.18	1.08 180		06:00		cl	98%	20/mt								
							07:00		cl	98%	22/mt								John 10/27

CRITICAL CARE FLOWCHART

*Handwritten signature*  
2023

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME					00:00	04:00
	EYES					A	A
	VERBAL					5	5
	MOTOR					6	6
	ARMS R/L					st	st
	LEGS R/L					st	st
PUPILS	R.SIZE/REACTION					3/B <sup>r</sup>	3/B <sup>r</sup>
	L.SIZE/REACTION					3/B <sup>r</sup>	3/B <sup>r</sup>
CARDIO-VASCULAR	HEART SOUNDS					S <sub>1</sub> S <sub>2</sub>	S <sub>1</sub> S <sub>2</sub>
	VALVE CLICK					-	-
	CAPILLARY REFILL					B <sup>r</sup>	B <sup>r</sup>
	EDEMA					0	0
	NECK VEINS					N	N
PULMONARY	WORK OF BREATHING					GP	GP
	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					-	-
	COLOUR					-	-
SKN	Sx WOUND-CHEST					cl	cl
	LEG					cl	cl
	DRESSING					05	05
	PRESSURE SORE-SITE					Nil	Nil
	AREA					-	-
	DRESSING CONDITION					-	-
	POSITION CHANGE					QW/H	QW/H
MISCELL	CHEST-PHYSIO					Abb Spiro	Abb Spiro
	ACTIVITY					P.E	P.E
						ABP CVP	ABP CVP
	S/N NAME					Paulis	Paulis
	TIME					00:00	04:00
	SIGNATURE					Paulis	Paulis

Mr. SOMASUNDARAM M

47 / Male / MHI202379692

05/11/2023 / IPH202302190

Dr. RAJESH.V

Name

UHID No.

Blood Group

Height

Age

Sex

Weight

BSA

MHI/ICU/2022/076

Sheet No.

2

C

'A' POSITIVE

158cm

70 kg

1.75m<sup>2</sup>

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	VOLUME			INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	RT	NTG				
7/11/23	00.00	10	1190			30		30	A00				2.0	1532	100	1300	3.0				
	01.00	15	1205			20		20	A20				2.0	1623	100	1400	3.0				
	02.00	10	1215						A20				2.0	1617	100	1500	3.0				
	03.00	100	1315			10		10	A30				2.0	1807	100	1600	3.0				
	04.00	110	1485			20		20	A50			5.0	7.0	1942	100	1700	3.0				
	05.00	90	1575						A50				7.0	2032	100	1800	-				
	06.00	15	1650			20		20	A70				7.0	2107	100	1900					
	07.00	10	1720						A70			1.0	8.0	2198		1900					

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

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

CL-Clear  
T-Turbid  
Stained  
HC-High Coloured

**FUNCTION**

Dr-Draining  
B-Blocked

**DRAINAGE**

CL-Clear  
BS-Blood

**SITE**

BS-Blood Stained  
HA-Haematuria

C-Clean  
R-Redness  
BD-Block discoloration

**MISCELLANEOUS****POSITION CHANGE**

Su-Supine  
RL-Right lateral  
LL-Left Lateral

**CHEST PHYSIO**

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

**ACTIVITY**

PE-Passive exercise  
Am-Ambulated

**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  
Al-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

Name		Mr. SOMASUNDARAM M	
47 / Male / MH1202379692			
05/11/2023 / IPH202302190			
Dr. RAJESH.V			
UHID No.			
Blood Group		A POSITIVE	
Height		158 cm	
Weight		70 kg	
BSA		1.75 m <sup>2</sup>	
Age		Sex	
		D	
Sheet No.			



# FLUID ASSESSMENT (contd.)

# HAEMODYNAMICS

Blood Group: A POSITIVE

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
						UISC		AMT.	TOTAL														
11/11/23	00:00					2.0	5.0		250	1573	+41	102	SINUS	0.05	163/95	116	4		norm	++			
	01:00					2.0	5.0		250	1678	+51	83	SINUS	0.05	130/71	117	8		norm	++			
	2:00					2.0	5.0		250	1783	+86	82	SINUS	0.03	151/82	105	10		norm	++			
	3:00					2.0	5.0		250	1888	+81	88	SINUS	0.03	153/82	105	12		norm	++			
	4:00					2.0	5.0		250	1993	+51	89	SINUS	0.02	129/78	102	9		norm	++			
	5:00					2.0	5.0		250	2045	+113	89	SINUS	0.00	147/74	100	8		norm	++			
	6:00					2.0			300	2247	+140	89	SINUS	0.03	155/85	108	11		norm	++			
	7:00					2.0	100		400	2349	+151	93	SINUS	0.01	142/73	95	4		norm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS  
TIME

PREVIOUS DAY ..... HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.



LRA  $\rightarrow$  OM.



**A**

2

POST-OP DAY: 1000

## 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

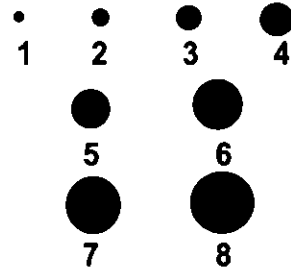
### MOTOR

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

### 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-Distended

### GASTRIC RESIDUAL

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

### LIVERSIZE

N-Normal  
E-Enlarged



Sheet No.	Name	Mr. SOMASUNDARAM M	
	UHID No	47/Male; MHI202379692 05/11/2023/PH202302190 Dr. RAJESH.V	
B	Blood Group	Height	Weight
	A POSITIVE	158cm	70kg
		BSA	1.75 m <sup>2</sup>



DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO <sub>2</sub>	BREATH SOUNDS	Sao <sub>2</sub>	RR/MT	N,BP	TEMP°F	Abd <sup>mm</sup> G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
7/11/23							8:00		cl	97%	30/m								
							9:00		cl	97%	32/m		97.4F						
							10:00		cl	97%	30/m								
							11:00		cl	97%	26/m								
							12:00		cl	96%	20/m		97.4F						
							13:00		cl	95%	26bpm	80/42							
							14:00		cl	94%	22/m	102/68							
							15:00		cl	96%	26bpm	92/63							
							16:00		cl	97%	28bpm	117/63							
							17:00		cl	99%	20bpm	100/90							

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING	NIGHT	
NEURO	TIME	8:00	12:00	16:00		
	EYES	4	4	4		
	VERBAL	5	5	5		
	MOTOR	6	6	6		
	ARMS R/L	st	st	st		
	LEGS R/L	st	st	st		
PUPILS	R.SIZE/REACTION	3/Br	3/Br	3/Br		
	L.SIZE/REACTION	3/Br	3/Br	3/Br		
CARDIO-VASCULAR	HEART SOUNDS	S/S2	S/S2	S/S2		
	VALVE CLICK	-	-	-		
	CAPILLARY REFILL	Br	Br	Br		
	EDEMA	-	-	0		
	NECK VEINS	-	-	N		
PULMONARY	WORK OF BREATHING	-	TA	Tn		
	SUCTION	-	-	-		
	SECREATIONS	-	-	-		
GASTRO INTESTINAL	BOWEL SOUNDS	+	+	+		
	ABDOMINAL TONE	so	soft	soft		
	N/G POSITION	-	-	-		
	GASTRIC RESIDUAL	-	-	-		
	LIVER	N	N	N		

	SHIFT	DAY		EVENING	NIGHT	
G.U.	DESCRIP.OF URINE	cl	cl	cl		
	PD - FUNCTION	-	-	-		
	DRAINAGE	-	-	-		
	PD - SITE	-	-	-		
SKN	COLOUR	-	-	-		
	Sx WOUND-CHEST	cl	cl	cl		
	LEG	cl	cl	cl		
	DRESSING	OT	OT	OT		
	PRESSURE SORE-SITE	-	-	NIL		
	AREA	-	-	-		
	DRESSING CONDITION	-	-	-		
MISCELL	POSITION CHANGE	Q2H	Q2H	Q2H		
	CHEST-PHYSIO	NEB SPIRO	NEB NIBP	NEB SPIRO		
	ACTIVITY	PZ	PE	PE		
		ABP CUP	NIBP	NIBP		
	S/N NAME	Mah	Dani	SP		
	TIME	8:00	12:00	16:00		
	SIGNATURE	SP	SP	SP		

**Mr. SOMASUNDARAM M**  
47/Male/MHI202379692  
05/11/2023/PH202302190  
Dr. RAJESH.V

Name  
UHD No.

Blood Group  
A' POSITIVE

Height  
158cm

Weight  
70 kgs

BSA  
1.75m<sup>2</sup>

MHI/ICU/2022/076

Sheet No.  
3

Age  
Sex

C

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	VOLUME		INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	GO				
7/11/23	8.00	100	100		30			30	30					130						
	9.00	110	210		20			20	50					290						
	10.00	100	310		R				50					390						
	11.00	95	405						50					485						
	12.00	90	495						50					575	KABILYE					
	13.00	80	575						50					655	200	200				
	14.00	100	675						50					755		200				
	15.00	80	755						50					835		200				
	16.00	100	855						50					935		200				
	17.00	80	905						50					1015		200				

**SPECIFIC OBSERVATIONS/PROBLEMS**

DATE	TIME	
	9.50	MEDIASTINAL AND LEFT PLEURA DRAIN WAS REMOVED.
	10.30	ARTERIAL LINE WAS REMOVED (DARJAGANESHI)

CRITICAL CARE FLOWCHART

## GENITOURINARY (GU)

### PD

#### URINE

CL-Clear  
T-Turbid  
Stained  
HC-High Coloured

#### FUNCTION

Dr-Draining  
B-Blocked

#### DRAINAGE

CL-Clear  
BS-Blood

#### SITE

BS-Blood Stained  
HA-Haematuria

C-Clean  
R-Redness  
BD-Block discoloration

## MISCELLANEOUS

#### POSITION CHANGE

Su-Supine  
RL-Right lateral  
LL-Left Lateral

#### CHEST PHYSIO

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

#### ACTIVITY

PE-Passive exercise  
Am-Ambulated

#### 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.SOMASUNDARAM M**

47/Male/MHI202379692

05/11/2023/IPH202302190

Dr.RAJESH.V

Name

UHID No.

Sheet No.

Age

Sex

D

Blood Group

Height

Weight

BSA

A' POSITIVE 158cm 70kg 1.75m<sup>2</sup>**Medway Hospitals®**

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Every heart beat counts

**FLUID ASSESSMENT (contd.)****HAEMODYNAMICS**

Blood Group: A

+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
								AMT.	TOTAL														
7/11/23	8:00					HRX																	
	8:00					2.0		60	60	60	70	100	SINUS	0.00	158/90	114	8		Warm	+			
	9:00					2.0		150	210	214	76	98	SINUS	0.01	140/78	97	11		Warm	+			
	10:00					2.0		100	310	316	74	98	SINUS	0.00	165/91	116	12		Warm	+			
	11:00					-		75	385	391	74	85	SINUS	0.01	149/84	94	10		Warm	+			
	12:00							100	485	491	84	86	SINUS	0.02	-	-	-		Warm	+			
	13:00							100	585	591	86	83	SINUS	0.01					Warm	+			
	14:00								585	791	86	82	SINUS	0.02					Warm	+			
	15:00								585	791	84	83	SINUS	0.01					Warm	+			
	16:00							100	685	891	84	86	SINUS	0.01					Warm	+			
	17:00							150	835	1041	86	91	SINUS	0.02					Warm	+			

CRITICAL CARE FLOWCHART

STAT DRUGS  
TIME

PREVIOUS DAY ..... 1.7 ..... HRS

DRAINAGE: 470ml TOTAL INTAKE: 2349ml

URINE: 1720ml TOTAL OUTPUT: 2198ml

TOTAL BALANCE: +151ml

P.T.O.

DATE	TIME	REMARKS / PLAN

[illegible]



MHI/ICU/2022/064



## Every heart beat counts

**Mr. SOMASUNDARAM M**

47/Male/MH1202379692

05/11/2023/1PH202302190

Dr. RAJESH.V



## MEDIATE CARE FLOWCHART

**A**

NAME :

**UHID NO :**

**AGE :**

**SEX :**

### SURGICAL PROCEDURE :

OPCAB X 2GRAFTS

LIMA  $\rightarrow$  LAD

LRA  $\rightarrow$  DQ  
EI

POSTOP DAY: POD-5

FLUID REQUIREMENT: 2.4 ltr/day

[illegible]







Mr. SOMASUNDARAM M

47/Male/MHI202379692

05/11/2023/PH202302190

Dr. RAJESH.V

## MEDIATE CARE FLOWCHART

**B**

NAME :

UHID NO :

AGE :

SEX :

BLOOD GROUP : **A+ve**

HEIGHT : **158cm**

WEIGHT : **70kg**

B.S.A : **1.75 m<sup>2</sup>**

HAEMODYNAMICS								RESP. PARAMETERS			INVESTIGATIONS / OTHER DATA
TEMP	H.R.	RHY.	ST.	B.P.	R.A.P.	PERI.	P.P.	RR	BREATH	SPO2	
97.4 <sup>F</sup>	98	SINUS	0.01	$\frac{132}{92}$	105	warm	++	28	cl	98%	ON NASAL PRONGS (24hrs)
	99	SINUS	0.01	$\frac{113}{85}$	94	warm	++	24	cl	99%	"
98.5 <sup>F</sup>	99	SINUS	0.02	$\frac{116}{80}$	92	warm	++	16/mf	cl	96%	"
	93	SINUS	0.02	$\frac{128}{85}$	91	warm	++	20/mf	cl	99%	"
	92	SINUS	0.03	$\frac{132}{89}$	103	warm	++	14/mf	cl	96%	"
	90	SINUS	0.02	$\frac{140}{94}$	116	warm	++	18/mf	cl	99%	"
97.5 <sup>F</sup>	95	SINUS	0.02	$\frac{127}{92}$	104	warm	++	24/mf	cl	99%	"
	97	SINUS	0.02	$\frac{138}{91}$	99	warm	++	12/mf	cl	100%	"
	96	SINUS	0.03	$\frac{127}{71}$	83	warm	++	14/mf	cl	100%	"
	97	SINUS	0.01	$\frac{132}{82}$	95	warm	++	16/mf	cl	99%	"
	91	SINUS	0.00	$\frac{140}{93}$	101	warm	++	12/mf	cl	97%	"
97.5 <sup>F</sup>	88	SINUS	0.02	$\frac{141}{95}$	112	warm	++	14/mf	cl	96%	"
	100	SINUS	0.03			warm	++	20/mf	cl	96%	"
	106	SINUS	0.03	$\frac{138}{84}$	102	warm	++	12/mf	cl	90%	On room air

PREVIOUS DAY - HOURS

DRAINAGE

URINE

TOTAL INTAKE

TOTAL OUTPUT

BALANCE

I

I

2265