

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	/	

NAME ALERT

**Medway Hospitals**

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



MHI/IPD/2022/002



Every heart beat counts

## ADMISSION SLIP

Admitting Doctor: Dr. Rajesh.V

Speciality: CTKS

Advised Date & Time: 10/1/24 11:19

Provisional Diagnosis:

CAD - Left main + TUD / T2DM / SHDN /  
moderate LV Function EF-38%.

Reason for Admission:

☐ Medical Management

☒ Surgical Management

☐ Others (please specify details) \_\_\_\_\_

Admission Type:

☐ Day Care

☐ ER

☒ Ward

☐ ICU

(Specify details) \_\_\_\_\_

Surgery / Procedure Name (if planned):

CABG

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

Expected Duration of Stay:

5 Days

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

Payer: ☒ Self ☐ Insurance ☐ Others: \_\_\_\_\_

Instructions to Nurse (if any):

Follow drugs as per chart

Any other Instructions (if any):

Doctor's Signature

Name

Dr. V. RAJESH

Reg No : 62794

Reg. No.

62794

Date

10/1/24

Time

11:19

For admission desk staff only:

Room Category: ☐ General Ward

☐ Single Room

☒ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☐ Others 104

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

10-1-24

11:19

10-1-24

11:19

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

Prithi K D

Prathibha K2

0192

10-1-24

11:19

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

(A Unit of United Alliance Healthcare Pvt Ltd)

**Mr. RAMESH S**

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



MHI/HOSP/2022/129



Where heart beat never stops...

**ADMISSION FORM**

Marital Status <b>M</b>	Full Address <b>LN0: 425 A, TNHB COLONY, velachery, Chennai - 42</b>	Telephone Number <b>7871378772</b>
Occupation <b>104</b>		
Referred from <b>Dr. Rajesh</b>	Date of Time of Admission <b>10-1-24 11:49</b>	Date & Time of Discharge <b>17/1/24 @ 18:00</b>
Total No. of Days <b>18 days</b>		
UNIT <b>Cardiothoracic</b>	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :	

FINAL DIAGNOSIS	ICD Code
Triple Vessel Coronary artery disease left main disease	I25.1
ACS - Evolved Inferior posterior wall myocardial	I24.9
Infarction moderate LV systolic Dysfunction EF-28%	I50.1
Type II Diabetes mellitus systemic hypertension	E11.9
Left Lung - upper lobe mass	T10
	C34.1

DATE	OPERATION / PROCEDURES	ICPM Code
11/1/24	Off pump Coronary Artery Bypass grafting surgery (OPCAB) x 3 Grafts: LIMA to LAD, LRA to OM, SVG to PDA done on 11.01.24	36.13 99.00
DATE	TYPE OF ANESTHESIA	
11/1/24	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL	

DISCHARGE STATUS		
<input type="checkbox"/> Cured	<input type="checkbox"/> Discharge at Request	<input type="checkbox"/> Expired < 48 hours
<input checked="" type="checkbox"/> Improved	<input type="checkbox"/> Against Medical Advice	<input type="checkbox"/> Expired > 48 hours
<input type="checkbox"/> Unchanged	<input type="checkbox"/> Absconded	<input type="checkbox"/> Post-Operative Death
<input type="checkbox"/> Transferred to .....		
Signature of the Consultant <b>Dr. V. RAJESH</b> M.S, M.Ch(CTVS) Senior Consultant Cardiothoracic and Vascular Surgery Reg No: 62794	Signature of Medical Records Officer	

S.No. : 5



## AUTHORISATION FOR TREATMENT & 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. Mr. Ramesh who is my Father (Relationship).

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

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

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.

Hoyas  
செவிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date

10/1/24

SR  
எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

உறவுமுறை

Nature of Relationship

SON

Mr. RAMESH S

56/ Male/ MHI202481637

10/01/2024/ IPH2024000086

Dr. RAJESH.V



MHI/IP/2022/008



Every heart beat counts

## GENERAL CONSENT FOR ADMISSION

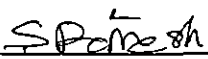
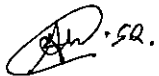
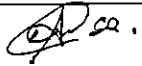
I, Ramesh. S. the ☒ Patient or ☐ Representative of patient have  
(please tick the correct option above and below)

☐ Read

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

- I give my full consent and authorization for admission and treatment at this hospital. The proposed treatment plan has been explained to me.
- I consent and authorize the hospital, treating doctors, nursing, technical and paramedical staff to provide relevant care and to conduct diagnostic as deemed necessary by the treating doctor / team.
- I also consent to use of assistants such as resident doctors, other doctors, nurses, and other healthcare workers by the hospital and treating doctor / team.
- I consent for clinical consultation, admission, disclosure of information required for clinical management (under confidence), routine medical examination (physical examination, palpation, percussion, auscultation), routine lab and imaging investigations, general nursing care, diet and physiotherapy assessment and counselling.
- I have been explained about the proposed care plan, expected result(s), possible outcome(s) and expected cost of treatment/ hospital stay.
- I understand that the hospital will take due care of me / my patient but, that there is always a possibility of an unexpected complication(s) which may necessitate longer stay and / or use of intensive care services. In such cases, procedure different from those contemplated and other intervention(s) may sometimes be needed.
- I declare that, I have and will inform the doctor of my medical history including previous illnesses, allergies, drug reaction(s), surgical procedure, relevant medical family history and all other facts relevant to my treatment. I shall not hold the hospital/ doctor responsible for any consequences which may arise due to non-disclosure of relevant information on my part.
- I declare that I have been explained about my rights and responsibilities.
- I have been made aware of the rules and regulations of the hospital including those related to security and I promise to abide by them.
- I understand that in case of some unexpected event occurring during the course of my stay I may be suggested a transfer to another hospital / healthcare organization, as considered appropriate by my treating doctor.
- I understand that, drugs, consumables and devices will be charged on an 'as actual' basis as per the hospital tariff. I have been informed and I understand that there can be usage of certain reprocessed items during the course of the treatment. I also understand that only full strips of medicines shall be issued and returned. I declare that I take full responsibility of settling the bill before leaving the hospital premises at the time of discharge.

- I further declare that I have been given an opportunity to ask question(s) related to my admission, care plan and proposed hospital stay, and that such questions have been answered to my satisfaction.
- I declare that I have received and fully understood the information provided in this consent form, that I have been given an opportunity to ask questions relating to my admission, care plan and proposed hospital stay, and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my signing this form.
- I, the above-named Patient / named patient's representative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

	Signature / Thumb Impression*	Name	Date	Time
Patient		S. Ramesh	10-1-24	11:19
Surrogate/Guardian (if applicable #)		S. R. AKASH (SON) (Write name and relationship with patient)	10-1-24	11:19
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		S. R. AKASH	10-1-24	11:19
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 hypernatremia (Serum Sodium less than 110 mEq/L or more than 155 mEq/L) with seizures, altered mental status				
	Hypo or hypermagnesemia with hemodynamic compromise or dysrhythmias				
	Hypo or hyperkalemia (Serum Potassium less than 2.0 mEq/L or more than 6.0 mEq/L) with dysrhythmias or muscular weakness				
	Hypophosphatemia with muscular weakness				
Doctor	Signature <i>[Signature]</i>	Name <i>Dr. Praveen</i>	Reg. No. <i>112236</i>	Date <i>11/1/24</i>	Time <i>14.20</i>

### DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE			
1	Stable hemodynamic parameters	<i>✓</i>			
2	Stable respiratory status (Pt. extubated with stable arterial blood gases) & airway patent	<i>✓</i>			
3	Minimal oxygen requirement (not more than 3 L by nasal prongs)	<i>✓</i>			
4	Intravenous / Inotropic / Vasopressor support and vasodilators are no longer necessary	<i>✓</i>			
5	Cardiac dysrhythmias are controlled	<i>✓</i>			
6	Presence of distal pulses	<i>✓</i>			
7	No signs of bleeding and hematoma at puncture site	<i>✓</i>			
8	End of life care pathway chosen	<i>✓</i>			
Doctor	Signature <i>[Signature]</i>	Name <i>Dr. Praveen</i>	Reg. No. <i>112236</i>	Date <i>13/1/24</i>	Time <i>1030</i>



## DISCHARGE SUMMARY

IP No.	: IPH2024000086	D.O.A	: 10/01/2024
UHID	: MHI202481637	D.O.D	: 17/01/2024
Name	: Mr. RAMESH.S	Room No.	: 104
Age / Gender	: 56Years / MALE		
Consultant	Dr. V. Rajesh, MS, M.Ch (CTVS) Senior Consultant Cardiothoracic and Vascular Surgery		

D.O.S: 11.01.2024

### DIAGNOSIS:

**TRIPLE VESSEL CORONARY ARTERY DISEASE**

**LEFT MAIN DISEASE**

**ACS – EVOLVED INFERO POSTERIOR WALL MYOCARDIAL INFARCTION**

**MODERATE LV SYSTOLIC DYSFUNCTION – EF: 38%**

**TYPE II DIABETES MELLITUS**

**SYSTEMIC HYPERTENSION**

**LEFT LUNG - UPPER LOBE MASS**

### SURGERY:

**OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3 GRAFTS:  
LIMA TO LAD, LRA TO OM, SVG TO PDA DONE ON 11.01.2024**

### BRIEF HISTORY:

Mr. Ramesh.S, 56 years old male, a known case of Type II diabetes mellitus, Systemic hypertension, ACS – Evolved Infero posterior wall myocardial infarction, Left main + Triple vessel disease, Left lung - upper lobe mass, Moderate LV systolic dysfunction, has come for CABG. Patient was apparently normal till 3 weeks ago, when he developed chest pain on exertion which relieved at rest. Initially, he went to Dr. Sanjiv Agarwal (Cardiologist) clinic where his ECG and Echo showed significant changes and was advised Coronary Angiogram. He went to Fortis Hospital and underwent Coronary Angiogram on 28.12.2023 which showed Left main + Triple vessel disease. He then came to Medway Heart Institute on 05.01.2024 where he was advised early CABG. Patient and attenders were explained about the nature of disease, risks and prognosis of CAD and the need for revascularization. Currently, he is getting admitted for the same. No H/O Palpitations, Syncope or Swelling of Legs. No H/O CVA, CKD, seizure disorder or Hypothyroidism.



JCI ACCREDITED NABH ACCREDITED



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(A Unit of United Alliance Healthcare Pvt Ltd)  
IPNO: IPH2024000086

NAME : MR. RAMESH.S

UHID : MHI202481637

### ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

TEMP - 98° F  
HR - 86bpm  
BP - 110/80mmHg  
SPO<sub>2</sub> - 98% in room air  
CVS - S1S2 (+)  
RS - BAE (+)  
Abdomen - Soft, BS (+)  
CNS - NFND

### BLOOD INVESTIGATIONS:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	11.5	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	35.0	39-52	%
TWBC	6670	4000 - 10000	Cells/Cumm
NEUTROPHILS	64.9	40-70	%
LYMPHOCYTES	25.5	20 - 40	%
EOSINOPHILS	3.1	0 - 6	%
MONOCYTES	6.0	0 - 6	%
BASOPHILS	0.5	0 - 2	%
PLATELET	319000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Cells/Cumm
Urea	17	14 - 40	mgs/dl
Creatinine	0.91	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na <sup>+</sup> )	134	135 - 145	mmol/l
Potassium (K <sup>+</sup> )	4.30	3.4 - 5.5	mmol/l
T. Bilirubin	0.22	0.2-1.0	mg/dl
D. Bilirubin	0.15	0.00 - 0.4	mg/dl
I. Bilirubin	0.07	0.4-0.6	mg/dl
S.G.O.T	29	<38	U/L
S.G.P.T	49	<41	U/L
ALP	146	Adult: 42 - 141	U/L
GGT	7.0	Male : 10 - 45 Female : 5 - 32	U/L
S. Albumin	4.2	3.5 - 5.0	gm/dl

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

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**94557 94557**  
**1800 572 3003**

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

MHI/HOSP/2022/118

NAME : MR. RAMESH.S

UHID : MHI202481637

PROTHROMBIN TIME	10.8	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	
INR	0.8	Recur.Systmic Embolism: 3.0 - 4.5 INR	
HBA1C	11.3	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	2.69	Adult: 0.25 - 5.0 New born-4days: 1.0-39.0 Child upto 14yrs: 1.0-9.0	uIU/ml
T3	95	"Adult : 60 - 152 New born - 4 days : 96 - 730 1 - 11 Months : 102 - 243 1 - 9 yrs: 89 - 237	ug/dl
T4	10.1	"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 – 62bpm, sinus rhythm, low voltage QRS complexes in inferior leads, T inversion in V3-V6 leads.

**ECHO :** ALL CHAMBERS NORMAL SIZED, RWMA (+) – INFERIOR, INFEROLATERAL, BASAL AND MID INFEROSEPTUM HYPOKINETIC, MODERATE LV SYSTOLIC DYSFUNCTION – EF: 38%, GRADE I DIASTOLIC DYSFUNCTION, NORMAL RV SYSTOLIC FUNCTION, RV TDI: 10CM/S, TAPSE: 18 MM, AORTIC VALVE SCLEROSIS, TR GRADIENT – 12 MM HG, RVSP : 22 MM HG, E / A RATIO: 0.79, MID E/E: 12.08, LATERAL E/E : 9.37, NO AS / AR, OTHER VALVES STRUCTURALLY NORMAL, TRIVIAL MR, TRIVIAL TR, NO PAH, NO CLOT / VEGETATION / EFFUSION.

**CT CHEST:** LARGE RELATIVELY WELL DEFINED DENSE AIRSPACE LESION WITH SPECULATED MARGINS AND SURROUNDING HALO ADMIXED WITH RETICULAR OPACITIES IN LEFT UPPER LOBE – POSSIBILITIES 1. LUNG MASS, 2. CONSOLIDATION.

**CXR:** PA film, BVM (+), small coil like shadow seen in left upper lobe.





JCI ACCREDITED



NABH ACCREDITED

**Every heart beat counts**(A Unit of United Alliance Healthcare Pvt Ltd)  
IPNO: IPH2024000086

NAME : MR. RAMESH.S

UHID : MHI202481637

**COURSE IN THE HOSPITAL:**

Mr. Ramesh.S, 56 years old male, was admitted with above mentioned complaints. During his pre – workup evaluation, his chest X – ray showed small coin like shadow in left upper lobe. He then underwent CT – Chest showed large lung mass in the left upper lobe. He underwent **OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3 GRAFTS: LIMA TO LAD, LRA TO OM, SVG TO PDA ON 11.01.2024**. He was extubated on table in Operation theatre. He was shifted to SICU with stable hemodynamics and nil supports. Drains were removed on POD1 (12/01/2024). He was shifted to ward on POD 2 (13/01/2024). Suture removal was done on POD5 (16/01/2024). He was advised CT guided biopsy after 6 weeks. His medications are optimized and he is being discharged in a stable clinical status.

**CONDITION ON DISCHARGE:**

HR - 94/min BP - 130/80 mmHg  
SPO2 - 82% in room air

**POST OP INVESTIGATIONS:**

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	9.1	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	27.4	39-52	%
TWBC	8650	4000 - 10000	Cells/Cumm
NEUTROPHILS	69.7	40-70	%
LYMPHOCYTES	19.3	20 - 40	%
EOSINOPHILS	4.6	0 - 6	%
MONOCYTES	6.1	0 - 6	%
BASOPHILS	0.3	0 - 2	%
PLATELET	353000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Lakhs/cumm
Urea	55	14 - 40	mgs/dl
Creatinine	1.03	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na+)	132	135 - 145	mmol/l
Potassium ( K+ )	4.11	3.4 - 5.5	mmol/l

**ECG:** HR : 80bpm, sinus rhythm, ni significant ST – T changes.

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**ECHO:** S/P CABG, ALL CHAMBERS NORMAL IN SIZE, REGIONAL WALL MOTION ABNORMALITY PRESENT – BASAL AND MID INFERO SEPTUM, BASAL AND MID INFERIOR, INFERO LATERAL HYPOKINETIC, MODERATE LV SYSTOLIC DYSFUNCTION, EF 41%, NORMAL RV SYSTOLIC FUNCTION, RV TDI: 12CM/S, TAPSE: 16MM, AORTIC VALVE SCLEROSIS, OTHER VALVES STRUCTURALLY NORMAL, IAS/IVS INTACT, IVC NORMAL IN SIZE AND COLLAPSING, AORTIC GRADIENT – MAX GRADIENT – 7MMHG, MEAN GRADIENT – 4MMHG, GRADE II DIASTOLIC DYSFUNCTION, AORTIC VALVE SCLEROSIS, TRIVIAL AR, NO AS, TRIVIAL MR, , TRIVIAL TR, NO PAH, MILD BILATERAL PLEURAL EFFUSION, NO CLOT/VEGETATION/ PERICARDIAL EFFUSION.

**CXR:** PA film, sternal wires seen, small coil like shadow seen in left upper lobe, minimal bilateral pleural effusion.

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**ADVICE MEDICATIONS:**

SL. NO.	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. CLOPITAB A (CLOPIDOGREL + ASPIRIN)	1 TABLET	75MG / 75MG	0	1	0	ORAL	AFTER FOOD	TO CONTINUE
2	TAB.FORTIUS (ROSUVASTATIN)	1 TABLET	20MG	0	0	1	ORAL	AFTER FOOD	TO CONTINUE
3	TAB. DILZEM SR (DILTIAZEM)	1 TABLET	90 MG	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. DYTOR PLUS LS (TORSEMIDE + SPIRONOLACTONE)	1 TABLET	10 /25MG	1	½	0	ORAL	AFTER FOOD	X 6WEEKS
6	TAB.PARACIP (PARACETAMOL)	1 TABLET	500MG	1	0	1	ORAL	AFTER FOOD	SOS (IF PAIN OR FEVER)
7	TAB. PAN D (DOMPERIDONE + PANTOPRAZOLE)	1 TABLET	40 MG	1	0	1	ORAL	30 MINUTES BEFORE FOOD	X 1 WEEK
8	SYP. CREMAFFIN PLUS (SODIUM PICOSULFATE+ LIQUID PARAFFIN + MILK OF MAGNSIA)	15ML		0	0	1	ORAL	AFTER FOOD	BED TIME (IF CONSTIPATION)
9	TAB. BEPLEX FORTE (ANTIOXIDANTS +MULTIVITAMIS+ MULTIMINERALS)	1 TABLET		1	0	0	ORAL	AFTER FOOD	1 MONTH
10	SYP ALEX PLUS (DEXTROMETHORPHAN HYDROBROMIDE + GUAIFENESIN + PHENYLEPHRINE + CHLORPHENIRAMINE MALEATE)	10ML		0	0	1	ORAL	AFTER FOOD	BED TIME (1 WEEK)
11	TAB.ANXIT (ALPRAZOLAM)	1 TABLET	0.5MG	0	0	1	ORAL	AFTER FOOD	X 5 DAYS

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NAME : MR. RAMESH.S

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**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	1 TABLET	500MG	1	0	1	ORAL	BEFORE FOOD	TO CONTINUE
2	TAB. DAPAVEL (DAPAGLIFLOZIN)	1 TABLET	10MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
3	TAB. GLIZATO (GLICLAZIDE)	1 TABLET	60 MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE

DISCHARGE ADVICE	
DIET	HIGH PROTEIN, LOW SALT AND LOW FAT / DIABETIC DIET
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION	1800ML / DAY
REVIEW	REVIEW WITH DR. V. RAJESH AFTER 24/01/2024 WITH FBS, PPBS, HB, UREA, CREATININE, SODIUM, POTASSIUM, CHEST X RAY

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

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

Typed by: Kalai

**CONSULTANT SIGNATURE****Dr. V. Rajesh, MS, M.Ch (CTVS)****Senior Consultant Cardiothoracic and Vascular Surgery**

"I understood the Content of the discharge summary."

**Dr. V. RAJESH**  
Reg No : 62794

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

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## INPATIENT INITIAL ASSESSMENT

Date: 10/1/24

Time of arrival in ward: 12.00

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 98 (°F) | Pulse / HR: 87 (beats/min) | BP: 110/80 (mmHg)

Respiration: 18 (breaths/min) | SpO<sub>2</sub>: 97 (%) | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 22.6 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

56 yrs old male k/c/o T2 DM) HTN / exertional angina, L main +TVD, moderate LV has come for CABG. When he developed E sided chest pain on exertion which relieved at rest.

- no H/o Palpitation

- no H/o Constipation

- no H/o fever, vomiting loose stools.

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

Diabetes Mellitus: ☒ Yes ☐ No. If Yes, duration: 16 yrs Hypertension: ☒ Yes ☐ No. If Yes, duration: 5 yrs.

Others: N/c/o Bronchial Asthma / COPD / CKD / epilepsy

### Past Surgical History:

Nil.

Initially he went to Dr. Sanjiv Agarwal (Cardiologist) where his ECG & Echo showed significant changes and advised CABG. He went to Fortis & underwent CABG on 28/12/23 which showed L main +TVD. He then came to MHI on 5/1/24 where he was advised early CABG.

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

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1.	T. aspirin	75mg	P/b	O-to	6/1/24	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	T. Clopilet	75mg	P/b	O-to	6/1/24	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	T. Pan	40mg	P/b	1-0-1	9/1/24	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	T. Atorvas	20mg	P/b	O-to	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	T. met XL	2.5mg	P/b	1-0-0	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	T. Nitrocontin	2.6mg	P/b	1-0-1	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	T. Vogs - 4m2	1tab	P/b	1-0-1	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

**Family History:**

Nil

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

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

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

Others: \_\_\_\_\_

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

**General Physical Examination:**

Pallor: ☐ Yes ☒ No

Icterus: ☐ Yes ☒ No

Clubbing: ☐ Yes ☒ No

Edema: ☐ Yes ☒ No

Lymphadenopathy: ☐ Yes ☒ No

## SYSTEMIC EXAMINATION

CVS:

S1S2 ⊕, no murmur

Respiratory System:

BAE ⊕, no added sounds

Gastrointestinal System:

Soft, NT, no organomegaly

Central Nervous System:

No focal neurological deficit

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 / Distal LMCA C TVD / Moderate LV systolic  
T2DM / HTN / EF - 88%  
function

Plan of Care:

- Plan: CABG & GA Tomorrow

- Monitor vitals

- To follow drug chart

- Consent

- To get Anesthetic lines.

DR. V. RAJESH

(S.M.C.I.V.S)

Senior Consultant

Cardiothoracic and Vascular Surgery

Reg No: 63164

**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 fat, low salt

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

PFE: Patient Family Education

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

**Others:**

	Signature	Name	Reg. No.	Date	Time
Resident Doctor	<i>Dr. V. Rajesh</i> MBBS, MCh (CTVS) Senior Consultant	<i>Dr. Mohamed hydron</i>	165388	10/11/24	13:00
Consultant	<i>V. Rajesh</i> Cardiothoracic and Vascular Reg No: 62794	<i>DR. RAJESH</i> Surgery	62794	10/01/24	15:30
Patient Attendant	<i>Dr. S.R.</i>	Relationship <i>Son</i>		10/11/24	13:00



## DOCTOR'S PROGRESS NOTES

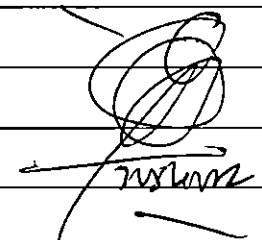
DATE	NOTES
10/1/24 3:30pm	S/B. Dr. Rajesh B. (Dmo)
	Case of CAD, TUD, Lt Main, BP-38/.
	Plan - CABG tomorrow
Vital Signs	Pt. reviewed. - no complaint
	S/E - Pt. conscious, oriented, Alert
	SR - COS - S.S. (P) RE - BAR (P)
	Adv
	- vitals normal - apd from 12 AM. - T. Alprax 0.5mg + Tal butoxid 40mg (2AM) - B. morphine 50mg + B. pheneyren 12.5mg 1hr before shifting to OR.

*R/S*  
183533

DATE	NOTES
20/1/24	S/B Dr. Anusuya
23:00	A case of CAD - T2DM / SHTN Left main
	Patient reviewed
	CO: Chest pain on & off
	OB: Patient conscious, oriented,
	S/B: CUS - 5.62 ⊕
	RS - BAF ⊕
	CUS - NEND
Vitals stable	Advice
	- posted for CABG tomorrow 8am
	- NPO from 12am
	- consent
	- Pains preparation
	- Pre-medication
	- Check pre-op CABG
	- shift to OT on call
K.B (120559)	



## DOCTOR'S PROGRESS NOTES

DATE	NOTES
11/01/24 06:20 AM	S15 Dr. Gulmez
	- TB/m
	- Cam y CAD - no plans for CABG today.
	- Hx of DM - @ VL ? mass lesion.
	- Nil respiratory long plan.
	- Not a smoker.
	- No h/o low LWA.
	- No h/o TB / Diabetes
	O/E: SpO <sub>2</sub> = 98% (RA)
	BP = 120/70 mmHg
	normal
	Sigs: 1) plan extended Bx - post CABG once patient stabilizes.
	

DATE	NOTES
12/01/2024	S/B: Dr. Anbathan / Dr. Rajesh / Dr. Praveen
@ 8.05	
	S/P: DPCAB x 3 grafts.
POD#1	· patient comfortable
Hb - 9.6	O/E: conscious, oriented, Afebrile
U - 24	· BP - 132/56 mmHg
Cr - 0.73	· HR - 100 bpm
Na - 129	· SpO <sub>2</sub> - 92% on room air
K - 3.68	· DI <sub>0</sub> - 2255 ml / 2262 ml; Bal - 7 ml
	· On ucath
RBS - 107 mg/dl	· Adequate urine output
	· tolerating feeds
ABG	· peripheries warm
pH - 7.46	Supports: NIL
pO <sub>2</sub> - 40.5	Total drain: 440 ml
pO <sub>2</sub> - 67.4	
HIO <sub>2</sub> - 28.6	
BE - (4.9)	
	<u>plan</u>
	· RF - 1.8 litres/day
	· Good chest physio
	· Remove drains & extoxy line by 11am
	· Mobilize
	· nebulization
	· Spirometry
	· T. METOPROLOL 25mg 1-0-1
	· Restart olt
	· Keep him here today
	<u>Praveen</u> 112236

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



## DOCTOR'S PROGRESS NOTES

DATE	NOTES
13.01.2024 @ 8:00am	<p>Dr. Anbarasu / Dr. Rajesh / Dr. Praveen.</p> <p>SpO<sub>2</sub> OPCAB x 3 grafts ; POD-2</p> <p>RBS: Conscious, oriented, afebrile</p> <p>216 mg/dL BP: 130/64 mmHg</p> <p>@ 6:00am HR: 112 bpm</p> <p>SpO<sub>2</sub>: 98% on O<sub>2</sub> (2L/hr)</p> <p>Hb: 9.8 g/dL I/O: 2050ml / 1860ml → +ve 196ml</p> <p>Cl: 30 Adequate urine output</p> <p>Ca: 0.79 Tolerating oral feeds</p> <p>Na<sup>+</sup>: 127 Peripheries felt warm</p> <p>K<sup>+</sup>: 4.36 Support: NIL.</p>
	<p>Plan:</p> <ul style="list-style-type: none"> <li>RF: 1.8liters / day.</li> <li>Good chest physio</li> <li>↑ Spirometry</li> <li>Nebulization &amp; Mobilize to chair</li> <li>Shift to ward once voided.</li> <li>Remove neck cine</li> <li>T. METOPROLOL 50mg 1-0-1 ↑</li> <li>T. MOSAPRIDE 5mg 1-0-1 (BF)</li> <li>T. GLIZATO 60 1-0-1 (BF)</li> <li>T. METFORMIN 500mg 1-0-1 (AF)</li> <li>T. DAPANEL 10mg 1-0-0 (AF)</li> <li>T. ANKAT 0.5 mg 0-0-1</li> </ul>
	<p>Dr. Anbarasu / Dr. Rajesh</p> <p>PA Alang (11/12/2024)</p>

DATE	NOTES
13.1.24	S/B Dr. Rajesh
1:30	clo' vomiting
	Advice
SpO2 - 85% with 2 litres O2	<ul style="list-style-type: none"> <li>- 2mg EMESET 4mg IV STAT</li> <li>- Chest physio &amp; spirom</li> <li>- mobilise the patient</li> </ul>
for K-M (134mm)	
13.1.24	S/B Dr. Anusuya
1:35	S/P OPCABX 2 grafts
POD-2	Patient reviewed
	clo' vomiting
	O/S: patient conscious, oriented, afebrile
	S/S: CUS - 5/62 (+)
	RS - BAE (+)
	CUS - NEND
SpO2 - 85% with 2 litres O2	P/A - 60/70
BP - 110/80 mmHg	2/S: dressing intact
	no scabage
	Advice
	<ul style="list-style-type: none"> <li>- monitor vitals</li> <li>- continue the drugs per chart</li> <li>- Plan: SR on 15.1.24</li> <li>- mobilise the patient</li> <li>- chest physio &amp; spirometry</li> </ul>
K-M (134mm)	



2024000086

## DOCTOR'S PROGRESS NOTES

DATE	NOTES
13/1/24 2:50 pm	<p>Dr. Dr. Praveen.</p> <ul style="list-style-type: none"> <li>- Knee surgery.</li> <li>- with T. lax</li> <li>- 2. lax. long start (4 pm)</li> </ul> <p>stop not passed</p>
13/1/24 3:00 pm	<p>Dr. Dr. Sujith. B. (mo)</p> <p>POD-2 OP CAB x 3 graft</p> <ul style="list-style-type: none"> <li>- ft. revision</li> <li>- do wound.</li> <li>- ft. ft. concave</li> <li>- oriented</li> <li>- ft. ft.</li> </ul> <p>Dr. Dr. Sujith. B. (mo)</p> <ul style="list-style-type: none"> <li>- vital wound</li> <li>- follow up chest.</li> <li>- RR on 12/1/24</li> <li>- chest physio therapy</li> <li>- w/p = desaturation</li> </ul> <p>Dr. Dr. Sujith. B. (mo)</p>

Dr. Dr. Sujith. B. (mo)  
183873

DATE

NOTES

13/1/24  
10 PM

8/6 Dr. Mohamed Hyder

Post OP Care of OPCABx3 grafts  
POD-11

Patient arrives

oriented

Afebrile

Vitals

PR-103/min

RR-18/min

BP-110/70 mm Hg

SPO<sub>2</sub>-95% 2L O<sub>2</sub>

nasal prongs

CRS-2 S<sub>1</sub> S<sub>2</sub> ⊕

RO-BA ⊕

PLA-8/6 NT

Adv

- Monitor vitals

- To follow day chart

- Suture

removal on

Monday

- Chest Physical  
Spirometry

⊕

(160 mm)





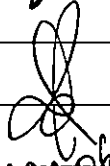

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DATE	NOTES
14-01-24	S/B Dr. Anbarasu (CTKS)
10:30 AM	POST OP case of OPCAB
POD - 3	Patient reviewed
	Advice
	- Don't stop O2 till evening
	- to give Enj. Lasixide 2 doses today. After 2 doses, Enj. Lasixide to be stopped
	- Rest continue the drugs as per chart
R. M. 1347779	

DATE	NOTES
14-1-24	S/B Dr. Anusuy
10-30	S/p OPCAB X 29 months patient reviewed.
POD-3	C/O pain in the surgical site
HR - 82b/m	O/S: Patient conscious; oriented
SpO2 - 88%	S/S: CMS - 6152 (P)
with 2 litres	As - BAF (P)
O2	CMS - NFD
	4/S: Dressing intact no leakage
	Advice
	- Monitor vitals
	- continue the drugs as per
	chart
	- w/F Feverspikes / desaturation
	to give Epi Lesclide IV 2 doses. After
12/1/24	2 doses, stop!
	- Don't stop O2 till evening.

## DOCTOR'S PROGRESS NOTES

DATE	NOTES
14/1/24	S/S Dr. Mohamed Hydross.
10pm.	Post op case of OPCABX 3grafts POD-3.
	Patient conscious oriented Afebrile
	Vitals PR-82/min RR-18/min BP-100/60mmHg. SpO2-93% with 2litre O2.
	CNS → S, S2 ⊕ MS → BAE ⊕ P/A → soft, NT
	AKW - monitor vitals - To follow drug chart.
	- Spirometry / nebulisation - mobilise the patient.
	- Spirometry / nebulisation
	(6pm)

DATE	NOTES
	<u>S/B Dr. Anurag</u>
15/1/24.	S/B Dr. G. Lakshmi
9:30 AM.	pt. reviewed.
	No new complaints.
	Appetite ↑.
	O/E - Conscious
	oriented
	afebrile.
	SpO <sub>2</sub> - 90% E 2L O <sub>2</sub> C
	NP.
	S/E. US - S Sat
	RS - BAET
	PA - soft -
	UNS - NFND
<del>Molun</del> Self voiding	Adv
	Monitor vitals Q4H
	Inform SOS -
	follow drug chart -
	
	122068-
15/1/24	↓ strict ASP, drain sutures removed
12pm	- wound healthy.
	
	122068



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DATE	NOTES
	S/B Dr. Mohamed Hyman
15/1/24	
10pm	Post op care of OPCAB x 3 graft
	POD-4.
	Patient conscious
	oriented
	Apechule
	vitals
	PR-81/min
	PR-18/min
	BP-135/80mmHg
	SpO <sub>2</sub> -98%
	C/S → S <sub>1</sub> S <sub>2</sub> (+)
	R/S → B/A(+)
	P/A → S <sub>1</sub> A <sub>2</sub> NT
	O <sub>2</sub>
	- monitor vitals
	- follow day
	check
	- Spromedj / nebuload
	- mobilise the patient
	(16pm)



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Mr. RAMESH S

56/Malc/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



MHI/IP/2022/041



very heart beat counts

## DOCTOR'S PROGRESS NOTES

DATE	NOTES
9/1/24	Dr. Dr. Singh. R. (mo)
2:40pm	Dr. OPCAB X 2 graft
POB-5	pt. reviewed - NO complaints
vital, stable	of R. pt. conscious, oriented, Alert
	Dr. - cu. ECG R. RARE
	<ul style="list-style-type: none"> <li>- vital signs</li> <li>- follow up chart</li> <li>- Spirometry/rehabilitation</li> <li>- mobilisation</li> <li>- w/R deactivation</li> <li>- Infection</li> </ul>
	<p><i>[Signature]</i> 18/3/24</p>

DATE	NOTES
	S/O Dr Mohamed Aydos
16/1/2024 12pm	Post OP care of OPOAB + Zgraft
	POD-5
	Patient Status
	- Oriented
	- Afebrile
Vitals Stable	C/S → S & R ⊕ A/B → B/A ⊕ P/A → S/A, NR
	Plan
	- Monitor vitals
	- Follow up
	- Spontaneous
	- Rehydrate
	- Plan D/C
	- Discharge
	(Signature)





## DOCTOR'S PROGRESS NOTES

DATE	NOTES
17-01-24	S/B Dr. Anusuyg
9.30 POD-6	S/p OPCAB x 3 grafts patient reviewed clo' mild pain in the surgical site
TO DO screening Echo	Q/E patient conscious, oriented, Afebrile. S/B: CMS - S1S2 (+) RS - BAE (+) CNS - NFN
Today	L/E: wound healthy & healing no soakage Vitals: HR - 94b/min BP - 110/80mmHg RR - 18/min SpO2 - 96% RA
	Advice - monitor vitals - continue the drugs as per chart - mobilise the patient - continue chest physio & spirometry - PIC today
K'dn 134577	



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

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

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

edwayhospitals.com | Website : www.medwayhospitals.com

Mr. RAMESH S

56/Male/MH1202481637

10/01/2024/IPH2024000086

## RE-OPERATIVE CHECKLIST

Name	Dr. RAJESH.V	Age	56	Gender	M	UHID No.	202481637
Ward	1 <sup>st</sup> floor	IP No.		Bed No.	104-B	B.S.	A.S.
Clinical Diagnosis :							
CAD - LM TUD						✓	✓
Proposed Procedure :							
CABG						✓	✓
<b>CHECKLIST</b>							
1.	Identification Band on Hand Checked ?					Yes	✓
2.	Surgical consent Signed? a. Special Consent signed if required.						
3.	Anesthetist Consultation (If required?)						
4.	History AND Physical Onchart? a. Height..... 166 cm b. Weight..... 62.1 kg					✓	✓
5.	Allergic to drugs ? Not known.					✓	✓
6.	Surgical Preparation done ? Yes.					✓	✓
7.	Nill by Mouth From 12:00					✓	✓
8.	Blood Grouping & Rh Typing O negative					✓	✓
9.	Investigation <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> ECG <input type="checkbox"/> LAB					✓	✓
10.	Blood Sugar..... 117 mg/dl Time..... 6:30					✓	✓
11.	TPR Chart Pulse..... 92 beats/min Temp..... 98.6°F BP..... 130/70 mmHg RR..... 20 breaths/min					✓	✓
12.	Time Voided a. Retention <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					✓	✓
13.	Enema <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					✓	✓

14.	a. Prosthesis Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable b. Plates present Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable c. Contract Lenses Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable d. Dentures Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable	✓	
15.	Valuables and Jewellery Removed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Secured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓
16.	Pre-Operative Medication Administered ..... a. Time .....      b. Nurse .....	✓	✓
17.	Blood Transfusion requisition Onchart	✓	✓
18.	X-Ray ..... No	✓	✓
	ECG / ECHO ..... CPE - 1	✓	✓
	Ultra Sound .....		
	C.T. Scan.....	✓	✓
	MRI Scan .....	✓	
	TMT .....	✓	
	Medication	✓	
	10/1/20 7. oral honey		
	21/20 7. ALPRAX 0.5mg given		
	Others		

Nurse Signature

Verified by  
Siddha H  
12/1

0-06

## MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name *Mr. Ramesh . S*

Age *56/M*

UHID *MHI202481637*

Diagnosis *U. Main + Triple vessel disease / Moderate*  
 Serology *Negative*

Plan *CABG*

EURO Score / STS Score *1.02%*

*11.2%*

Diabetes Mellitus (HB1AC)  
*72DM x 10y2*

*T. aspirin 9 T. Clopidet stopped*  
 PRE OP DRUGS (ACE/ARB/ANTIPLATELETS): *on*

*72DM / SHHT*  
 Associated Illness *6/01/24*

Carotid Doppler *—*

Thyroid Enzymes *T3.95 T4.10 / TSH 2.69*

Sr. Creatinine *0.91*  
 INR *0.8*

Any other illness of concern

Allen's Test

Myocardial viability if needed

Varicose Veins

Pulmonologist Clearance *—*

Nephro Clearance: *—*

Neurology Clearance : *—*

Dental Clearance: *—*

Mitral Regurgitation Assessment

*Trivial MR / No PAH*

Nursing:

Billing Clearance:

Physiotherapy

Spirometry taught

Concerns from Surgical Team :

SIGNATURE :

*Dr Ramesh (MHI20217)*

Mr. Rameesh. S 56/M a K/C/O T2DM, SH7N,  
Exertional angina, O-Nein + TVD, Moderate CR has come  
for CABG. PE. was apparently normal till 3 weeks ago  
when he developed chest pain on exertion which relieved  
at rest. Initially, he went to Dr. Sanjiv Agarwal  
(cardiologist) clinic where his ECG and Echo showed significant  
changes and was advised CABG. He went to Fortis &  
underwent CABG on 28/12/23 which showed pt. Nein + TVD.  
He then came to AMH on 5/01/24 where he was advised  
early CABG.

ECG. 62 bpm, Sinus rhythm, low voltage QRS complexes  
in inferior leads, T↓ in V3-V6 leads.

CXR: PA film, BUN (4), Lung fields clear.



## CONSENT FOR SURGERY

1. Mr./Ms./Mrs : Ramesh ☒ 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 - An. + M.D. Mod. H. EF - 38% DM, HTN 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. Arrhythmias ④. stroke ⑤. prolonged ICU stay & ventilator ⑥. mild risk to life
- Benefits Relief symptoms & pain
- Alternatives PTCA - not ideal candidate / medical management
- The likelihood of success of the surgery (Percentage / Other comments) 97%
- Possible results of non-treatment ①. myocardial Infarction ②. cardiac 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.

Enrolled No: 1022

DETAILS	PATIENT / RELATIVES	WITNESS
Name ( in BLOCK LETTER)	SRAMBESH	S-R. AKASH
Relationship	Self	Son
Signature	S. Ramesh	SR.
Date & Time	10/11/24 @ 19.00	10/11/24 @ 19.00
Name & Signature of Doctor with Registration No.: <u>Dr. PRAVEEN JEYAKUMAR</u>		

112236  
 Dr. V. RAJESH  
 (M.S. in CIVILS)  
 Senior Consultant  
 Cardiothoracic and Vascular Surgery  
 Reg No: 62794

Doctor Seal

நோயாளி விவரங்கள்: (Affix Label here)

பெயர் :

UHID :

சிறந்த தேதி : பானினம் :

## அறுவை சிகிச்சை ஒப்புதல் படிவம்

நான் .....நோயாளி அல்லது நோயாளியின் பிரதிநிதி தயவுசெய்து மேலேயும் கீழேயும் பொருத்தமானதை

தர்வு செய்யவும்

☐ படியங்கள்

☐ எனது / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளேன்.

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

• நோக்கம் கொண்ட நன்மைகள், சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்களைப் பற்றி நான்-இப்போது அறிவேன். மேலும் அந்த செயல்பாடு / நடைமுறைக்கு மாற்றுகளை கிடைக்கச் செய்கிறேன். எந்தவொரு செயல்பாட்டின் / நடைமுறையின் முடிவுகளும் நோயாளியிலிருந்து நோயாளிக்கு மாறுபடும் என்பதையும் நான் அறிவேன். இந்த செயல்பாடு / நடைமுறையின் வெற்றி குறித்து எந்த உத்தரவாதமும் எனக்கு செய்யப்படவில்லை என்று நான் அறிவிக்கிறேன். பெரும்பாலான நோயாளிகளுக்கு சீரற்ற செயல்பாடு மற்றும் மீட்பு இருக்கும்போது சில வழக்குகள் சிக்கல்களுடன் தொடர்பு படுத்தப்படலாம் என்பதை நான் அறிவேன். இந்த செயல்பாடு / நடைமுறையுடன் தொடர்புடைய பொதுவான அபாயங்கள் மற்றும் சிக்கல்களை நான் அறிவேன். இந்த செயல்பாடு / நடைமுறையுடன் சாத்தியமான அனைத்து அபாயங்களையும் சிக்கல்களையும் பட்டியலிட முடியாது என்பதை புரிந்து கொள்கிறேன்.

• நோயாளியின் மருத்துவ நிலை மோசமாக இருந்தால் அல்லது எதிர்பாராத எந்தவொரு தொழில்நுட்ப காரணத்தினாலும் சில நேரங்களில் திட்டமிடப்பட்ட செயல்பாடு / நடைமுறைகளை ஒத்திவைக்க அல்லது ரத்து செய்ய வேண்டும் என்பதையும் நான் புரிந்து கொள்கிறேன். எனது சொந்த ஆபத்து மற்றும் விளைவுகளில் எந்த நேரத்திலும் எனது ஒப்புதலை நான் திரும்பப் பெறுதலை எழுத்துப்பூர்வமாக சமர்ப்பிக்குவதன் மூலம் திரும்பப் பெற முடியும்

• மருத்துவரால் தேவையான செயல்பாடு / நடைமுறையின் போது அல்லது அதற்குப் பிறகு இரத்த மற்றும் / அல்லது இரத்த தயாரிப்புகளை எனக்கு நிர்வாகம் தேவைப்படலாம் என்பதை நான் அறிவேன் (ஒரு தனி ஒப்புதல் பெறப்பட வேண்டும்).

• இந்த அறுவை சிகிச்சை / நடைமுறையின் போது மருத்துவர் மற்றும் துணை மருத்துவக் குழுவால் உதவப்படுவார் என்பதையும், தேவை ஏற்பட்டால் தொடர்புடைய நிபுணர்களிடமிருந்து மருத்துவர் ஆலோசனை / உதவியை நாடுலாம் என்பதையும் நான் இப்போது அறிவேன்.



- சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்கள் \_\_\_\_\_
- நன்மைகள் \_\_\_\_\_
- மாற்றுவழிகள் \_\_\_\_\_
- அறுவை சிகிச்சையின் வெற்றி வாய்ப்பு (சதவீதம் / பிற கட்டளைகள்) \_\_\_\_\_
- சிகிச்சையின்றி சாத்தியமான முடிவுகள் \_\_\_\_\_
- செயல்பாடு / நடைமுறை மற்றும் வழங்கப்பட வேண்டிய கவனிப்புக்குப் பிறகு எதிர்பார்க்கப்படும் போக்கையும் நான் அறிவேன். ச... நேரங்களில் தீவிரமான பராமரிப்பு அலகு மற்றும் / அல்லது மருத்துவமனையில் அனுமதிக்கப்படும் கால அளவு தேவைப்படலாம் மற்றும் / அல்லது கூடுதல் மருந்துகள் அல்லது சிகிச்சைகளின் தேவை இருக்கலாம். இதன் மூலம் உடல் சிகிச்சையில் அதிகரிக்கும்.
- இந்த செயல்பாடு / நடைமுறையை நடத்தும் நோக்கத்திற்காக மற்றும் பொருத்தமான முறையில் எனது உடலில் இருந்து அகற்றக்கூடிய எந்தவொரு தீசு அல்லது உடல் பகுதியை அகற்ற மருத்துவமனையை நான் அங்கீகரிக்கிறேன். இந்த ஒப்புதல் வடிவத்தில் வழங்கப்பட்ட தகவல்களை நான் பெற்றேன் மற்றும் முழுமையாகப் புரிந்து கொண்டேன் என்று அறிவிக்கிறேன். எனது வியாதி, செயல்பாடு / நடைமுறை தொடர்பான கேள்விகளைக் கேட்க எனக்கு வாய்ப்பு வழங்கப்பட்டது. அதன் அபாயங்கள், விளைவுகள், சிக்கல்கள் மற்றும் நோக்கம் கொண்ட நன்மைகள் மற்றும் மீட்பு மற்றும் எனது கேள்விகள் அனைத்தும் பதிலளிக்கப்படவில்லை. இந்த வடிவத்தில் நான் கையெழுத்திடும் நேரத்தில் என் முன்னிலையில் செருகல் மற்றும் நிறைவு செய்ய வேண்டிய அனைத்து துறைகளும் (இந்த வடிவத்தில்) நிரப்பப்பட்டன என்று நான் மேலும் அறிவிக்கிறேன்.

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

## CONSENT FOR ANAESTHESIA SERVICES

I, RAMESH S ☒ 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 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 Anaesthesia <input type="checkbox"/> Others	Expected Results  Technique  Risks  Benefits	Temporary loss of feeling and / or movement of a specific limb or area  Drug injected near nerves providing loss of sensation to the area of the operation  Nerve damage, persistent pain, infection, bleeding / hematoma, toxicity due to local anaesthetic, medical necessity to convert to general anaesthesia, brain damage  - Pain Free - Safer under certain conditions



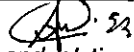
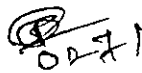
<input type="checkbox"/> <b>Intravenous Regional Anaesthesia</b> <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation <b>Alternatives</b> <input type="checkbox"/> Major/Minor Nerve Block <input type="checkbox"/> GA <input type="checkbox"/> Others	Expected Results	Temporary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

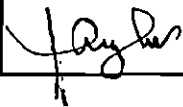
For the above mentioned operation(s) / procedure(s) that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said operation / procedure on ☐ myself or ☐ my above named patient being fully aware of the nature, potential risks and complications, intended benefits and 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		S. RAMRASA	10/1/24	13.30
Surrogate/Guardian (if applicable #)		 (Write name and relationship with patient)	10/1/24	13.30
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		RIN BHARATHI	10/1/24	13.30
Interpreter (if applicable)				

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

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

	Signature	Name	Reg. No.	Date	Time
Consent obtained by		DR A-S. SYLVESTER	43570	13.30 10/1/24	13.30

## 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 வழங்கப்பட்டதகவல்களை 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	காற்றப்பாதையை 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, அபிலாஷைகள், நிரந்தர உறுப்பு சேதம், மூளை சேதம் ஆகியவற்றின் போது விழிப்புணர்வு
	நன்மைகள்	- ஆரம்ப மீட்பு - பதட்டத்தின் நிவாரணம்
<input type="checkbox"/> முதுகெலும்பு அல்லது இவ்விடைவெளி / மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து / பொது மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்று மருந்து <input type="checkbox"/> பொது மயக்க மருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	உடலின் கீழ்பாதியில் உணர்வு அல்லது இயக்கத்தின் தற்காலிக குறைவு அல்லது இழப்பு
	நுட்பம்	உணர்வு / வடிவமுடைய வழியாக செலுத்தப்படும் மருந்து நேரடியாக முதுகெலும்பில் அல்லது உடனடியாக முதுகெலும்பு கால்வாய்க்கு வெளியே வைக்கப்படுகிறது.
	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான முதுகுவலி, தலைவலி, தொற்று, இரத்தப்போக்கு, இரத்தம்போதல், ஹெமோமா, உள்ளூர் மயக்க மருந்து, நாள்பட்ட வலி, மயக்க மருந்து, மூளை சேதத்திற்கு மாற்று மருத்துவ சேவை காரணமாக நச்சுத்தன்மை
	நன்மைகள்	சில நிபந்தனைகளின் கீழ் சிப்யூவில் பாதுகாப்பாக விடக்கூடிய எபிடரி வடிவமுடையகளுடன் 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, ஹெமோமா, உள்ளூர் மயக்க மருந்து, மருத்துவ சேவை காரணமாக நச்சுத்தன்மை, மயக்க மருந்து, மூளை சேதத்திற்கு மாறுதல்
	நன்மைகள்	- வலி இலவசம் - சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை

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

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

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

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

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

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

நான் / மேற்கூறிய நோயாளி / பெயரிடப்பட்ட நோயாளியின் பிரதிநிதி, இந்த வடிவத்தில் கையெழுத்திடப்பட்ட 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 ஆண்டுகளுக்கான 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					



11.1.24

Date: 11.1.24		Anaesthetist: JEEVA PRAVEEN		Surgeon: RV / PSK		Anaesthesia Technique <input checked="" type="checkbox"/> GA <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Others		
PRE INDUCTION ANAESTHESIA RECORD				MONITORS AND EQUIPMENTS		GENERAL ANAESTHESIA		
Pulse: 72 BP: 126/72 RR: 18 Sensorium: ALGT Sign-in Completed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Equipment Checked: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sign: JEEVA PRAVEEN Time: 9:30 Reg No: 86510				<input type="checkbox"/> NIBP <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> ECG <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> End Tidal CO <sub>2</sub> <input type="checkbox"/> Gas Analyzer <input type="checkbox"/> Oxygen Sensor <input type="checkbox"/> Disconnect <input type="checkbox"/> Temperature Probe <input checked="" type="checkbox"/> Foley Catheter <input type="checkbox"/> Nerve Stimulator <input type="checkbox"/> TEE <input type="checkbox"/> Others: <input checked="" type="checkbox"/> CVC Type: 85 F/4V Site: (R) IT <input checked="" type="checkbox"/> Standard Asepsis <input type="checkbox"/> USG Guidance <input type="checkbox"/> Complications: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, details: <input checked="" type="checkbox"/> Arterial Line - Type: 26G Site: (R) RA <input checked="" type="checkbox"/> PVC Type: 16G Site: (R) CF <input type="checkbox"/> PVC Type: Site: <input type="checkbox"/> Others:		<b>INDUCTION:</b> <input type="checkbox"/> Pre O <sub>2</sub> <input type="checkbox"/> Rapid Sequence <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhalation - Agent used: Mode of Ventilation: <input type="checkbox"/> Spontaneous <input checked="" type="checkbox"/> Controlled <b>AIRWAY MANAGEMENT:</b> Intubation: Oral / Nasal ETT Size: Type: CL Grade: 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19 / 20 / 21 / 22 / 23 / 24 / 25 / 26 / 27 / 28 / 29 / 30 / 31 / 32 / 33 / 34 / 35 / 36 / 37 / 38 / 39 / 40 / 41 / 42 / 43 / 44 / 45 / 46 / 47 / 48 / 49 / 50 / 51 / 52 / 53 / 54 / 55 / 56 / 57 / 58 / 59 / 60 / 61 / 62 / 63 / 64 / 65 / 66 / 67 / 68 / 69 / 70 / 71 / 72 / 73 / 74 / 75 / 76 / 77 / 78 / 79 / 80 / 81 / 82 / 83 / 84 / 85 / 86 / 87 / 88 / 89 / 90 / 91 / 92 / 93 / 94 / 95 / 96 / 97 / 98 / 99 / 100 Any difficulties and accessories: Throat Pack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Removed NG / OG Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>OTHER AIRWAY DEVICES:</b> <input checked="" type="checkbox"/> LMA Type & Size: CLASSIC (4) <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Face Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Others: Antibiotic / Dose / Time INJ. CEFTRIAXONE 1.5gm @ 10:15 Reversal of Anaesthesia		
<b>PATIENT SAFETY</b> Position on Table: SUPINE Pressure points checked & Padded: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eye Care: <input type="checkbox"/> Yes <input type="checkbox"/> No Safety Belt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Warming Blanket: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fluid Warmer: <input type="checkbox"/> Yes <input type="checkbox"/> No TED Stockings: <input type="checkbox"/> Yes <input type="checkbox"/> No Sequential Compression / Decompression: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
DRUGS	PROPOFOL	50						
	MIDAZOLAM	2						
	FENTANYL	200						
	MORPHINE		5			5		
	VECURONIUM	8						
	ETOMIDATE							
	KETAMINE							
	SUXA/ROCURONIUM							
	CISATRACURIUM/ATRACURIUM		5		5			
	SEVOFLURANE							
Air/O <sub>2</sub>								
VITAL SIGNS	Time	9:30	10:30	11:30	12:30	13:30	14:30	
	Systolic V	200						
	Diastolic A	180						
	Pulse ●	160						
	Resp. ★	140						
	Operation ○	120						
	Temp X	100						
		80						
		60						
		40						
MONITOR	SPO <sub>2</sub>	100	100	100	100	100	100	
	CVP		7	6	8	5	6	7
	PAP							
	ETCO <sub>2</sub>	34	35	35	31	34	33	34
	Urine Output							
ABG	PH							
	PCO <sub>2</sub>							
	PO <sub>2</sub>							
	Na <sup>+</sup>							
	K <sup>+</sup>							
	HCT							
	RBS							
	LAC							

		START	STOP	FLUID TRANFUSED		BLOOD PRODUCTS	
ANAESTHESIA		9.45	14.05	CRYSTALOID	COLLOID	-	
PROCEDURE		10.45	14.00	KL x 4	-		
CPB				X 2			
AXC							
CUF:				MUF:			
HEPARIN				PRESSURE MONITOR			
DOSE	TIME	ACT		PRE OP			
100 mg ✓	11:39	380 Sec		PA	RV	PCWP	
				ABP			
PROTAMINE				POST OP			
DOSE	TIME	ACT		PA	RV	PCWP	
50 mg ✓	13:14	128 Sec					
INOTROPES & INFUSIONS				ABP			
DRUG	DOSE	START	END	DRUG	DOSE	START	END
DILUTION	(RANGE)	TIME	TIME	DILUTION	(RANGE)	TIME	TIME
NORAD	0.05 µg/kg/min - 2.5 ml/hr						
(4mg/50ml)		11.15	14.00				
MTG	1 µg/kg/min → 4 ml/hr.						
(25mg/25ml)		11.00	→ 200				
REGIONAL ANAESTHESIA (YES) NO				IABP: -			
DETAILS:				ECMO: -			
① B/L ESPR } 60 ml : 0.2 % ② ④ FNB } Ropivacaine ③ ④ SCR } 200 mg dex med.				TEE: -			
REMARKS / CRITICAL EVENTS							
ANAESTHESIOLOGIST NAME : PRAVEEN REG.NO. 86510							
SIGNATURE							



## POST OPERATIVE PLAN

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

Arrival in Recovery / ICU Time: 14.20

SpO<sub>2</sub>: 100 % HR: 70 beats/min Rhythm: NSR RR: 18 breaths/min

ABP: 118/6 mmHg CVP: 7 mmHg PAP: \_\_\_\_\_ mmHg C.O.: \_\_\_\_\_ L/min

Conscious state: Sedated Pain score: \_\_\_\_\_

### VENTILATOR SETTINGS :

*pt. extubated in OR*

### IONOTROPES:

*- NIL -*

### POST OP ORDERS:

*- ABG / ACT / CXR*

*- vitals monitoring*

*- Review fols.*

### 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>	1
	Maintains SPO <sub>2</sub> <90% with O <sub>2</sub>	0

Total Score : 6

Patient fit for discharge:

☒ YES ☐ NO

Anaesthetist Name & Reg.No. :

*Praveen*  
**Dr. PRAVEEN**  
 Reg. No: 86510  
 01208 001 86510

*[Signature]*  
 Signature

## OPERATION NOTES

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



Pre-Operative Diagnosis : CAD / T2D / Mod LV dysfunction / Lt lung mass

Post-Operative Diagnosis : CAD / T2D / Mod LV dysfunction / Lt lung mass

Operation Procedure off Pump CABG x 3 grafts  
LIMA → LAD RCA → PDA  
Rad → OM

D.O. Operation 1 1 0 1 2 0 2 4

Please tick the type of procedure :

Closed ☒ Open ☐

Operation Commenced : 10-45

Operation Completed : 14-15

Nature of Anaesthetic : General

Surgeons Dr. Rajesh / Dr. Praveen

Perfusionist -

Anaesthetist Dr. Jawa / Dr. Praveen

Nurse Mr. Sasi Kumar / Ms. Devi

Incision Midline Sternotomy

Cannulation

Arterial

Venous

Oxygenator

Median Sternotomy - Thyroid dissected - ventral

Total CPB Time  
Total ACC Time  
Total TCA Time

pericardotomy - Targets cleared - LIMA, Lt Radial, Lt RCA

harvested - systemic heparinisation - LIMA divided and prepared -

### Findings and Relevant Details :

LIMA of good calibre and flow  
~ 1.75mm

Lt Radial art of good calibre ~ 2mm

Lt RCA of good calibre ~ 4mm

Targets -

LAD - 1.5 Healthy

OM - 1.25 Healthy

PDA - 1.15 Healthy / Measured

Diagonal diffusely diseased

Myocardium stabilised with stabiliser - Rad anastomosed to

OM - RCA anastomosed to PDA - LIMA anastomosed to

LAD - Pericardial fat cleared - Dress applied - Two

anastomoses with 4mm punch - RCA proximal with G-O proline -

Rad proximal with G-O proline - Protamine - Hemostasis -

Drawn down with 7-0 proline closed with No. 6 steel wire -

Wound closed in layers.

## POST-BY PASS HAEMODYNAMICS

RA

LA

Cardiac Output

RV

LA

CI

SVS

SYS

PA

MEAN

BP

MEAN

DIAS

DIAS

PACW

Support:

Isoprin

Adrenaline

Dopamine

I A B P

Dobutrex

Others

Novad 0.02 mg/kg/min

## POST-OPERATIVE INSTRUCTIONS :

To do - Hb, Hct, chest Xray

Watch for -

1- Bleeding

2. Hypotension

Blood loss - 200 ml

Blood transfusion - Nil.

Drains:

Chest

Mediastinal - (2)

Pericardial

Others

Sponge Count :

Correct

**Dr. V. RAJESH**

M.S, M.Ch(CTVS)

Senior Consultant

Cardiothoracic and Vascular Surgery

Reg No: 82794

Surgeon : Dr. V. RAJESH

Date : 11/11/2024

1430 hrs.



Every heart beat counts

(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: Mr. RAMESH.S	AGE/GENDER: 56 Years / MALE
UHID NO: MHI202481637	IP NO: IPH2024000086
DOA: 10/01/2024	DOS: 11/01/2024
SURGEON: DR. RAMESH	ANESTHETIST: DR. JEEVANANDAM/DR. PRAVEEN
ASSISTED BY: DR. PRAVEEN JEYAKUMAR	SCRUB NURSE: MR. SASIKUMAR/MS. DEVIKALA

### DIAGNOSIS:

**TRIPLE VESSEL CORONARY ARTERY DISEASE**

**LEFT MAIN DISEASE**

**ACUTE CORONARY SYNDROME – INFERO POSTERIOR WALL MI – EVOLVED**

**MODERATE LEFT VENTRICULAR DYSFUNCTION (EF – 38%)**

**TYPE II DIABETES MELLITUS**

**SYSTEMIC HYPERTENSION**

**LEFT LUNG UPPER LOBE MASS**

### SURGERY DONE:

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

**LIMA TO LAD**

**LRA TO OM**

**SVG TO PDA**

### FINDINGS:

Cardiomegaly (+)

Scar (+) – infero posterior wall of left ventricle

LIMA – 1.75mm, Good quality, good flow

LRA – 1.75mm, from left hand, good quality

SVG – 4mm, from left leg, Good quality

LAD – 1.5mm, Healthy target

D1 – Small and tortuous vessel

OM – 1.25mm, Healthy target

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

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



**94557 94557**  
**1800 572 3003**

### Medway Group of Hospitals

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

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

### Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/118



JCI ACCREDITED



NABH ACCREDITED



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

PDA – 1.5mm, diseased vessel

Good distal run off in all the grafts

### **PROCEDURE:**

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

Heart positioned and stabilized with myocardial stabilizer for OM grafting. Arteriotomy was made and 1.25mm 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)

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

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

### **SUPPORTS:**

He was shifted to ICU with nil support.

**CONSULTANT SIGNATURE**

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

**Senior Consultant Cardiothoracic and Vascular Surgery**

**Dr. V. RAJESH**  
Reg No : 62794

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

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



**94557 94557**  
**1800 572 3003**

#### **Medway Group of Hospitals**

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
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E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

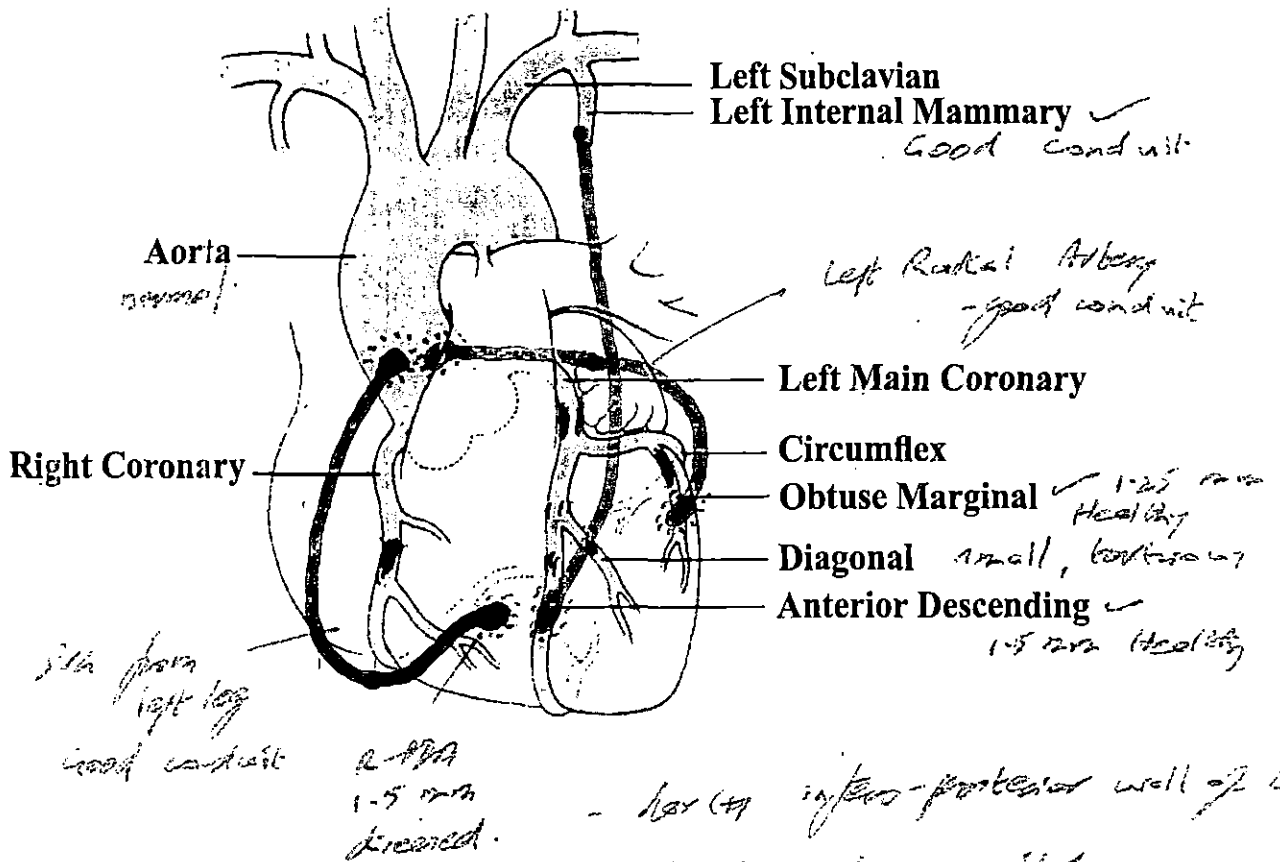
#### **Medway Centre of Excellence (Chennai)**

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


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

Diagnosis: Coronary Artery Disease / Left Main Coronary Artery Disease / Triple vessel Disease /  
Moderate LV systolic dysfunction /  
Type 2 Diabetes / Hypertension /  
Left lung upper lobe mass.



- No (4) infarct-posterior wall of L  
- Cardiomegaly - mild  
- moderate LV systolic dysfunction

Name Mr. J. Ramesh 56 / male Date of Surgery 11/01/2022 UHID. No. 11111111111111111111  
Operation Performed OP CAB x 3 (LIMA, Left Radial Artery, R-PTA)  
LIMA → LAD, Left Radial Artery → OM  
SVL → R-PTA  
62724

PATIENT'S INFORMATION SHEET	
<b>Mr. RAMESH S</b> 56/Male/MHI202481637 10/01/2024/IPH2024000086 <b>NAME</b> Dr. RAJESH.V 	<b>AGE / SEX</b> 56Y/M <b>UHID NO</b> 202481637
<b>CONSULTANT</b>	<b>SURGEON</b>
DR. RAJESH	DR. RAJESH
	<b>ANAESTHETIST</b>
	Dr. Sylvester
<b>DIAGNOSIS</b> (In Capital Letters)	1. CAD - LEFT MAIN + TVD
	2. MODERATE LV SYSTOLIC FUNCTION EF - 28%
	3. AORTIC VALVE SCLEROSIS   RWMA ⊕
	4. TRIVIAL MR / TR
	5. T2DM / SHTN
	6.
	7.
	8.
<b>PRESENT PROCEDURE / SURGERY</b>	CABG
<b>PREVIOUS PROCEDURE / SURGERY</b>	CAGI done on 18-12-23 showed left main + TVD
<b>CONTACT NO. &amp; RELATIONSHIP</b>	1. 9841611303 Mr. Akash (Son) 2. —

## MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	18.12.23	T. ASPRIN	75MG	P/O	0-1-0	6/1/24 continue
2	"	T. CLOPILET	75MG	P/O	0-1-0	
3	"	T. PAN	40MG	P/O	1-0-1	
4	"	T. ATORVAS	20MG	P/O	0-0-1	
5	"	T. METXL	2.5MG	P/O	1-0-0	
6	"	T. NITROCONTAN	2.6MG	P/O	1-0-1	
7	"	T. METXL	1TAB	P/O	1-0-1	
8						
9						
10						


S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	10.01.24	T. NITROCONTAN	2.6MG	P/O	1-0-1	continue
2	"	T. PAN	40MG	P/O	1-0-1	
3	"	T. ATORVAS	20MG	P/O	0-0-1	
4	"	T. METXL	2.5MG	P/O	1-0-0	
5						
6						
7						
8						
9						
10						



ANY RELEVANT INFORMATION:

<b>Admission / OT Receival</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>  <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 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 <b>Diabetic Mellitus</b>  2) Known Case of <b>Hypertension</b>  3) Known Case of <b>Bronchial Asthma/COPD</b>	Year	Months	Days
	16yrs		
	5yrs		
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:	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 / EIJL</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. Mediastinal : Inserted Date and Time		Removed on
	2. Pleural Right / Left : 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>10 pcw Preservation done Blood Bank S/N venula</p>		

# SAFETY FIRST

MHI/ICU/2022/092



**Mr. RAMESH S**  
56/Male/MHI202481637  
10/01/2024/IPH2024000086

## 3 INFORMATION SHEET

NAME	Dr. RAJESH.V	AGE / SEX	UHID NO
------	--------------	-----------	---------

CONSULTANT	SURGEON	ANAESTHETIST
DR. RAJESH	DR. RAJESH.V	DR. JEEVANANDAM

<b>DIAGNOSIS</b> (In Capital Letters)	1.	CAD - JVD & LEFT MAIN
	2.	MODERATE LV SYSTOLIC DYSFUNCTION
	3.	GRADE I DD, AORTIC VALVE SCLEROSIS
	4.	TRIVIAL MR, GR, NORMAL RV
	5.	EF - 38 %
	6.	
	7.	
	8.	

PRESENT PROCEDURE/ SURGERY	OPCABX 3 GRAFTS LIMA → LAD RAD → OM SVG → PDA
-------------------------------	--

PREVIOUS PROCEDURE/ SURGERY	
--------------------------------	--

CONTACT NO. & RELATIONSHIP	1. 7871378772 V.C MR. AKASH [SON]	2. 9841611303 MR. RAMESH [SELF]
-------------------------------	--------------------------------------	------------------------------------

N.No: 12/12

SELF

## MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	10/1/24	G. NITROCONTIN	0.6mg	PO	1-0-1	continue
2	"	G. PAN	40mg	PO	1-0-1	
3	"	G. ASORVAS	20mg	PO	0-0-4	
4	"	G. MET XL	0.5mg	PO	1-0-0	
5						
6						
7						
8						
9						
10						







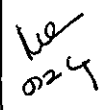
ANTIPLATELETS STOPPED ON 7/1/24

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	11.1.24	Syp. SUCRALFATE	20ml	P/O	1-1-1	
2	11.1.24	ALB. LEVOCIT	0.63mg	INH	q6h	
3	12.1.24	T. FLOSEMINE	40mg	P/O	1-1-0	
4	12.1.24	T. SPIROBLACTONE	15mg	P/O	1-1-0	
5	12.1.24	T. DEPLAX FORT	1 TAB	P/O	1-0-0	continue
6	12.1.24	T. CLOPILET + ASPIRIN	75/75	P/O	0-1-0	
7	12.1.24	T. ROSUVASTATIN	20mg	P/O	0-0-1	
8	12.1.24	T. PARACETAMOL	600mg	P/O	1-1-1	
9	12.1.24	Syp. CROMAFRIN	15ml	P/O	0-0-1	
10	12.1.24	T. ALZEM T. METOPROLOL	30mg 25mg	P/O	0-1-1 1-0-1	

ANY RELEVANT INFORMATION:

<b>Admission / OT Receival</b>  <b>Date and Time :</b> 11/1/24 at 14:20 <b>From :</b> OT <b>To :</b> SICU	<b>Condition of the Patient :</b> 1. <del>Stable</del> / Unstable 2. <del>Oriented</del> / Disoriented 3. Conscious / <del>Semiconscious</del> / Unconscious 4. Febrile / A febrile 5. Intubated / <del>Extubated</del>		
<b>Transfer Out</b>  <b>Date and Time :</b> 13/1/24 @ 11:30 <b>From :</b> SICU <b>To :</b> 104B	<b>Condition of the Patient :</b> 1. <del>Stable</del> / Unstable 2. <del>Oriented</del> / Disoriented 3. Conscious / <del>Semiconscious</del> / 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 . <b>Diabetic Mellitus</b>  2) Known Case of <b>Hypertension</b>  3) Known Case of <b>Bronchial Asthma/COPD</b>	Year	Months	Days
	16 YEARS		
	5 YEARS	5	
	—		
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: RT CUBITAL 2. Site: 3. Site:	1. Inserted Date and Time 11/1/24 @ 9:40 2. Inserted Date and Time 3. Inserted Date and Time	1. Removed on : 12/1/24 @ 2:40 PM 2. Removed on : 3. Removed on :	
<b>Neck Line : IJL / EJL</b>	Site: RT IJV	Inserted Date and Time 11/1/24 @ 9:50	Removed on 13/1/24 @ 10:00	
<b>Arterial Line : Right/Left</b>	Site: RT RADIAL	Inserted Date and Time 11/1/24 @ 9:55	Removed on 12/1/24 @ 09:45	
<b>Sheath Arterial / Venous:</b>	Site:	Inserted Date and Time	Removed on	
<b>Pressure Bandage</b>	Site: RT RADIAL	Inserted Date and Time 12/1/24 @ 09:45	Removed on 13.1.24 @ 05:00	
<b>Drain Site</b>	1. Mediastinal : Inserted Date and Time + 2. <del>Pleural Right / Left</del> Inserted Date and Time 11/1/24 @ 13:15	Removed on Removed on 12/1/24 @ 12:20		
<b>Urinary Catheterization</b>	Inserted Date and Time 11/1/24 @ 9:55	Removed on 13.1.24 @ 05:10		
<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>	C/O CHEST PAIN S. ECHO DONE ON 5/1/23 CAG DONE ON 18/12/23 [FOR 13 MALAR] CT CHEST DONE ON 10/1/24 ECG DONE ON 30/12/23 [HR ~ 74 bpm]			

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

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/1PH2024000086

Dr. RAJESH.V



Name of the Procedure : OPCAR (Closed Heart) Location : CT-OT Date & Time : 11/01/24 @ 14:15

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

SIGN IN : <u>9:40</u> Before Induction of Procedural Sedation		TIME OUT : <u>10:45</u> After procedural Sedation and before procedure		SIGN OUT : <u>14:15</u> When Doctor indicates that the Procedure is completed	
(Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure)		(Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure)			
Patient Confirmation		All team members introduce themselves by Name and Role		To be done for each procedure in case of multiple procedures	
Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Name of the Procedure done written down	<input checked="" type="checkbox"/> Yes
Procedure	<input checked="" type="checkbox"/> Yes	Procedures	<input checked="" type="checkbox"/> Yes	Name and site of all specimens / investigations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA
Side	<input type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/> NA <u>chest, leg, hand</u>	Side	<input type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/> NA <u>Chest leg, hand</u>	confirms labeling and sent to lab	
Consent	<input checked="" type="checkbox"/> Yes	Position : <u>SUPINE</u>	<input checked="" type="checkbox"/> Yes	Any recovery concerns : If Yes, Pls. specify :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None
Known Allergy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>None</u> If yes, please specify	Consent	<input checked="" type="checkbox"/> Yes		
		Required equipment and implants available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Difficult airway / aspiration risk / dentures	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, equipment and assistance available	Essential Imaging displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Possibility of hypothermia	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, warmer in place	Antibiotic prophylaxis within last 60 minutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Name of the Antibiotic given <u>Am. Cefuroxime 1.5 gm @ 10:15</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	Any Equipment / instrument problem that needs to be addressed : If Yes, Pls. specify :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None
		Venous Thromboembolism Prophylaxis Provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	<u>sponge, gauze, needle and instruments Count correct 8/25</u>	
All concerned anesthesia equipment and medication check complete	<input checked="" type="checkbox"/> Spo2 <input checked="" type="checkbox"/> NIBP <input type="checkbox"/> Others pls. specify	Anticipated duration briefed	<input type="checkbox"/> Yes	Corrective action :	
		Anticipated blood loss briefed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Pre OP medication taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adequate fluids and blood available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Team briefed on any critical or unexpected steps	<input checked="" type="checkbox"/> Yes		
Required equipment for procedure available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	For procedural sedation cases	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
		Any patient specific concerns :	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Intra procedure glycemic control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Any concerns about sterility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		

Anaesthetist / Doctor giving Procedural Sedation : <u>Dr. RAMESH S</u>	Doctor performing the Procedure : <u>Dr. RAJESH.V</u> Senior Consultant Cardiothoracic and Vascular Surgery Reg No: <u>62774</u>	Nurse : <u>P. V. SATHYA</u> <u>SAS</u> <u>8/25</u>	Technician : <u>Mr. BALA</u> <u>041</u> <u>Bala</u> <u>041</u>	Others Please Specify : <u>I/c CHRISTINA</u> <u>036</u>
Date : <u>11/01/24</u> Time : <u>14:15</u>	Date : <u>11/01/24</u> Time : <u>14:15</u>	Date : <u>11/01/24</u> Time : <u>11/01/24 @ 14:15</u>	Date : <u>11/01/24</u> Time : <u>14:15</u>	Date : <u>11/01/24</u> Time : <u>14:15</u>

## CONSENT FOR BLOOD / BLOOD COMPONENTS

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

- ✓ Red Cells for bleeding or low hemoglobin
- Platelets for bleeding or low counts
- Plasma for restoring blood volume or providing clotting factors
- Cryoprecipitate for special clotting factors

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

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

Witness RIN Bhargava  
Doctor [Signature] 15.15  
Time 15.15  
Date 10/1/24

Patients name S RAMESH  
Patient signature [Signature]  
or Guardians name AKASH.S.R  
Guardians signature [Signature]  
Relationship to patient son

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: 16.00

Date: 10/1/24

Doctors Signature: [Signature]



## ஒப்புதல் : இரத்தம் / இரத்தத்தின் பாகங்களை செலுத்துதல்

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

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

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

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

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

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

நேரம் :

நோயாளியின் பெயர் :

மருத்துவரின் கையொப்பம்.....

தேதி :

Patient Details (Affix Label here)

Name: **Mr. RAMESH S**  
UHID: 56/Male/MHI202481637  
DOB: 10/01/2024/IPH2024000086  
DOA: Dr. RAJESH.V  
Consultant

MHI/PHY/2022/050

## CONSENT FORM - PHYSIOTHERAPY

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

☒ Read

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

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

Post operative Cardiac Pulmonary Rehabilitation

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

Brief description of the Operation / Procedure: SSR, Spirometry test, Chest percussion  
to the chest wall, ARM to the neck, mobilization

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

To improve joint ROM, To improve lung capacity & function  
To improve breathing, To clear out lung secretion

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

Pain

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

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):

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

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


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>S.R.</u>	<u>S.R. AKASH [SON]</u> (Write name and relationship with patient)	<u>11/1/24</u>	<u>15:15</u>
Reason for surrogate consent	Patient is unable to give consent because:			
Witness	<u>[Signature]</u>	<u>SONIA FLORANCE S</u>	<u>11/1/24</u>	<u>15:15</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>G.B. [Signature]</u>	<u>AKASH G.E</u>	<u>0256</u>	<u>11/1/24</u>	<u>15:15</u>
Procedure performed by	<u>G.B. [Signature]</u>	<u>AKASH G.E</u>	<u>0256</u>	<u>11/1/24</u>	<u>15:15</u>

Name: **Mr. RAMESH S**  
UHID: 56/Male/MHI202481637  
DOB: 10/01/2024/1PH2024000086  
DOA: Dr. RAJESH.V  
Consultant: 

## IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

### Chief Complaints:

Pt c/o @ sided chest pain on exertion. which is relieved at rest

Occupation: ☐ Heavy Activity ☒ Moderate Activity ☐ Light Activity

### Past Medical / Surgical History:

K/O DM x 16 years | SHM x 5 years.

### 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:

☐ INSIGNIFICANT

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

### FALL RISK SCREENING NA

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: NA

☐ 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):** *—*

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* Duration: *week* Frequency: *on & off* Character: *compressive*

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

☐ Sharp ☐ Cramping ☐ Stabbing ☐ Crushing

Aggravating Factors:

*on exertion*

Relieving Factors:

*on rest*

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

☐ Range of Motion:

Normal

☐ Muscle Strength:

Normal

☐ Reflexes:

Normal

Plantar Response: ☒ Diminished ☐ Brisk ☐ Clonus

Biceps: ☐ Diminished ☐ Brisk ☐ Clonus

Triceps: ☒ Diminished ☐ Brisk ☐ Clonus

Supinators: ☒ Diminished ☐ Brisk ☐ Clonus

Knee: ☒ Diminished ☐ Brisk ☐ Clonus

Ankle: ☐ Diminished ☐ Brisk ☐ Clonus

Sensation: Good

**Investigation & Findings:**

CAD f @ main Distal LMCA  $\approx$  TVD / mod. LV  
E2DM / HTN / CF - 38-4.

**Physiotherapy Management Plan:**

- DBU OK
- Spontaneous ex
- Chest percussion
- Mobilization
- To improve JF ROM

	Signature	Name	Emp. No.	Date	Time
Physiotherapist	G. B. Patel	ANASHT. G-B	0256	11/12/24	15:15

# RE-ASSESSMENT FORM

Date &  
Time

Fall Risk Score: -

Pain Score: 2/10

13/1/24  
4  
11:00

- Surgical site pain
- Dors encouraged
  - Spromibug & encouraged
  - Ins, loose ap: loose
  - Chest percussion to be shut well
  - ARM to B/L U/L
  - Mobilization
  - To Improve Joint ROM
  - To Improve lung capacity & function
  - To Improve breathing
  - To clear out lung secretion

Post Intervention Pain Score: 3/10

Treatment Care & Plan:

Post operative Cardiac Pulmonary  
Rehabilitation

Signature

Name

Emp. No.

Physiotherapist

G. E. Akal

AKASH G. E.

0256



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MH/ PRINT / 0096 / PHY

Mr. RAMESH S

56/Malc/MHI202481637

10/01/2024/1PH2024000086

Dr. RAJESH.V



## PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
11/1/24	16:30	<p>S/B AKASH</p> <ul style="list-style-type: none"> <li>- PT outable extubation</li> <li>- Dora encouraged</li> <li>- Spirometry encouraged</li> <li>- Atom to BL ULLU</li> </ul>	<p>G. F. Akash</p> <p>MHI0256</p>
11/1/24	22:00	<p>S/B Ramanathan P</p> <ul style="list-style-type: none"> <li>- DRE's encouraged</li> <li>- Chest percussion to BL Chest wall</li> <li>- Atom to BL ULLU</li> <li>- Spirometry encouraged</li> <li>In: 600cc Out: 600cc</li> </ul>	<p>D. F. Ramanathan</p> <p>MHI0260</p>
12/1/24	6:00	<p>S/B Ramanathan P</p> <ul style="list-style-type: none"> <li>- DRE's encouraged</li> <li>- Chest percussion to BL Chest wall</li> <li>- Atom to BL ULLU</li> <li>- Spirometry encouraged</li> <li>In: 600cc Out: 600cc</li> <li>- Pt Chain mobilised</li> </ul>	<p>D. F. Ramanathan</p> <p>MHI0260</p>





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10/01/2024/IPH2024000086

Dr. RAJESH.V



## PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
12/1/24	9:00	<p><u>S/B Akash</u></p> <ul style="list-style-type: none"> <li>- DBs encouraged</li> <li>- Spirometry encouraged</li> <li>Ins. 600cc Exp: 600cc</li> <li>- Chest percussion to Blc</li> <li>Chest wall</li> <li>- AROM to Blc UL &amp; LL</li> </ul>	<p>G.E. Akash</p> <p>MHI0256</p>
12/1/24	16:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> <li>- DBs encouraged</li> <li>- Spirometry encouraged</li> <li>Ins: 600cc Exp: 600cc</li> <li>- Chest percussion to Blc</li> <li>Chest wall</li> <li>- AROM to Blc UL &amp; LL</li> <li>- PT Mobilized</li> </ul>	<p>G.E. Akash</p> <p>MHI0256</p>
12/1/24.	22:00	<p><u>S/B Ramanathan -P</u></p> <ul style="list-style-type: none"> <li>- DBE's encouraged</li> <li>- Chest percussion to Blc Chest wall</li> <li>- AROM A's to Blc UL &amp; LL</li> <li>- Spirometry A's encouraged</li> <li>Ins: 600cc Exp: 600cc</li> </ul>	<p>Dr. RAJESH.V</p> <p>MHI0280</p>



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Mr. RAMESH S

56/Male/MH1202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



## PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
13/1/24.	6:00	<p><u>S/B Ramanathan P</u></p> <ul style="list-style-type: none"> <li>- DRES encouraged</li> <li>- Chest percussion to B/L chest wall</li> <li>- AROM G's to B/L UL &amp; U</li> <li>- Spirometry G's encouraged</li> <li>Ins: 600u Exp: 600u</li> <li>- PT Chair mobilised</li> </ul>	<p><u>Dr. Rajesh V</u> MH10260</p>
13/1/24	9:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> <li>- DRES encouraged</li> <li>- Spirometry G's encouraged</li> <li>Ins: 600u Exp: 600u</li> <li>- Chest Percussion to B/L chest wall</li> <li>- AROM to B/L UL &amp; U</li> </ul>	<p><u>G. B. Rajesh</u> MH10256</p>
13/1/24	16:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> <li>- DRES encouraged.</li> <li>- Spirometry G's encouraged</li> <li>Ins: 600u Exp: 600u</li> <li>- Chest percussion to B/L chest wall</li> <li>- AROM to B/L UL &amp; U</li> <li>- PT Mobilized</li> </ul>	<p><u>G. B. Rajesh</u> MH10256</p>



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Mr.RAMESH S

56/Malc/MH1202481637

10/01/2024/IPH2024000086

Dr.RAJESH.V



## PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
14/1/24	10:00	<p>S/B <u>AKASH</u></p> <ul style="list-style-type: none"> <li>- Dors encouraged</li> <li>- Spirometry encouraged Ins: 600cc Exp: 600cc</li> <li>- Chest percussion to BL Chest wall</li> <li>- ROM to BL U/L</li> <li>- PT Mobilized</li> </ul>	<p>G. B. Rajesh MH10256</p>
15/1/24	10:00	<p>S/B <u>AKASH</u></p> <ul style="list-style-type: none"> <li>- Dors encouraged</li> <li>- Spirometry encouraged Ins: 600cc Exp: 600cc</li> <li>- Chest percussion to BL Chest wall</li> <li>- ROM to BL U/L</li> <li>- PT stair climb encouraged</li> </ul>	<p>G. B. Rajesh MH10256</p>
16/1/24	10:00	<p>S/B <u>AKASH</u></p> <ul style="list-style-type: none"> <li>- Dors encouraged</li> <li>- Spirometry encouraged Ins: 600cc Exp: 600cc</li> <li>- Chest percussion to BL Chest wall</li> <li>- ROM to BL U/L</li> <li>- PT Mobilized</li> </ul>	<p>G. B. Rajesh MH10256</p>

**000001 000002 000003 000004 000005 000006 000007 000008**

# MICROBIOLOGY SHEET

## MICROBIOLOGY-CULTURE REPORTS

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

## DIABETIC CHART

Mr. RAMESH S

S6/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



ACTUAL WEIGHT

65.1 kg

HbA1c

11.3 %

(T. metformin 850mg + T. Glimepiride 2mg + T. Voglibose 2mg)  
T. Vogs - 6mg. 1-1. (AF)

PREVIOUS DIABETIC MEDICATIONS

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
10/1/24	12 pm	162 mg/dL	—		
	18:30	144 mg/dL	T. Vogs 6mg (AF)		Dr. Rajesh V. Ph. 13/01/24
11/1/24	6:30	117 mg/dL	NPO		K. Ph. 13/01/24

### INSTRUCTIONS FOR INSULIN INFUSIONS

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

Every heart beat counts

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



T. DAPANEL 10mg 1-0-0 (AF)

T. GLIZATO 60mg 1-0-1 (SP)

T. METFORMIN 500mg 1-0-1 (AF)

**DIABETIC CHART**ACTUAL WEIGHT 62.1 kg HbA<sub>1c</sub> 11.3%

PREVIOUS DIABETIC MEDICATIONS


T. METFORMIN 500mg + T. GLIMEPRIDE 1mg + T. VOGALIN BASE 0.2mg  
T. VOGALIN 1-0-1 (AF)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
11.1.24	15:35	235 mg/dl	INS. ACTRAPID 40u/hr IV started		Dr. Praveen
	18:50	174 mg/dl	INS. H. ACTRAPID 40u/hr		Dr. Praveen
	22:00	130 mg/dl	INS. H. ACTRAPID 40u/hr		Dr. Praveen
12.1.24	02:00	136 mg/dl	INS. H. ACTRAPID 40u/hr		Dr. Praveen
	06:00	197 mg/dl	INS. ACTRAPID 40u/hr		Dr. Praveen
			T. GLYCOMET TRID 2mg (TAB GIVEN @ 08:00)		Dr. Praveen Jayaram
	13:00	266 mg/dl	INS. HUMAN ACTRAPID 12u SLIC 9/10 at 13:00		Dr. Praveen Jayaram
	18:45	214 mg/dl	T. VOGALIN 0.2mg given at 20:40		Dr. Praveen Jayaram
18.1.24	06:00	216 mg/dl	T. DAPANEL 10mg (GIVEN) T. GLIZATO 60mg (AF) T. METFORMIN 500mg (AF)		
	12:30	332 mg/dl	INS. HM 30/10 20u		K. S. 13/1/24
	18:30	253 mg/dl	T. METFORMIN 500mg (AF) T. H. METFORMIN 500mg (AF)		S. P. 20.3.24

**INSTRUCTIONS FOR INSULIN INFUSIONS**

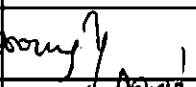
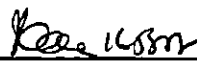

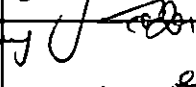
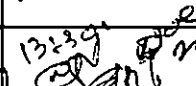
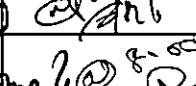
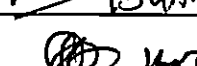
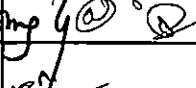
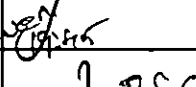
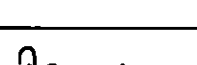

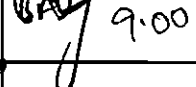
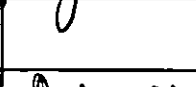
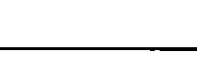
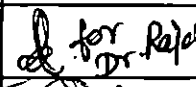
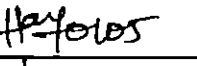
	BLOOD SUGAR mg / dl	INSULIN INFUSION
* Mix 40u short acting Insulin in 40 ml. of normal Saline (IU - 1 ml. )		
* Start Insulin Infusion 1-2 u / hr (1-2 ml / hr.).	< 100	Stop Infusion for 30 mins, recheck Glucose level, if B.S. is still <100 give Glucose and recheck B.S. every 30 mins, until the level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

## DIABETIC CHART

Mr. RAMESH S  
56/Male/MHI202481637  
10/01/2024/IPH2024000086  
UHID: Dr. RAJESH.V  
DOB: 

ACTUAL WEIGHT 62.1 kg HbA<sub>1c</sub> 11.3 % T- METFORMIN 500mg 1-0-1 (AF)

PREVIOUS DIABETIC MEDICATIONS T- DAPAVEL 10mg 1-0-0 (AF) T- GLIZATO 60mg 1-0-1 (BF)

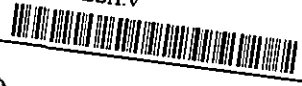
DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
14/1/24	6.30	162 mg/dL	T. Metformin 500mg		
			T. Glizato 60mg		
			T. Dapavel 10mg		
	12:30	208 mg/dL	Inj. H.M - 100		K.M. 13/1/24
	8:30	248 mg/dL	T. Metformin 500mg		
			T. Glizato 60mg		
15/1/24	6.30	112 mg/dL	T. MF 500mg		
			T. Glizato 60mg		
			T. Dapavel 10mg		
	12.30	160 mg/dL	-	ed for Dr. Rajesh	Hayford
	18:30	213 mg/dL	T. Metformin 500mg		
			T. Glizato 60mg		

### INSTRUCTIONS FOR INSULIN INFUSIONS

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

**DIABETIC CHART**

Mr. RAMESH S  
56/Male/MHI202481637  
10/01/2024/IPH2024000086  
Dr. RAJESH.V



ACTUAL WEIGHT ..... 62.1 kgs ..... HbA<sub>1c</sub> 11.3 %  
PREVIOUS DIABETIC MEDICATIONS ..... T. METFORMIN 500mg 1-0-1 (AF) ..... T. DAPAVEL 10mg 1-0-0 (AF) ..... T. GLIZATO 60mg 1-0-1 (BF)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
16/1/24	6.30	128 mg/dL	T. Metformin 500mg T. Dapavel 10mg T. Glizato 60mg	[Signature]	[Signature]
	12.30	237 mg/dL	Ins. HA - 44U	[Signature]	K. 80 134mm
	18.30	122 mg/dL	T. Metformin 500mg T. Glizato 60mg	[Signature]	Dr. K. Raveen R. 183 mm
17/1/24	6.30	138 mg/dL	T. MF 500mg T. Dapavel 10mg T. Glizato 60mg	[Signature]	[Signature]
	12.30	158 mg/dL		[Signature]	[Signature]

**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 <sup>+</sup> 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 GROUP**

'O' Negative

**INVESTIGATION SHEET**

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



Date	6/1/24					
<b>HAEMATOLOGY</b>						
Hb	11.5					
P.C.V						
Platelets	319000					
TLC						
Polymorphs						
Lymphocytes	25.5					
Eosinophils	3.1					
Mono / Basophils	6.0					
E.S.R						
<b>BIO-CHEMISTRY</b>						
Urea	14					
Creatinine	0.91					
Sodium	134					
Potassium	4.30					
Bicarbonate	24					
Chloride						
Magnesium						
Calcium						
Phosphorus						
<b>LFT</b>						
T.Bilirubin	0.22					
D.Bilirubin	0.15					
I.Bilirubin	0.07					
S.G.O.T	29					
S.G.P.T	49					
ALP	146					
GGT						
Total Protein	7.0					
S.Albumin	11.2					
<b>CARDIAC ENZYMES</b>						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp						

[illegible]

## BLOOD GROUP

O' NEGATIVE

## INVESTIGATION SHEET

Mr.RAMESH S

56/Male/MHI202481637

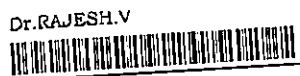
10/01/2024/IPH2024000086

Dr.RAJESH.V



Date	6/1/24	11/1/24	12/1/24	13/01/24	15/01/24	
<b>HAEMATOLOGY</b>						
Hb	11.5	10.8	9.6	9.8	9.1	
P.C.V	35.0	32.2	28.8		27.1	
Platelets	319000	360000	339000		353000	
TLC	6670		13500		8650	
Polymorphs	64.9		87.2			
Lymphocytes	25.5		7.7		19.3	
Eosinophils	3.1		0.0		4.6	
Mono / Basophils	6.0/0.5		5.0/0.1		6.1/0.3	
E.S.R						
<b>BIO-CHEMISTRY</b>						
Urea	17		24	30	55	
Creatinine	0.91		0.73	0.79	1.03	
Sodium	134			127	132	
Potassium	4.30			4.36	4.11	
Bicarbonate	24					
Chloride	96.6					
Magnesium		1.6	1.5			
Calcium						
Phosphorus						
<b>LFT</b>						
T.Bilirubin	0.22		0.40			
D.Bilirubin	0.15					
I.Bilirubin	0.07					
S.G.O.T	29					
S.G.P.T	49					
ALP	146					
GGT	7.0					
Total Protien						
S.Albumin	4.2		3.1			
<b>CARDIAC ENZYMES</b>						
Troponin I						
CKNAC - CPK			262			
CK - M.B. MASS			19.2			
LDH						
Ntpro bnp						

[illegible]



Medway  
**Heart**  
Institute

**Every heart beat counts**

Ob -ve

# VITAL INFORMATION SHEET

BLOOD GROUP
-------------

## ON ADMISSION

Height in CM

**Weight in Kg.**

166 cm

62.1120

Diagnosis: CAD - Lm TVD.

### Procedure :

[illegible]

ANTIPLATELET STOPPED ON 8/1/24



DIABETIC / HYPERTENS

**Medway Hospitals**<sup>®</sup>  
The way to better health

**Mr. RAMESH S**

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



MHI/IP/2022/074



Medway  
**Heart**  
Institute

**Every heart beat counts**

# VITAL INFORMATION SHEET

BSA:

BLOOD GROUP	O NEGATIVE
-------------	------------

## ON ADMISSION

**Height in CM**

**Weight in Kg.**

166cm

 $60 \cdot 1 \text{ kg}$ 

Diagnosis: CAD - IVD, Mod LV, EF - 38%.

Procedure : OPLABX 31/RAFS

[illegible]

## EARLY WARNING SCORE MONITORING CHART

Name: \_\_\_\_\_ Age/Sex: \_\_\_\_\_

Patient Id No: \_\_\_\_\_

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

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

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

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



## EARLY WARNING SCORE MONITORING CHART

Name: \_\_\_\_\_ Age/Sex: \_\_\_\_\_ Patient Id No: \_\_\_\_\_

[illegible]

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

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

Date	From: 10/1/24	To: 11/1/24	Bed No: 104-B	<b>INTAKE &amp; OUTPUT CHART</b>											
24 Hrs : Started Time :	13:00		Ended Time :											7:20	
NPO Started at :			NPO Over at :												
SHIFT	Morning		Afternoon		Night		Restricted Fluid (RF)								
INTAKE	-		470ml		500ml										
OUTPUT	-		250ml		750ml										
Total Intake: 970ml			Total Output: 1000ml			Difference: 30ml									
INTAKE (ml)						OUTPUT (ml)									
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomitus	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
patient admission at 12pm															
12:30	100				100ml										
14:00	120				220ml	18:00	300					300ml			
14:30	100				320	14:30	200					500ml			
15:00	50				370	16:00	250					7250ml			
14:00	100				470	14:30	100					850ml			
20:30	300				770	22:30	200					1050			
21:30	100				870	23:00	250ml					1300			
12:30	100ml				970	6:00	100ml					1400ml			
Total Intake - 970ml															
Total Output - 1000ml															
Balance - 30ml															

**Mr. RAMESH S**

56/Male/MHI202481637

10/01/2024/1PH2024000086

Dr.RAJESH.V

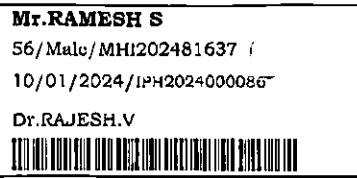


**Every heart beat counts**

[illegible]



<b>Date</b>		<b>From:</b> 14/1/24		<b>To:</b> 15/1/24		<b>Bed No:</b> 104-B		<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>Restricted Fluid (RF)</b>									
<b>INTAKE</b>		480		300 ml		300		1.8 ltr/day									
<b>OUTPUT</b>		100 ml		700 ml		500											
<b>Total Intake:</b> 1080 ml				<b>Total Output:</b> 1300 ml				<b>Difference:</b> 220 ml									
<b>INTAKE (ml)</b>								<b>OUTPUT (ml)</b>									
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by		
			Type of Fluid	Additions	Amount												
6:30	100					100	9 am	100					100				
7 am	100					200	11:00	200					200				
10:30	150					350	15:00	250					500				
11 AM	100					450	16:30	250					700				
11:10 am	30					480	9:45	200					1000				
12:00	120					580	6:00	300					1300				
14:30	50					630											
16:30	100					730											
17:30	50					780											
20:30	50					830											
21:00	50					880											
6:30	100					480											
6:30	100					1080											
								TOTAL INTAKE: 1080								<i>Neel</i> <i>Neel</i>	
								TOTAL OUTPUT: 1300									
								BALANCE: 220									



**Medway**  
**Heart**  
Institute

**Every heart beat counts**

Date	From:	To:	Bed No:	INTAKE & OUTPUT CHART												
24 Hrs : Started Time :				Ended Time :												
NPO Started at :				NPO Over at :												
SHIFT	Morning			Afternoon			Night			Restricted Fluid (RF)						
INTAKE	600 ml			650			600 ml			1.8 lts / day						
OUTPUT	500 ml			550			800 ml									
Total Intake:				1850 ml				Total Output:				1850 ml				
								Difference:				0				
INTAKE (ml)							OUTPUT (ml)									
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by	
			Type of Fluid	Additions	Amount											
8:30	100					100	9:30	200					200			
9:30	100					200	11:20	200					400			
10:30	200					400	12:15	200					600			
11:30	200					600	13:30	100 ml					600			
13:30	200					800	16:30	200 ml					800			
14:00	100					900	18:10	250					1050			
16:30	150					1050	20:00	300					1350			
18:00	200					1250	22:00	200					1550			
20:00	200					1450	6:30	300					1850			
22:00	200					1650										
6:30	200					1850										
							TOTAL INTAKE:							1850 ml		
							TOTAL OUTPUT:							1850 ml		
							BALANCE:							0		



Date	From: 16/1/24 To: 17/1/24	Bed No: 104-B	<b>INTAKE &amp; OUTPUT CHART</b>												
24 Hrs : Started Time :	7.00	Ended Time :											7.00		
NPO Started at :		NPO Over at :													
SHIFT	Morning	Afternoon	Night	Restricted Fluid (RF)											
INTAKE	500ml	550ml	600ml	1.8 lit/day											
OUTPUT	500ml	550ml													
Total Intake:	1650ml	Total Output:	2000	Difference: - 350ml											
<b>INTAKE (ml)</b>							<b>OUTPUT (ml)</b>								
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
7.30	100					100	9.00	300					300		
8.00	100					200									
9.00	200					400	11.30	200					500	11.30	
10.00	50					400	14.00	250					800		
11.30	50					500	18.00	300					1100		
12.30	100					600	20.00	300					1400		
14.00	100					700	22.00	300					1700		
16.00	200					900	6.30	300					2000		
18.30	150					1050									
20.00	200					1250									
22.00	200					1450									
6.30	200					1650									
							TOTAL INTAKE : 1650ml							16.50	
							TOTAL OUTPUT : 2000ml								
							BALANCE : + 350ml							16.50	



<b>Date</b>		<b>From:</b> 17/1/24		<b>To:</b> 18/1/24		<b>Bed No:</b> 104-B		<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>		325ml						<b>Restricted Fluid (RF)</b> 1.8 lit / day.							
<b>OUTPUT</b>		275ml													
<b>Total Intake:</b>				<b>Total Output:</b>				<b>Difference:</b>							
<b>INTAKE (ml)</b>								<b>OUTPUT (ml)</b>							
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
7.30	100ml					100ml	8.45	150ml					150ml		
9.45	125ml					225ml	11.00	125ml					275ml		
11.30	100ml					325ml									
discharged															
28/1/24 10.22															

Department of Dietetics

**NUTRITION ASSESSMENT AND CARE PLAN FORM**

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



Diagnosis: CAD - WD / CAD / DM / HT / BP - 38 /

Height: 166 cms Weight: 62.1 Kgs Food allergies: Yes/No; if yes, specify.....

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

Diet Prescription: 1600 calories, low fat, low salt, high protein, 1500 ml fluid

**SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)**

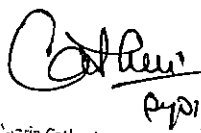

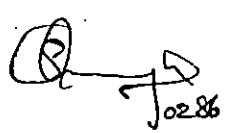
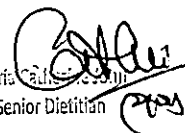
restricted, diabetic diet

(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 Malnourished		<input type="checkbox"/> (15 to 18)		
Severely Malnourished		<input type="checkbox"/> (19 to 35)		
Nutrition Intervention:				
<input checked="" type="checkbox"/> Oral		<input type="checkbox"/> Enteral		<input type="checkbox"/> Parenteral
Diet counselling provided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fort - night <input type="checkbox"/> Monthly		
Frequency of re-assessment: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Daily		Calorie count: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Dietitian Signature / Name / Date / Time:

Maria Catherine John 10/1/24, 15:00  
Senior Dietitian





DATE AND TIME	DIETITIAN NOTES	SIGNATURE
10/1/24, 15:00	<p>A 50 year old gentleman came to do          @ided chat pain or exercise was          around to be well rounded as evident          by SAS.          Kilo- 104/175/175.</p> <p>Education re patient and family          on 1500 calories, low fat, low salt, high          protein, 1600ml fluid restricted, diabetic          diet. Emphasized a small fruit meal          low glucose content.</p>	 Maria Catherine John Senior Dietitian
11/1/24, 15:40	<p>Patient <u>shifted</u> to OT for surgery (ASU)          and kept on ASU. Patient <u>would</u> to start          with initiation on diabetic, fluid diet          as per doctor's advice.</p>	 Maria Catherine John Senior Dietitian
12/1/24. 10:00.	<p>NBM over.          patient tolerated diabetic liquid          diet. can initiate diabetic          soft solid diet, high protein          diet.</p>	 10286
13/1/24, 12:40	<p>Patient <u>would</u> to start - Reemphasized          on the diet restrictions. Reemphasized to eat well.</p>	 Maria Catherine John Senior Dietitian



Department of Dietetics

①  
**CARE PLAN FORM - A**

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
15/May, 10:00	Diet intake is better. Reemphd on the diet reduction. Diet modification and clarification done. Motivated to eat well.	 Maria Catherine John Senior Dietitian
15/May, 10:00	Diet intake is good. Educated the patient and family on 1600 calories, low fat, low salt, noome fluid restricted, high protein, diabetic diet or <u>dischap</u> . Emphd on small fnt meals & low glycemic control. Diet modification and clarification done. <u>Diet chart</u> given or dischap.	 Maria Catherine John Senior Dietitian

# CARE PLAN FORM - A

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>3/10/10-PM</p>		

## INTRAOPERATIVE NURSING RECORD

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



Consultant: Dr. RAJESH

Date of Surgery: 11/01/24

Name of Surgery: OPEAB (CLOSED HEART)

Mode of Transfer to OR: ☐ Bed ☒ Stretcher ☐ Other ☐Anaesthesia Type: ☐ Epidural ☐ Spiral ☐ LOC ☐ MAC  
☒ GEN ☐ RegionalPosition: ☐ Lithotomy ☐ Prone ☒ Supine ☐ Right Down ☐ Left down  
☐ Lateral ☐ Other ☐Pressure Protection Pad: ☒ Headrest ☐ Sand Bag ☒ Pillow ☐ Axillary roll☒ Shoulder roll ☒ Eye protection ☐ Chest roll ☐ Cysto/Gyn☐ Sling ☐ Boot ☐ Stirrups/Leg Holder☐ L aem rest padded / Secured ☒ R Arms tucked / padded <sup>7.5</sup> <sub>hand tucked after tucking</sub>  
☐ Nil ☐ R ☐ L ☐ Other (Specify) <sub>only</sub>

Skin preparation in OT

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

Electrocautery

☒ Monopolar ☒ Pad Location <sub>pt. upper arm</sub> ☐ 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. PRAVEEN ☐ Asst.

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	28 Fr	Mediastinum			}	
Pomson's	28 Fr	Mediastinum				SK OSI

Urinary Catheterization done by M. SHARI used 14Fr Foley's Catheter  
Sponge Count Record

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

☒ Count Correct

Corrective action taken

Surgeon informed

sterile Chest and Lt hand dressing done & prepare leg to go 2  
Red and Prepe bandage

Dressing / Cast Immobilizer

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

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

Scrub Nurse Signature SK  
OSI

Name : R/N SASIKUMAR .

Date & Time : 11/01/24 @ 14:15

Circulating Nurse Signature Signa A  
M

Name ; R/N SUTATHA . A .

Date & Time 11/01/24 @ 14:15



## NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 10/1/24 Time of Arrival: 12pm Mode of Admission: ☒ Walking ☐ Wheelchair ☐ Stretcher

Accompanied by Relative: ☐ Yes ☒ No If Yes, Name of the Relative: Mr. S.R. Akash

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

Contact No.: 9841611303 Primary language spoken: ☐ Tamil ☒ English ☒ Indian ☐ International

Interpreter needed: ☐ Yes ☒ No Patient status: ☒ Conscious ☐ Unconscious ☐ Disoriented

Menstrual History : LMP : \_\_\_\_\_ Menopause: \_\_\_\_\_ | Patient Vulnerable: ☐ Yes ☒ No

Medical History : DM / HTN / Co - Morbidity : DM 10 yrs If Yes, specify HTN 5 yrs

Drugs History : Antiplatelet Aspirin 75mg o-d Clopidogrel 75mg o-d APS stopped at 6/1/24

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

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than one half of the days	Nearly every day,	Total
1. Little Interest or pleasure in doing things	<input checked="" type="checkbox"/>	1	2	3	
2. Feeling down, depressed, or hopeless	<input checked="" type="checkbox"/>	1	2	3	10

Scoring: A PHQ-2 score ranges from 0 to 6; patients with total score of 3 or more should be further evaluated with Columbia-suicide Severity Rating Scale (C-SSRS) tool.

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

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

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

Vital Signs: Temp: 96.8 (°F) | Pulse / HR: 87 (beats/min) | BP: 110/80 (mmHg)

Respiration: 20 (breaths/min) | SpO<sub>2</sub>: 95 (%) | CBG: 162 (mg/dl) | Height: 166 (cms) | Weight: 62.1 (kgs)

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

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

Pain: ☐ Yes ☒ No. If Yes, Score: 0/10 Pain Scale Used: ☐ NRS (>12 years) ☐ CPOT (ventilator / comatose)

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: (N) LS DM diet

Dietician Informed: ☐ Yes ☒ No. If Yes, mention the Name: Mrs. Catherine Time: 12:50pm

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

### Functional Assessment:

Particular	Assessment	Remarks	Outcome
Visual Impairment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Short sight 15 yrs.</u>	
Hearing Impairment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Chewing Difficulty	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Walking Difficulty	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

# Daily Activity Of Living:

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

## Pressure Injury Risk Assessment: Braden Scale

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

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

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

If yes, Location: \_\_\_\_\_ Grade: \_\_\_\_\_ Size: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

## MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)

### Fall Risk Assessment (Modified Morse Scale):

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

As per the score, tick the following appropriate boxes:

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

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

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

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

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

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

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

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



## DVT RISK ASSESSMENT

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

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

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

Final Score

Tick the score obtained (✓)

Action Taken

Date

Time

Low Risk

-2 to 0

✓

Moderate Risk

1 to 2

High Risk

3 to 8

### Personal Belongings / Valuables:

Valuables	Description	With Patient	With Patient's Attendant	Name & Signature of the Patient / Patient's Attendant	Remarks
Dentures	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both <input checked="" type="checkbox"/> Nil				
Hearing Aid	<input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Nil				
Eye glasses / Contact lens	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Jewellery	<input checked="" type="checkbox"/> Yes <input 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
	S. Dama	Mr. Ramesh S	Patient	10/1/24	@ 12:57 PM
Nurse	PN	RIN Bharti	0271	10/1/24	@ 12:58 PM
Unit In-Charge	Do	Dhanalaxmi	505	10/01/24	10:50

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 10/1/24

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: 05

**B**

### BACKGROUND

Type of surgery: —

Allergies if any: not known

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: nil

Date of surgery: —

IV fluids on flow: —

**A**

### ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 87bpm (beats/min) | Respiration: 20bpm (breaths/min)

BP: 110/80 (mmHg) | SpO<sub>2</sub>: 95 (%) | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 24 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: ☒ chow

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: Tlm plan CABG.

	Signature	Name	Emp. No.	Date	Time
Handover given by		RIN Bhattacharya	0231	10/1/24	17:30
Handover taken by		A. monahar	0141	10/1/24	08:30
Document endorsed		Dr. Ramesh S.	0005	10/1/24	08:30

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

**S**

### SITUATION

Diagnosis: CAD - CABG

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: -

**B**

### BACKGROUND

Type of surgery: CABG

Allergies if any: No known

On room air / oxygen: on Room air

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp: 99.6°F | Pulse / HR: 84 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO<sub>2</sub>: 96 (%) | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 24.1 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: Normal diet

Drains: nil

**R**

### RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		Amonu	0141	10/1/24	7:00
Handover taken by		M. D. S. B.	014	10/1/24	7:00
Document endorsed		Dr. Rajesh V.	005	11/01/23	09:00

## NURSES PROGRESS NOTES

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☐ Yes ☒ No Day: —

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: 0.5

**B**

### BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: Not known

On room air / oxygen: On room air

IV fluids on flow: —

Complaints / New Symptoms in last shift: Nil

**A**

### ASSESSMENT

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 84 bpm (beats/min) | Respiration: 20 bpm (breaths/min)

BP: 120/80 (mmHg) | SpO<sub>2</sub>: 96 (%) | Height: 166 (cms) | Weight: 60.1 (kgs) | BMI: 24.1 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: Normal diet

Drains: —

**R**

### RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —


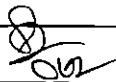
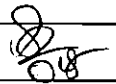

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: —


Pending follow-up orders: —

Special instructions if any: To day CABA plan

	Signature	Name	Emp. No.	Date	Time
Handover given by		H. Desai	012	11/1/24	12.30
Handover taken by		Shifted to	OT		
Document endorsed		Dr. Ramesh S	005	11/01/24	04:00

### NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
11/1/24	Morning duty	
@		
7.40	→ patient hand over taken from night duty staff	
	→ patient is stable & vital signs check round	
8.00	→ patient Normal diet -	
	→ patient Healed skin given	
	→ patient NPO NMI.	
9.10	→ patient IN Morphine 5mg given	
	→ patient (A) vital signs check	
	→ patient shifting to RT	
	Shifting notes.	
	→ patient shifting to RT	
9.10	→ patient IN Morphine given	
	→ patient (A) vital signs check round	
	→ patient shifting to RT.	
	→ patient is stable & (A) vital signs.	
	→ patient NO Complains.	

Document endorsed by	Signature	Name	Emp. No.	Date	Time
		Dhananand.	0005	11/01/24	09:00

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

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>I Floor</u> To <u>CTOT</u> With Blue Op File And Case Sheet				
	ECG: (1) ECHO: (1) X-RAY: (1) ANGIO CD: <u>NIC</u>				
	CT FILE: (2)				
11/01/24	Patient Posted For Procedure: <u>OPCAB (CH)</u>				
(2)	Under Anesthesia: <u>↓ GA</u>	<u>Sujatha A</u> 125			
9:40	Allergy Status: <u>NOT KNOWN</u>				
	Known Case Of: <u>T2DM, SHIN, LUNG MASS w/ (4) UPPER LOBE.</u>				
	Past Surgical History: <u>CAG on 12.12.23.</u>				
	VITAL SIGN: TEMP: <u>98.6°F</u> HR: <u>92b/min</u> SPO2: <u>98%</u> BP: <u>130/70 mmHg</u>				
	<b>CTOT SHIFTING REPORT</b>				
	Patient Shifted From <u>CTOT</u> To <u>SDU</u> With Blue Op File And Case Sheet Along With				
	*Surgery Safety Check List ✓				
	*Intra Operative Record ✓				
	*Nurses' Record ✓				
11/01/24	ECG: (1) ECHO: (1) X-RAY: (1) ANGIO CD: <u>NIC</u>				
(2)	CT FILE: (2)	<u>Sujatha A</u> 125			
14:15	Patient Posted And Underwent For Procedure: <u>OPCAB (CH) ↓ GA</u>				
	Under Anesthesia: <u>OPCAB (CH) ↓ GA</u>				
	Procedure: <u>OPCAB (CH) LIMA → LAD @ Radial → CM.</u> <u>SVL → PDA</u>				
	Drain tube size and placement: <u>28Fr (2) → both in Mediastinum</u>				
	Pacing wire placement: Present/Absent Site: <u>—</u>				
	Implants: <u>—</u>				
	Cautery burn/skin peeling/towel clip mark: Present/Absent Site: <u>—</u>				
	VITAL SIGN: TEMP: <u>98.2°F</u> HR: <u>101/min</u> SPO2: <u>97%</u> BP: <u>150/80 mmHg</u>				
	Notes: <u>OUE, hb = 11.9gms, 1.0 Pw Reserved.</u>				
Document endorsed by:	Signature <u>Sujatha A</u> 125	Name <u>SUJATHA . A .</u>	Emp. No. <u>125</u>	Date <u>11/01/24</u>	Time <u>14:15</u>



# SAFETY FIRST



Mr. RAMESH S  
56/Male/MHI202481637  
10/01/2024/IPH2024000086

Dr. RAJESH.V



MHI/NUR/2022/048



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/1/24

Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - JVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right Cephel 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: D1

VIP Score: 0/15

**B**

### BACKGROUND

Type of surgery: OPCAB

Allergies if any: NKDA

On room air / oxygen: ON O2 Air

Complaints / New Symptoms in last shift:

Date of surgery: 11/1/24

IV fluids on flow: KABILYE

**A**

### ASSESSMENT

Vital Signs: Temp 91.6 (°F) | Pulse / HR: 101 (beats/min) | Respiration: 14 (breaths/min)

BP: 147/78 (mmHg) | SpO2: 100 (%) | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 22.5 kg/m<sup>2</sup>

Others: CVP - 2 mmHg, BSA: 1.69 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: 65 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Current diet: NPO

Drains: Mediastinal

**R**

### RECOMMENDATION

Referral doctors: Dr.

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: NPI

	Signature	Name	Emp. No.	Date	Time
Handover given by		SONIA FLORANCE S	0054	11/1/24	19:30
Handover taken by		SURYN KUMAR S	0232	11/1/24	19:30
Document endorsed		SONIA FLORANCE S	0054	13/1/24	9:00

## NURSES PROGRESS NOTES

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11-1-24

Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: CAD - TVD

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right: EVAPAL (D1) 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: POS

Central line days: D1

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCAB X 3 GRAFTS

Date of surgery: 11-1-24

Allergies if any: NK

On room air / oxygen: ON WHE 4 LITERS

IV fluids on flow: 1 ABILYTE

Complaints / New Symptoms in last shift:

**A**

### ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 107 (beats/min) | Respiration: 20 (breaths/min)

BP: 150/60 (mmHg) | SpO<sub>2</sub>: 100 (%) | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 22.5 (kg/m<sup>2</sup>)

Others: CVP - 3 mmHg BSA - 1.69 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: 65 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Current diet: liquid diet Drains: no diastend

**R**

### RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:


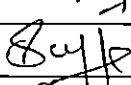
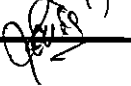
Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		Subanya C	0232	12-1-24	07:15
Handover taken by		Subanya C	0223	12-1-24	07:15
Document endorsed		Subanya C	0223	12-1-24	07:15

NURSES PROGRESS NOTES					
Date & Time	Observations / Action			Signature with Emp. No.	
11-1-24	NIGHT DUTY REPORT				
09:20	patient relieved from evening duty on continuous cardiac monitoring on WPT & literas O <sub>2</sub> maintaining SpO <sub>2</sub> 100% IV @ on hy-NTG 4ml/hr on 4 <sup>th</sup> Achrapid 2ml/hr on flow, drain tube @, afebrile abdomen soft anal started, CBO @ w/o adequate.				
09:45	due drugs given			Jy 0232	
10:00	patient had diet			Jy 0232	
10:30	due drugs given				
11:00	nebulization & spirometry exercise done			Jy 0232	
12:00	patient had no complaint sleeping comfortable			Jy 0232	
02:00	RAS checked, sleeping comfortable				
04:00	patient was hungry, put on RA				
05:00	anal care given and had milk				
05:30	sponge bath, Ttl line care given			Jy 0232	
05:45	tube & spirometry exercise done hemodynamically stable				
06:25	ASA done, Tx correction started 25ml/hr, Insulin stopped				
06:40	patient hemodynamically stable				
07:20	hand over given to next duty staff			Jy 0232	
<div> <div>Document endorsed by</div> <div>Signature</div> <div>Name</div> <div>Emp. No.</div> <div>Date</div> <div>Time</div> </div>					
<div> <div>Signature</div> <div>Name</div> <div>Emp. No.</div> <div>Date</div> <div>Time</div> </div>					

**Document  
endorsed by**

**Signature**

Name \_\_\_\_\_

Emp. No.

Date \_\_\_\_\_

Time

*[Signature]*

JOHN F. LORANCE

00=1/4

13	1	24
----	---	----

9.00

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date:

12/1/24

Shift:

☒ Morning

☐ Evening

☐ Night

**S**

### SITUATION

Diagnosis: CAD-TVD EF-38%

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: CUB 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: Nil

GCS: 15/15

POD: POD-I

Central line days: D2

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCAB & 3 GRAFTS

Date of surgery: 11/1/24

Allergies if any: NCDH

On room air / oxygen: On RA

IV fluids on flow: Nil

Complaints / New Symptoms in last shift: Nil

**A**

### ASSESSMENT

Vital Signs: Temp: 98.4°F | Pulse / HR: 105 (beats/min) | Respiration: 23 (breaths/min)

BP: 128/52 (mmHg) | SpO2: 95 (%) | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 22.5 kg/m<sup>2</sup>

Others: CVP → 3 mmHg, BSA → 1.69 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 OT

Current diet: Liquid diet

Drains: Mediastinal drain

**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		SUGANYA A.C	0223	12/1/23	13:00
Handover taken by		JYOTI S	0034	12/1/23	13:00
Document endorsed		JYOTI S	0034	13/1/23	9:00

## NURSES PROGRESS NOTES

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 12/1/24

Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - IVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: Cabi Left: D2

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☒ Yes ☐ No Day: 2

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

GCS: 15/15

POD: 9 POD

Central line days: D2

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OR CAB

Allergies if any: NKDA

On room air / oxygen: -

Complaints / New Symptoms in last shift: -

Date of surgery: 11/1/24

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp: 96.3 (°F) | Pulse / HR: 93 (beats/min) | Respiration: 23 (breaths/min)

BP: 121/71 (mmHg) | SpO2: 92 (%) | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 22.5/kg

Others: BSA: 1.61m<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: Liquid diet

Drains: Removed

**R**

### RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		SONIA FLORANCE S	0074	12/1/24	19:30
Handover taken by		Purnima S	0232	12/1/24	19:30
Document endorsed		SONIA FLORANCE S	0074	12/1/24	19:00

## NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
12/1/24 12:00-12:30	Gook over the patient in a knowingly - <del>rationaly</del> maintaining condition without supports)	-
12:00	CN monitoring vials stable. He is conscious, oriented and afebrile. administered due medication.	R/N [signature]/0074
13:40	He had rice porridge & tolerated well.	
14:30	he had juice and administered due drugs.	R/N [signature]/0074
17:00	Nutrition given and appo encouraged. He had tea & tolerated well.	R/N [signature]/0074
18:00	Attenders visited the patient and explained about the condition.	
18:30	antibiotic given as per chart.	
18:35	Mobilized him on chair. Vitals stable.	
19:00	He got moved over to next duty in a knowingly maintaining condition without supports.	R/N [signature]/0074
Document endorsed by	Signature [signature]	Name ANNA FERNANDES
		Emp. No. COFA
		Date 13/1/24
		Time 7:00



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 12-1-24

Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: CAD - TVD

NEWS / PEWS Score:

Ventilator day: 1 CURATOR (12)

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

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☒ Yes ☐ No Day: 2

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

GCS: 15/15

POD: DOS

Central line days: 2

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCAB X 3 GRAFTS

Date of surgery: 11-1-24

Allergies if any: NOT KNOWN

On room air / oxygen: ON ROOM AIR

IV fluids on flow: -

Complaints / New Symptoms in last shift:

**A**

### ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 116 (beats/min) | Respiration: 26 (breaths/min)

BP: 130/74 (mmHg) | SpO<sub>2</sub>: 94 (%) | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 22.5 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: 10 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: 3

Special instructions if any: 3

	Signature	Name	Emp. No.	Date	Time
Handover given by		SURYAKALA - S.P	0232	13-1-24	07:10
Handover taken by		Mahalingam - M	0219	13/1/24	7:30
Document endorsed		JANA FLORENCE J	0284	13/1/24	9:00

### NURSES PROGRESS NOTES

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 13/01/24 Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD-TVD  
NEWS / PEWS Score:   
Ventilator day:   
Peripheral line day: Right:   
Left:   
Ryle's Tube: ☐ Yes ☒ No Day:   
Urinary Catheter: ☒ Yes ☐ No Day:   
Barrier nursing: ☒ Yes ☐ No MDR: ☐ Yes ☐ No. If Yes, specify organism:   
GCS: 15/15  
POD: 11  
Central line days: D3  
VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCAB x BYPASS  
Allergies if any: N/A  
On room air / oxygen: On Room air  
Complaints / New Symptoms in last shift:   
Date of surgery: 11/1/24  
IV fluids on flow: —

**A**

### ASSESSMENT

Vital Signs: Temp: 97.8 (°F) | Pulse / HR: 111 (beats/min) | Respiration: 24 (breaths/min)  
BP: 115/77 (mmHg) | SpO<sub>2</sub>: 100 (%) | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 22.5 kg/m<sup>2</sup>  
Others: BSA - 1.69 m<sup>2</sup>  
Pain Score: 4/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT  
Fall Risk Score: 65 Fall Risk Protocol: ☐ Low ☐ Medium ☐ High  
Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6  
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☐ NA Wound Dressing done: ☒ Yes ☐ No ☐ NA  
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: T. Metoprolol 25 mg @ tablet have to give.  
Special instructions if any:   
JNK

	Signature	Name	Emp. No.	Date	Time
Handover given by	Maha	Mahalashri . M	0219	13/1/24	7:30
Handover taken by		Mr Bhavani	0221	13/1/24	12:30
Document endorsed		Dr. RAJESH.V	0224	13/1/24	9:00

## NURSES PROGRESS NOTES

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 13/1/24 Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - TVD  
NEWS / PEWS Score:  
Ventilator day:  
Peripheral line day: Right: cubital vein 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: 11  
Central line days: D3  
VIP Score: 015

**B**

### BACKGROUND

Type of surgery: OP CABG 3 grafts Date of surgery: 11/1/24  
Allergies if any: NADA  
On room air / oxygen: 2L/min IV fluids on flow:  
Complaints / New Symptoms in last shift:

**A**

### ASSESSMENT

Vital Signs: Temp: 98.2 F | Pulse / HR: 84 (beats/min) | Respiration: 20 (breaths/min)  
BP: 110/70 (mmHg) | SpO<sub>2</sub>: 98% | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 22.5 kg/m<sup>2</sup>  
Others: BSD - 169 mm<sup>2</sup>  
Pain Score: 4/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT  
Fall Risk Score: 65 Fall Risk Protocol: ☐ Low ☐ Medium ☐ High  
Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☒ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6  
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☐ NA  
Current diet: Soft diet Drains:

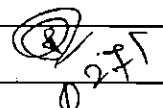
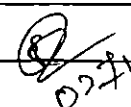
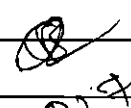
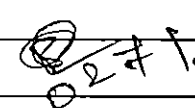
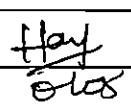
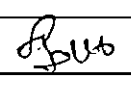
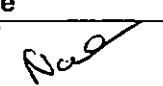
**R**

### 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: Nil  
Nu

	Signature	Name	Emp. No.	Date	Time
Handover given by		R. N. Bhargava	0271	13/1/24	12:30
Handover taken by		S. Devarachari	0271	13/1/24	19:30
Document endorsed		S. Nalini	0024	13/1/24	20:00

## NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
13/1/24	<u>Evening duty notes</u>	
14:00	⇒ Patient hand over from morning duty staff.	 0271
14:30	⇒ Afternoon dose Mochi- -tation given as per.	 0271
15:00	⇒ Vitals checked & recorded. Vitals are stable.	 0271
	⇒ Patient had complaint of vomiting. Anti-Emetic drug was given.	 0271
15:00	SLB DR. PRAVEEN Advised to give Suppositories Inj. Lasix 10mg @ Stat @ 4:00 vital sigs used & monitored	 0271
16:35	Pt had no complaint oxygenation given. Spironex given. vital sigs check & monitored	 0271
19:00	Pt handing over to the night duty staff	
Document endorsed by	Signature 	Name S. Nalini
	Emp. No. 0024	Date 13/1/24
		Time 2:00

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 13/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: D<sub>3</sub> Left: —

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: —

Day: —

Day: —

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

GCS: 15/15

POD: 1

Central line days: —

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCAB X 3 GRAFTS

Allergies if any: NKDA

On room air / oxygen: O<sub>2</sub> 1Lts

Complaints / New Symptoms in last shift: —

Date of surgery: 11/1/24

IV fluids on flow: —

**A**

### ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO<sub>2</sub>: 97 (%) | Height: 166 (cms) | Weight: 62.1 (kgs) | BMI: 22.5 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: 005 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	S. Di	S. Dhanashree	0212	13/1/24	7:00
Handover taken by	A	Agastya	014	13/1/24	7:30
Document endorsed	Q	Shanmugam	005	13/1/24	08:30

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 12/1/24 Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - TVD

NEWS / PEWS Score: 3

Ventilator day: \_\_\_\_\_

Peripheral line day: Right: D2 Left: \_\_\_\_\_

Ryle's Tube: ☐ Yes ☒ No Day: \_\_\_\_\_

Urinary Catheter: ☐ Yes ☒ No Day: \_\_\_\_\_

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

GCS: 15/15

POD: 11

Central line days: 6

VIP Score: \_\_\_\_\_

**B**

### BACKGROUND

Type of surgery: OP CAB 3 grafts

Date of surgery: 11/1/24

Allergies if any: NO DA

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>: 97 (%) | Height: 166 (cms) | Weight: 62 (kgs) | BMI: 22.5 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: 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: Nil

**R**

### RECOMMENDATION

Referral doctors: \_\_\_\_\_

Pending medications: \_\_\_\_\_

Pending medication indent: \_\_\_\_\_




Pending lab reports / Investigations: Nil

Critical value alert and its corrections: \_\_\_\_\_

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

Pending follow-up orders: \_\_\_\_\_

Special instructions if any: \_\_\_\_\_

	Signature	Name	Emp. No.	Date	Time
Handover given by		<u>Agasthya</u>	<u>014</u>	<u>21/1/24</u>	<u>18:00</u>
Handover taken by		<u>A. monshe</u>	<u>01A1</u>	<u>21/1/24</u>	<u>12:30</u>
Document endorsed		<u>D. Laxman</u>	<u>1005</u>	<u>14/01/24</u>	<u>16:30</u>

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 14/1/24 Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - recd

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: D2 Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 7/10

POD: 11

Central line days: -

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: CABG 3 graft

Date of surgery: 11/1/24

Allergies if any: not known

On room air / oxygen: on room air O2 IV fluids on flow: -

Complaints / New Symptoms in last shift: -

**A**

### ASSESSMENT

Vital Signs: Temp: 98.5°F | Pulse / HR: 94 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO2: 96 (%) | Height: 166 (cms) | Weight: 62 (kgs) | BMI: 22.5 kg/m<sup>2</sup>

Others: -

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

Fall Risk Score: 6 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Current diet: normal diet Drains: nil

**R**

### RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		Amonpsher	0141	14/1/24	09:30
Handover taken by		S. Dhanachandhini	0422	14/1/24	17:30
Document endorsed		Dhanachandhini	005	15/01/24	08:00

### NURSES PROGRESS NOTES

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 15/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: CAD-TUD

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: D4 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: III

Central line days: —

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCABX 3 GRAFTS

Allergies if any: NKDA

On room air / oxygen: O<sub>2</sub> - 2 ltr

Complaints / New Symptoms in last shift: —

Date of surgery: 11/1/24

IV fluids on flow: —

**A**

### ASSESSMENT

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

BP: 110/70 (mmHg) | SpO<sub>2</sub>: 95 (%) | Height: 166 (cms) | Weight: 62 (kgs) | BMI: 22.5 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: —

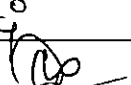
Pending lab reports / Investigations: —

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: T/m S/R plan.

	Signature	Name	Emp. No.	Date	Time
Handover given by	S. D.	S. Dewashishini	0212	15/1/24	7.00
Handover taken by	E. Catherine	E. Catherine	0207	15/01/24	7.30
Document endorsed		Dhanarajan	005	15/01/24	08:00

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: **15/01/24** Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: **CAD-TVD**

NEWS / PEWS Score: **0**

Ventilator day: **—**

Peripheral line day: Right: **D5** 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: **15**

Central line days: **—**

VIP Score: **0/5**

**B**

### BACKGROUND

Type of surgery: **OPCABX 3 grafts**

Allergies if any: **NKDA**

On room air / oxygen: **—**

Complaints / New Symptoms in last shift: **—**

Date of surgery: **11/01/24**

IV fluids on flow: **—**

**A**

### ASSESSMENT

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

BP: **110/70** (mmHg) | SpO<sub>2</sub>: **98** (%) | Height: **166** (cms) | Weight: **62** (kgs) | BMI: **22.5** 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	<i>E. Catrine</i>	<i>E. Catrine</i>	<i>0207</i>	<i>15/01/24</i>	<i>18:30</i>
Handover taken by	<i>[Signature]</i>	<i>A. mon 28/24</i>	<i>0101</i>	<i>15/01/24</i>	<i>19:30</i>
Document endorsed	<i>[Signature]</i>	<i>Sharanam</i>	<i>005</i>	<i>15/01/24</i>	<i>19:30</i>

## NURSES PROGRESS NOTES

[illegible]



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 16/1/24 Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - teid

NEWS / PEWS Score: -

Ventilator day:

Peripheral line day: Right: D5 Left:

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

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

GCS: 15/15

POD: 5

Central line days: -

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: open A 3 graft

Date of surgery: 16/1/24

Allergies if any: not known

On room air / oxygen: on room air

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

**A**

### ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 84 (beats/min) | Respiration: 22 (breaths/min)

BP: 100/80 (mmHg) | SpO<sub>2</sub>: 94 (%) | Height: 166 (cms) | Weight: 62 (kgs) | BMI: 22.5 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: 10 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: normal diet

Drains: nil

**R**

### RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Monisha	0146	16/1/24	17:30
Handover taken by		S. Nalini	2353	15/1/24	19:40
Document endorsed		S. Nalini	2004	15/1/24	16:20





## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 15/1/24 Shift: ☐ Morning ☐ Evening ☒ Night

**S**

### SITUATION

Diagnosis: CAD - TUS

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: —

Day: —

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

GCS: 15/15

POD: IV

Central line days: —

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCABX + graft

Allergies if any: NKA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: —

Date of surgery: 11/1/24

IV fluids on flow: —

**A**

### ASSESSMENT

Vital Signs: Temp: 97 (°F) | Pulse / HR: 74 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO<sub>2</sub>: 97 (%) | Height: 166 (cms) | Weight: 62 (kgs) | BMI: 22.5/m

Others: —

Pain Score: 5/10 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: 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: Dis plan on wednesday.

	Signature	Name	Emp. No.	Date	Time
Handover given by		Paramvir	2333	16/1/24	7:00
Handover taken by		A. ALBINUS	0088	16/1/24	7:00
Document endorsed		S. KALPAP	0022	16/1/24	16:20

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 16/1/24 Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - TVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: D5 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: 11

Central line days: -

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OP CAB X 3 GRAFTS

Date of surgery: 11/1/24

Allergies if any: NKDA

On room air / oxygen: ON ROOM AIR

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

**A**

### ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 90/70 (mmHg) | SpO<sub>2</sub>: 97 (%) | Height: 166 (cms) | Weight: 62 (kgs) | BMI: 22.4 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: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: NORMAL DIET

Drains: -

**R**

### RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

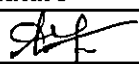
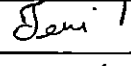
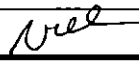
Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. ALBINUS	0088	16/1/24	12-00
Handover taken by		S. Nair	0284	16/1/24	12-30
Document endorsed		S. Nair	0024	16/1/24	12-30

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 16/1/24

Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - T.V.D

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: 0

Central line days: -

VIP Score: 0/5

**B**

### BACKGROUND

Type of surgery: OPCAB X 3 VTRAPTS

Date of surgery: 11/1/24

Allergies if any: NKA

On room air / oxygen: on room air

IV fluids on flow: -

Complaints / New Symptoms in last shift:

**A**

### ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/70 (mmHg) | SpO<sub>2</sub>: 97 (%) | Height: 166 (cms) | Weight: 62 (kgs) | BMI: 22.4 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: 0 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Normal diet.

Drains: -

**R**

### RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:


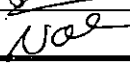
Pending lab reports / Investigations:

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	Jeni	Jeni Priya.	0284	16/1/24	18:30
Handover taken by		Parameesan	2377	16/1/24	19:40
Document endorsed		S. JaiPNP	0024	16/1/24	18:30

## NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
16.1.24	EVENING DUTY NOTES	
@ 18.30	=> Pt handing over given taken from Morning duty staff.	Jen on.
	=> Pt conscious and orientation.	
	=> Pt vitals checked and Recorded.	
14.00	=> Pt due drugs are given as per drug chart.	Jen on.
	=> Pt vitals checked and Recorded.	
16.00	=> Pt Mobilized well.	Jen on.
	=> Nebulization given to the patient.	
	=> Pt Medication given as per drug chart.	
18.30	=> Pt vitals checked	Jen on.
	=> Pt I/O chart Monitored.	
19.30	=> Pt hand over given to Night duty staff.	
Document endorsed by	Signature Nell	Name S. Nalpa
		Emp. No. 0024
		Date 16/1/24
		Time 16/20



## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 16/1/24 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: 5

Central line days: -

VIP Score: -

**B**

### BACKGROUND

Type of surgery: OPCAB aortic graft

Allergies if any: NKA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: -

Date of surgery: 11/1/24

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp 96.8°F | Pulse / HR: 94 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO<sub>2</sub>: 92% | Height: 164 (cms) | Weight: 62 (kgs) | BMI: 22.5 kg/m<sup>2</sup>

Others: -

Pain Score: 5/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: -

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: Jm dls plan

	Signature	Name	Emp. No.	Date	Time
Handover given by		Paramjit Singh	2233	17/1/24	7:30
Handover taken by		E. Catherine	0807	17/1/24	7:30
Document endorsed		S. Nalini P.	0024	17/1/24	16:00

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 17/01/24 Shift: ☒ Morning ☐ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

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

GCS: 15/15

POD: 11

Central line days: 0

VIP Score: -

**B**

### BACKGROUND

Type of surgery: OPCABX & grafts

Allergies if any: NKDA

On room air / oxygen: -

Complaints / New Symptoms in last shift: -

Date of surgery: 11/01/24

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 90 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO<sub>2</sub>: 94% | Height: 166 (cms) | Weight: 62 (kgs) | BMI: 22.5 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: 35 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet:

Diabetic diet

Drains: -

**R**

### RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any:

Today plan discharge

	Signature	Name	Emp. No.	Date	Time
Handover given by	E. Cath	E. Cathrine	0207	17/01/24	13.00
Handover taken by	Seni	Seni Priya	0284	17/01/24	13.30
Document endorsed	UOL	S. UOL PNP	0024	17/01/24	16.00

[illegible]

## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 17/1/24 Shift: ☐ Morning ☒ Evening ☐ Night

**S**

### SITUATION

Diagnosis: CAD - TVP

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: 1

Central line days: 0

VIP Score: -

**B**

### BACKGROUND

Type of surgery: OPCAB X A UTAPTS

Allergies if any: NKDA

On room air / oxygen: Room air

Complaints / New Symptoms in last shift: -

Date of surgery: 11/1/24

IV fluids on flow: -

**A**

### ASSESSMENT

Vital Signs: Temp: 98.2 (°F) | Pulse / HR: 90 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO<sub>2</sub>: 94 (%) | Height: 168 (cms) | Weight: 62 (kgs) | BMI: 22.5 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: 35 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet:

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:



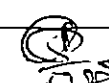
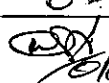
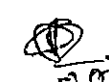
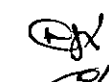

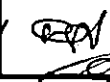
Today plan discharge.

	Signature	Name	Emp. No.	Date	Time
Handover given by		Senipriya	0284	17/1/24	13:30
Handover taken by		discharge			
Document endorsed		S. Nalini	0025	17/1/24	16:22

[illegible]

# ADULT NURSING CARE PLAN

P: RAMESH S  
N: 56/Male/MHI202481637  
U: 10/01/2024/IPH2024000086  
D: Dr. RAJESH.V  
C: 

Initial Date: 10/1/24 Time: 1200		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - FM T0D		
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 E pt had  N pt had 	 
<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 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 E Maintained Room air N SpO <sub>2</sub> 98%	 
<b>FLUID &amp; ELECTROLYTES</b> <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M E Maintained good hydration N also chest monitored	 

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-Embolism stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M	
			E Pt well mobilized	0271
			N pt mobilized well	0271
<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-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 / consistency / volume / Hematemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M	
			E Elimination pattern was good	0271
			N elimination pattern @	0271
<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	
			E maintained	0271
			N s/o chest monitored	



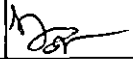


Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>HYGIENE</b> <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<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 E Monitored good hygiene. N	   
<b>SAFETY</b> <input 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 E Ed hand checked N Ed hand	   
<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 checked="" type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M E Provide calm environment N pt sleep well	   
<b>OBSERVATION</b> <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input checked="" type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input checked="" type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M E V/S checked & elevated N vital signs stable	   
<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 E N	   

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 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 E N	Pt well communicate pt communicate well [Initials]
<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 type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M E N	medication given at 11- medication was given [Initials]
Endorsed by	Signature	Name	Emp. ID	Date	Time
	[Signature]	D. Channar	0005	11/01/24	09:00

## ADULT NURSING CARE PLAN




Mr. RAMESH S  
56 / Male / MHI202481637  
10/01/2024 / IPH2024000086  
Dr. RAJESH V



Initial Date: 11/11/24 Time: 8:00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - 1m TUD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>NUTRITION</b> <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt NPO 12 MN 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 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 room air E N	
<b>FLUID &amp; ELECTROLYTES</b> <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt electrolyte Ara 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 type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M-pt will mobilization freely	
			E	
			N	
<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 type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hematemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M pt (1) elimination pattern	
			E	
			N	
<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 pt maintain (2) steady	
			E	
			N	

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 type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt self care E N	   
<b>SAFETY</b> <input type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV <input type="checkbox"/> CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M pt ID Band checked E N	   
<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 pt comfortable sleep 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 pt vitals sent E N	   
<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 E N	   

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 type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M p + will communicate effort	
				E	
				N	
<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 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 p + medication given as per	
				E	
				N	
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Dhamanero	005	11/01/24	09:00




## ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 11/1/24 Time: 14:20		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 checked="" type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M E administered analgesics as per order N administered ibuprofen as per order	[Signature] 10/1/24 [Signature] 10/1/24
<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 checked="" type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input checked="" type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input checked="" type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M E SpO <sub>2</sub> - 100% ON O <sub>2</sub> 4lit N on NPE + 4lit O <sub>2</sub> SpO <sub>2</sub> 100%	[Signature] 10/1/24 [Signature] 10/1/24
<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	[Signature] 10/1/24 [Signature] 10/1/24
<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)	M E ON bed rest N provided safe environment	[Signature] 10/1/24 [Signature] 10/1/24

Patient-Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>FLUID &amp; ELECTROLYTE</b> <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input checked="" type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M	
			E	IV line patent and healthy monitored I/O
			N	IV line patent monitored I/O chart
<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 checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M	
			E	aseptic techniques followed
			N	used aseptic technique during care
<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 checked="" type="checkbox"/> Keep bed on low position <input type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M	
			E	fall risk precaution followed.
			N	provided safe environment
<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	drain En site
			N	drains kept @ 2 during shift
<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 IVF 100ml/hr
			N	on liquid diet tolerated



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 checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M		
				E	ON CDS as per output adequate.	
				N	Maintained I/p chart	2/10
<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 type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient	M		
				E	Haemodynamically stable	COFA
				N	Maintained vital signs	2/10
<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 on importance of hand hygiene	COFA
				N	educated well patient regarding pain management	2/10
<b>ANY OTHER NEEDS</b>				M		
				E		
				N		
Endorsed by	Signature	Name	Emp. ID	Date	Time	
		GLORIA FLORENCE		COFA	13/1/24	9:00



## ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 12/1/23 Time: 07:15		Modified Date: — Time: —		
Reason for Modification: —		Diagnosis: CAD-TVD EF→38%.		
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 checked="" type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Provided Comfortable position E Administered pain medication as per chart N maintained proper position	Jeff Seth Paul COTA Liz Betz
<b>OXYGENATION</b> <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input checked="" type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input 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 On RA SPO <sub>2</sub> → 95% E SPO <sub>2</sub> - 90% ON room air N on RA SPO <sub>2</sub> - 92% maintaining	Jeff Seth Paul COTA Liz Betz
<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 — 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 type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input checked="" type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Embotic 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 Safety measures followed E on chair fast N provided safe environment	Jeff Seth Paul COTA Liz Betz

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>FLUID &amp; ELECTROLYTE</b> <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Monitor I/O chart	Suff Sotom
			E Monitored I/O IV line patent	Phis 0024
			N Monitored I/O chart	Ly 0234
<b>RISK OF INFECTION</b> <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input checked="" type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M Aseptic technique followed	Suff Sotom
			E Aseptic procedure followed	Phis 0024
			N used aseptic technique during care	Ly 0234
<b>RISK OF FALL</b> <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input checked="" type="checkbox"/> Dependent State	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input checked="" type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 48 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M Side rails raised	Suff Sotom
			E fall risk procedure followed	Phis 0024
			N maintained bed in low position	Ly 0234
<b>SKIN &amp; WOUND CARE</b> <input checked="" type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input checked="" type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input checked="" type="checkbox"/> Check all drains from the operation site more frequently <input checked="" type="checkbox"/> Provide wound care as ordered <input checked="" type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M No oozing at surgical site	Suff Sotom
			E wound healthy	Phis 0024
			N dressing intact	Ly 0234
<b>DIET &amp; NUTRITION</b> <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input checked="" 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 checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M Patient Consumed liquid diet	Suff Sotom
			E ON liquid diet	Phis 0024
			N on soft diet	Ly 0234

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>CARE OF CATHETERS, DRAINS, ETC.</b>		<input checked="" type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M Monitor I/O chart	<div> <div></div> <div></div> <div></div> </div>
				E ON CBR u/output adequate	
				N on CBR u/o adequate	
<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	<div> <div></div> <div></div> <div></div> </div>
				E	
				N	
<b>OBSERVATION</b> <input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input checked="" type="checkbox"/> Assess physically for any abnormality <input checked="" type="checkbox"/> Inform doctor if there is any abnormality <input checked="" type="checkbox"/> Monitor GCS of patient	M Monitored vital signs	<div> <div></div> <div></div> <div></div> </div>
				E Hemodynamically stable	
				N Monitored vital signs	
<b>HEALTH EDUCATION</b> <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input checked="" type="checkbox"/> Provide proper education regarding follow-up diet <input checked="" type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M Explained about diet & medicine	<div> <div></div> <div></div> <div></div> </div>
				E good knowledge on shifting process	
				N educate the patient regarding diet	
<b>ANY OTHER NEEDS</b>				M	<div> <div></div> <div></div> <div></div> </div>
				E	
				N	
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>[Signature]</i>	RONIA FLORENCE-S	0074	13/1/24	9:00



## ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 13/1/24 Time: 7:30		Modified Date: Time:	
Reason for Modification:		Diagnosis: CAD-TVD	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
<b>PAIN</b> <input checked="" type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M maintained proper positioning of the patient E Provided comfortable position N Pt provided comfortable position
<b>OXYGENATION</b> <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no shortness of breath or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input checked="" type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input 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 checked oxygen saturation level $SpO_2 = 96\%$ E maintained $SpO_2$ 98% on O2 liter 2 N pt had room air
<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
<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"/> Apply Anti-Embotic 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 Assessed the safety of the environment E Pt well mobilized N Pt mobilized well

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 Monitored Intake and output chart hourly E maintained hydration - low fever N PT I/O chart maintained	R 02/27 P 02/27 S.D. 02/27
<b>RISK OF INFECTION</b> <input checked="" type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M used aseptic technique in all aspect of patient care E used aseptic technique N —	R 02/27 Sub —
<b>RISK OF FALL</b> <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input checked="" type="checkbox"/> Dependent State	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization	<input type="checkbox"/> Keep bed on low position <input 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 used side rails and safety straps during mobilizing the patient out of bed E used side rails N —	R 02/27 Sub —
<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	M skin was intact E No oozing in surgical site N PT skin is intact	R 02/27 Sub S.D. 02/27
<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 checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M Encouraged patient to consume prescribed diet E PT eat on normal skin N PT had DM Diet	R 02/27 Sub S.D. 02/27

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation		Sign & Initials		
<b>CARE OF CATHETERS, DRAINS, ETC.</b>		<input checked="" 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	Checked the catheters, drains etc frequently			
				E	Pt self voiding			
				N	Pt Self Voided		S.D.	
<b>DISTURBED BODY IMAGE</b>		<input checked="" 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	.			
				N	NA			
<b>OBSERVATION</b> <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> 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 regularly			
				E	Admitted to hospital			
				N	Pt V/S checked & recorded		S.D.	
<b>HEALTH EDUCATION</b> <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input checked="" 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 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	Insisted on importance of hand hygiene			
				E	Health education done			
				N				
<b>ANY OTHER NEEDS</b>				M				
				E				
				N				
Endorsed by	Signature		Name		Emp. ID		Date	Time
			R. Nalin		0024		13/1/24	18:00

# ADULT NURSING CARE PLAN


Patr **Mr. RAMESH S**  
Nam 56/Male/MHI202481637  
UHIL 10/01/2024/1PH2024000086  
DOB Dr. RAJESH.V  
DOA  
Cons

Initial Date: 14/1/24 Time: 8.00		Modified Date: Time:	
Reason for Modification:		Diagnosis: (AD - TVD)	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
<b>NUTRITION</b> <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt had diet E Pt had diet N Pt had diet
<b>OXYGENATION</b> <input type="checkbox"/> Room Air <input checked="" 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 checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O <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 O <sub>2</sub> E Pt on O <sub>2</sub> 2 lit N Pt on O <sub>2</sub> 2 lit on flow
<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 no water given E No chest x-ray N No monitor



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 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 Pt well mobilized	Sub
			E - Pt mobilized well	Sub
			N Mobilized well	Sub
<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 checked="" type="checkbox"/> Encourage fluid intake <input checked="" type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Pt self voiding	Sub.
			E elimination pattern @	Sub
			N Elimination @ pattern	Sub
<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 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	Sub
			E —	
			N —	

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 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 groomed well N groomed well	Sub [Signature] 2332
<b>SAFETY</b> <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EVJ 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 Cleared ID band E ID band (F) N ID band (F)	Sub [Signature] 2332
<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 provided comfortable position E — N Pt sleep well	Sub [Signature] 2332
<b>OBSERVATION</b> <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M monitored vital signs E vital signs stable N vitals stable	Sub [Signature] 2332
<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 checked="" 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 psychological support E — N —	Sub [Signature]

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 type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M Pt well communication E pt communicate well N Good communication	JLS JLS JLS
<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 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 due drug given E medication was given N medication was given	JLS JLS JLS
Endorsed by	Signature	Name	Emp. ID	Date	Time
		JLS	005	15/01/24	08:00

# ADULT NURSING CARE PLAN

Mr. RAMESH S  
Pal 56/Male/MHJ202481637  
Na 10/01/2024/IPH2024000086  
UH Dr. RAJESH.V  
DO  
DC  
Consultant.

Initial Date: 15/1/24 Time: 8:00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - TVD		
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 checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt had 3m diet E pt had diet N pt had diet	DC 2207 CH 2537 P 2537
<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 checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O <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 SpO <sub>2</sub> - 90% N SpO <sub>2</sub> - 90%	DC 2207 CH 2537 P 2537
<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 pt I/O Chart maintained E I/O Chart maintained N I/O Monitor	DC 2207 CH 2537 P 2537

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 checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt well mobilized E pt mobilized well N Mobilize well	P.C 0807 [Signature] [Signature] 2337
<b>ELIMINATION</b> <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M patient normal elimination pattern E elimination pattern @ N Elimination pattern	P.C 0807 [Signature] [Signature] 2337
<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 — E — N —	

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 groomed well	P.C. 0807  P 2537
<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 checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M pt ID Band ⊕ E ID band ⊕ N ID band ⊕	P.C. 0807 JOM 10/11 P 2537
<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 pt sleep well	  P 2537
<b>OBSERVATION</b> <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M pt v/s checked E up for us & stable N us & stable	P.C. 0807 JOM 10/11 P 2537
<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 type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E — N —	  

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<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 patient well communicated E pt communicate well N good communication	P.C. 0207 [Signature] [Signature] [Signature]
<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 patient due drugs are given E medication was given N Medication was given	P.C. 0207 [Signature] [Signature] [Signature]
Endorsed by	Signature	Name	Emp. ID	Date	Time
	[Signature]	Dheranar	005	16/01/23	08:00

# ADULT NURSING CARE PLAN


(Affix Label here)  
**Mr. RAMESH S**  
56/Male/MHI202481637  
10/01/2024/IPH2024000086  
Dr. RAJESH.V

Initial Date: 10/01/24 Time:		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - T2D		
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 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 is on NORMAL diet E PT on normal diet. N PT had diet	Jy 10/01/24 Jy 10/01/24 Jy 10/01/24
<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 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 SPO <sub>2</sub> - 95% E PT on Room air. N PT on Room air	Jy 10/01/24 Jy 10/01/24 Jy 10/01/24
<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 PT is on oral fluids E PT is on oral fluids. N 10/01/24	Jy 10/01/24 Jy 10/01/24 Jy 10/01/24



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 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 checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embollic 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 mobilized freely	Jy 00/88 Jeni om. P 337
<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-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Elimination is good E Elimination pattern normal. N Elimination pattern	Jy 00/88 Jeni om. P 337
<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 Skin is intact E normal skin integrity. N —	Jy 00/88 Jeni om.

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>HYGIENE</b> <input checked="" type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M PT is on self hygiene E pt is groomed well N groomed well	JF 0088 Jan on. P 2333
<b>SAFETY</b> <input type="checkbox"/> Check ID Band <input checked="" type="checkbox"/> IV care <input type="checkbox"/> EJV <input type="checkbox"/> CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M ID Band @ E ID band present. N ID band @	JF 0088 Jan on. P 2333
<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 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 PT Sleep pattern good E pt sleep pattern good. N P + sleep well	JF 0088 Jan on. P 2333
<b>OBSERVATION</b> <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M vitals are checked E v/s checked N vs is stable	JF 0088 Jan on. P 2333
<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 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 Psy chological support given E psychological support given. N —	JF 0088 Jan on. P 2333

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 type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M COMMUNICATION is GOOD E communication well. N good communication	Jy 0087 Semi on P 257	
<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 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 are given E Medication are given. N Medication was given	Jy 0087 Semi on P 257	
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Dhananand	0005	17/01/23	08:00

## ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 17/11/24, Time: 8:40		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - TUP		
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 checked="" type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have less pain	<input checked="" 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	M pt has pain scale 0/10 E pt pain scale 0/10 N	PC 0807 Jai on
<b>OXYGENATION</b> <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input checked="" type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input 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 E pt is on room air N	PC 0807 Jai on
<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 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-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt well mobilized E pt well mobilized N	PC 0807 Jai on

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
<b>FLUID &amp; ELECTROLYTE</b> <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Pt I/O Chart E Pt I/O chart monitored. N	DC 0207 Jan on.
<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 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 N	
<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 type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M E N	
<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 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 N	
<b>DIET &amp; NUTRITION</b> <input type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input checked="" type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M Pt had DM diet E pt had DM diet. N	DC 0207 Jan on.

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 pt I/o chart maintained		PC
						E pt I/o chart maintained		See
						N		
<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 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 pt v/s checked		PC
						E pt v/s checked		See
						N		
<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 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 Health education given		See
						E Health education given to patient		See
						N		
<b>ANY OTHER NEEDS</b>						M		
						E		
						N		
Endorsed by	Signature		Name		Emp. ID		Date	Time
		100		Shanmugam		005	18/01/23	12:00

## 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 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			
<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>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>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 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			
<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>TOTAL SCORE</b>		23
					<b>Initial &amp; Emp. No. of Staff Nurse:</b>		20018
					<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>		10/1/24

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 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			
<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>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>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 OR is NPO and / or maintained on clear liquids or IVs 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			
<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>TOTAL SCORE</b>	6	6	6
				<b>Initial &amp; Emp. No. of Staff Nurse:</b>	0023	0024	0025
				<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>	0026	0027	0028

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	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	3	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	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	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	2	2	2
<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		2	2	2
					<b>TOTAL SCORE</b>	15	15
					<b>Initial &amp; Emp. No. of Staff Nurse:</b>	[Signature] 12/11/2024	
					<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>	[Signature] 12/11/2024	

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 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		9	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	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		3	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		3	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
<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	23
					<b>Initial &amp; Emp. No. of Staff Nurse:</b>	7/01/24	59/01
					<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>	10/01/24	25/05

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 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	3	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	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	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 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	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	3	
					<b>TOTAL SCORE</b>	19	19	19
					<b>Initial &amp; Emp. No. of Staff Nurse:</b>	05	05	05
<b>Score Interpretation:</b> Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6					<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>	05	05	05

## 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 IVs 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	4	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>	23	23	23
					<b>Initial &amp; Emp. No. of Staff Nurse:</b>	207	207	207
					<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>	207	207	207

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 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	A	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	A	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	X	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>	23	23	23
					<b>Initial &amp; Emp. No. of Staff Nurse:</b>	4008	Jan on	227
					<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>	100	100	100



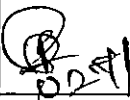

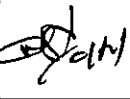





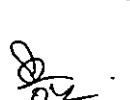

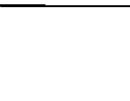
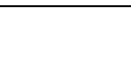

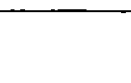
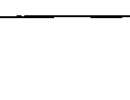
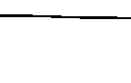
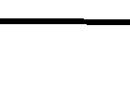

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

## 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	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	
<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	
<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	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	
<b>TOTAL SCORE</b>					23	23	
<b>Initial &amp; Emp. No. of Staff Nurse:</b>					4	108	
<b>Initial &amp; Emp. No. of Sr. Staff Nurse:</b>					108	108	

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.
10/11/24 13:00	0/10	No pain	—	—	—	 5271	 140/05
14:00	0/10	No pain	—	—	—	 5271	 140/05
15:00	0/10	No pain	—	—	—	 5271	 140/05
16:00	0/10	No pain	—	—	—	 5271	 140/05
17:00	0/10	No pain	—	—	—	 5271	 140/05
18:00	0/10	No pain	—	—	—	 5271	 140/05
19:00	0/10	No pain	—	—	—	 5271	 140/05
20:00	0/10	No pain	—	—	—	 5271	 140/05
21:00	0/10	No pain	—	—	—	 5271	 140/05
22:00	0/10	No pain	—	—	—	 5271	 140/05



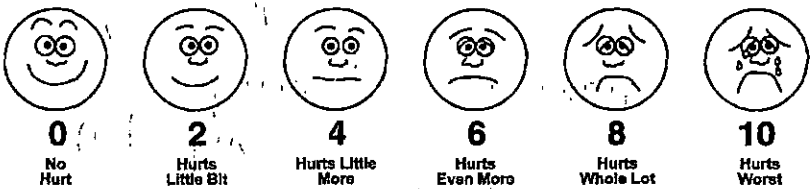
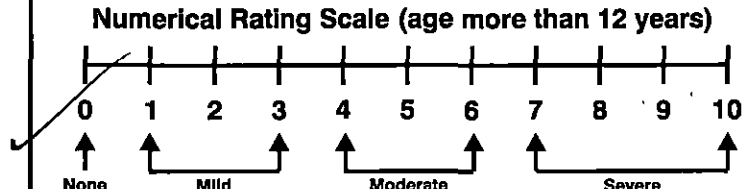


## PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
11/12A 08:30	1/10	dull pain	<10 sec	Sternum	Non pharmacological management done	Dr. S. S. S. S.	Dr. S. S. S. S.
16:30	1/10	dull pain	10-15 sec	Mediastinum	comfortable position given.	Dr. S. S. S. S.	Dr. S. S. S. S.
18:30	2/10	dull pain	<15 sec	Afternoon	pharmacological management done.	Dr. S. S. S. S.	Dr. S. S. S. S.
20:30	2/10	dull pain	10-15 sec	Sternum	non pharmacological intervention done	Dr. S. S. S. S.	Dr. S. S. S. S.
22:30	0/10	—	—	—	patient sleeping comfortable	Dr. S. S. S. S.	Dr. S. S. S. S.
00:30	0/10	—	—	—	patient sleeping comfortable	Dr. S. S. S. S.	Dr. S. S. S. S.
02:30	0/10	—	—	—	patient sleeping comfortable	Dr. S. S. S. S.	Dr. S. S. S. S.
04:30	0/10	—	—	—	patient sleeping comfortable	Dr. S. S. S. S.	Dr. S. S. S. S.
06:30	1/10	dull pain	5-10 sec	sternum	pharmacological intervention done	Dr. S. S. S. S.	Dr. S. S. S. S.

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.
08:30	2/10	Achy pain	10-15 sec	Sternum	Non pharmacological intervention given.	Syll 0055	Shoora
10:30	1/10	Dull pain	10 sec	Sternum	Non-pharmacological intervention given.	Syll 0055	Shoora
12:30	1/10	Dull pain	10 sec	Sternum	Non-pharmacological intervention given.	Syll 0055	Shoora
12/1/24 14:30	1/10	dull pain	< 10 sec	Off sternum	pharmacological management done.	Shoora	Shoora

### PAIN SCALES

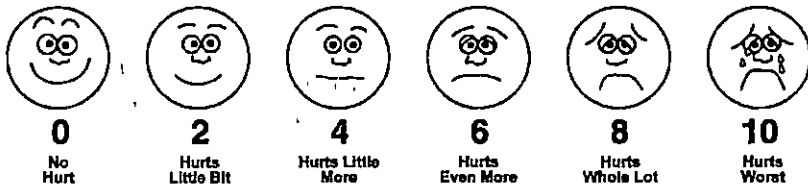
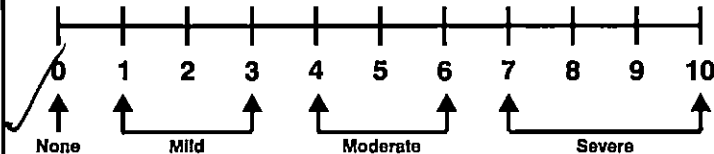
<b>PIPPS</b> (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
<b>CRIES</b> (38 weeks - 2 months)	The CRIES scale is used for Infants > than or = 38 weeks of gestation. A maximal score of 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 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.
12/1/24 16:30	1/10	dull pain	<15 sec	Mid-episternal	Non pharmacological management done	[Signature]	[Signature]
18:30	1/10	dull pain	10-15 sec	sternum	Comfortable position given	[Signature]	[Signature]
20:30	1/10	dull pain	5-10 sec	sternum	pharmacological intervention done	[Signature]	[Signature]
22:30	1/10	dull pain	5-10 sec	sternum	non pharmacological intervention done	[Signature]	[Signature]
00:30	0/10	—	—	—	patient sleeping comfortably	[Signature]	[Signature]
02:30	0/10	—	—	—	patient sleeping comfortably	[Signature]	[Signature]
04:30	0/10	—	—	—	patient sleeping comfortably	[Signature]	[Signature]
06:30	1/10	dull pain	5 sec	sternum	non pharmacological intervention done	[Signature]	[Signature]
8:30	1/10	Achy pain	10 sec	sternum	Non pharmacological intervention given	[Signature]	[Signature]

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.
	10:30	Dull pain	close	Abdomen	Non pharmacological intervention given	JWA	Naz 024
14:00	7/10	dull pain	one off	Abdomen	Pharmacological Intervention given	Sub	Naz 024
18:00	7/10	dull pain	one off	Abdomen	Non - pharmacological Intervention	Sub	05
22:00	1/10	Dull pain	on s off	Surgical site	Non - pharmacological Intervention	S.D. 02	05

### 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><b>Numerical Rating Scale (age more than 12 years)</b></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-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/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.
14/1/24 2:00	0/10	NO		PT	sleep well		
6:00	0/10	NO pain	—	—	—	S 0212	05
10:00	0/10	dull pain	on & off	Surgeon's office	Pharmacology Intervention given	Gub	05
14:00	0/10	NO pain	—	—	—	05/11/	05
18:00	0/10	NO pain	—	—	—	05/11/	05
22:00	0/10	NO pain	—	—	—	P 2330	05
15/1/24 2:00	0/10	NO pain	—	—	—	P 2332	05
6:00	0/10	NO pain	—	—	—	P 2330	05
10:00	0/10	NO pain	—	—	—	P 0807	05

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
14:20	0/10	no pain	—	—	—		
18:20	0/10	no pain	—	—	—		
22:00	0/10	No pain	—	—	—		
16/1/24 2:00	0/10	No pain	—	—	—		

### 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>0 No Hurt</p> <p>2 Hurts Little Bit</p> <p>4 Hurts Little More</p> <p>6 Hurts Even More</p> <p>8 Hurts Whole Lot</p> <p>10 Hurts Worst</p> </div>
	<b>Numerical Rating Scale (age more than 12 years)</b> 
<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

Patn: **Mr. RAMESH S**  
Nam: 56/Male/MHI202481637  
UHIC: 10/01/2024/1PH2024000086  
DOB: Dr. RAJESH.V  
DOA:  
Cons: 

MHI/NUR/2022/052



every heart beat counts

## PAIN RE-ASSESSMENT & MONITORING CHART


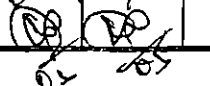
Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
16/1/24 6:00	0/10	NO pain	—	—	—	P 2332	DP 05
10:00	0/10	No Pain	—	—	—	Hy 0080	DP 05
16:00	0/10	NO	—	—	—	Joni on	DP 05
18:00	0/10	NO	—	—	—	Joni on	DP 05
12:00	0/10	NO pain	—	—	—	P 2332	DP 05
2:00	0/10	NO pain	—	—	—	P 2332	DP 05
6:55	0/10	NO pain	—	—	—	P 2332	DP 05
10:00	0/10	No pain	—	—	—	Hy 0080	DP 05
14:00	0/10	No pain	—	—	—	Joni on	DP 05





## DVT RISK ASSESSMENT

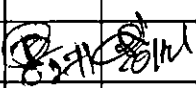

Assign a score of 1 if (YES) in parameter nos. 1 to 9, and assign a score of -2 if (YES) in parameter no. 10

		Date	Time					
		10/1	11/24					
		11:00	7:00					
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0					
2	Bedridden recently >3 days or major surgery within four weeks	0	0					
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0					
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0					
5	Entire leg swollen (Assess for both legs)	0	0					
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0					
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0					
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0					
9	Previously documented DVT (Assess for both legs)	0	0					
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESKD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0					
FINAL SCORE		0	0					
Low Risk: -2 to 0   Moderate Risk: 1 to 2   High Risk: 3 to 8		100	100					
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								
Signature & Emp. No. of Sr. RN								





## MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	10/1	10/1/24							
	Time	11:00	20:30							
History of falling (immediate or within 6 months)	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	15	15	15	15	15	15	15
<b>Total Score</b>		30	30							
<b>Low Risk (0 - 24)</b>										
<b>Medium Risk (25 - 44)</b>		<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]

## MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	11/1/24	11/1/24	12/1/24	12/1/24	12/1/24	13/1/24	13/1/24	13/1/24	13/1/24
	Time	14:20	20:00	07:15	13:00	20:00	8:06	14:00	20:00	2:00
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
<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
<b>Total Score</b>		65	65	50	60	50	50	50	50	50
<b>Low Risk (0 - 24)</b>										
<b>Medium Risk (25 - 44)</b>		X								
<b>High Risk (45 or above)</b>		✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Signature &amp; Emp. No. of RN</b>		Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024
<b>Signature &amp; Emp. No. of Sr. RN</b>		Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024	Rajesh V 0024

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

[illegible]

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

(A Unit of United Alliance Healthcare Pvt Ltd)

**Mr. RAMESH S**

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



MHI/NUR/2022/046



Where heart beat never stops...

**MODIFIED MORSE FALL RISK ASSESSMENT CHART**

Variables	Date	12/1/24	14/1/24	15/01	15/1/24	16/1/24	16/1/24	16/1/24	17/1/24
Time		11:00	20:00	8:00	14:30	20:00	8:00	14:00	20:00
History of falling (immediate or within 6 months)	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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
<b>AMBULATORY AID</b> None / Bed Rest / Nurse Assist Crutches / Cane / Walker Furniture		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		15	15	15	15	15	15	15	15
		30	30	30	30	30	30	30	30
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>GAIT</b> Normal / Bed Rest / Wheel Chair Weak Impaired		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		10	10	10	10	10	10	10	10
		20	20	20	20	20	20	20	20
<b>MENTAL STATUS</b> Oriented to own stability Overestimated or forgets limitations		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		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	50	50	50	50	50	50	50
<b>Low Risk (0 - 24)</b>									
<b>Medium Risk (25 - 44)</b>		X							
<b>High Risk (above 45)</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; Above 45: High Risk

[illegible]






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

Mr. RAMESH S  
 Pat: 56/Male/MHI202481637  
 Nam: 10/01/2024/IPH2024000086  
 UHID: Dr. RAJESH.V  
 DOB: 

MHI/NUR/2022/046



Where heart beat never stops...

## MODIFIED MORSE FALL RISK ASSESSMENT CHART

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

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

INTERVENTIONS		Date																			
Tick as per the Risk Score		Time																			
<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 (above 45)</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)			✓																		



## PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>10/1/24</u> Time <u>13.00</u>		Nurse Signature : <u>[Signature]</u>

### Learning Record

Need	Date <u>10/1</u>	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
<b>Disease</b>													Doctor
<input checked="" type="checkbox"/> Information on Disease / Diagnostics		P	CD	V									<u>[Signature]</u> 02/1
<input checked="" type="checkbox"/> Treatment		P	CD	V									
<b>Medications</b>													Doctor / Nurse
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines		P	CD	V									<u>[Signature]</u> 13/4/24
<input type="checkbox"/> Information on drug / drug and drug / food interactions		P	CD	V									<u>[Signature]</u> 02/1
<input type="checkbox"/> Discharge Medications													
<b>Surgical Instructions</b>													Nurse
<input checked="" type="checkbox"/> Pre - Operative Instructions		P	CD	V									
<input type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care)													
<b>Pain Management</b>													Nurse
<input checked="" type="checkbox"/> Reporting of pain		P	CD	V									
<input checked="" type="checkbox"/> Pain Management		P	CD	V									<u>[Signature]</u> 02/4
<b>Safe and effective use of medical Equipment (if required)</b>													Doctor / Nurse
<b>Name of Equipment</b>													
<b>Rehabilitation Techniques</b>													<u>[Signature]</u> 13/4/24

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
<b>Nutritional Guidance</b>													<b>Dietician</b>
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk			P	NA			P	NA					Maria Catherine [Signature]
<input type="checkbox"/> Diet advice for home													<b>Nurse</b>
<b>Discharge Planning</b>													
<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													
<b>Risk Factor Reduction</b>													
<input type="checkbox"/> Smoking Cessation													<b>Doctor</b>
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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

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

Written Material given and explained (if any)

Reports Given :

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

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

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



## PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input checked="" type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input checked="" type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input checked="" type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>11/1/24</u> Time <u>18:00</u>		Nurse Signature : <u>R/A Jais/0054</u>

### Learning Record

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Disease	11/1/24				12/1/24				13/1/24				Doctor
<input type="checkbox"/> Information on Disease / Diagnostics		S	OD	V		S	OD	V		S	OD	V	1-80
<input type="checkbox"/> Treatment Medications		S	OD	V		S	OD	V		S	OD	V	134
<input type="checkbox"/> Information on Safe and Effective use of medicines													Doctor / Nurse
<input type="checkbox"/> Information on drug / drug and drug / food interactions													
<input type="checkbox"/> Discharge Medications													
Surgical Instructions													Nurse
<input type="checkbox"/> Pre - Operative Instructions													
<input type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care)		S	OD	V		S	OD	V		S	OD	V	18/1/24
Pain Management		S	OD	V		S	OD	V		S	OD	V	Nurse
<input checked="" type="checkbox"/> Reporting of pain													
<input checked="" type="checkbox"/> Pain Management		S	OD	V		S	OD	V		S	OD	V	2-5
Safe and effective use of medical Equipment (if required)		P	OD	V		P	OD	V		P	OD	V	Doctor / Nurse
Name of Equipment Rehabilitation Techniques		P	OD	V		P	OD	V		P	OD	V	

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance	11/1												Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk		S	OD	V		S	OD	V		S	OD	V	<i>[Signature]</i> 0286
<input type="checkbox"/> Diet advice for home													Nurse
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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

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

Written Material given and explained (if any)

Nil.

Reports Given :

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

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

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

## PATIENT AND FAMILY EDUCATION RECORD

## Assessment

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

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>12/1/24</u> Time <u>9:00</u>		Nurse Signature : <u>[Signature]</u>

## Learning Record

[illegible]

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

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

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

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

Written Material given and explained (if any)

Reports Given :

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

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

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



[illegible]

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance													Dietician
<input type="checkbox"/> Diet Instruction for patients at Nutritional risk													
<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	<input checked="" type="checkbox"/>			Diet Advice	<input checked="" type="checkbox"/>		
ECG Report	<input checked="" type="checkbox"/>			CT Scan Report			
Doppler Report			<input checked="" type="checkbox"/>	CT Scan Film			
X-Ray Report				ECHO Report	<input checked="" type="checkbox"/>		
X-Ray Film	<input checked="" type="checkbox"/>			Ultrasound Report			
Compact Disk				Any Other Report			

Name of Attendant / Patient: S.R. AKASH Signature: [Signature]


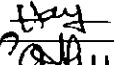
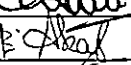

Name of Discharge Nurse stani monisha Signature: [Signature]

## Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 10/1/24 Time: 15:00

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

### Inter Disciplinary Team Members

	Signature	Name	Reg. / Emp. No.	Date	Time
Doctor		Dr. Smith, R	183573	10/1/24	16:00
Nursing Staff		Hannah Grace	0100	10/1/24	13:00
Dietician		Maria Catherine John	2401	10/1/24	15:00
Physiotherapist		Arash G.B	0256	11/1/24	16:00
Patient Care Service Staff					

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/1PH2024000086

Dr. RAJESH.V



MHI/IP/2022/054



Every heart beat counts

## IN-HOUSE TRANSFER FORM

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

Date of Transfer: 13-1-24 Time: 11:30 Transferred from: 8ICU To: 104

Diagnosis: CAD - T10

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 115 (beats/min) | BP: 100/67 (mmHg) | Respiration: 15 (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 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	P/O	q 8 H	13/1/24 @ 11:30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	ALB. LEVOLIN	0.63g	I/V	q 6 H	13/1/24 @ 10:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	T. FOLUSEMIDE	20mg	P/O	1-1-0	13/1/24 @ 8:30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	T. SPIRANOLONE	25mg	P/O	1-1-0	13/1/24 @ 10:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	T. NEXLEX 70MG	1 TAB	P/O	1-0-0	13/1/24 @ 8:30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	T. CLOPIDOGREL ASPIRIN	75/75	P/O	0-1-0	13/1/24 @ 14:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	T. ROBUVASITAM	20mg	P/O	0-0-1	12/1/24 @ 21:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	T. PARACETAMOL	650mg	P/O	1-1-1	13/1/24 @ 8:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Syp - CROMAGREL	15ml	P/O	0-0-1	12/1/24 @ 21:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	T. DILZEM	30mg	P/O	1-1-1	13/1/24 @ 8:30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	T. METOPROLOL	20mg	P/O	1-0-1	13/1/24 @ 9:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	T. MOSAPRIDE	5mg	P/O	1-0-1	13/1/24 @ 9:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	T. ANALG	0.5mg	P/O	0-0-1	-	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.						<input type="checkbox"/> Yes <input type="checkbox"/> No
15.						<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>S</i>	Dr. Perveen	112236	13/1/24	10:30
Receiving Doctor	<i>ltb</i>	DR. ANUSUHA	134559	13/1/24	10:30

Part C (to be filled by Nurses)

Check for	Transferring Nurse	Receiving Nurse
Drains	<input checked="" 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 checked="" type="checkbox"/> Yes via: <i>Nasal</i> <i>O2</i> Rate: <i>2</i> l/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: _____ WELLS: _____ NEWS / PEWS: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Belongings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Handover Details	Medication Administration Record explained: <input type="checkbox"/> Yes <input type="checkbox"/> No Lab & Diagnostic Reports handed over: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Attendant Informed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details (if any):

	Sign.	Name	Emp. No.	Date	Time
Transferring Nurse	<i>Qui</i>	MAHALESHMI.M	0269	13/1/24	10:30
Receiving Nurse	<i>Hoy</i>	Hannah Grace	0205	13/1/24	11:30

## FAMILY COUNSELLING FORM

CONSULTANT- DR. RAMESH.V			DIAGNOSIS- CAD-IVD			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
11/1/24	R/M Ramesh S	AKASH-S.R. [SON]	Explained about the condition, Need of ICU stay, medical support and visitors policy.	-	R.S.R	8 112296
12/1/24	R/M Ramesh S	AKASH-S.R. [SON]	Explained about the condition, Need of ICU stay and visitors policy.	-	R.S.R	8 112296



# WOUND ASSESSMENT CHART

<b>EXUDATE AMOUNT</b>								
none	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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





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



MHI/IP/2022/116



Every heart beat counts

### VIP SCALE (VISUAL INFUSION PHLEBITIS)

PATIENT NAME

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

AGE / SEX :

Dr. RAJESH.V



IP No. / UHID No

Ward / Bed No. W-3

ANY SCORE > 0 SHOULD BE MONITORED IN EVERY SHIFT

DATE	TIME	SITE	SCORE	DESCRIPTION	ACTION	FOLLOW UP	S / N EMP No.
11/1/24	14:25	(R) CUBITAL	0/5	IV line patent	flushed	No signs of phlebitis	phlebotomy
	20:00	(R) CUBITAL	0/5	IV LINE PATENT	flushed	No signs of phlebitis	phlebotomy
12/1/24	07:15	RIGHT CUBITAL	0/5	PATIENT HEALTHY	FLUSHED	NO SIGNS OF PHLEBITIS	Self
	13:00	(R) CUBITAL	0/5	IV line patent	flushed	No signs of phlebitis	phlebotomy
	20:00	(R) CUBITAL	0/5	IV LINE PATENT	flushed	No signs of phlebitis	phlebotomy
13/1/24	8:00	(R) CUBITAL	0/5	PATIENT SLEAKING	FLUSHED	No signs of phlebitis	phlebotomy
	14:00	Rt cubital	0/5	patent	flushed	No signs of phlebitis	phlebotomy
	20:00	Rt cubital	0/5	patent	flushed	observation	phlebotomy
14/1/24	8:00	Rt cubital	0/5	patent	flushed	No signs of phlebitis	phlebotomy
	14:00	Rt cubital	0/5	patent	flushed	—	phlebotomy
	20:00	Rt cubital	0/5	patent	flushed	—	phlebotomy
15/01/24	8:00	Rt cubital	0/5	patent	flushed	—	phlebotomy
	14:00	Rt cubital	0/5	patent	flushed	—	phlebotomy
	20:00	Rt cubital	0/5	patent	flushed	—	phlebotomy
16/1/24	8:00	Rt cubital	0/5	Patent	flushed	—	phlebotomy
	14:00	Rt cubital	0/5	Patent	flushed	—	phlebotomy
				IV line removed			
				@ 17:00			

[illegible]

Clinical Pharmacist  
Medway Heart Institute

Clinical Pharmacist  
Medway Heart Institute

Clinical Pharmacist  
Medway Heart Institute

Clinical Pharmacist  
Medway Heart Institute

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given					
			Time ↓						
<b>DRUG NAME</b> T. Nitro Contin			8.00	→ [Signature]					
Dose 2.6mg	Route Pb	Frequency [Signature]							
Dr. Sign & Reg. No. / Seal [Signature]		Start Date & Time 10/1/24 @ 13.00	16.00	[Signature]					
		Stop Date & Time							
Additional Info:									
<b>DRUG NAME</b> T. PAN			7.00	→ [Signature]					
Dose 4mg	Route Pb	Frequency [Signature]							
Dr. Sign & Reg. No. / Seal [Signature]		Start Date & Time 10/1/24 @ 13.00	19.00	[Signature]					
		Stop Date & Time							
Additional Info:									
<b>DRUG NAME</b> T. Atorvas									
Dose 2mg	Route Pb	Frequency [Signature]							
Dr. Sign & Reg. No. / Seal [Signature]		Start Date & Time 10/1/24 @ 13.00	20.00	[Signature]					
		Stop Date & Time							
Additional Info:									
<b>DRUG NAME</b> T. MET XL			8.00	→ [Signature]					
Dose 2.5mg	Route Pb	Frequency [Signature]							
Dr. Sign & Reg. No. / Seal [Signature]		Start Date & Time 10/1/24 @ 13.00							
		Stop Date & Time							
Additional Info:									
<b>DRUG NAME</b>									
Dose	Route	Frequency							
Dr. Sign & Reg. No. / Seal		Start Date & Time							
		Stop Date & Time							
Additional Info:									
<b>Area In-charge Nurse Signature:</b>									

# DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
09/11/24	15:00	Low salt, Low fat	K. P. D.	134579					
10/11/24	8:00	NPO	K. P. D.	134579					

## 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			
10/11/24	Evening	Hannah	01945	W. J.		Evening			
10/11/24	Night	Jeni Priya	0284	Jen		Night			
11/11/24	Morning	M. Devila	012	De		Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			

[illegible]



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

1/1/19	12/1/19	13/1/19	14/1/19	15/1/19	16/1/19	17/1/19	18/1/19	19/1/19	20/1/19	21/1/19	22/1/19	23/1/19	24/1/19	25/1/19	26/1/19	27/1/19	28/1/19	29/1/19	30/1/19	31/1/19	1/2/19	2/2/19	3/2/19	4/2/19	5/2/19	6/2/19	7/2/19	8/2/19	9/2/19	10/2/19	11/2/19	12/2/19	13/2/19	14/2/19	15/2/19	16/2/19	17/2/19	18/2/19	19/2/19	20/2/19	21/2/19	22/2/19	23/2/19	24/2/19	25/2/19	26/2/19	27/2/19	28/2/19	29/2/19	30/2/19	31/2/19	1/3/19	2/3/19	3/3/19	4/3/19	5/3/19	6/3/19	7/3/19	8/3/19	9/3/19	10/3/19	11/3/19	12/3/19	13/3/19	14/3/19	15/3/19	16/3/19	17/3/19	18/3/19	19/3/19	20/3/19	21/3/19	22/3/19	23/3/19	24/3/19	25/3/19	26/3/19	27/3/19	28/3/19	29/3/19	30/3/19	31/3/19	1/4/19	2/4/19	3/4/19	4/4/19	5/4/19	6/4/19	7/4/19	8/4/19	9/4/19	10/4/19	11/4/19	12/4/19	13/4/19	14/4/19	15/4/19	16/4/19	17/4/19	18/4/19	19/4/19	20/4/19	21/4/19	22/4/19	23/4/19	24/4/19	25/4/19	26/4/19	27/4/19	28/4/19	29/4/19	30/4/19	31/4/19	1/5/19	2/5/19	3/5/19	4/5/19	5/5/19	6/5/19	7/5/19	8/5/19	9/5/19	10/5/19	11/5/19	12/5/19	13/5/19	14/5/19	15/5/19	16/5/19	17/5/19	18/5/19	19/5/19	20/5/19	21/5/19	22/5/19	23/5/19	24/5/19	25/5/19	26/5/19	27/5/19	28/5/19	29/5/19	30/5/19	31/5/19	1/6/19	2/6/19	3/6/19	4/6/19	5/6/19	6/6/19	7/6/19	8/6/19	9/6/19	10/6/19	11/6/19	12/6/19	13/6/19	14/6/19	15/6/19	16/6/19	17/6/19	18/6/19	19/6/19	20/6/19	21/6/19	22/6/19	23/6/19	24/6/19	25/6/19	26/6/19	27/6/19	28/6/19	29/6/19	30/6/19	31/6/19	1/7/19	2/7/19	3/7/19	4/7/19	5/7/19	6/7/19	7/7/19	8/7/19	9/7/19	10/7/19	11/7/19	12/7/19	13/7/19	14/7/19	15/7/19	16/7/19	17/7/19	18/7/19	19/7/19	20/7/19	21/7/19	22/7/19	23/7/19	24/7/19	25/7/19	26/7/19	27/7/19	28/7/19	29/7/19	30/7/19	31/7/19	1/8/19	2/8/19	3/8/19	4/8/19	5/8/19	6/8/19	7/8/19	8/8/19	9/8/19	10/8/19	11/8/19	12/8/19	13/8/19	14/8/19	15/8/19	16/8/19	17/8/19	18/8/19	19/8/19	20/8/19	21/8/19	22/8/19	23/8/19	24/8/19	25/8/19	26/8/19	27/8/19	28/8/19	29/8/19	30/8/19	31/8/19	1/9/19	2/9/19	3/9/19	4/9/19	5/9/19	6/9/19	7/9/19	8/9/19	9/9/19	10/9/19	11/9/19	12/9/19	13/9/19	14/9/19	15/9/19	16/9/19	17/9/19	18/9/19	19/9/19	20/9/19	21/9/19	22/9/19	23/9/19	24/9/19	25/9/19	26/9/19	27/9/19	28/9/19	29/9/19	30/9/19	31/9/19	1/10/19	2/10/19	3/10/19	4/10/19	5/10/19	6/10/19	7/10/19	8/10/19	9/10/19	10/10/19	11/10/19	12/10/19	13/10/19	14/10/19	15/10/19	16/10/19	17/10/19	18/10/19	19/10/19	20/10/19	21/10/19	22/10/19	23/10/19	24/10/19	25/10/19	26/10/19	27/10/19	28/10/19	29/10/19	30/10/19	31/10/19	1/11/19	2/11/19	3/11/19	4/11/19	5/11/19	6/11/19	7/11/19	8/11/19	9/11/19	10/11/19	11/11/19	12/11/19	13/11/19	14/11/19	15/11/19	16/11/19	17/11/19	18/11/1
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✓	✓	✓	✓	✓	✓	✓
1000	2000	3000	4000	5000	6000	7000

**Clinical Pharmacist**

# REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

12/1/24 13/1/24 14/1/24 15/1/24 16/1/24 17/1/24

## DRUG NAME

TAB. BEPLEX PORTE

Dose

Route

Frequency

1 tab

po

1-0-0

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

Start Date & Time

12/1/24 @ 08:00

Stop Date & Time

Additional Info:

## DRUG NAME

TAB. CLOPIDOGREL + ASPIRIN

Dose

Route

Frequency

75/75mg

po

0-1-0

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

Start Date & Time

12/1/24 @ 14:00

Stop Date & Time

Additional Info:

## DRUG NAME

TAB. ROSUVASTATIN

Dose

Route

Frequency

20mg

po

0-0-1

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

Start Date & Time

Stop Date & Time

Additional Info:

## DRUG NAME

TAB. PARACETAMOL

Dose

Route

Frequency

650mg

po

01-01-1

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

Start Date & Time

12/1/24 @ 14:00

Stop Date & Time

Additional Info:

## DRUG NAME

SYP. CREMAFFIN PLUS

Dose

Route

Frequency

15ml

po

0-0-1

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

Start Date & Time

12/1/24 @ 21:00

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

08:00

14:00

21:00

08:00

14:00

20:00

21:00

08:30

14:15

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Clinical Pharmacist Medway Heart Institute

Clinical Pharmacist Medway Heart Institute

Clinical Pharmacist Medway Heart Institute

# REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

## DRUG NAME

T. DILZEM

Dose

30mg

Route

PO

Frequency

1-1-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

11.1.24 @ 21:30

Stop Date & Time

Additional Info:

## DRUG NAME

T. METOPROLOL (BETALOX)

Dose

25mg

Route

PO

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

12.1.24 08:50

Stop Date & Time

13.1.24 @ 8:30

Additional Info:

## DRUG NAME

T. METOPROLOL (BETMOL)

Dose

50mg

Route

PO

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

13.1.24 9:00

Stop Date & Time

14.1.24 @ 20:00

Additional Info:

## DRUG NAME

T. MOSA PRIDE

Dose

5mg

Route

PO

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

13.1.24 9:00

Stop Date & Time

Additional Info: BF

## DRUG NAME

T. ANXIT

Dose

0.5mg

Route

PO

Frequency

0-0-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

13.1.24 21:00

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:



Handwritten signatures and initials of nursing staff.

Clinical Pharmacist  
Medway Heart Institute





<b>ANTIMICROBIALS</b> <i>To be filled in by Doctors only</i>			<b>Date →</b> To be filled by Nursing Staff only. Sign and time given							
			<b>Time ↓</b>	11/12	12/12					
<b>DRUG NAME</b>			6.15							
Inj. CEFUROXIME SODIUM										
Dose	Route	Frequency								
1.5gm	IV	Q 12th hourly								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
Dr. PRAVEEN JEYAKUMAR		11/12 at 10.15								
Reg. No: 112236		Stop Date & Time								
		12/12 at 19.15								
Additional Info:										
<b>DRUG NAME</b>										
Dose										
Route										
Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
<b>DRUG NAME</b>										
Dose										
Route										
Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
<b>DRUG NAME</b>										
Dose										
Route										
Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
<b>DRUG NAME</b>										
Dose										
Route										
Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
<b>DRUG NAME</b>										
Dose										
Route										
Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
<b>Area In-charge Nurse Signature:</b>										


  
 0801 0801

[illegible][illegible]

## PARENTERAL INFUSION PRESCRIPTION AND ADMINISTRATION RECORD

[illegible]

# DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
11/1/24	14:20	NPO	S	112236	15/1	8:00	Soft diet	Ph	18355
11/1/24	20:00	Liquid diet	S	112236	16/1	8:00	Soft diet	Ph	18355
12/1/24	9:00	Liquid diet	S	112236	11/1/24	9:00	Normal Diet	Ph	18355
12-1-24	21:00	SOFT DIET	S	112236					
13/1/24	8:30	SOFT DIET	S	112236					
14/1	8:00	Soft diet	Ph	18355					

## 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				15/01/24	Morning	E. Cathrine	0207	E.C
11/1/24	Evening	SANDRA FLORANCE S	0074	Ph	15/1/24	Evening	Hannah Cisse	0105	Hay
11/1/24	Night	SOAYALKA S.P	0232	Ph	15/1/24	Night	panamegumi	2333	N.
12/1/24	Morning	SOAYALKA S.P	0223	Ph	16/1/24	Morning	A. ALBINUS	0088	e
12/1/24	Evening	SANDRA FLORANCE S	0074	Ph	16/1/24	Evening	Jani priya	0284	Ph
12-1-24	Night	SOAYALKA S.P	0232	Ph	16/1/24	Night	panamegumi	2333	N.
13/1/24	Morning	Mahalakshmi M	0219	Ph	17/1/24	Morning	A. ALBINUS	0088	e
13/1/24	Evening	Agastaja	1016	S		Evening			
13/1/24	Night	Dowadhauseni	0212	S		Night			
14/1/24	Morning	R. Sushma	0021	R.		Morning			
14/1/24	Evening	A. NIGON'She	0141	A		Evening			
14/1/24	Night	panamegumi	2333	N.		Night			

OPCAB X 3 GRAFTS

LINA → IAD JVG → PDA  
RAD → ROM



Mr. RAMESH S  
56/Male/MHI202481637  
10/01/2024/IPH2024000086  
Dr. RAJESH.V

MHI/ICU/2022/076

Name	Mr. RAMESH S			Sheet No. 1				
UHD No.	56/Male/MHI202481637							
Blood Group	0 -VE	Height	166cm	Weight	68.1kg	BSA	1.69m <sup>2</sup>	A

SURGICAL PROCEDURE:

DATE OF SURGERY:

11/01/24

POST-OP DAY: Das

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
11/1/24	14:20	ON	O <sub>2</sub>	Nasal							6lit	7.296	52.6	97.6	26.0	96.7	1.5
	16:30	ON	Nasal	Promy							4lit						

CRITICAL CARE FLOWCHART

RECEIVED THE PATIENT FROM OT AT : 14:20

OT URINE : 700 ml

## 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

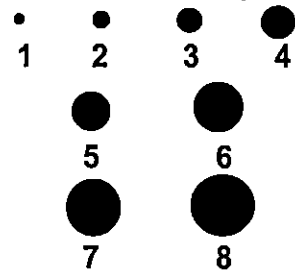
### MOTOR

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

## 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

## 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

RAD  $\rightarrow$  OM

SVQ  $\rightarrow$  PDA



**Mr. RAMESH S**

56/Male/MH1202481637

10/01/2024/1PH2024000026

Dr.RAJESH.V

Name

UHD No.

Blood Group

Height

Age

**Sex**

Weight

BSA

MHI/ICU/2022/076

Sheet No.

2.

**A**

**SURGICAL PROCEDURE:**

DATE OF SURGERY:

POST-OP DAY:

[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

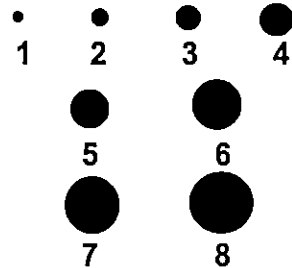
### MOTOR

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

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Or-Oral

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equal & clear

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Pk-Pink

### CHARACTER

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R-Red

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In-Increased

### VALVE CLICK/ SHUNT NUMBER

Valve Replaced /  
Shunt  
+Present  
O-Absent

### LIVERSIZE

N-Normal  
E-Enlarged

LINA  $\rightarrow$  LAI) SVQ  $\rightarrow$  PDA  
RAD  $\rightarrow$  OM



0-V<sub>E</sub>

Height  
166 cm

Weight  
62.1 kg

BSA	
$1.69 \text{ m}^2$	

**A**

DATE OF SURGERY: 11/1/24

POST-OP DAY: POD - I .

[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

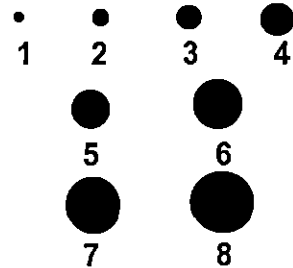
### MOTOR

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

### 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

## 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

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

Dr. RAJESH.V



Age

Sex

**Medway Hospitals®**

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



JCI ACCREDITED



NABH ACCREDITED

MHI/ICU/2022/076



Every heart beat counts

Sheet No. 1	Name Dr. RAJESH.V		
	UHID No.		
B	Blood Group O-VE	Height 166cm	Weight 62.1kg
		BSA 1.69m <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
11/1/24	15:35	11.7	130	3.2A	1.00 235		14:20		cl	100%	12/mt		91.6°F						
							15:30		cl	97%	20/mt								
							16:30		cl	100%	19/mt								
							17:30		cl	100%	16/mt		95°F						
							18:30		cl	100%	21/mt							Needs vent	
							19:30		cl	100%	14/mt		98.2°F						
							20:30		cl	100%	16/mt								
							21:30		cl	100%	16/mt								
							22:30		cl	100%	12/mt								
							23:30												

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME			14:20	20:00		
	EYES			2	3		
	VERBAL			2	4		
	MOTOR			5	5		
	ARMS R/L			st	st		
	LEGS R/L			st	st		
PUPILS	R.SIZE/REACTION			2/B	3/W		
	L.SIZE/REACTION			3/B	3/W		
CARDIO-VASCULAR	HEART SOUNDS			S1S2	S1S2		
	VALVE CLICK						
	CAPILLARY REFILL			B	W		
	EDEMA			0	0		
	NECK VEINS			7	2		
PULMONARY	WORK OF BREATHING			1A	1A		
	SUCTION						
	SECREATIONS						
GASTRO INTESTINAL	BOWEL SOUNDS			+	+		
	ABDOMINAL TONE			soft	80		
	N/G POSITION				-		
	GASTRIC RESIDUAL				-		
	LIVER			2	4		

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE			cl	cl		
	PD - FUNCTION			-	-		
	DRAINAGE			-	-		
	PD - SITE			-	-		
SKN	COLOUR			-	-		
	Sx WOUND-CHEST			cl	cl		
	LEG			cl	cl		
	DRESSING			OT	OT		
	PRESSURE SORE-SITE			Nil	-		
	AREA			-	-		
	DRESSING CONDITION			-	-		
MISCELL	POSITION CHANGE			22H	92H		
	CHEST-PHYSIO			Neb CP100	Neb SP100		
	ACTIVITY			PE	PE		
				ABD cup	ABD cup		
	S/N NAME			Satya	Sumit		
	TIME			14:20	20:00		
	SIGNATURE			[Signature]	[Signature]		

Sheet No.		Name		Mr. RAMESH S	
2		UHID No.		56/Male/MHJ202481637	
B		Blood Group		10/01/2024/IPH2024000086	
		0-VE		Dr. RAJESH.V	
		Height		Age	
		166cm		Sex	
		Weight		BSA	
		60.1kg		1.69m <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
12-1-24							00-30		cl	100%	16/wt		98.4°						
							01-30		cl	100%	14/wt								
							02-30		cl	100%	14/wt								
							03-30		cl	100%	20/wt								
							04-30		cl	100%	16/wt		97.6°						
							05-30		cl	94%	16/wt								
	00-25	10.6	129	3.68	1.00 197		06-30		cl	93%	22/wt								

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME						
	EYES						
	VERBAL						
	MOTOR						
	ARMS R/L						
	LEGS R/L						
PUPILS	R.SIZE/REACTION						
	L.SIZE/REACTION						
CARDIO-VASCULAR	HEART SOUNDS						
	VALVE CLICK						
	CAPILLARY REFILL						
	EDEMA						
	NECK VEINS						
PULMONARY	WORK OF BREATHING						
	SUCTION						
	SECREATIONS						
GASTRO INTESTINAL	BOWEL SOUNDS						
	ABDOMINAL TONE						
	N/G POSITION						
	GASTRIC RESIDUAL						
	LIVER						

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE						
	PD - FUNCTION						
	DRAINAGE						
	PD - SITE						
SKN	COLOUR						
	Sx WOUND-CHEST						
	LEG						
	DRESSING						
	PRESSURE SORE-SITE						
	AREA						
	DRESSING CONDITION						
MISCELL	POSITION CHANGE						
	CHEST-PHYSIO						
	ACTIVITY						
	S/N NAME						
	TIME						
	SIGNATURE						

Sheet No. <b>8</b>	Name <b>Mr.RAMESH S</b> 56/Male/MHI202481637 10/01/2024/IPH2024000086 Dr.RAJESH.V		
	UHID No. 	Age	Sex
<b>B</b>	Blood Group <b>O-VE</b>	Height <b>166cm</b>	Weight <b>60.1kg</b> BSA <b>1.69m²</b>



MHI/ICU/2022/076



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
							07:30		cl	94%	29/mnt		98°F						
							08:30		cl	93%	28/mnt								
							09:30		cl	93%	24/mnt								
							10:30		cl	94%	25/mnt	107/66 (80)							
							11:30		cl	92%	21/mnt	113/59 (84)	98°F						
	13:08				266		12:30		cl	90%	22/mnt	110/75 (85)							
							13:30		cl	90%	22/mnt	111/65 (80)							
							14:30		cl	90%	24/mnt	119/70 (86)							
							15:30		cl	91%	21/mnt	113/71 (85)							
							16:30		clear	92%	21/mnt	123/65 (84)							

CRITICAL CARE FLOWCHART



	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME	08:00	12:00	16:00			
	EYES	4	4	4			
	VERBAL	5	5	5			
	MOTOR	6	6	6			
	ARMS R/L	str	str	str			
	LEGS R/L	str	str	str			
PUPILS	R.SIZE/REACTION	3/18	3/18	3/18			
	L.SIZE/REACTION	3/18	3/18	3/18			
CARDIO-VASCULAR	HEART SOUNDS	S1S2	S1S2	S1S2			
	VALVE CLICK	-	-	-			
	CAPILLARY REFILL	Br	Br	Br			
	EDEMA	0	0	0			
	NECK VEINS	-	-	A			
PULMONARY	WORK OF BREATHING	TA	TA	TA			
	SUCTION	-	-	-			
	SECREATIONS	-	-	-			
GASTRO INTESTINAL	BOWEL SOUNDS	+	+	+			
	ABDOMINAL TONE	soft	soft	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	-	-	-			
	DRESSING	OT	OT	OT			
	PRESSURE SORE-SITE	Nu	Nu	Nil			
	AREA	Nu	Nu	Nil			
	DRESSING CONDITION	-	-	-			
MISCELL	POSITION CHANGE	Q2H	Q2H	Q2H			
	CHEST-PHYSIO	NEB SPIRO	NEB SPIRO	NEB SPIRO			
	ACTIVITY	P2	P2	P2			
		ABP CVP	NIBP	NIBP			
	S/N NAME	Susana	Susana	Susana			
	TIME	08:00	12:00	16:00			
	SIGNATURE	[Signature]	[Signature]	[Signature]			

Mr. RAMESH S

56/Male/MHI202481637

MHI/ICU/2022/076

Name

10/01/2024/IPH2024000086

UHID No.

Dr. RAJESH.V

Sheet No.

1

Blood Group

O - VES

Height

166cm

Weight

68.1kg

BSA

1.69m<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	MG		
11/1/24	14:20																	
	15:30	250	250			150		150	150			7.0	7.0	407	200	200	4.0	4.0
	16:30	60	310						150				7.0	467	100	300	4.0	4.0
	17:30	100	410			40		40	190				7.0	607	200	500	4.0	4.0
	18:30	75	485			30		30	220				7.0	712	100	600	4.0	4.0
	19:30	60	545			20		20	240				7.0	792	100	700	4.0	2.0
	20:30	75	620			30		30	270				7.0	897	100	800	4.0	2.0
	21:30	250	870			20		20	290				7.0	1167	200	1000	4.0	2.0
	22:30	250	1120			10		10	300				7.0	1427	100	1100	3.0	2.0
	23:30	100	1220			10		10	310				7.0	1537	100	1200	4.0	1.0

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

ACI: 110gbe at 15.35

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

CL-Clear  
T-Turbid  
Stained  
HC-High Coloured

BS-Blood Stained  
HA-Haematuria

**FUNCTION**

Dr-Draining  
B-Blocked

**SITE**

C-Clean  
R-Redness  
BD-Block discoloration

**DRAINAGE**

CL-Clear  
BS-Blood

**MISCELLANEOUS****POSITION CHANGE**

Su-Supine  
RL-Right lateral  
LL-Left Lateral

**ACTIVITY**

PE-Passive exercise  
Am-Ambulated

**CHEST PHYSIO**

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

**TRANSDUCER ZERO**

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

**SKIN****COLOUR**

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

**SITE**

S-Sacrum  
Sc-Scapular  
Oc-Occiput

**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

**SURGICAL (SX) WOUND**

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

**PRESSURE SORE****AREA**

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

**DRESSING**

B-Betadine  
AI-Antibiotic  
Irrigation

**DRESSING / Rx**

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

Mr. RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

MHI/ICU/2022/076

Name

Dr. RAJESH.V

UHID No.



Age

Sex

Sheet No.

2

Blood Group

O-VE

Height

166cm

Weight

62.1kg

BSA

1.69m<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		AMT	TOTAL	NTU	ACT/PRP
12-11-24	00-30	75	1305			30		30	340				7-0	1642	100	1300	4-0	1-0
	01-30	70	1375			40		40	370				7-0	1752	100	1400	4-0	1-0
	02-30	100	1475			10		10	380				7-0	1862	100	1500	4-0	1-0
	03-30	90	1565			10		10	390				7-0	1962	100	1600	4-0	1-0
	04-30	100	1665			10		10	400				7-0	2072	100	1700	4-0	1-0
	05-30	80	1745			30		30	430				7-0	2184	100	1800	2-0	1-0
	06-30	70	1815			10		10	440			1-0	8-0	2262	-	-	-	-

CRITICAL CARE FLOWCHART

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DATE	TIME

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AI-Antibiotic  
Irrigation

**PRESSURE SORE****SITE**

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**DRESSING / Rx**

IR-Infra Red  
DU-Dueodem  
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EU-Eusol sitz bath  
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Mr. RAMESH S  
56/Male/MHI202481637  
10/01/2024/IPH2024000086  
Dr. RAJESH.V

MHI/ICU/2022/076

Name

Dr. RAJESH.V

UHID No.



Age

Sex

Sheet No.

3

Blood Group

O-VE

Height

166cm

Weight

62.1kg

BSA

1.64m<sup>2</sup>

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	TOT	KCL	SA	ISO	
12/1/24	07:30	70	70			10		10	10					80			25.0			
	08:30	60	130			10		10	20					150			25.0			
	09:30	110	240			10		10	30					240			-			
	10:30	100	340						30					340						
	11:30	100	440						30					440						
	12:30	100	540			R			30					540						
	13:30	75	615						30					645						
	14:30	100	715						30					745						
	15:30	80	805						30					815						
	16:30	60	845						30					875						
																	Inf. KABILYTE			
																	Hourly TOTAL			
																	100 100			

CRITICAL CARE FLOWCHART

**SPECIFIC OBSERVATIONS/PROBLEMS**

DATE	TIME
12/01/24	09:45 → RIGHT RADIAL ARTERIAL LINE REMOVED (B/O DR. RAJESH)
	12:20 → MEDIASTINAL DRAIN REMOVED (B/O DR. RAJESH)

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Name		Mr. RAMESH S	
UHID No.		56/Male/MHI202481637	
Blood Group		10/01/2024/IPH2024000086	
		Dr. RAJESH.V	
		Sheet No.	
		1	
Height		166cm	
Weight		60.1kg	
BSA		1.6m <sup>2</sup>	
D			



MHI/ICU/2022/076



Every heart beat counts

## FLUID ASSESSMENT (contd.)

## HAEMODYNAMICS

Blood Group: O -VE

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
						MIX	AMT.	TOTAL														
11/12/24	14:30										98	Sinus	0.01	145/76	100	3		COOL	++			
	15:30					2.0	6.0		206	201	96	Sinus	0.08	122/63	84	2		COOL	++			
	16:30					2.0	10.0		316	151	77	Sinus	0.07	119/53	71	7		COOL	++			
	17:30					2.0	10.0		526	81	98	Sinus	0.05	138/60	86	3		COOL	++			
	18:30					2.0	10.0	150	150	286	77	Sinus	0.07	121/55	77	4		COOL	++			
	19:30					2.0	8.0		794	72	109	Sinus	0.02	150/63	90	3		WARM	++			
	20:30					2.0	8.0	250	400	1052	113	Sinus	0.00	160/70	96	4		WARM	++			
	21:30					2.0	8.0	400	1260	97	120	Sinus	0.01	166/70	104	6		WARM	++			
	22:30					2.0	7.0	400	1367	60	112	Sinus	0.00	152/70	90	5		WARM	++			
	23:30					2.0	5.0	400	1473	64	109	Sinus	0.01	153/65	94	4		WARM	++			

CRITICAL CARE FLOWCHART

STAT DRUGS TIME 19:00 5. ROSPIRIN 7mg PO STAT GIVEN [DR. PRAVEEN JEYAKUMAR] PREVIOUS DAY ..... HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.





Name		Mr. RAMESH S		56/Male/MHI202481637		10/01/2024/IPH2024000086		Sheet No.	
UHID No.		Dr. RAJESH.V		166cm		62.1kg		2	
Blood Group		0-VE		Height		Weight		BSA	
								D	



MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
								AMT.	TOTAL														
12.1.24	00.30					2.0	5.0		400	1578	64	111	sinus	0.00	154/62	92	5		war	F/F			
	01.30					2.0	5.0	20	420	1703	79	112	sinus	0.00	133/57	80	5		war	F/F			
	02.30					2.0	5.0		420	1808	54	109	sinus	0.01	145/59	86	7		war	++			
	03.30					2.0	5.0	30	450	1948	79	110	sinus	0.02	133/54	80	6		war	++			
	04.30					2.0	5.0		450	2048	74	104	sinus	0.03	126/50	74	6		war	++			
	05.30					2.0	5.0	100	550	2253	71	102	sinus	0.00	126/80	76	4		war	++			
	06.30					2.0	2.0		550	2255	71	100	sinus	0.00	130/78	78	5		war	++			

CRITICAL CARE FLOWCHART

STAT DRUGS  
TIME

PREVIOUS DAY ..... HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.



Name		Mr. RAMESH S		56/Male/MHI202481637		10/01/2024/IPH2024000086		Sheet No.	
UHID No.		Dr. RAJESH.V		Sex		3			
Blood Group		O-VE		Height		166cm		Weight	
				62.1kg		1.69m		BSA	
								D	



MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group: O-VE

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
								AMT.	TOTAL														
12/1/24	07:30					Nil		50	50	52	-28	110	8/min	0.01	128/55	76	3		Warm	++			
	08:30							150	200	254	+104	102	8/min	0.00	134/51	82	10		Warm	++			
	09:30							50	250	306	+36	86	8/min	0.01	109/52	78	10		Warm	++			
	10:30							250 <sup>R</sup>	250	256	-14	88	8/min	0.00					Warm	++			
	11:30							50	300	406	-64	94	8/min	0.00					Warm	++			
	12:30								300	406	-164	90	8/min	0.00					Warm	++			
	13:30							150	450	556	-89	92	8/min	0.00					Warm	++			
	14:30								450	556	-189	96	8/min	0.02					Warm	++			
	15:30							150	500	706	-109	97	8/min	0.00					Warm	++			
	16:30							100	600	906	+31	100	8/min	0.00					Warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS  
TIME

PREVIOUS DAY ..... 15 HRS. 50min. HRS.

DRAINAGE: 940ml TOTAL INTAKE: 2285ml

URINE: 1815ml TOTAL OUTPUT: 2262ml

TOTAL BALANCE: (-7)

P.T.O.



**Mr. RAMESH S**  
56/Male/MH1202481637  
10/01/2024/IPH2024000086

## INTERMEDIATE CARE FLOWCHART

**A**

**NAME :**

**UHID NO :**

**AGE :**

**SEX :**

**SURGICAL PROCEDURE :**

OPCAB X 3 GRAFTS [LIMA → LAD, SV4 → PDA, RAM-ON]

POSTOP DAY: I POD

FLUID REQUIREMENT: 1.8 l/day.

DATE & TIME	URINE		CHEST DRAINAGE				TOTAL OUTPUT	I.V. FLUIDS				ORAL / R.T.		TOTAL INTEKE	TOTAL BALANCE
	H.T.	G.T.		AIR LEAK	H.T.	G.T.					I.V. H.T. KAB. TYPE	H.T.	G.T.		
12/11/24 @ 17:30	75	920				30	950				150	50	650	1106	+156
18:30	75	995				30	1025						650	1106	+81
19:30	75	1070				30	1100						650	1106	+76
20:30	60	1130				30	1160					250	900	1356	+196
21:30	70	1200				30	1230					100	1000	1456	+226
22:30	75	1275				30	1305						1000	1456	+151
23:30	100	1375				30	1405			100	280		1000	1556	+151
00:30	75	1450				30	1480			100	350		1000	1656	+176
01:30	100	1550				30	1580			100	450		1000	1756	+176
02:30	80	1630				30	1660			100	550		1000	1856	+196
03:30	70	1700				30	1730			100	650		1000	1956	+226
04:30	70	1770				30	1800						1000	1956	+156
05:30	60	1820				30	1860						1000	1956	+96
06:30	(2)					30	1860					100	1100	2050	+196

**SPECIFIC OBSERVATIONS/REMARKS**

05:30 - URINARY CATH REMOVED & OR. PR. VERIFIED

**MEDICATION / DRUGS**

—



Mr.RAMESH S  
56/Male/MHI202481637  
10/01/2024/IPH2024000086  
Dr.RAJESH.V

IMMEDIATE CARE FLOWCHART

B

NAME : UHID NO : AGE : SEX :

BLOOD GROUP : O<sup>-</sup>VE

HEIGHT : 166 cm      WEIGHT : 62.1 kg      B.S.A : 1.69 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	
97.2F	97 blm	SINUS	0-00	133/ 71 (82)	-	WARM	FELT	28 blm	Clear	96%	
	113	SINUS	0-02			WARM	FELT	26/blt	cl	90%	ON room air
	112	Sinus	0-01	157/ 80	102	WARM	FELT	26/blt	cl	94%	
	99	Sinus	0-01	127/ 74	92	WARM	F/F	20/blt	cl	80% 92%	o2 N/A 16% O <sub>2</sub>
97.8F	100	Sinus	0-00	130/ 70	93	WARM	F/F	20/blt	cl	94%	
	102	Sinus	0-00	129/ 68	90	WARM	F/F	20/blt	cl	94%	
	102	Sinus	0-00	120/ 65	76	WARM	F/F	20/blt	cl	94%	
	104	Sinus	0-00	127/ 64	74	WARM	F/F	22/blt	cl	94%	
96.8F	102	Sinus	0-00	129/ 66	76	WARM	F/F	20/blt	cl	92%	
	109	Sinus	0-00	-		WARM	F/F	16/blt	cl	94%	
	110	Sinus	0-00	130/ 68	80	WARM	F/F	16/blt	cl	94%	
98.6F	112	Sinus	0-01	132/ 70	83	WARM	F/F	17/blt	cl	94%	
	106	Sinus	0-01	130/ 65	82	WARM	F/F	16/blt	cl	94%	
	109	Sinus	0-01	129/ 64	76	WARM	F/F	16/blt	cl	94%	

PREVIOUS DAY - HOURS

DRAINAGE  
URINE

I

TOTAL INTAKE  
TOTAL OUTPUT  
BALANCE





