

# MRD CHECKLIST

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



# Medway Hospitals

The way to better health

1

(A Unit of United Alliance Healthcare Pvt Ltd)

10/01/2024/IPH2024000086 Dr.RAJESH.V

56/Malc/MHI202481637



Every heart beat counts

# **ADMISSION SLIP**

Mr.RAMESH S

| Admitting Doctor: Dr. Rajesh N Speciality: CTVS   |
|---|
| Advised Date & Time: 10/12x 11:19   |
| Drawinianal Diagnosias  |
| CAD - Lettmain + 10D / 12DM/ SHTN (   |
| CAD - Lettmain + TVD / T2Dm/ SHTN / moderate LV Function EF-381.                                  |
| 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):  |
|   |
| Pland Braduet Baguiraments No. 1706 Windly aposity details of companyons required in second below |
| Blood Product Requirement: No Yes (Kindly specify details of components required in space below)  |
| ·   |
| Expected Duration of Stay: 5Days  |
| Expected Cost of Treatment (as per Financial Counseling Form):                                    |
|   |
| Payer: Self Insurance Others:   |
| Instructions to Nurse (if any):   |
| 7 Follow dougs as per chart   |
| * 10 (1000 SWISS OF 1 SUITE)  |
|   |
|   |
|   |
| Any other Instructions (if any):  |
|   |
|   |
| Vlad 627an  |
| Doctor's Signature Name Reg. No. Date Time  |
| Reg No: 62794 62794 101124 11:19  |
| 10 1124 1   |

|                              |   | 1 mm         | to make an address |      |
|------------------------------|---|--------------|--------------------|------|
| For admission desk staff (   | only:   | Trong A      | Ar. 1              | ,    |
| Room Category:               | General Ward Single Room                      |              |                    | ,    |
|                              | Twin Sharing  Deluxe Room  Suite Room  Others | <i>y</i> - 1 |                    |      |
| Admission intimation         | Receipt Details                               | Admission T  | ime in HIS         |      |
| Date                         | Time  | Date         | Time               |      |
| 10-1-24                      | [[:19   | 10-1-24      | 11:19              |      |
| To be filled only if Blood   | OPD ER Direct requirement specified by the    |              | ☐ No               |      |
| Front office Staff Signature | Name  Pratki bak                              | Emp. No.     | Date 24            | Time |
|                              |   |              |                    |      |



(A Unit of United Alliance Healthcare Pvt Ltd)

Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.Rajesh.v



Medway Heart

MHI/HOSP/2022/129

Institute

## **ADMISSION FORM**

|                | ADMISSION I OTTIM   |                                       |
|----------------|---|---------------------------------------|
| Marital Statu  | S Full Address LND: 425 A TNHB COLONY,                                  | Telephone Number                      |
| Occupation     | uelechery, chennai - 42   | 7871378772                            |
| 104            | - 42  | ,                                     |
| Referred from  | Date of Time of Admission Date & Time of Discharge Total                | No. of Days                           |
| Do. Pa         |   | ys                                    |
| Cardi<br>TINIT | offrocair C MLC Yes No If Yes AR No.:                                   |                                       |
|                | FINAL DIAGNOSIS   | ICD Code                              |
| Triple         | uessal towarray outer discuss loft main discuss                         | <u> </u>                              |
| Aes -          | - Evolved Typer postoring wall myotandial                               | ±24.9                                 |
| Thear          | tion moderate LV systalic Dysfunction EF-28/1.                          | I50-1                                 |
| Type           | Dirbetes mollitur systemic Hypertension                                 | €11.9                                 |
| Loft           | 1 ung - upen lobo mass  | TIO                                   |
| •              |   | C34·1                                 |
|                |   |                                       |
| DATE           | OPERATION / PROCEDURES  | ICPM Code                             |
|                | Off pump commany Artery Rypass grafting                                 | 27.10                                 |
| , <u>,</u> ]   | surgery (opeAB) x 3 Conapts: LIMA TO LAD,                               | 36.13                                 |
| 41/1/24        | LRA to OM, SVG to PDA clone on 11.01.24                                 | 99-00                                 |
| DATE           | TYPE OF ANESTHESIA  |                                       |
| 111/24         | GENERAL SPINAL LOCAL REGIONAL   | ☐ EPIDURAL                            |
|                | DISCHARGE STATUS  |                                       |
| ☐ Cured        |   | pired < 48 hours                      |
| ☐ Improve      | ☐ Against Medical Advice ☐ Absconded ☐ Ex                               | pired > 48 hours                      |
| ☐ Unchang      | <u> </u>  | ost-Operative Death                   |
| 1/             | 12 194 Dr. V. RAJESH  |                                       |
| Signature      | M.S. M.Ch(CTVS)  of the Consultant Senior Consultant Signature of Medic | ધ <sup>િ</sup><br>cal Records Officer |

Reg No: 62794

S.No.: 5

### AUTHORISATION FOR TREATMENT L PAYMENT

| Admonioant  | SIGI ON THEATINE   |   |
|---|--|---|
| I hereby authorise the Administration, Medical a administer such drugs as may be necessary and deemed necessary and / or advisable in the dia who is my(Relations | d to perform such operation<br>gnosis and treatment of m   | on under anaesthesia or other wise as may be  |
| I hereby under take to settle all the bills for hosp<br>basis. In any case, I shall pay all the dues before   |  | to me/the patient named overleaf on a periodic the hospital.  |
| However, in case I fail to pay the charges due to me/the patient to any other hospital/institution for  | <del>-</del>   | •   |
| I also acknowledge having been informed if the<br>and valuables belonging to the patient or theis a<br>next of kin and I absolve the hospital of any resp         | attendants have been remo  | -   |
| I have read out and explained the contents of th  | e above to the Signatory in  | n his vernacular .  |
| சிகீச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அ   | திகாரம் வழங்குதல்  | ,   |
| மருந்துகள் கொடுத்து செய்முறைகள்/அறுவை சிகீச்<br>செலவுக்கன தொகை முழுவதும் செலுத்த இதன் மூல<br>மேல் கூறியது போல் வேளை நான் தங்கள் மருத்த                            | க்கு தேவைப்பட்ட சோதனை<br>சை செய்யவும் அதிகாரம் வு<br>லம் உறுதி அளிக்கிறேன்.<br>நுவத்திற்கான செலவுகளை க | னகளை செய்து மருந்துகளை கொடுக்கவும். மயக்க<br>ழங்குகீறேன். நான் / இதீல் குறித்துள்ள நோயாளின்<br>கட்டத் தவறினால் என்னை நோயாளியை வேறொரு<br>சு எனது உறவினர்கள் மூலமாக பெற நான் அதிகாரம் |
| மருத்துவமனையின் பொது சட்ட தீட்டங்கள் பற்றி தெ   | தரிவிக்கிப்பட்டிருக்கிறேன்.  | ·   |
|   | , , <u> </u>   | ந் பாதுகாப்பான இடத்திற்கு மாறுபட்டுவிட்டன / அல்லு<br>நாயாளியின் எந்தவித நஷ்டத்திற்கு பொறுப்பில்லை   |
| ் ः<br>மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட  | ்<br>பிறகுதான் கையொப்பமிட்டே   | ் ்   |
| Hoyord  |  | Jan 5 R.  |
| செவிலியர் கையொட்பம்   | தேதி   | எனது/உறவினர்/காப்பாளர் கையொப்பம்  |
| Signature of Admitting Nurse  | Date<br>10/11/24   | Signature of the Patient / Relative / Gurdian   |
|   |  | •   |

உறவுமுறை

Nature of Relationship

SON







#### Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





# **GENERAL CONSENT FOR ADMISSION**

|   | 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.   |
| , | <ul> <li>I consent and authorize the hospital, treating doctors, nursing, technical and paramedical staff to provide<br/>relevant care and to conduct diagnostic as deemed necessary by the treating doctor/team.</li> </ul>   |
|   | <ul> <li>I also consent to use of assistants such as resident doctors, other doctors, nurses, and other healthcare workers<br/>by the hospital and treating doctor/ team.</li> </ul>   |
| 1 | <ul> <li>I consent for clinical consultation, admission, disclosure of information required for clinical management (under<br/>confidence), routine medical examination (physical examination, palpation, percussion, auscultation), routine<br/>lab and imaging investigations, general nursing care, diet and physiotherapy assessment and counselling.</li> </ul> |
|   | <ul> <li>I have been explained about the proposed care plan, expected result(s), possible outcome(s) and expected cost of treatment/ hospital stay.</li> </ul>   |
| • | <ul> <li>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.</li> </ul>           |
| , | <ul> <li>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.</li> </ul>   |

I declare that I have been explained about my rights and responsibilities.

relevant information on my part.

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.

shall not hold the hospital/doctor responsible for any consequences which may arise due to non-disclosure of

- 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                                 | Sponeth                             | 5 Ramesh   | 10-1-24 | 11:19 |
| Surrogate/Guardian<br>(if applicable #) | Jul -52.                            | 5. R · AKASH (SON)<br>(Write name and relationship with patient) | 10-1-24 | 11:19 |
| Reason for surrogate consent            | Patient is unable to give consent I | because:   |         |       |
| Witness                                 | gen.                                | - S.R.AKASH  | 10-1-24 | 11:19 |
| Interpreter<br>(if applicable)          |                                     |  |         |       |

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



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





ADMISSION CRITERIA FOR INTENSIVE CARE UNIT

|           | ADMISSION CRITERIA FOR INTENSIVE CARE UNIT   |  |     |
|-----------|--|--|-----|
| 5.<br>No. | PARAMETERS   | MARK<br>APPROF                               |     |
|           | Hemodynamic instability defined as   |  |     |
|           | Pulse less than 40 or more than 150 beats/minute   | ľ  |     |
| 1         | 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   |  |     |
|           | Cardio-vascular System   |  |     |
| 5         | Acute myocardial infarction  | 1  |     |
|           | Cardiogenic shock .  |  |     |
| ā         | Complex arrhythmias requiring close monitoring and intervention  |  |     |
|           | Acute congestive heart failure with respiratory failure and / or requiring hemodynamic support   |  |     |
| 2         | Hypertensive emergencies   |  |     |
| 6         | Unstable angina, particularly with dysrhythmias, hemodynamic instability, or persistent chest pain   |  |     |
| Ī         | Post cardiac arrest  |  |     |
|           | Cardiac tamponade or constriction with hemodynamic instability   |  |     |
|           | Dissecting aortic aneurysms  |  |     |
|           | Complete heart block   |  |     |
|           | Miscellaneous Conditions   |  |     |
| 3         | Septic shock with hemodynamic instability  |  |     |
| ١         | Hemodynamic monitoring   |  |     |
| <u> </u>  | Clinical conditions requiring ICU level nursing care   |  |     |
|           | Post procedure elective admission  |  |     |
| 4         | Post Coronary Angioplasty  |  |     |
|           | Post Cardio-vascular Surgery   |  |     |
|           | Following angiographic procedure   |  |     |
|           | Complication resulting from the angiographic procedure including any significant change in pulse in the  |  |     |
| _         | affected extremity, neurologic changes, persistent bleeding, or persistent nausea and vomiting post-   |  |     |
| 5         | 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  | _  |     |
|           |  |  |     |
|           | Pulmonary System   |  |     |
|           | Acute respiratory failure requiring ventilatory support (Invasive / Non-Invasive)  | ·<br>  |     |
|           | Pulmonary emboli with hemodynamic instability  |  |     |
| 6         | Patients in an intermediate care unit (HDU / Recovery room) who are demonstrating respiratory deterioration  |  |     |
|           | Need for nursing / respiratory care not available in such intermediate care units  |  |     |
|           | Massive hemoptysis   |  |     |
|           | Respiratory failure needing imminent intubation  |  |     |
|           | Renal failure  |  |     |
|           | Oliguria or anuria for more than 12 hours  |  |     |
| 7         | Metabolic acidosis (pH < 7.1)  |  |     |
|           | Patients requiring hemodialysis can be performed in ICU when the blood pressure is borderline  |  |     |
|           | The state of the s | <u>.                                    </u> | , , |

| S.<br>No.               | <u> </u>  | in the state of th | PARAMETERS  |                         |         | RK ✓ AS<br>OPRIATE |
|-------------------------|---|--|---|-------------------------|---------|--------------------|
|                         | Diabetic<br>insuffici   | ency, or severe acidosis   | y hemodynamic instability, altered mer  | ntal status, respirat   | ory     |                    |
|                         | ·   | storm or myxedema coma with h  |   | <del>- ,</del>          |         |                    |
|                         |   |  | modynamic instability or Serum Glucose mal crises with hemodynamic instability  | ore than 800 mg/dl      |         | ·                  |
| 8                       | Severe  |  | m more than 15 mg/dl) with altered in   | nental status, requir   | ring    | <del></del>        |
|                         | Hypo or<br>mental s   | hypernatremia (Serum Sodium<br>status  | ess than 110 mEq/L or more than 155 mEq   | /L) with seizures, alte | red     |                    |
|                         |   |  | rnamic compromise or dysrhythmias   | ·                       |         |                    |
|                         |   | hyperkalemia (Serum Potassiun<br>ar weakness   | n less than 2.0 mEq/L or more than 6.0 mEc  | ı/L) with dysrhythmia:  | sor     |                    |
|                         |   | osphatemia with muscular weak  | ness  |                         |         |                    |
|                         |   | Signature  | Name  | Reg. No.                | Date    | Time               |
| Do                      | octor   | 2  | Dr. pravec  | 1122-26                 | 11/1/24 | 14.2-              |
|                         |   |  |   |                         | ·       |                    |
| S.                      | DIS   | CHARGE CRITER  | NA FOR INTENSIVE C  | ARE UNIT                | MAF     | RK ✓ AS            |
| S.<br>No.               | DIS   | CHARGE CRITER  | NA FOR INTENSIVE C  | ARE UNIT                |         | RK ✓ AS<br>OPRIATE |
|                         |   | CHARGE CRITER  |   | ARE UNIT                |         |                    |
| No.<br>1<br>2           | Stable h  | nemodynamic parameters<br>espiratory status (Pt. extubated v   | PARAMETERS  with stable arterial blood gases) & airway pa   |                         | APPR    |                    |
| No.<br>1<br>2<br>3      | Stable h<br>Stable r<br>Minimal   | nemodynamic parameters<br>espiratory status (Pt. extubated v<br>oxygen requirement (not more t   | PARAMETERS  with stable arterial blood gases) & airway panan 3 L by nasal prongs)   | tent                    | APPR    |                    |
| No.<br>1<br>2<br>3<br>4 | Stable r<br>Stable r<br>Minimal   | nemodynamic parameters<br>espiratory status (Pt. extubated v<br>oxygen requirement (not more thous / Inotropic / Vasopressor sup   | PARAMETERS  with stable arterial blood gases) & airway pa   | tent                    | APPR    |                    |
| No.<br>1<br>2<br>3      | Stable r<br>Stable r<br>Minimal<br>Intraver<br>Cardiac                                    | nemodynamic parameters<br>espiratory status (Pt. extubated v<br>oxygen requirement (not more t   | PARAMETERS  with stable arterial blood gases) & airway panan 3 L by nasal prongs)   | tent                    | APPR    |                    |
| No. 1 2 3 4 5 6         | Stable r<br>Stable r<br>Minimal<br>Intraver<br>Cardiad<br>Presend<br>No sign              | nemodynamic parameters espiratory status (Pt. extubated v oxygen requirement (not more the construction of the controlled construction) edited of distal pulses s of bleeding and hematoma at p  | PARAMETERS  with stable arterial blood gases) & airway panan 3 L by nasal prongs)  oport and vasodilators are no longer necess                    | tent                    | APPR    |                    |
| No. 1 2 3 4 5           | Stable r<br>Stable r<br>Minimal<br>Intraver<br>Cardiad<br>Presend<br>No sign              | nemodynamic parameters espiratory status (Pt. extubated v oxygen requirement (not more the lous / Inotropic / Vasopressor super dysrhythmias are controlled to e of distal pulses of bleeding and hematoma at page of pathway chosen   | PARAMETERS  with stable arterial blood gases) & airway panan 3 L by nasal prongs)  oport and vasodilators are no longer necess  uncture site      | tent                    | APPR    | OPRIATE            |
| No.  1 2 3 4 5 6 7      | Stable r<br>Stable r<br>Minimal<br>Intraver<br>Cardiad<br>Presend<br>No sign<br>End of li | nemodynamic parameters espiratory status (Pt. extubated v oxygen requirement (not more the construction of the controlled construction) edited of distal pulses s of bleeding and hematoma at p  | PARAMETERS  with stable arterial blood gases) & airway panan 3 L by nasal prongs)  oport and vasodilators are no longer necess                    | tent                    | APPR    | OPRIATE            |
| No.  1 2 3 4 5 6 7      | Stable r<br>Stable r<br>Minimal<br>Intraver<br>Cardiad<br>Presend<br>No sign              | nemodynamic parameters espiratory status (Pt. extubated v oxygen requirement (not more the lous / Inotropic / Vasopressor super dysrhythmias are controlled to e of distal pulses of bleeding and hematoma at page of pathway chosen   | PARAMETERS  vith stable arterial blood gases) & airway panan 3 L by nasal prongs)  port and vasodilators are no longer necess  uncture site  Name | tent                    | APPR    | OPRIATE            |
| No.  1 2 3 4 5 6 7      | Stable r<br>Stable r<br>Minimal<br>Intraver<br>Cardiad<br>Presend<br>No sign<br>End of li | nemodynamic parameters espiratory status (Pt. extubated v oxygen requirement (not more the lous / Inotropic / Vasopressor super dysrhythmias are controlled to e of distal pulses of bleeding and hematoma at page of pathway chosen   | PARAMETERS  with stable arterial blood gases) & airway panan 3 L by nasal prongs)  oport and vasodilators are no longer necess  uncture site      | Reg. No.                | APPR    | OPRIATE            |
| No.  1 2 3 4 5 6 7      | Stable r<br>Stable r<br>Minimal<br>Intraver<br>Cardiad<br>Presend<br>No sign<br>End of li | nemodynamic parameters espiratory status (Pt. extubated v oxygen requirement (not more the lous / Inotropic / Vasopressor super dysrhythmias are controlled to e of distal pulses of bleeding and hematoma at page of pathway chosen   | PARAMETERS  vith stable arterial blood gases) & airway panan 3 L by nasal prongs)  port and vasodilators are no longer necess  uncture site  Name | Reg. No.                | APPR    | OPRIATE            |
| No.  1 2 3 4 5 6 7      | Stable r<br>Stable r<br>Minimal<br>Intraver<br>Cardiad<br>Presend<br>No sign<br>End of li | nemodynamic parameters espiratory status (Pt. extubated v oxygen requirement (not more the lous / Inotropic / Vasopressor super dysrhythmias are controlled to e of distal pulses of bleeding and hematoma at page of pathway chosen   | PARAMETERS  vith stable arterial blood gases) & airway panan 3 L by nasal prongs)  port and vasodilators are no longer necess  uncture site  Name | Reg. No.                | APPR    | OPRIATE            |





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



#### 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.

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

NAME: MR. RAMESH.S

UHID: MHI202481637

#### **ON EXAMINATION:**

Patient Conscious, Oriented and afebrile.

98° F **TEMP** HR 86bpm

BP 110/80mmHg 98% in room air SPO<sub>2</sub>

**CVS** S1S2 (+) RS **BAE (+)** Soft, BS (+) Abdomen **CNS NFND** 

#### **BLOOD INVESTIGATIONS:**

| Test Name      | Result | Reference Value     | Units      |
|----------------|--------|---------------------|------------|
| HAEMOGLOBIN    | 11.5   | Male: 13.7 - 17.5   | gms%       |
|                |        | Female: 11.2 - 15.7 |            |
| 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     | Cells/Cumm |
|                |        | Female: 1.5 - 3.7   |            |
| Urea           | 17     | 14 - 40             | mgs/dl     |
| Creatinine     | 0.91   | Male: 0.7 - 1.2     | mgs/dl     |
|                |        | Female: 0.5 - 1.0   |            |
|                |        | Child: 0.2 - 0.8    |            |
| Sodium (Na+)   | 134 .  | 135 - 145           | mmol/l     |
| Potassium (K+) | 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       | U/L        |
|                |        | Female : 5 - 32     |            |
| S. Albumin     | 4.2    | 3.5 - 5.0           | gm/dl      |

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NAME: MR. RAMESH.S

UHID: MHI202481637

| PROTHROMBIN TIME | 0.8  | 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 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   | ulU/ml |
| Т3               | 95   | "Adult: 60 - 152<br>New born - 4 days: 96 - 730<br>1 - 11 Months: 102 - 243<br>1 - 9 yrs: 89 - 237   | ug/dl  |
| T4               | 10.1 | "Adult: 4.6 - 9.3<br>New born - 4 days: 11.0 - 21.3<br>1 - 11 months: 5.8 - 16.1<br>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.

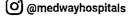
**ECHO:** ALL CHAMBERS NORMAL SIZED, RWMA (+) – INFERIOR, INFEROLATERAL, BASAL AND MID INFEROSEPTUM HYPOKINETIC, MODERATE LV SYSTOLIC DYSFUNCTION - EF: 38%, GRADE I DIASTOLIC DYSFUNCTION, NORMAL RV SYSTOLIC FUNCTION, RV TDI: 10CM/S, TAPSE: 18 MM, AORTIC VALVE SCLEROSIS, TR GRADIENT - 12 MM HG, RVSP: 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.

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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

SPO<sub>2</sub>

82% in room air

#### POST OP INVESTIGATIONS:

| Test Name        | Result | Reference Value     | Units      |
|------------------|--------|---------------------|------------|
| HAEMOGLOBIN      | 9.1    | Male: 13.7 - 17.5   | gms%       |
|                  |        | Female: 11.2 - 15.7 |            |
| 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     | Lakhs/cumm |
|                  |        | Female: 1.5 - 3.7   |            |
| Urea             | 55     | 14 - 40             | mgs/dl     |
| Creatinine       | 1.03   | Male: 0.7 - 1.2     | mgs/dl     |
|                  |        | Female: 0.5 - 1.0   |            |
|                  |        | Child: 0.2 - 0.8    |            |
| 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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NAME: MR. RAMESH.S

UHID: MHI202481637

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 ffusion.

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NAME: MR. RAMESH.S

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#### **ADVICE MEDICATIONS:**

|    | Sl  | NAME OF THE DRUGS  | CET TO LOCAL | POOL GE        | FRE | QUEN | CY | ROUT | RELATIONSHI                  | DURATION                             |  |
|----|-----|--|--------------|----------------|-----|------|----|------|------------------------------|--------------------------------------|--|
| Ì  | NO. | WITH GENERIC NAME  | STRENGTH     | DOSAGE         | M   | A    | N  | E    | P WITH MEAL                  | DUMATION                             |  |
| χ- | 1   | TAB. CLOPITAB A<br>(CLOPIDOGREL +<br>ASPIRIN)  | I TABLET     | 75MG /<br>75MG | 0   | 1    | 0  | ORAL | AFTER FOOD                   | TO<br>CONTINUE                       |  |
|    | 2   | TAB.FORTIUS<br>(ROSUVASTATIN)  | 1 TABLET     | 20MG           | 0   | 0    | 1  | ORAL | AFTER FOOD                   | TO<br>CONTINUE                       |  |
|    | 3   | TAB. DILZEM SR<br>(DILTIAZEM)  | 1 TABLET     | 90 MG          | 1   | 0    | 1  | ORAL | AFTER FOOD                   | X 6 WEEKS                            |  |
|    | 4   | TAB. BETALOC<br>(METOPROLOL)   | 1 TABLET     | 25MG           | 1 . | 0    | 1  | ORAL | AFTER FOOD                   | TO<br>CONTINUE                       |  |
|    | 5   | TAB. DYTOR PLUS LS<br>(TORSEMIDE +<br>SPIRONOLACTONE)  | I TABLET     | 10<br>/25MG    | 1   | 1/2  | 0  | ORAL | AFTER FOOD                   | X 6WEEKS                             |  |
|    | 6   | TAB.PARACIP<br>(PARACETAMOL)   | 1 TABLET     | 500MG          | 1   | 0    | 1  | ORAL | AFTER FOOD                   | SOS<br>(IF PAIN<br>OR FEVER)         |  |
|    | 7   | TAB. PAN D<br>(DOMPERIDONE +<br>PANTOPRAZOLE)  | 1 TABLET     | 40 MG          | 1   | 0    | 1  | ORAL | 30 MINUTES<br>BEFORE<br>FOOD | X 1 WEEK                             |  |
| 9  | 8   | SYP. CREMAFFIN PLUS (SODIUM PICOSULFATE+ LIQUID PARAFFIN + MILK OF MAGNSIA)                            | 15ML         |                | 0   | 0    | I  | ORAL | AFTER FOOD                   | BED TIME<br>(IF<br>CONSTIPATI<br>ON) |  |
|    | 9   | TAB. BEPLEX FORTE (ANTIOXIDANTS +MULTIVITAMIS+ MULTIMINERALS)  | i tablet     | ,              | 1   | 0    | 0  | ORAL | AFTER FOOD                   | 1 MONTH                              |  |
|    | 10  | SYP ALEX PLUS (DEXTROMETHORPHA N HYDROBRMIDE + GUAIFENESIN + PHENYLEPHRINE + CHLORPHENIRAMINE MALEATE) | 10ML         |                | 0   | 0    | 1  | ORAL | AFTER FOOD                   | BED TIME<br>(1 WEEK)                 |  |
|    | 11_ | TAB.ANXIT<br>(ALPRAZOLAM)  | 1 TABLET     | 0. 5MG         | 0   | 0    | 1  | ORAL | AFTER FOOD                   | X 5 DAYS                             |  |

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#### **DIABETIC MEDICATIONS:**

| Sl. | NAME OF THE DRUGS               | STRENGTH | DOSAGE | FRE | FREQUENCY |   | FREQUENC |                | ROUTE          | RELATIONSHIP | DURATION |
|-----|---------------------------------|----------|--------|-----|-----------|---|----------|----------------|----------------|--------------|----------|
| NO  | WITH GENERIC NAME               |          |        | M   | A         | N |          | WITH MEAL      |                |              |          |
| 1   | TAB. METFORMIN                  | 1 TABLET | 500MG  | 1   | 0         | 1 | ORAL     | BEFORE<br>FOOD | TO<br>CONTINUE |              |          |
| 2   | TAB. DAPAVEL<br>(DAPAGLIFLOZIN) | 1 TABLET | 10MG   | 1   | 0         | 0 | ORAL     | AFTER FOOD     | TO<br>CONTINUE |              |          |
| 3   | TAB. GLIZATO<br>(GLICLAZIDE)    | I 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, WITH                   |  |  |
| REVIEW              | 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

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#### Mr.RAMESH S

56/Malc/MH1202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





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|             | INPAI                     | IENT INITIAL ASSESSIMENT   |
|-------------|---------------------------|--|
| Date:       | 10/1/24                   | Time of arrival in ward: 12-00   |
| Allergies ( | if Yes, specify details): | the state of the s |
| Drugs       | ` ☐ Yes ☑ No              |  |
| Blood Trai  | nsfusion ☐ Yes ☐ No       |  |
| Food        | ☐ Yes ☑ No                |  |
| Others      |                           |  |
|             |                           | / HR: <u>87</u> (beats/min)   BP: <u>110/80</u> (mmHg)  D <sub>2</sub> : <u>97</u> (%)   Height: <u>Lbb</u> (cms)   Weight: <u>62</u> · 1 (kgs)   BMI: <u>24</u> · Lay   M   |
|             |                           | ng Scale (>12 years) CPOT (ventilator / comatose)  |
|             |                           | Sharp Stabbing Shooting Burning Referred / Radiant Pain  |
|             |                           | F PRESENTILLNESS  Sold male k/c/o T2 DM) HTTV / exertional  HTVD Moderate LV has come for CABG.  I B sided Chest Pain on exerción which  - no 460 constipadom  - no 460 constipadom  - no 470 fever, vornidas leoasestosts.  |
| PAST MED    | PICAL HISTORY (with dura  | tion of illness): duration: Hypertension: Yes \( \text{No. If Yes, duration:} \)   |
| Others:     | N/Mclo                    | Branchial Asthmal COPD/CND/epilepny,   |
|             |                           | Justially he went to Dr. Sanjiv Aganval  |
| Past Surgi  | cal History: N元人・         | (Cardiologist) Where his ECA & ECho Showed Significant changes and come advised CAG: He went to Fortis & Underwent CAG on 28/12/ While Showed (1) mains +TVD- He Then Came of  |
|             |                           | MHI on SIII24 Were he was advised  |
|             |                           | early CABh   |

| Pre             | Present Medication (for Medication Reconciliation):   |                     |                      |               |                             |                                      |  |  |
|-----------------|---|---------------------|----------------------|---------------|-----------------------------|--------------------------------------|--|--|
| S.<br>No.       | Current Medication  | Dose                | Route                | Frequency     | Date & Time<br>of last dose | To be continued during hospital stay |  |  |
| 1.              | T. aspinn   | 794                 | Ph                   | 0+0           | 6/1/24                      | □Yes ☑No                             |  |  |
| ٦.              | T. Clopilet   | 75mg                | Pb                   | 0-10          | 6/1/24                      | □Yes 🗖 No                            |  |  |
| 3.              | 1. Pan  | yony                | Pl.                  | 101           | 9/1/24                      | ✓ Yes □ No                           |  |  |
| 4.              | 7. Atorvas  | 20ng                | 10                   | 0-04          | <b>n</b>                    | ✓ Yes ☐ No                           |  |  |
| <u>5</u> .      | 7-metxL   | 2-5~                | Plo                  | Leo.          | 4                           | y Yes □ No                           |  |  |
| 6.              | 7. nitrocontin  | 2.6m                | Plo                  | 101           | 4                           | Yes □ No                             |  |  |
| Դ               | T- VOGS- 4M2  | Itab                | Pls                  | H01.          | <u>5</u> .                  | Yes□No                               |  |  |
| 8               |   |                     |                      |               |                             | ☐ Yes ☐ No                           |  |  |
|                 |   |                     |                      |               |                             | ☐ Yes ☐ No                           |  |  |
|                 | ,   | • •                 |                      | •             | ::                          | ' □ Yes □ No                         |  |  |
| Pe<br>Lif<br>Sn | rsonal / Social History <i>(Tick which</i><br>estyle: □ Sedentary ② Active<br>noking: □ Yes ☑ No Alcohol<br>hers:         | ever is ar<br>Occup | oplicable)<br>ation: |               | l Drug Use: ☐ Yes ☐ l       | No                                   |  |  |
| Mer             | nstrual and Obstetric History (to b   | e filled ut         | o for fema           | le patients): |                             |                                      |  |  |
|                 |   |                     |                      |               |                             |                                      |  |  |
| Pa<br>Ed        | General Physical Examination:  Pallor: ☐ Yes ☑ No ☐ Clubbing: ☐ Yes ☑ No  Edema: ☐ Yes ☑ No ☐ Lymphadenopathy: ☐ Yes ☑ No |                     |                      |               |                             |                                      |  |  |

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| SYSTEMIC EXAMINATION   |
|--|
| cvs:   |
| Sisse , no marming the   |
| , Respiratory System:  |
| BACD no added bounds   |
| Gastrointestinal System:   |
| Soft, NI, no organomegaly  |
| Central Nervous System:  No fical nemelogical deficit  |
| Urinary / Reproductive / Locomotor System:   |
| Skin / Opthalmic / ENT   |
| 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 Systolia   |
| T2Dm/ HTN. / EF-808%. Shuedon.   |
| Plan of Care: Plan: CABG JGA Brusman   |
| _ Monidal vitals:  |
| Dr. V. RAJESH trad Charl of Lably of - M.S. M.Ch(CTVS) -Senior Consultant -Senior Consultant -Senior Consultant - Cardiothoracic and Vos mar Surgery - Reg Noje 22 robert Senior - Reg Noje 22 robert  |
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| Investigations Advised:   |                    |  |   | ,               |           |  |
|---|--------------------|--|---|-----------------|-----------|--|
| Reports e   | inclosed           | · . · .  | · ·                                     |                 | 1 / J     |  |
| · ·   | n - 2 m2           |  | ;;                                      |                 |           |  |
|   |                    |  |   |                 | , in      |  |
| Diet Advice:  | <u> </u>           |  |   |                 |           |  |
| ☐ Nil per Oral ☐ Clear liquid diet  | ☐ Normal liquid    |  | _                                       | liquid diet     |           |  |
| ☐ Semisolid diet ☐ Soft solid diet  | _ ^ ^ .            | n normal diet<br>ールル   | <del>_</del>                            | lian normal c   | liet      |  |
| ☐ Neutropenic liquid diet ☐ Others:   | w fat, la          | m selt   | , .·                                    |                 |           |  |
| Early Discharge Planning (fill in those which are a   | appropriate at thi | s stage):  | PFE: Pa                                 | itient Family I | Education |  |
| Special support needed at home  | □Yes□No            | If Yes, PFI  | E done                                  | -               |           |  |
| Home equipment anticipated  | □Yes ☑No           | If Yes, PF   | E done and equ                          | ipment advis    | sed       |  |
| Physiotherapy at home anticipated   | ☐ Yes ☐ No         | If Yes, educated on physical limitations, if any                               |   |                 |           |  |
| Wound care needs anticipated at home  | □Yes☑No            | If Yes, edu  | ucated on signs                         | on infection    |           |  |
| Pain Management   | ☐ Yes ☐ No         | If Yes, PFE done and medication advised  |   |                 |           |  |
| Special Dietary needs   | ☐ Yes ☑ No         | If Yes, educated on dietary restrictions, food drug interactions and allergies |   |                 |           |  |
| Continuous / ongoing care anticipated   | □Yes☑No            | If Yes, educated on various aspects of ongoing care required                   |   |                 |           |  |
| Other special education need, i.e.:   | ☐ Yes ☑ No         | If Yes, PFI  | E done                                  |                 |           |  |
| Nature of post hospital needs like patient safety, infection control, fall risk, etc, addressed | ☐ Yes 1 No         | If Yes, specific education given   |   |                 |           |  |
| Others:   | 1                  | 2.3  | ,                                       | -               |           |  |
| · ·   |                    |  |   |                 |           |  |
|   | to str             | r g with   | * * * * , * * * * * * * * * * * * * * * |                 |           |  |
| <u> </u>  | ŧ                  |  | . <u> </u>                              |                 |           |  |
|   |                    |  | Reg. No.                                | Date            | Time      |  |
| Resident Doctor  Resident Doctor  Resident Doctor   |                    | ed lydion  | 165303                                  | 10/1/24         | 13.00     |  |
| 1.09110.02101   |                    | ESA :  | 62794                                   | 10/01/29        | 12,30     |  |
| Patient Attendant   | Relationship       |  | ۔ <u>۔نتہ</u>                           | 10/1/250        | 13,100    |  |

<u>`</u>,







#### Mr.RAMESH S 56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

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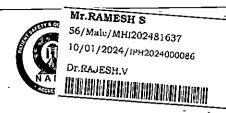
041

**DOCTOR'S PROGRESS NOTES NOTES** DATE Aprolanos ans 40 OR

| DATE         | NOTES                                    |      |
|--------------|--|------|
| 20/1/24      | S/B Dr. Anusuug                          |      |
| 33.00        |  |      |
|              | A Case OB CAD - TVD TODM SHTTU Lest main | -    |
|              |  |      |
|              | Patrent oevioused                        |      |
|              | Clo: Chost Pain on a obb                 |      |
|              | DE Patient Conscious, Orientel,          |      |
|              | SB!. CUS-5162(P)                         |      |
|              | RS-BAFD                                  |      |
| Vitals Stabl | e CNS - NEND                             |      |
| VITAL LAND   | Advice                                   |      |
|              | - posted for CABU +omorsow               | 8cun |
|              | - NPO From 12 am                         |      |
|              | - Consent                                |      |
|              | - Parts proparation                      |      |
| Kann         | - Pre-medication                         |      |
|              | - Check pre-opcisus                      |      |
|              | - shift to otoncall.                     |      |
|              |  |      |
|              |  |      |
|              |  |      |
|              | - · · · · · · · · · · · · · · · · · · ·  |      |
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|              | ·  |      |
|              | <u> </u>                                 |      |
| ·            |  |      |
|              | <u> </u>                                 |      |
|              |  |      |
|              |  |      |







j'P/2022/041 Medway Heart nstitute t beat counts

|          | DOCTOR'S PROGRESS NOTES   |
|----------|---|
| DATE     | NOTES   |
| . 124    | SIBTAR Gladup   |
| 11/01/24 |   |
| 00       |   |
|          | -56/m   |
|          | - Cam y CAD -NO planne As CARh today.                           |
|          | - HRETTMA- BUL? Manslewon.                                      |
|          | - Nil guymany langland,   |
|          | - Not a smoken  |
|          | -No Ho Low Llua.  |
|          | -No filo 12) Dollwin  |
|          |   |
|          | 1 5 70, = 90 m(pr)  |
| ,        | BP=120170my   |
|          | prelen  |
|          |   |
|          | Sugg i) plan erounded Bx - post cash once<br>Jessent cashinger. |
|          | Jessent Hambirer.   |
|          |   |
|          |   |
|          |   |
|          | -/when  |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |

| DATE          | NOTES  |            |
|---------------|--|------------|
| 12/01/2024    | S/B:Do: Anharace / Do. Rajesh / Do-provoen - | <u>.</u> . |
| @8.05         |  | ·          |
|               | S(P) DPCAB X 3 grafts.                       |            |
| <u>\$00#1</u> | : patient comportable                        |            |
| Hb - 9.6      | Ole: conscious, omented, Afebrile            |            |
| u - 24        | 'BP-132/56 mmHg                              |            |
| Cr - 0.73     | · HR - 100-Bpm                               |            |
| Ma-129        |  |            |
| K - 3.68      | · DIO -2255ml / 2262ml; Bal (-)7ml           |            |
|               | on usath                                     | J          |
| RBS - loting  | de Adequate wine output                      | ز          |
|               | robrating foods                              |            |
| <u> </u>      | peripheries warmet                           |            |
| PH-7.46       | Supports: ML                                 |            |
| po 40.5       | Total drain: 440 mL                          |            |
| po 67.4       | plan   |            |
| 1-110g-28 mb  | RF - 1.8 litres I day                        |            |
| BF - (4.9)    | . good chest physic                          |            |
|               | · Remove du ains se antony line by           | -          |
| <u> </u>      | . Mobilize                                   |            |
|               | - rebulization                               | ر <b>ُ</b> |
|               | · Lp i some try                              |            |
|               | T. METOPROLOL 25mg 1-0-1                     |            |
|               | · Restart OHA                                |            |
|               | grasser . Keep him her to day.               |            |
|               |  |            |
|               |  |            |
|               |  |            |
|               |  |            |
|               |  |            |







MHI/IP/2022/041

Medway

Heart

Institute

Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

# **DOCTOR'S PROGRESS NOTES**

| <br>DATE         | NOTES   |
|------------------|---|
|                  |   |
| 13.01.2029       | of Dr. Anbaracu / Dr. Rajesh / Dr. Praveen.         |
| @ 8:00am_        |   |
|                  | STP OPCAB x 3 graft ; POD. 2                        |
| RBS:             | · Conciou, oriented, afebrile                       |
| 216 mg/dL        | BP: 130/64 run Hg                                   |
| @ 6100am_        | HR: 112 bpn   |
|                  | 8pos: 98% ou 02 (2like)                             |
| 46.9.8           | 2/0: 2050ml / 1860ml -> +ve 196ml                   |
| ય , ૩૦           | · Adequate unine output                             |
| Cz. 0.79         | · '   |
| Nat. 127         | · Tolerating mal feeds                              |
| Kt. 4-36         | Penipheries feet unon                               |
| (( ) ( ) ( )     | Support s Nil.                                      |
| _ <del>`</del> _ | Dia   |
| ·                | Plan:   |
|                  | RF: 1.8lines (day.                                  |
|                  | Good chert physis                                   |
| _                | i ? opinonetry                                      |
|                  | · Nehulization & Mosiliza                           |
|                  | to chair  |
|                  | Shift to ward one wide                              |
|                  | · Renove noch cine                                  |
|                  | T. METAPROZOL 50 mg 1~5-1 1                         |
|                  | For T. MUCAPRIOR Sing 1-0-1 (BF)                    |
| <u> </u>         | Dr. Anbarasu / Dr. Rajceh · T. Guztro 60 1-0-1 (85) |
|                  | PA Many (NHEO217) . T. MEFFORMIN SOOM9 1-0-1 (AF)   |
|                  | T. DAPAVEL long 1-0-0 (AF)                          |

| DATE                                    | NOTES  |
|---|--|
| DATE                                    | NOTES  |
| 3                                       | 5/B Dr. Rajosh   |
| 100/                                    |  |
| 138                                     | clo' womiting  |
|   | Advice.  |
|   | THISVILIUM THESET 4 MUT IVSTAT                         |
| 2002 86 THE                             | - Choxt Physio & spiso                                 |
| 21 24 9                                 | - mobilise the Patient.                                |
| 209                                     |  |
|   |  |
| 701,                                    | 2  |
| 11- N. 20                               |  |
| 1.11                                    |  |
|   |  |
|   | 5/B Do-Anyrug  |
| 13.1.24                                 |  |
|   | 3/P OPCABX 8900Hts.                                    |
| 1-360                                   | Patient revieund                                       |
|   | do, nomitino   |
| POD                                     | OF: patient conscious, oriented, Attebile              |
|   | 3/8' US-5162(P)  |
| <u>-</u>                                | RS - BAE (P)   |
|   | with crus - NFOD                                       |
| 6000 -85T                               | PA - 607f  |
| 5/02 -85-1<br>2/1708-00<br>BP -110/8-00 | PA - SOFT  |
| 110/8-ON                                | hn courses   |
| Br XI                                   | hosodkage . Advice                                     |
|   |  |
|   | monitor Vitals   |
| 102                                     | - continue the daugs perchast                          |
| 4-011                                   | - Plan'. SR ton 15-1-24                                |
| 130h                                    | - mobilise the Pathent<br>- chest Physic & spirometry. |
|   | - MILLINGTUR OPTOUTIONSY.                              |







# Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.Rajesh.v

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# **DOCTOR'S PROGRESS NOTES**

| DATE                                    | NOTES                              |
|---|------------------------------------|
| 1 24                                    | . Os B. Dr. Pravian.               |
| 13/1/                                   |                                    |
| 2. Op                                   | - Knew Solbarty.                   |
|   | - I have to love                   |
| - Pho                                   | panel . 2. lasix. long stat (4,pm) |
| المرام                                  | Fall                               |
|   | for: la                            |
|   |                                    |
|   | (83 84)                            |
| × -                                     | ·                                  |
| 13/1/24.                                | 8/B. Dr. Sujih. B. (Dno)           |
|   |                                    |
| 3; ook                                  | POD-2) OP CAB & Sqraft             |
|   |                                    |
|   | - fot verieust<br>- cle vo stry.   |
|   | -do vo waty                        |
| <u></u>                                 | Ι Χ Γ                              |
| John John John John John John John John | 3/R for comon,                     |
| N. Jan                                  | on entert                          |
|   | Ashill - cifale non-try            |
|   | - lo Now dry chet.                 |
|   | 1/8- Cost, 5/8 - Se on 15/1/24     |
|   | REBARCA - chart Physic I showly    |
|   | - orli=desalutur                   |
|   |                                    |
|   |                                    |
|   | 18387                              |
|   |                                    |

| DATE   | NOTES  |
|--------|--|
| 12/12) | 8/6 Dr. Moliamed Hydros  |
| 151    | ~  |
|        | Post Of Case of OPCABX 3 grafts  |
|        | POD-11   |
|        | Papery consis  |
|        | muted  |
|        | ) Ajedine  |
|        |  |
|        | Wassisze   |
|        | Nos BA ED  |
|        | Pr-18/min H P/A > 8/5 MI   |
|        | PR-103 /min of PA-108/16 NT  PR-18/min of PA-18/16 NT  PR-18/min of PA-18/16 NT  - Monday vidals  - Po Calon of Alan |
|        | BP- 1, 2hu   |
| -      | Spor and front wal   |
| -      | 7  |
|        |  |
|        | - Sutura   |
|        | Memoral on<br>Monday   |
|        | - ; ; ;  |
|        | - Chest Physrol  |
|        | Of Mines   |
|        |  |
|        |  |
|        | ( Ke 200)  |
|        |  |
|        |  |
|        |  |

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# MILID/2022/041 Mr.RAMESH S 56/Male/MHI202481637 Edway

10/01/2024/IPH2024000086

Dr.RAJESH.V

edway Part itute

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DOCTOR'S PROGRESS NOTES

| ]         | DOCTOR 3 PROGRESS NOTES               |
|-----------|---------------------------------------|
| DATE      | NOTES                                 |
| 14-01-24  | 3/B Dr. Anbarasu (CTVS)               |
|           |                                       |
| 10.30 AM  | POST OF CASE OF OPCAB                 |
|           | Patfent reviewed                      |
| b00-8     | Aduro.                                |
|           | 11 it so got that                     |
| <u> </u>  | Planing                               |
|           | U - to give try tegsuride adoses      |
|           | to give try togsuride adoses to be    |
|           | LSMPPly                               |
|           | - Post Continue the dougs as per      |
|           | chart ·                               |
|           |                                       |
| The house | · · · · · · · · · · · · · · · · · · · |
| 3460      |                                       |
|           |                                       |
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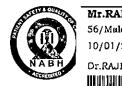
| DATE        | NOTES  |
|-------------|--|
| 14.1.24     | 3/B Dr. Anusuug                                |
|             |  |
| 10.30       | Sp openb x 39000tb                             |
|             | patient reviewed.                              |
| [POD-3]     | clo' pain in the supplical site                |
| anha        | DE. Patient conscious, oriental                |
| HB-871/11   | S/8: CNS -5152P                                |
| Spoz - 881  | RS-BAFT  |
| with a lite |  |
| 02.         | HE' Dooxing intact                             |
|             | nosonkage                                      |
|             | Advice   |
| ,           | - movietos vitals                              |
|             | - continue the days as per                     |
|             | chart  |
|             | - WIF Feverspikes desateuration                |
| h =         | adosestote stop 1  Don't Stop 02 till evening. |
| KW          | Scales, Stop                                   |
| 131/011     | Don't stop of till evening.                    |
|             |  |
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#### <del>- 1444/12/2</del>022/041 Mr.RAMESH S 56/Male/MHI202481637 10/01/2024/IPH2024000086

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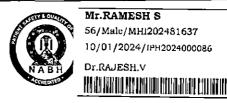
Dr.RAJESH.V 

DOCTOR'S PROGRESS NOTES DATE **NOTES** 14/1/24 Dr. Mohamed Hydross. Post of cose of OPCABX 3grafts - Monitor indulo - no follow dry Sec. 31. (68m)

| DATE   | NOTES                              | ``.         |
|--|------------------------------------|-------------|
|  | 513 DE ADERIANS                    | <del></del> |
|  |                                    | . •         |
|  |                                    |             |
| 15/1/24.   | SIB Dr. G. Latshmi                 |             |
| 9:30AM.  | pt. recieused.                     |             |
|  |                                    |             |
|  | Appetite 1.                        |             |
|  |                                    |             |
|  | ofé-Conscious                      |             |
|  | priented Sp0, - 99'/. ε QL0.       |             |
|  | apebnéle. NP.                      |             |
|  |                                    |             |
|  | Sle. US-SSat                       |             |
| VOLUCIA .  | RS-BAET                            |             |
| eid 7  | PA-soft-                           |             |
| Sel veiding                                      | LNS-NFND Adv                       |             |
|  | Monitor witals of                  | H           |
| •  | Inform sos-                        |             |
|  | Joleow drug char                   | 11-         |
|  |                                    |             |
|  |                                    |             |
|  | 132068-                            |             |
| <del>-                                    </del> | 1320                               | _           |
| 15/1/24  | y strict asp drain sutures removed | <u></u>     |
| 12pm   | - mound healthy.                   |             |
| · · · · · · ·                                    |                                    |             |
|  | 122008                             | -           |
|  |                                    |             |
|  | <del></del>                        |             |
|  | <del></del>                        |             |
|  |                                    |             |







022/041 'edway **:art** :itute

at counts **DOCTOR'S PROGRESS NOTES NOTES** DATE

| DATE         | NOTES  |
|--------------|--|
|              |  |
|              | S/B Dr. Moliamed Holism  |
| Sliky        |  |
|              |  |
| 10pm         | Post of case of of CAB x 3 graft  Post of case of of CAB x 3 graft  Post of curius |
|              | POD-4-   |
|              | Portent Course   |
|              | Dumbad.  |
|              | 9 Jehnle   |
| <del>-</del> | 1-10   |
|              | PR-81/min CUS-> SISIA<br>PR-81/min   |
| <u> </u>     | PR-81/min PR-8/1-107 PR-8/1-107  |
|              | Spor 18 min Plansoft Not Officer Sur - Monister Whele - To fellow Sur              |
|              | 140 100 V  |
|              | SV S   |
|              | Spor - Monitor Wals  |
| <u> </u>     |  |
| <u>.</u>     | CLEW P   |
| <u> </u>     | - En muedis / neby load  |
| ·            | - Spannedy   nebuload<br>- mobilise the Pahin                                      |
|              |  |
|              | ``,  |
|              |  |
|              | (Merry)  |
|              |  |
|              |  |
|              | <u> </u>   |
|              |  |
|              |  |





#### Mr.RAMESH S 56/Malc/MHI202481637

10/01/2024/IPH2024000086





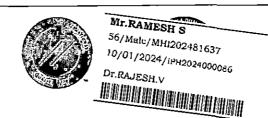
**DOCTOR'S PROGRESS NOTES** DATE **NOTES** 

| DATE    | NOTES '.                                |
|---------|---|
| 2       | SIB Dr Mohamed lighton                  |
| 12/1/24 | ,                                       |
| Laber   | Post of care of of opts + 3 graft       |
|         | POD-5                                   |
|         | Rap Ent Curius                          |
|         | - Onunder                               |
|         | - Depule                                |
|         | - · · · · · · · · · · · · · · · · · · · |
|         | Was Cores & S. S. D.                    |
|         | Mars 8/4 NT                             |
|         |   |
|         | BW                                      |
|         | - monida nta                            |
|         | - Po-follarde<br>change<br>- Engoniely  |
| ·       | So algoria A.                           |
|         | $\mathcal{J}_{\perp}$                   |
|         | plan' Dle                               |
|         | Plan' Dle                               |
|         | - manul                                 |
| -       | ^                                       |
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|         | Clem                                    |
|         |   |
|         |   |



DATE

17-01-24



**DOCTOR'S PROGRESS NOTES** 



S/B Dr. Anwayg

S/P Opchb x 3, gorfts

patient reviewed

patient conscious, oxiented, A Tebrite.

CVS-5152P)

RS-BAEP

CNS-, NFND

wound healther 81 hoaling

no soakage

LP - 9+6+M

BP- 110/80mm Hg

- morities vitals

- continue to dange as perchast

- mobilise the patient

- continue chest physio of spisomotory

- pic tolor

1345071



CHENNAI: # 2/26, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel: 044 - 2473 4455 | Mobile No: 9962 985 985

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

Mr.RAMESH S

edwayhospitals.com | Website: www.medwayhospitals.com

#### 56/Malc/MHI202481637 'RE-OPERATIVE CHECKLIST 10/01/2024/IPH2024000086

| Name       | Dr.Rajesh.v  | Age: Gender: UH                               | ID No.: 20 | 2481637 |
|------------|--|---|------------|---------|
| Ward :     | : To 100x, Ib No.:   | Bed No.: 10 H-13                              | B.S.       | A.S.    |
|            | Clínical Diagnosis :   |   |            |         |
|            | CAD - L  | n 760   | /          |         |
|            | Proposed Procedure :   |   |            |         |
|            | CABG   | · · · · · · · · · · · · · · · · · · ·         |            |         |
|            | CHEC   | KLIST   |            |         |
| 1.         | Identification Band on Hand Checked                              | ? LBS   |            |         |
| 2.         | Surgical consent Signed?  a. Special Consent signed if required. |   |            |         |
| 3.         | Anesthetist Consultation (If required?)                          |   |            |         |
| 4.         | History AND Physical Onchart?                                    |   |            |         |
|            | a. Height. : LG6 b. \  | Veight 62.1kg                                 |            |         |
| 5.         | Allergic to drugs? Not (Ano                                      | on,   | <i>;</i> , |         |
| 6.         | Surgical Preparation done?                                       | <u>, , , , , , , , , , , , , , , , , , , </u> | ✓.         |         |
| 7.         | Nill by Mouth From   | ····  | ~          |         |
| 8.         | Blood Grouping & Rh Typing O. M.                                 | egafise                                       |            |         |
| 9.         | Investigation  | <u> </u>                                      |            |         |
|            | □-X - Ray □-ECG  | ☐ LAB   |            |         |
| 10.        | Blood Sugar  | me 6:30                                       |            |         |
| 11.        | TPR Chart  | ,   |            | _       |
|            | Pulse 92 keakhin Temp 98.6.5                                     | BP 1301 TOMBER 20 but his                     |            |         |
| 12.        | Time Voided a. Retention ☐ Yes ☑ 1                               | lo  | ·          |         |
| <b>13.</b> | Enema Yes No   |   |            |         |

| 14. | a. Prosthesis Removed  |           | ,          |
|-----|--|-----------|------------|
| 15. | Valuables and Jewellery Removed  ☐ Yes ☐ No Secured ☐ Yes ☐ No | /         |            |
| 16. | Pre-Operative Medication Admistered                            |           |            |
| 17. | Blood Transfusion requisition Onchart                          | /         |            |
| 18. | X-RayNo  |           |            |
|     | ECG/ECHO CACI  |           |            |
|     | Ultra Sound  |           |            |
|     | C.T. Scan  | /         |            |
|     | MRI Scan   | _         |            |
|     | TMT  |           |            |
|     | Medication   | ب         |            |
| _   | 10[1]2) 7- parl 10 mg. ( given                                 |           |            |
|     | of the tong of given   | o(n);     | · '        |
|     | · ·  |           |            |
|     |  |           |            |
|     | Others   |           |            |
|     |  |           |            |
|     |  |           |            |
|     |  | Nurse Sig | nature 875 |







10 -UC

## MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

|   | •  | • •  |            |
|---|--|--|------------|
|   | Name Me. Ramech. S                         | Age 56/M UHID (14120248163=                | <b>†</b> · |
| d | Diagnosis U Main + Triple veuel            | Plan CABG.                                 |            |
|   | Serology Negative.                         | The classical extended                     |            |
|   | EURO Score / STS Score 1.02 %              | PRE OP DRUGS (ACE/ARB/ANTIPLATELETS): M    |            |
|   | U.2・/. Diabetes Mellitus (HB1AC) フュロルス しりな | 720H / SHTIN 6/01/25 Associated Illness    |            |
|   | Carotid Doppler —                          | Thyroid Enzymes 73 . 95 T4. 10 / 75H- 2.69 | 1          |
|   | Sr. Creatinine 0.91                        | 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 Thirial    | NIR / NO PAH                               |            |
|   | Nursing:                                   | Billing Clearance:                         |            |
|   | Physiotherapy                              | Spirometry taught                          |            |
|   | Concerns from Surgical Team :              |  |            |

SIGNATURE:

Pa Manij ( ALHIO217)

Mr. Ranceh. S 56/H a KICLO 720H, SHAN, Exutional angina, U-reain + TVD, Moduloti CV Lai come for CABO. PC. was apporently normal till 3 weeks ago when he developed there pain on exertion which relieved. cardiologist) chinc where his ecq showed eignificant changer and was advised CAA. He went to Fortis & underwent cas on 20/12/23 which showed pt. Main + TVD. He then come to NHE on Afo1/29 when he was advised early cases.

ECG. GJBPH, Sinus shythm, cow voltage QRS complexes
in fecior lead, 71 in V3-V6 lead.

COR: PA hiCM, BUH (4), Lung Felde dear.







The way to better health

(Allinit of United Alliance Healthcare Pvt Ltd)

Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

TO BEEN TRAID TO A PER CONTROL TO TO THE TRAID TO THE TOTAL TO THE TRAID THE TRAID TO THE TRAID THE TRAID TO THE TRAID THE TRAID TO THE TRAID THE

# **CONSENT FOR SURGERY**

| 1. M   | r./ <del>Ms./Mrs : Ra.mes.h</del>   |
|--------|---|
| tick ( | correct option and below):  |
| . /    | l'Read  |
|        | 1/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 . ட்டு வல்லார். வல்லார் காய்கள் காய்க |
| ,      | procedure . மண்டுவயு அரச்சயு ஆழைக் புக்கிரிய (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.   |
| •      | l have been told about additional procedure that may be come necessary during the surgery which includes<br>മാട് ലൂറിരുവിറെ   |
| ,      | 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.   |
|        | Lam 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 grises.
- 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). Infletion                | 1 |
|--|---|
| (3) Arohythmias (6) stroke (6) prolonged I cal stay &                        |   |
| ventilator 6. Mild nik tolife  |   |
| - Benefits Rumptoms & pain   |   |
| - Alternatives pro - NOt ideal candidate [medical management]                |   |
| • The likelihood of success of the surgery (Percentage / Other commands) 97% |   |

Possible results of non-treatment (). myocardial Infarction
(a) cardiac pailwe

• 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.

Cargerdiothoracic and Vosc or Surgery
Reg No: 62734

**Doctor Seal** 







| நோயாளி விவரங்கள்: (Affix Label here) |           |  |  |
|--------------------------------------|-----------|--|--|
| வயர் :                               |           |  |  |
| UHID :                               |           |  |  |
| பேறந்த தேதீ :                        | பாலினம் : |  |  |

## அறுவை சிகிச்சை ஒப்புதல் படிவம்

| நான்                                   | நோயாளி அல்லது நோயாளியின்                 | பிரதிநிதி தயவுசெய்து மேலே   | பயும் கீழேயும் பொருத்தமானதை    |
|--|--|-----------------------------|--------------------------------|
| தர்வு செய்யவும்                        |  |                             |                                |
| பழ்யுங்கள்                             |  |                             |                                |
| னனது / என் நோயாளியின் தற் <sup>©</sup> | போதைய மருத்துவ நிலை குறித்து விளக்க      | கப்பட்டுள்ளேன்.             |                                |
| ிந்த ஒப்புதல் படிவம் ஆங்கிலத்தில் வி   | ிளக்கப்பட்டுள்ளது. இந்த ஒப்புதல் படிவத்த | தீல் கொடுக்கப்பட்ட சிகீச்சை | பின் செயல்பாட்டின் முழுப்பெயர் |
| .ல்முறை பற்றிய தகவல்களை நா <b>ன்</b>   | ர் முழுமையாகப் புரிந்து கொண்டேன்.        |                             |                                |

- நோக்கம் கொண்ட நன்மைகள், சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்களைப் பற்றி நான்-இட்போது 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 மீப்பு 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 நீர்வாகம் 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 எ  | சிக்கல்கள்  |  |
|---|---|--|
|   | -   |  |
|   |   |  |
|   |   |  |
| • நன்மைகள்  |   |  |
| • மாற்றுவழிகள்  |   |  |
| • அறுவை சிகீச்சையின் வெற்றி வா  | ப்ப்பு (சதவீதம் / பிற கட்டளைகள்)<br>  |  |
| • சிகீச்சையின்றி சாத்தியமான முடிவ   | <b>யுகள்</b>  |  |
| • செயல்பாடு / நடைமுறை மற்றும் (   | வழங்கப்பட வேண்டிய கவனிப்புக்குப் பிறகு எதிர்.<br>-  | பார்க்கப்படும் போக்கையும் நான் அறிவேன். ச்   |
|   | பு அலகு மற்றும் / அல்லது மருத்துவமனையில்<br>கள் அல்லது சிகிச்சைகளின் தேவை இருக்கலாம். 7   |  |
| எந்தவொரு திசு அல்லது உடல் பகு,<br>தகவல்களை நான் பெற்றேன் மற்<br>நடைமுறை தொடர்பான கேள்விகள<br>நோக்கம் கொண்ட நன்மைகள் மற் | நடத்தும் நோக்கத்திற்காக மற்றும் பொருத்தமான<br>தியை அகற்ற மருத்துவமனையை நான் அங்கீகர்<br>ற்றும் முழுமையாகப் புரிந்து கொண்டேன் என்ற<br>மளக் கேட்க எனக்கு வாய்ப்பு வழங்கப்பட்டது. அத<br>றும் மீட்பு மற்றும் எனது கேள்விகள் அனைத்தும்<br>ள்னிலையில் செருகல் மற்றும் நிறைவு செய்ய வே<br>அறிவிக்கீறேன். | ிக்கீறேன். இந்த ஒப்புதல் வடிவத்தீல் வழங்கப்பட்ட<br>று அறிவிக்கீறேன். எனது வியாதி, செயல்பாடு ,<br>ன் அபாயங்கள், விளைவுகள், சிக்கல்கள் மற்றும்<br>ம் பதிலளிக்கப்படவில்லை. இந்த வடிவத்தீல் நான் |
| விபரங்கள்   | நோயாளி / உறவினர்  | சாட்சியம்  |
| பெயர்   |   |  |
| உறவுமுறை  |   |  |
| கையொப்பம்   |   |  |
| நாள் & நேரம்  |   |  |
| மருத்துவரின் பெயர் மற்றும் ப <u>த</u> ்   | ട്ടിഖ്വ எண், തகயொப்பம்:   |  |



#### Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





## **CONSENT FOR ANAESTHESIA SERVICES**

| (please to the correct option above and below)   | RAMES  | 2.4°  | In the patient or the representative of patient have,  |
|--|--|---|--|
| My whave been explained the current clinical condition of me/my patient   Per explained this consent form in English, which fully understand and understood the information provided about   Operation / Procedure   Operation / Procedure given below in this consent form  | (please tick the correct option abo  |   |  |
| With 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 florms of anaesthesia involve some risks. Although rare, unexpected severe complications with anaesthesia and cour and include the remote possibility of infection, bleeding, drug reactions, blood clots, lose of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. I understand that the service checked below, as they may apply to a specific type of anaesthesia. I understand that the stress 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. Understand that the type(s) of anaesthesia service checked below(will be used for my procedure and that the enaesthesic 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 fentral Venous catheter Arenal Line Lumbar Puncture Arenal Puncture Arenal Venous catheter Arenal Line Lumbar Puncture Arenal Venous catheter Arenal Puncture Arenal Venous catheter Arenal Venous catheter Arenal Puncture Arenal Venous catheter Arena   | Aead  A We have been explain Been explained this co  | ned the current clinica<br>onsent form in Englisi   | sh, which I fully understand and understood the information provided about   |
| 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, lalso 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 pyet(s) of anaesthesia services 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 frankeschesia.  Biscola Results  General Anaesthesia  Alternatives  General Anaesthesia  Biscola Results  Technique  Drug injected into the blood stream, breathed into the lungs, or given by other route maintain alrivay.  Technique  Drug injected into the blood stream, breathed into the lungs, or given by other route.  Expected Results  Technique  Drug injected through a needle / catheter placed either directly into the spinal canal orthinatives.  Alternatives  Benefits  Expected Results  Technique  Drug injected through   | Operation / 1 1000000  | <u>Caros mey</u>  | WESELA RALLING.  |
| 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 funderstand 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 and that additional or specific risks have been identified below, as they may apply to a specific type of anaesthesia and that additional or specific risks have been identified below, as they may apply to a specific type of anaesthesia and that additional or specific risks have been identified below, as they may apply to a specific type of anaesthesia anaesthesia ondition, 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 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 enchique which involves the use of local anaesthesia, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anaesthesia.  It has been explained to me that the following may be needed as part of anaesthesia during or after surgery produced anaesthesia.  It has been may be needed explained to me that the following may be needed as part of anaesthesia during or after surgery.  I central venous catheter produced anaesthesia including or after surgery.  I central venous catheter produced anaesthesia.  Spi | (full name of operation / procedur   | re given below in this  | consent form)  |
| 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. Lunderstand 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 for a factor of the following may be needed as part of anaesthesia during or after surgery francesophageal blood & Blood product Transfusion for Recovery thers  General Anaesthesia  Alternatives  General Anaesthesia  Alternatives  Fisks  Fisks  Fisks  Fisks  Fisks  Fore throat, injury to vocal cords, teeth, lips, eyes; awareness during the procedure, memory dystunction / memory loss, aspiration pneumonia, permanent organ damage, brain damage  Parin damage for platural Analgesia / Anaesthesia  With Sedation /GA  Without Sedation /GA  With Sedation /GA  Without Sedation /GA  With Sedation /GA  Without Sedation /GA  Reported Results  Fine programment of a specific limb or area  Post-operative pain relief with epidural catheter that can be left in-situ safer under certain conditions  Expected Results  Fine pr | expected outcome and what needed for this operation, so to the lt has been explained to me to  | t could happen if my o<br>that my doctor can pe<br>that all forms of anaes  | condition remains untreated. I also understand that anaesthesia services are erform the operation or procedure. esthesia involve some risks. Although rare, unexpected severe complications  |
| thas 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 frenial Line Lumbar Puncture Adheostomy Transesophageal Blood & Blood product Transfusion CU Admission / Recovery Others    General Anaesthesia  | <ul> <li>sensation, loss of limb functio</li> <li>I understand that these risks a<br/>they may apply to a specific ty<br/>for my procedure and that the<br/>physical condition, the type of</li> </ul> | on, paralysis, stroke, b<br>apply to all forms of a<br>ype of anaesthesia. I u<br>he anaesthetic techni<br>of procedure, my docto | brain damage, heart attack or death.  anaesthesia and that additional or specific risks have been identified below, as understand that the type(s) of anaesthesia service checked below will be used ique to be used is determined by many factors including my / my relative's tor's preferences, as well as my own desire. |
| Central Venous catheter  | <ul> <li>It has been explained to me<br/>without sedation, may not s<br/>anaesthesia.</li> </ul>   | e that sometimes an a<br>succeed completely   | anaesthetic technique which involves the use of local anaesthesia, with or<br>and therefore another technique may have to be used including general  |
| Expected Results   Total unconscious state that may involve placement of a tube into the windpipe to maintain airway   | entral Venous catheter   | Arterial Line [   | Lumbar Puncture  |
| Alternatives    Spinal     Epidural     Others     Spinal     Others     Benefits     Spinal     With Sedation / GA     Others     GA     Others     Benefits     Benefits     Convert to general anaesthesia     With Sedation / GA     Others     Benefits     Convert to general anaesthesia     With Sedation / GA     Without Sedation / GA     With Sedation / GA     With Sedation / GA     Without Sedation / GA     With Sedation / GA     Without Sedation / GA     | триософиядов.  | TO OC DIOGG PICALLE   | Tallishasion (   |
| Spinal    Spinal   Fisks   Sore throat, injury to vocal cords, teeth, lips, eyes; awareness during the procedure, memory dysfunction / memory loss, aspiration pneumonia, permanent organ damage, brain damage   Farly Recovery   Relief of Anxiety   Temporary decreased or loss of feeling and / or movement in the lower half of the body   Technique   Drug injected through a needle / catheter placed either directly into the spinal canal or immediately outside the spinal canal or immediate | -  | Expected Results  |  |
| Epidural   | ·  | Technique   | Drug injected into the blood stream, breathed into the lungs, or given by other routes   |
| Spinal or Epidural Analgesia / Anaesthesia   Expected Results   Expected Results   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   Others   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   Expected Results   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   Alternatives   GA  | ☐ Epidural   | Risks   | memory dysfunction / memory loss, aspiration pneumonia, permanent organ  |
| Spinal or Epidural Analgesia / Anaesthesia   Expected Results   Drug injected through a needle / catheter placed either directly into the spinal canal or immediately outside the spinal canal or immediatel   | Others   |   | <del></del>  |
| Anaesthesia  |  | Benefits  | - Relief of Anxiety  |
| Without Sedation   Alternatives   GA   GA   Others   Risks   Risks   Risks   Post-operative pain relief with epidural catheter that can be left in-situ safer under certain conditions   Risks   Risks   Post-operative pain relief with epidural catheter that can be left in-situ safer under certain conditions   Risks   Risks   Risks   Post-operative pain relief with epidural catheter that can be left in-situ safer under certain conditions   Risks   Ri    | / Anaesthesia  | Expected Results  | body   |
| GA   | ☐ Without Sedation   | Technique   | Drug injected through a needle / catheter placed either directly into the spinal canal or immediately outside the spinal canal   |
| Certain conditions    Major / Minor Nerve Block  | □GA  | Risks   | hematoma, toxicity due to local anaesthetic, chronic pain, medical necessity to  |
| With Sedation / GA       Technique       Drug injected near nerves providing loss of sensation to the area of the operation         Alternatives       Risks       Nerve damage, persistent pain, infection, bleeding / hematoma, toxicity due to local anaesthetic, medical necessity to convert to general anaesthesia, brain damage         IV Regional Anaesthesia       Pain Free         Spinal/Epidural Anesathesia       Setsuandes estation conditions  |  | Benefits  |  |
| ☐ Without Sedation       Technique       Drug injected near nerves providing loss of sensation to the area of the operation         Alternatives       Risks       Nerve damage, persistent pain, infection, bleeding / hematoma, toxicity due to local anaesthetic, medical necessity to convert to general anaesthesia, brain damage         □ IV Regional Anaesthesia       - Pain Free         □ Spinal/Epidural Anesathesia       Benefits  |  | Expected Results  | Temporary loss of feeling and / or movement of a specific limb or area   |
| □ GA  IV Regional Anaesthesia □ Spinal/Epidural Anesathesia  Benefits  Anaesthetic, medical necessity to convert to general anaesthesia, brain damage  - Pain Free  - Pain Free  - Pain Free   |  | Technique   | Drug injected near nerves providing loss of sensation to the area of the operation   |
| ☐ Spinal/Epidural Anesathesia Benefits   | □,GA   | Risks   |  |
| <b>— •</b> • • • • • • • • • • • • • • • • • •   | ☐ Spinal/Epidural Anesathesia  | Benefits  |  |

| Intravenous Regional Anaesthesia  |  | Expected Results   | Temporary loss of feeling and / o.   | r movement of a limb   |   | · ' ]                           |                           |
|---|--|--|--|--|---|---------------------------------|---------------------------|
| ☐ With Sedation / GA☐ Without Sedation  |  | Technique  | Drug injected into veins of arm or   |  |   |                                 |                           |
| Alternatives  ☐ Major/Minor Nerve Block   |  | Risks  | Infection, convulsions, persisten  | _ <del></del> -  |   | vessels                         |                           |
|   | ☐ Major/Mino   | L MELAG RIOCK  | B St.  | - Pain Free  | <del></del>   |                                 |                           |
|   | ☐ Others   |  | Benefits   | - Safer under certain conditions   |   |                                 |                           |
|   | Monitored Ana  | esthesia care  | Expected Results   | Decreased anxiety and light sed  | ation similar to norma  | al sleep                        |                           |
|   | (with sedation)  |  | Technique  | Drug injected into vein of arm   |   |                                 | _                         |
|   | Alternatives  General anal   | esthesia   | Risks  | Prolonged sedation, need for air   | way control   |                                 |                           |
|   | ☐ Spinal / Epid☐ Others  | iural  | Benefits   | Anxiety free; Early discharge  | Anxiety free; Early discharge   |                                 |                           |
|   | Monitored Ana  |  | Expected Results   | No changes in the system   |   |                                 |                           |
|   | (without sedation Alternatives   | on)  | Technique  | None   |   |                                 |                           |
|   | General ana  |  | Risks  | Patient may have pain and anxie  | ty  |                                 |                           |
|   | ☐ Mild Sedatio☐ Others   | n  | Benefits   | Early discharge  |   |                                 |                           |
|   | <ul><li>Potential lo<br/>anaesthes</li><li>I, the above<br/>the date of</li></ul>  | ia/moderate sedatione<br>e named Patient / na<br>signing this form, me   | fects on memory, ton/deep sedation d<br>med patient's repre<br>entally sound and ar        | behaviour and learning with prouring pregnancy and in early chains pregnancy and in early chasentative, do further hereby demander any feat any feat and consent without any feat and the second secon | nildhood<br>clare that I am abo<br>ar, threat or false m                                    | ve 18 years of age              | e as on                   |
| 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 onmyself ormy 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. |  |  |  |  |   |                                 |                           |
|   |  |  |  |  |   |                                 | on the                    |
|   |  | g this form, mentally s  |  | g consent without any fear, threa  |   |                                 | on the                    |
| Pa  |  | g this form, mentally s  | sound and am giving  | consent without any fear, three  | at or false misconc   | eption.                         | _                         |
| Su  | date of signing  | Signature / 1  | sound and am giving  | g consent without any fear, threa  | at or false miscond   | Date                            | Time                      |
| Su<br>(if :   | date of signing  | Signature / T  | Thumb Impression   | * Name  * Name  (Write name and relations  | at or false miscond   | Date                            | Time                      |
| Su<br>(if :<br>Re<br>su   | date of signing  | Signature / T  | Thumb Impression   | * Name  * Name  (Write name and relations  | at or false miscond   | Date                            | Time                      |
| Su (if :  | date of signing  | Signature / T  | inumb Impression  Thumb Impression  Thumb Impression  Thumb Impression  Thumb Impression   | * Name  * Name  (Write name and relations of the decause:  | at or false miscond   | Date  Date  ON 124  ON 124      | Time<br>13.30<br>8.30     |
| Su (if :  | date of signing  attent  arrogate/Guard applicable #)  eason for arrogate consecutions  titness  terpreter applicable)  Right Hand for Managericable  I, the undersider procedure consecutions | Signature / Table Signature /  | males   # Only if P  | * Name  * Name  (Write name and relations of the decause:  | at or false miscond  thip with patient)  consent  ations, intended by the patient / patient | Date  O 1 2 4  O 1 2 4  O 1 2 4 | Time 13.30 18.30 18.30    |
| Su (if :  | date of signing  attent  arrogate/Guard applicable #)  eason for arrogate consecutions  titness  terpreter applicable)  Right Hand for Managericable  I, the undersider procedure consecutions | Signature / The signature is understand the signature is u | males   # Only if P  | * Name  * Name  (Write name and relations of the cause:  RIN Bhool (  atient is a minor or unable to give of the cause)  e, potential risks and complications of the cause of  | consent ations, intended by the patient,  | Date  O 1 2 4  O 1 2 4  O 1 2 4 | Time  13.30  8.30  (8.30) |
| Su (if :  | date of signing  attent  arrogate/Guard applicable #)  eason for arrogate consecutions  titness  terpreter applicable)  Right Hand for Managericable  I, the undersider procedure consecutions | Signature / Table Signature /  | males   # Only if P  | * Name  * Name  (Write name and relations of the cause:  RIN Bhool (  atient is a minor or unable to give of the cause)  e, potential risks and complications of the cause of  | at or false miscond  thip with patient)  consent  ations, intended by the patient / patient | Date  O 1 2 4  O 1 2 4  O 1 2 4 | Time 13.30 18.30 18.30    |
| Su (if :  | date of signing  attent  arrogate/Guard applicable #)  eason for arrogate consecutions  titness  terpreter applicable)  Right Hand for Managericable  I, the undersider procedure consecutions | Signature / The signature is understand the signature is u | males   # Only if P explained the nature liternatives to the play on the information  Name | * Name  * Name  (Write name and relations of the cause:  RIN Bhool (  atient is a minor or unable to give of the cause)  e, potential risks and complications of the cause of  | consent ations, intended by the patient,  | Date  O 1 2 4  O 1 2 4  O 1 2 4 | Time  13.30  8.30  (8.30) |



| நோயாளி விவரங்கள் : (Affix Label here) |          |  |  |
|---------------------------------------|----------|--|--|
| பெயர் :                               |          |  |  |
| UHID:                                 |          |  |  |
| பிறந்த தேதி:                          | பாவினம்: |  |  |
| சோக்கை தேதி:                          |          |  |  |
| மருத்துவர்:                           |          |  |  |



# மயக்க மருந்து சேவைகளுக்கான ஒப்புதல்

| <br>மேலேயும் கீழேயும் சரியான விருப்பத்தைத் தேர்ந்தெடுங்கள்) படித்தல்                                |   |   |  |  |  |  |
|---|---|---|--|--|--|--|
|   | என்னை / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளோம். ஆங்கிலத்தில் இந்த ஒப்புதல் படிவம்<br>விளக்கப்பட்டுள்ளது. இது வழங்கப்பட்ட தகவல்களை நான் முழுமையாக புரிந்துகொண்டேன்.  |   |  |  |  |  |
| னுள்கைப்பட்டுள்ளது. ஐது வழங்கப்பட்ட தகவல்களை நான் முழுமையாக புறத்துள்ளனடேன்.<br>செயல்பாடு/செயல்முறை |   |   |  |  |  |  |
| 0.0 <u>2.00 1.0 1.1 G</u>   |   |   |  |  |  |  |
| இந்த ஒப்புதல் படிவத்தீன் கீழே கொடுக்கப்பட்ட செயல்பாட்டு நடைமுறையின் முழு பெயர்)                     |   |   |  |  |  |  |
| எதீர்பார்க்கப்பட்ட முடிவைப் பற்றி எ   | * எனது அறுவை சிகீச்சை நிபுணர் நடைமுறையின் அபாயங்களை விளக்கியுள்ளார் மற்றும் மாற்று சிகீச்சைகளுக்கு எனக்கு அறிவுறுத்தியுள்ளார் மற்றும்<br>எதிர்பார்க்கப்பட்ட முடிவைப் பற்றி என்னிடம் கூறினார். எனது நிலை சிகீச்சையளிக்கப்படாவிட்டால் என்ன நடக்கும், இந்த செயல்பாட்டிற்கு மயக்க மருந்து<br>சேவைகள் தேவை என்பதையும் நான் புரிந்து கொள்கிறேன். இதனால் எனது மருத்துவர் அறுவை சிகீச்சை அல்லது செயல்முறையைச் செய்ய முடியும்.   |   |  |  |  |  |
| கடுமையான சிக்கல்கள் ஏற்படலா   | ் அனைத்து வகையான மயக்க மருந்துகளும் சில அபாயங்களை உள்ளடக்கியதாக எனக்கு விளக்கப்பட்டுள்ளது. மயக்க மருந்துகளுடன் எதிர்பாராத<br>கடுமையான சிக்கல்கள் ஏற்படலாம். தொற்று நோய், இரத்தப்போக்கு, போதைப்பொருள் எதிர்வினைகள், இரத்த உறைதல், உணர்வு இழப்பு, மூட்டு<br>செயல்பாடு, பக்கவாதம், மூளை பாதிப்பு அல்லது மரணம் போன்ற தொலைதூர சாத்தியங்களை உள்ளடக்கியிருக்கலாம்.   |   |  |  |  |  |
| அடையாளம் காணப்பட்டுள்ளன<br>விண்ணப்பிக்கலாம். கீழே சரிபார்ச்   | இந்த அபாயங்களை அனைத்து வகையான மயக்க மருந்துகளுக்கும் பொருந்தும் என்பதையும் கூடுதல் அல்லது குறிப்பிட்ட அபாயங்கள் கீழே<br>அடையாளம் காணப்பட்டுள்ளன என்பதையும் நான் புரிந்து கொள்கீறேன். ஏனெனில் அவை ஒரு குறிப்பிட்ட வகை மயக்க மருந்துக்கு<br>விண்ணப்பிக்கலாம். கீழே சரிபார்க்கப்பட்ட மயக்க மருந்து சேவையின் வகை (கள்) எனது நடைமுறைக்கு பயன்படுத்தப்படும். மயக்க மருந்து நுட்பம் எனது<br>உறவினர் உடல்நிலை, எனது மருத்துவரின் விருப்பங்கள் மற்றும் எனது சொந்த விருப்பம் உள்ளிட்ட பல காரணிகளால் தீர்மானிக்கப்படுகிறது என்பதை<br>நான் புரிந்து கொள்கீறேன். |   |  |  |  |  |
|   |   | படுத்துவதை உள்ளடக்கிய ஒரு மயக்க மருந்து தொழில் நுட்பத்தை, மயக்க மருந்து இல்லாமல்<br>நந்து உட்பட பயன்படுத்த வேண்டியிருக்கும் என்று எனக்கு விளக்கப்பட்டுள்ளது.  |  |  |  |  |
| 🗀 பொது மயக்க மருந்து  | எதிர்பார்க்கப்படும்<br>முடிவுகள்  | காற்றுப்பாதையை பராமரிக்க ஒரு குழாயை காற்றாலையில் அமர்த்துவதை உள்ளடக்கிய<br>மொத்த மயக்க நிலை   |  |  |  |  |
| மாற்று மருந்து  | நுப்பம்<br>—  | இரத்த ஓட்டத்தீல் செலுத்தப்படும் மருந்து, நுரையீரலில் சுவாசித்து அல்லது பிற வழிகள்<br>வழங்கப்படுகீன்றன   |  |  |  |  |
| முதுகெலும்பு<br>இவ்விடைவெளி   | அபாயங்கள்   | தொண்டைப்புண், குரல் வடங்கள், பற்கள், உதடுகள், கண்கள், செயல்முறை, நீனைவக<br>செயலிழப்பு, நீனைவக இழப்பு, அபிலாலைஷ்கள், நிரந்தர உறுப்பு சேதம், மூளை சேதம்<br>ஆகியவற்றின் போது விழிப்புணர்வு                           |  |  |  |  |
| 🔲 மற்றவை  | நன்மைகள்  | – ஆரம்ப மீப்பு<br>– பதட்டத்தீன் நிவாரணம்  |  |  |  |  |
| முதுகெலும்பு அல்லது<br>இவ்விடைவெளி / மயக்க மருந்து  | எதிர்பார்க்கப்படும்<br>முடிவுகள்  | உடலின் கீழ்பாதீயில் உணர்வு அல்லது இயக்கத்தீன் தற்காலிக குறைவு அல்லது இழப்பு   |  |  |  |  |
| ☐ மயக்க மருந்து / பொது மயக்க மருந்து  | <u>ச</u> ிராம்  | ஊசி / வடிகுழாய் வழியாக செலுத்தப்டும் மருந்து நேரடியாக முதுகெலும்பில் அல்லது<br>உடனடியாக முதுகெலும்பு கால்வாயுக்கு வெளியே வைக்கப்படுகீறது.   |  |  |  |  |
| □ மயக்க மருந்து இல்லாமல்  மாற்று மருந்து  □ பொது மயக்க மருந்து                                      | அபாயங்கள்   | எலும்பு சேதம். தொடர்ச்சியான முதுகுவலி, தலைவலி, தொற்று, இரத்தப்போக்கு, இரத்தம்போதல்,<br>ஹெமடோமா, உள்ளூர் மயக்க மருந்து, நாள்பட்ட வலி, மயக்க மருந்து, மூளை சேதத்திற்கு<br>மாற்று மருத்துவ சேவை காரணமாக நச்சுத்தன்மை |  |  |  |  |
| 🗌 மற்றவை  | நன்மைகள்  | சில நிபந்தனைகளின் கீழ் சிட்யூவில் பாதுகாப்பாக விடக்கூடிய எபிட்ரி வடிகுழாய்களுடன்<br>செயல்பட்டு வலி நிவாரணம்   |  |  |  |  |
| பெரிய / சிறிய நரம்புத் தொகுதி<br>மயக்க மருந்துடன் / வாது மயக்க மருந்து                              | எதிர்பார்க்கப்படும்<br>முடிவுகள்  | உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு அல்லது பகுதியின் தற்காலிக இழப்பு  |  |  |  |  |
| □ மயக்க மருந்து இல்லாமல்<br>மாற்று மருந்து  | நுட்பம்   | செயல்பாட்டின் பகுதிக்கு உணர்வு இழப்பை வழங்கும் நரம்புகளுக்கு அருகில் மருந்து<br>செலுத்தப்படுகிறது   |  |  |  |  |
| ☐ பொது மயக்க மருந்து<br>☐ IV பிராந்திய மயக்கமருந்து   | அபாயங்கள்<br>—-   | எலும்பு சேதம், தொடர்ச்சியான வலி, தொற்று, இரத்தப்போக்கு, ஹெமடோமா, உள்ளூர் மயக்க<br>மருந்து,மருத்துவ சேவை காரணமாக நச்சுத்தன்மை, மயக்க மருந்து, மூளை சேதத்திற்கு மாறுதல்   |  |  |  |  |
| முதுகெலும்பு /<br>இவ்விடைவெளி மயக்கமருந்து<br>மற்றவை  | நன்மைகள்  | – வலி இலவசம்<br>– சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை  |  |  |  |  |
| - <del>-</del>  |   |   |  |  |  |  |

| 🔲 மயக்க மரு  | மயக்க மருந்து<br>ச்சு   | எதிர்பார்க்கப்படுப்<br>முடிவுகள்   | உண  | ர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு   |   | ,<br>இழப்பு   | , ,, –                               |  |  |
|--|---|--|---|---|---|---|--------------------------------------|--|--|
|  | ந்து இல்லாமல்<br>ந்து   | இப்பம்<br>ம <del>ுடிவுள</del> ை  | ╅──   |   |   |   |                                      |  |  |
| மாற்றுகள்<br>🗌 பெரிய / சிரி  | ிய நரம்பு தொகுதி  | அபாயங்கள்  | ∔   |   | <del></del>   | <u> </u>  |                                      |  |  |
| 🗌 பொதுவான  | மயக்க மருந்து   | நன்மைகள்   |   | - ഖരി இலவசம்  |   |   |                                      |  |  |
| ் மற்றவை   |   | எதிர்பார்க்கப்படும்  | Ţ   | – சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை  |   |   |                                      |  |  |
| (மயக்கத்துடன்)   | யக்க மருந்து கவனிப்பு   | மிக்வி <u>சவு</u><br>இப்பாழு இப்படும்  | சாதார                                       | சாதாரண தூக்கத்தைப்போன்ற கவலையும் ஒளியும் குறைந்து வருகிறது  |   |   |                                      |  |  |
| மாற்றுகள்<br>🗀 பொதுவான ப   | വക്ക ഗന്ദ്ക   | நுப்பம்  |   | ன் நரம்பில் மருந்து செலுத்தப்ப(   |   |   |                                      |  |  |
| முதுகெலும்பு / <u>(</u>  | இவ்விடைவெளி மயக்க மருந்து<br>நி   | ்கள்யாபக   | +   | கால மயக்கம், காற்றுப்பாதை கட்<br>—————  | <del></del> _   |   |                                      |  |  |
| பற்றவை   |   | நன்மைகள்   | <del></del>                                 | ல இலவசம், ஆரம்ப கால வெளி  | யேற்றம்   |   |                                      |  |  |
| கண்காணித்த ம<br>முயக்கம் இல்லா   | யக்க மருந்து கவனிப்பு<br>மல்)   | எதிர்பார்க்கப்படு:<br>முடிவுகள்  | கணி   | வியில் மாற்றங்கள் இல்லை   |   |   |                                      |  |  |
| மாற்றுகள்  |   | நுட்பம்  | இல்கை                                       |   |   |   |                                      |  |  |
| ☐ பொதுவான<br>☐ இலேசான ம  |   | அபாயங்கள்  | நோயா  | ாளிக்கு வலி மற்றும் க <u>வ</u> லை இரு   | க்கலாம்   |   |                                      |  |  |
| 🗌 மற்றவை   |   | நன்மைகள்   | ஆரம்  | ப வெளியேற்றம்   |   |   |                                      |  |  |
| பிறப்புக்கு முந்தை   | ய / ஆரம்பகால குழந்தை  | பருவ மயக்க மரு   | Б <b>Ş</b> I                                |   |   |   |                                      |  |  |
| <b>★</b> கினைவாற்ற   | ல். நடத்தை மற்றும் கற்ற <u>ு</u>  | இல் நீண்டகால எக  | ുന്നങ്കയ                                    | <u>விளைவுகள் பொது மயக்க மருந்த</u>  | ு / மிகமான மயக்கம் / க  | ப்ப காலக்கில் மற்   | றும் ஆாம்ப                           |  |  |
|  |   |  |   | ரும் மீண்டும் வெளிப்படுதல்  | ,   | .در <i>د</i> ور   |                                      |  |  |
| * நான் / மேஸ்.   | rodu Grannad / Ocean  | ் ம். கோயானி   | பின் பிரச்                                  | நீநிதி, இந்த வடிவத்தீல் கையெ <i>ழ</i> ு   | த்திர்கள் கேகி <b>ந</b> ரை நீசி   | பாக வெ பக்கார்  | ரர் சடிவரசு<br>சார் சடிவரசு          |  |  |
|  |   |  |   | நந்து, இந்த வடிவத்தல் கையேழு<br>த மேற்பட்டவன் என்று இதன்மூல   |   | பால ஃஸ் மற்றிம  | ыромине                              |  |  |
|  |   |  |   |   |   |   |                                      |  |  |
| மேற்கூறிய செயல   | பாட்டிறகு (எஸ்) / நடைமுக  | றை (கள) எனக்கு வெ  | தாந்துவி                                    | ட்டது. நான் தானாக முன்வந்து எ   | ரனது ஒப்புதலை வழங்கு.   | <b>தேன்</b>   |                                      |  |  |
|  |   |  |   | ைய செய்வதற்கு) அறுவை சிகீச்   |   | ிசய்வதற்கான டா  | க்டர் பெயர்,                         |  |  |
| நோயாளியிடம் மு   | ழமையாக அறிந்திருக்கிற   | ார். சாத்தியமான வ  | 9വസ്ഥർ                                      | கள் மற்றும் சிக்கல்கள் மற்றும் சா   | த்தியமான மாற்றுகள்  |   |                                      |  |  |
| நான் / மேற்கூறிய   | ı நோயாளி / பெயரி <b>டப்</b> பட்   | ட நோயாளியின் (   | <u>ிரதிநிதி,</u> ,                          | இந்த வடிவத்தில் கைபெழுத்திபப்   | பட்ட தேதி, மன ரீதியாக   | 8 ஆண்டுகள் நிர  | ம்பிய நான்                           |  |  |
|  |   |  |   |   |   |   | ,                                    |  |  |
|  |   | ளந்தவொரு பயமும், அச்சுறுத்தல் அல்லது தவறான அனுமதியின்றி ஒப்புதல் அளிக்கீறேன் என்று மேலும் இதன்மூலம் அறிவிக்கீறேன். |   |   |   |   |                                      |  |  |
|  | கையொப்பம் / கட்டை விரல் பதிவு * பெயர் தேதி நே   |  |   |   |   |   |                                      |  |  |
|  | கையொப்பம் /   | கட்டை விரல் பதிவ   | *   | பெயர்   |   | தேதி  | நேரம்                                |  |  |
|  | கையπப்பம் /   | கட்டை விரல் பதிவ   | *   | வயர்  |   | தேதி  | நேரம்                                |  |  |
| நோயாளி   | கையொப்பம் /   | සරක <b>ර කි</b> ගේ පළිත  | *   | பையர்   |   | தேதி  | நேரம்                                |  |  |
| நோயாளிகளின் பிரதி  |   | கட்டை விரல் பதிவ   | *   |   |   | தேதி  | நேரம்                                |  |  |
|  | 晚季 /  | கட்டை விரல் பதிவ   | *   | பெயர்<br>(நோயாளியுடன் பெயர் மற்றுப்   | <b>் உ</b> றவை எழுதவும்)  | தேதி  | நேரம்                                |  |  |
| நோயாளிகளின் பிரதி<br>பாதுகாவலர்  | BB /<br>  | கட்டை விரல் பதிவ<br>   | *   |   | o உறவை எழுதவும்)  | தேதி  | நேரம்                                |  |  |
| நோயாளிகளின் பிரதி<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான   | BB /<br>的<br>舒BB  | கட்டை விரல் பதிவ<br>   |   | (நோயாளியுடன் பெயர் மற்றுப்  | <b>் உ</b> றவை எழுதவும்)  | தேதி  | நேரம்                                |  |  |
| நோயாளிகளின் பிரத்<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர   | BB /<br>的<br>舒BB  |  |   | (நோயாளியுடன் பெயர் மற்றுப்  | o <b>உ</b> றவை எழுதவும்)  | தேதி  | நேரம்                                |  |  |
| நோயாளிகளின் பிரதி<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான   | BB /<br>的<br>舒BB  |  |   | (நோயாளியுடன் பெயர் மற்றுப்  | o உறவை எழுதவும்)  | தேதி  | நேரம்                                |  |  |
| நோயாளிகளின் பிரதி<br>பாதுகாவலர்<br>(பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான<br>காரணம்  | நிதி /<br>ல்)<br>தீநிதி<br>நோயாளி ஒப்பு   |  |   | (நோயாளியுடன் பெயர் மற்றுப்  | o <b>உ</b> றவை எழுதவும்)  | தேதி  | நேறம்                                |  |  |
| நோயாளிகளின் பிரதி<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான<br>காரணம்   | நிதி /<br>ல்)<br>திநிதி<br>நோயானி ஒப்பு   |  |   | (நோயாளியுடன் பெயர் மற்றுப்  | o <b>உ</b> றவை எழுதவும்)  | தேதி  | நேரம்                                |  |  |
| நோயாளிகளின் பிரதி<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான<br>காரணம்<br>சாட்சி<br>மொழிபெயர்ப்பாவ<br>(பொருந்தினால்)   | நிதி /<br>ல்)<br>நிநிதி<br>நோயாளி ஒப்பு   | தல் அளிக்க முடிய   | Jബിல്ഞo                                     | (நோயாளியுடன் பெயர் மற்றுப்  |   |   |                                      |  |  |
| நோயானிகளின் பிரதி<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான<br>காரணம்<br>சாட்சி<br>மொழிபெயர்ப்பாஎ<br>(பொருந்தினால்)<br>* நோயாளி ஒரு சிறி  | நிதி /<br>ல்)<br>நிநிதி<br>நோபாளி ஒப்பு<br>ார்  | தல் அளிக்க முடிய<br><br>து சம்மதத்தை வு  | பவில்லை                                     | (நோயாளியுடன் பெயர் மற்றும்<br>ற ஏனெனில்<br>யாவிட்டால் மட்டுமே ஆண்களுக்  | கான வலது கை மற்றும் 6   | )பண்களுக்கான இ  | இடது கை                              |  |  |
| நோயானிகளின் பிரதி<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான<br>காரணம்<br>சாட்சி<br>மொழிபெயர்ப்பாவ<br>(பொருந்தினால்)<br>* நோயாளி ஒரு சிறி<br>நான் நியமிக்கப்பட்ட                                       | நிதி /<br>ல்)<br>நிநிதி<br>நோபாளி ஒப்பு<br>ார்<br>ப்பவராக இருந்தால் அல்ல<br>பமருத்துவர், இயல்பு, சாத                              | தல் அளிக்க முடிய<br>து சம்மதத்தை வு<br>த்தியமான அபாய   | பவில்லை<br>நங்க முழ                         | (நோயாளியுடன் பெயர் மற்றும்<br>ற ஏனெனில்<br>யாவிட்டால் மட்டுமே ஆண்களுக்<br>றும் சிக்கல்கள், நோக்கம் கொல்                               | கான வலது கை மற்றும் எ   | )பண்களுக்கான இ  | இடது கை<br>நடமுறைக்கு                |  |  |
| நோயாளிகளின் பிரதி<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான<br>காரணம்<br>சாட்சி<br>மொழிபெயர்ப்பாள<br>(பொருந்தினால்)<br>* நோயாளி ஒரு சிறி<br>நான் நியமிக்கப்பட்ட<br>வரும் நடைமுறைச                     | நிதி /<br>ல்)<br>நிநிதி<br>நோபாளி ஒப்பு<br>ார்<br>பயவராக இருந்தால் அல்வ<br>_ மருத்துவர், இயல்பு, சாத<br>ன் மற்றூல் திட்பமிடப்பட்ட | தல் அளிக்க முடிய<br>து சம்மதத்தை வு<br>தியமான அபாய<br>செயல்பாடு/ நடை   | பவில்லை<br>ஹங்க முடி<br>ந்கள் மந்<br>முறைக் | (நோயாளியுடன் பெயர் மற்றும்<br>ற ஏனெனில்<br>யாவிட்டால் மட்டுமே ஆண்களுக்  | கான வலது கை மற்றும் எ<br>னட நன்மைகள், எதிர்பா<br>யாளி / நோயாளி பிரதி                    | )பண்களுக்கான இ  | இடது கை<br>நடமுறைக்கு                |  |  |
| நோயாளிகளின் பிரத்<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான<br>காரணம்<br>சாட்சி<br>மொழிபெயர்ப்பாவ<br>(பொருந்தினால்)<br>* நோயாவி ஒரு சிறி<br>நான் நியமிக்கப்பட்ட<br>வரும் நடைமுறைச                     | நிதி /<br>ல்)<br>நிநிதி<br>நோபாளி ஒப்பு<br>ார்<br>மருத்துவர், இயல்பு, சாத<br>ன் மற்றும் திட்டமிடப்பட்ட<br>க்கப்பட்டுள்ள தகவல்களை  | தல் அளிக்க முடிய<br>து சம்மதத்தை வு<br>த்தியமான அபாய<br>செயல்பாடு/ நடை<br>எ அவர் / அவள் மு                         | பவில்லை<br>ஹங்க முடி<br>ந்கள் மந்<br>முறைக் | (நோயாளியுடன் பெயர் மற்றும்<br>ந ஏனெனில்<br>மாவிட்டால் மட்டுமே ஆண்களுக்<br>நும் சிக்கல்கள், நோக்கம் கொல<br>கு சாத்தியமான மாற்றுகள், நோ | கான வலது கை மற்றும் எ<br>எட நன்மைகள், எதிர்பா<br>யாளி / நோயாளி பிரதி<br>ன் நம்புகீறேன். | ்பண்களுக்கான இ<br>க்கப்பட்ட பின் நல<br>தேக்கு விளக்கியுள் | இடது கை<br>மடமுறைக்கு<br>எளார். இந்த |  |  |
| நோயாளிகளின் பிரதி<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான<br>காரணம்<br>சாட்சி<br>மொழிபெயர்ப்பாள<br>(பொருந்தினால்)<br>* நோயாளி ஒரு சிறி<br>நான் நியமிக்கப்பட்ட<br>வரும் நடைமுறைச<br>ஆவணத்தில் விவரி  | நிதி /<br>ல்)<br>நிநிதி<br>நோபாளி ஒப்பு<br>ார்<br>பயவராக இருந்தால் அல்வ<br>_ மருத்துவர், இயல்பு, சாத<br>ன் மற்றூல் திட்பமிடப்பட்ட | தல் அளிக்க முடிய<br>து சம்மதத்தை வு<br>தியமான அபாய<br>செயல்பாடு/ நடை<br>எ அவர் / அவள் மு                           | பவில்லை<br>ஹங்க முடி<br>ந்கள் மந்<br>முறைக் | (நோயாளியுடன் பெயர் மற்றும்<br>ந ஏனெனில்<br>மாவிட்டால் மட்டுமே ஆண்களுக்<br>நும் சிக்கல்கள், நோக்கம் கொல<br>கு சாத்தியமான மாற்றுகள், நோ | கான வலது கை மற்றும் எ<br>னட நன்மைகள், எதிர்பா<br>யாளி / நோயாளி பிரதி                    | )பண்களுக்கான இ  | இடது கை<br>நடமுறைக்கு                |  |  |
| நோயாளிகளின் பிரத்<br>பாதுகாவலர்<br>பொருந்தும் என்றா<br>நோயாளிகளின் பிர<br>சம்மதத்திற்கான<br>காரணம்<br>சாட்சி<br>மொழிபெயர்ப்பாள<br>(பொருந்தினால்)<br>* நோயாளி ஒரு சிறி<br>நான் நியமிக்கப்பட்ட<br>வரும் நடைமுறைச<br>ஆவணத்தில் விவரி  | நிதி /<br>ல்)<br>நிநிதி<br>நோபாளி ஒப்பு<br>ார்<br>மருத்துவர், இயல்பு, சாத<br>ன் மற்றும் திட்டமிடப்பட்ட<br>க்கப்பட்டுள்ள தகவல்களை  | தல் அளிக்க முடிய<br>து சம்மதத்தை வு<br>தியமான அபாய<br>செயல்பாடு/ நடை<br>எ அவர் / அவள் மு                           | பவில்லை<br>நங்க முடி<br>முறைக்<br>முறைக்    | (நோயாளியுடன் பெயர் மற்றும்<br>ந ஏனெனில்<br>மாவிட்டால் மட்டுமே ஆண்களுக்<br>நும் சிக்கல்கள், நோக்கம் கொல<br>கு சாத்தியமான மாற்றுகள், நோ | கான வலது கை மற்றும் எ<br>எட நன்மைகள், எதிர்பா<br>யாளி / நோயாளி பிரதி<br>ன் நம்புகீறேன். | ்பண்களுக்கான இ<br>க்கப்பட்ட பின் நல<br>தேக்கு விளக்கியுள் | இடது கை<br>மடமுறைக்கு<br>எளார். இந்த |  |  |
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# ANAESTHESIA RECORD



Every heart beat counts

| (A milt of thittee Hearingare Partito)  |  | •                                     | Every heart beat counts                 |
|---|--|---------------------------------------|---|
| MT.RAMESH S   | Type of Surgery :   [ ]                          | Day Care ☐ Elective ☐ E               | mergency                                |
| 1 56/Male/MHI202481637<br>10/01/2024/PH2024000086   | Blood Group — 🚾                                  | Height : 166 cms Weigh                | it GKgs                                 |
| Dr.RAJESH.V   | Pre-Operative Diagno                             | osis: 75. 3178.                       | 925                                     |
| C NO NA NINI COLERA CON LIBERTANTI PRATURO ROLL NO TRI  | Proposed Surgery:                                | Anaesthetic Plar                      |   |
| ASA Grade: 🗆 I 🗆 II 🗆 III 🗆 IV 🗆 V 🗆 E  | CABC   | GA'.                                  | <u> </u>                                |
| History of Present Illness:   | COMORBIDITY                                      | Present                               | Medication :                            |
|   | HT ☐ SMOK  | 1 2 7 7                               | toodared edyport                        |
|   | ALCO   | <sup>ПОL</sup>   277                  | ~ 10 1 24                               |
| <del></del>   | ] ASTHMA / COPD ☐ GERD<br>I HYPO THYROID ☐ CKD / | • • • • • • • • • • • • • • • • • • • | • , , ,                                 |
| · · · · · · · · · · · · · · · · · · ·   |  | Anti Plate                            | elet Stopped on:                        |
|   | EPILEPSY   | C112                                  | 4                                       |
| Physical Examination :  ☐ JAUNDICE ☐ PEDEL OEDEMA   | SYSTEMC EXAMINATION                              | )N                                    |   |
| ☐ CYANOSIS ☐ CAROTID BRUIT  | cvs: 3,5,  | CNS: WWL                              |   |
| ☐ CLUBBING  | RS: cleen  | Others : אַנּאַ                       | م <sup>ور</sup>                         |
| HR: 62 mt NIBP: 1080 mm   | SPO2   | 2: <b>97 %</b> TEMP: 4                | 18                                      |
| INVESTIGATION   | 여숙 SEROLOGY                                      | ANGIO                                 |   |
| HB : דאבים T.BILIRUBIN : בבים T3  | 95 SEROLOGY                                      |                                       | 100 man 1187                            |
| PLAT : 3,19,600 I.D. :0107 T4   | - IO   | ECG TV V3 -VL.                        | nam be de de                            |
| 10 : n .0.15  | Urine: عرب الم                                   | 1 7 13 - 11.                          |   |
| T-PROTEINS · 7.0  | لم مرب   | CXR Clear long of                     | مالخلطه -                               |
| HBA1C   | :Others:   | Artefact (1) upper 200                |   |
| RBS   |  | ECHO 27 38 1/3                        | (Stangerod)                             |
| 30 6  | •  | RMMA+                                 | H, MIL MR                               |
| AIII  |  | Q1 IL DD                              | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Teeth CAROTID DO  | OPPLER   | Archi Value                           |   |
| Mallampatti class   | * 15 18 1 3 5 11 4                               | 1 me Is                               |   |
| Mouth Opening いい  |  | TAPSE 187                             |   |
| Neck Movement WN L  |  | Other Opinions:                       |   |
| TM Distance WNL   |  |                                       |   |
| Pre OP Instruction : NPO From   | n: 12 midnight                                   |                                       | •                                       |
| Pre OP Instruction:  Pre Medication:  Night Before Surgery: tab. Alprano 6,5 mg  Day of Surgery  Special Instruction: |  | Blood Reservation                     |   |
| Night Before Surgery: tab. Album 6,5 09   | + Jzb. Gantoca                                   | PCV : Trace                           | Platelet :                              |
| Day of Surgery July More 500 + 100  | 19 30 20 mgmlf.                                  | FFP :                                 | CRYO:                                   |
| Special Instruction:  | 30,0,0   | Whole Blood:                          |   |
| Remarks:  |  | ·                                     |   |
| Dr. A. SA   | MUEL SYLVESTER                                   | 1                                     |   |
| Re  | eg. No: <b>43570</b>                             | n.                                    | <del></del>                             |
| Anaesthetist Name with Reg.No.:   | 0.7.070  | Signature :                           | ĺ                                       |

Anaesthetist JEETH PROVEET Anaesthesia Technique RV PJR Surgeon ☐GA ☐Regional ☐Others PRE INDUCTION ANAESTHESIA RECORD MONITORS AND EQUIPMENTS **GENERAL ANAESTHESIA** INDUCTION: Pulse: 32 BP: 126 32 RR: Left Right 🗖 Pre O, 🔲 Rapid Sequence 🗖 IV Sensorium: ECG Pulse Oximeter End Tidal CO. ☐ Inhalation - Agent used:\_ Sign-in Completed: ☐Yes ☐ No ☐das Analyzer ☐dxygen Sensor Mode of Ventilation: Spontaneous Controlled Equipment Checked: Yes No Sign: No. 86510 AIRWAY MANAGEMENT: Disconnect Temperature Probe Intubations rail Nasal ETT Size: \_\_\_\_Type: CL Grade: I \_\_\_\_\_th III / IV Secured at: \_\_\_\_\_cm
Any difficulties and accessories: Foley Catheter Nerve Stimulator Others:\_ CVC Type: 85 FV 4 Site: ( IT **PATIENT SAFETY** Throat Pack: Yes No Removed Position on Table: NG / OG Tube: Yes No ☑ Standard Asepsis ☐ USG Guidance Pressure points checked & Padded: ✓ Yes No OTHER AIRWAY DEVICES: LIMA Type & Size: CCAHIC (A) Complications: Yes No Eye Care: 1 Yes No If Yes, details:\_\_\_\_ ☐ Via Tracheostomy ☐ Face Mask ☐ Nasal Prongs Safety Belt: ☐ Yes ☐ No Arterial Line - Type: 2-5 Site: (B) Re-Others: Warming Blanket; ☐ Yes ☐ No Antibiotic / Dose / Time Fluid Warmer: Yes Mo ☑ PVC Type: 16 5 site: (名) CF INJ CETTOXIME 1.59M @ TED Stockings: ☐ Yes ☐ No PVC Type: \_\_\_\_\_\_ Site: Sequential Compression / Decompression: Reversal of Anaesthesia ☐ Yes ☐ No Others: PROPOFOL MIDAZOLAM 200 FENTANYL MORPHINE **VECURONIUM ETOMIDATE** KETAMINE SUXA/ROCURONIUM CISATRACURIUM/ATRACURIUM SEVO/ISOFLURANE Alf/N<sub>-</sub>O 4.30 11.3 200 Systolic V 180 Diastolic A 160 Pulse 140 SIGNS 120 Resp. 100 Operation < 80 60 40 Temp 20 SPO2 100 CVP PAP ETCO 14 Urine Outp PCO PO, Na HCT LAC BE HCO

| ,                    |          | STA       | ART      |             | STOP                 | FLUID TRA  | NFL  | JSED      | BLOC    | D PR             | ODUCTS      |
|----------------------|----------|-----------|----------|-------------|----------------------|------------|------|-----------|---------|------------------|-------------|
| ANAESTHES            | SIA      |           | .45      |             | 14.05                | CRYSTALOID | 5    | COLLOID   | · · · · |                  |             |
| PROCEDUR             | RE       |           | ·45      |             | 4.00                 | KL × 4     |      |           |         |                  |             |
| СРВ                  | •        |           | CAB-     | 1           | -1-00                | X2         | 7    | -         |         |                  |             |
| AXC                  |          | — Or      | UJP-     |             |                      |            | 1    |           |         | <del></del>      |             |
| CUF:                 |          |           | MUF:     |             |                      |            |      |           |         |                  |             |
|                      | HE       | PARIN     |          |             |                      | Р          | RES  | SSURE MO  | NITOR   |                  |             |
| DOSE                 | ,        | TIME      |          |             | ACT                  | PRE OP     |      | _         |         | ,                |             |
| 100 mg/              |          | 111.39    | 1        | <u> 38</u>  | 30 Sers              | PA         |      | RV        |         | P <sub>.</sub> C | NΡ          |
|                      |          |           |          |             |                      | ABP        |      |           |         |                  |             |
|                      | PF       | ROTAMIN   | 1E       |             |                      | POST OP    |      |           |         |                  |             |
| DOSE                 |          | TIME      |          |             | ACT                  | DA         |      | D.V       |         | D.               | MID.        |
| 1 20 m               |          | 13:14     | _        | [2          | 8 Sey                | PA         |      | RV        |         |                  | WP          |
| INOTRO               | PES & IN | IFUSIO    | vs       |             | _                    | ABP        |      |           |         |                  |             |
| DRUG                 | DOS      | ≣         | START    |             | END                  | DRUG       |      | DOSE      | STAR    | T                | END         |
| DILUTION             | (RANG    | E)        | TIME     |             | TIME                 | DILUTION   | (1   | RANGE)    | TIME    | Ξ.               | TIME        |
| NOTAD                | 0.05     | y Kym     | in-2     | ?·5 M       | 4/4~                 |            |      |           |         |                  |             |
| Ang som              |          |           | 11.15    |             | 14-00                |            | -    |           |         |                  |             |
|                      |          |           | 11.10    |             |                      |            |      |           |         |                  |             |
| MIG                  |          | almin -   | → 4 W    | 1/2         | <u> </u>             |            |      |           |         |                  |             |
| 25mg 25ml)           |          | +-        | •        | 11          | _                    |            |      |           |         |                  | <del></del> |
|                      |          |           | 11-00    | 7           | ·20                  | -          |      |           |         |                  |             |
| DEGIONAL             |          |           | 1/50 N/6 |             |                      |            |      |           |         |                  |             |
| REGIONAL<br>DETAILS: |          | <u>``</u> |          | _           | 2 1                  | IABP:      |      |           |         |                  | 1           |
|                      |          | EL LE     | 60 W     | ء : ٩       | 0.2 Y                | ECMO: -    |      |           |         |                  |             |
| , ②                  | (L) fr   |           |          | +           | DIN MEM INC.         |            |      |           |         |                  |             |
| ∕②                   | (T) 2    | ¥ )       | ZOA Y    | y' 0        | iopirmaine ox med.   | TEE:       |      | ~         |         |                  |             |
|                      |          |           |          | U           |                      |            |      |           |         |                  |             |
| REMARKS /            | CRITICA  | AL EVEN   | ITS      |             |                      |            |      |           |         |                  |             |
|                      |          |           |          |             |                      |            |      |           |         |                  |             |
|                      |          |           |          |             |                      |            |      |           |         |                  |             |
|                      |          |           |          |             |                      |            |      |           |         |                  |             |
|                      |          |           |          |             |                      |            |      |           |         |                  |             |
|                      | _        |           |          |             |                      |            |      |           |         |                  |             |
|                      |          |           |          | ^           |                      | - C        | امرا |           |         |                  |             |
| ANIACOTUC            | eiol oo: | OT NIANA  | tre      | <b>₩</b> ₹₹ | IFMAFRA<br>PROP. No. | VEEN       | 4    | NONATURE  | -       |                  |             |
| ANAESTHE:<br>REG.NO. | コリレレビ    | OI NAM    | c: /     | 8.62        | 'A_TraR' INO:        | 86510      | 8    | SIGNATURE | =       |                  |             |

|                              | POST OPER                                   | ATIVE PLAN | <del>-</del>   |                            |
|------------------------------|---|------------|----------------|----------------------------|
| Transfer to: SICU            | Others, specify:                            |            |                |                            |
|                              | 70 beats/min Rhythm                         |            |                |                            |
| ABP: mmH<br>Conscious state: | lg CVP: 7 mm                                | Hg PAP:    | mmHg<br>Pain s | C.O : L/min                |
| VENTILATOR SETTINGS :        | - <u>-</u>                                  | IONOTROP   | ES:            |                            |
| pt. extronted                | lin OR                                      | -1         | VIL-           | ,                          |
|                              |   |            | . •            | ,                          |
| POST OP ORDERS:              | ABG/ACT/CXR<br>full maniformy<br>eview sos. |            |                |                            |
| - 8                          | erient fos.                                 | · .*       | -              |                            |
| MODIFIED ALDRETE'S SCOR      | RE (Score against each criteria)            |            |                | ,                          |
| CRITERIA                     | PARAMETER                                   |            | Scale          |                            |
|                              | 4 extremities                               |            | 2              | ·                          |
| voluntarily or on            | 2 extremities                               |            | 1              |                            |
| command                      | No  |            | 0              | Total Score :              |
|                              | Able to breath deeply and co                | uah freely | 2/             |                            |
| Breathing                    | Dyspnea, shallow or limited                 |            | 1              | Patient fit for discharge: |
|                              | Apnea                                       | •          | 0              | YES NO                     |
|                              | Fully awake                                 |            | 2/             |                            |
| Canadiaunnagaa               | Arousable on calling                        |            | 1              | . (                        |
| Consciousnesss               | unresponsive                                |            | 0              | `                          |
|                              | +20% of pre-anaesthesia leve                | al         | 2              | ·                          |
| Circulation                  | +20% to 49% of pre-anaesthe                 |            | 1              | /                          |
| (Blood Pressure)             | +50% of pre-anaesthesia leve                |            | 0              | /                          |
|                              | Maintains SPO <sub>2</sub> >92% in amb      | ient air   | 2/             |                            |
| SPO <sub>2</sub>             | Maintains SPO <sub>2</sub> > 90P% with      |            | 1              |                            |
|                              | Maintains SPO, <90% with O                  | 2          | 0              |                            |
|                              |   |            | <br>\ λ        |                            |

Anaesthetist Name & Reg.No. :

Dr. PRAVEEN QUEEN REG. No. 86510 \*\*

Signature





## **OPERATION NOTES**

| Pre-Operative Diagnosis: CAD/TV  Post-Operative Diagnosis: CAD/TV  peration Procedure off Pump  | D/ Med ev dysfuntion / L+ l<br>Mod ev dysfuntion / L+ l<br>CABG X 3 grafts<br>LAD SVG - SPDA          | Mr. RAMESH S  56/Male/MHI202481637  10/01/2024/IPH2024000086  Dr. RAJESH. V |
|---|---|---|
| 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: nation   | Nature of Anaesthetic: Gened.   |
| Surgeons Dr. Roylesh ) Dr. Prove  | ۸   | Perfusionist  |
| Anaesthetist Dr. Jewa / Dr. Prove   |   | Nurse Mr-Sasi Kunca / Ms. Devi  |
| Incision nidline Steinstony   |   |   |
|   | Arterial  | Venous  |
| Oxygenator  |   | cotomy - Thyrous divised - vertical   |
| Total ACC Time Total TCA Time  Findings and Relevant Details:  LIMA of good colubre and flow  ~ 1.75mm  Li Rabol alt of good colubre ~ 2mm  Li Sun of good colubre ~ 4mm  Toylor-  LAD - 1.5 Healty  D. | entiel - Systemie haponis<br>focadoum stabilised with<br>in - SVC anostomosed<br>LAD - Pewsontis felt | Cardiot   |

| POST-BY PASS                                | S HAEMODYN                            | IAMICS       |   |                    |  |                |             |
|---|---------------------------------------|--------------|---|--------------------|--|----------------|-------------|
| RA  |                                       |              | LA  |                    |  | Cardiac Output | •           |
| RV  |                                       |              | LA  |                    |  | CI             | *4          |
|   | svs                                   |              |   | SYS                |  | •              | •           |
| PA  |                                       | MEAN         | ВР  |                    | MEAN                                   |                |             |
|   | DIAS                                  |              |   | DIAS               |  |                |             |
| PACW  | 1                                     |              |   |                    |  |                |             |
| Support:                                    | Isoprin                               |              | Adrenaline                                  |                    |  |                |             |
|   | Dopamine                              |              | IABP  |                    |  |                |             |
|   | Dobutrex                              |              |   | Novad 0.0          | z rg ) kg) min                         |                |             |
| POST-OPERAT                                 | IVE INSTRUC                           | TIONS :      |   |                    |  |                |             |
| To do -                                     | Anc. Mrs.                             | chur xa      | ~~ M  |                    |  |                |             |
| . 1   | , , , , , , , , , , , , , , , , , , , |              | ð   |                    |  | -              |             |
| North frais                                 |                                       |              |   |                    |  |                |             |
|   | 1-Rleading                            | 1            |   |                    |  |                | _           |
|   | 1-Rleading                            | ) ca         |   |                    |  |                |             |
|   | . Q1                                  |              |   |                    | _                                      |                |             |
|   |                                       |              |   |                    | <u>-</u>                               |                |             |
|   | I                                     |              |   |                    |  |                |             |
| Blood lass                                  | - 200 nJ                              | <del>-</del> | <del></del>                                 |                    |  |                | <del></del> |
| Bood house                                  | 1318m - NII.                          | <del></del>  |   |                    |  | <del>-</del>   |             |
|   |                                       |              |   | ·                  |  |                |             |
|   |                                       |              |   |                    |  |                |             |
| Drains: Chest<br>Medias<br>Perica<br>Others | <b>;</b>                              |              |   | ··/                |  |                |             |
| Sponge Count :                              | Correct.                              | • •          | Dr. V. RAJE<br>M.S. M.Ch(CT<br>Senior Consu | SH<br>VS)<br>Itant |  |                |             |
| Surgeon :                                   | D~ v. byzi⊑zh                         |              | horacic and Vas<br>·····Reg·No:·627         |                    | ······································ | Date:1.1.p.1(? | lus.        |







| NAME: Mr. RAMESH.S                 | AGE/GENDER: OP Nigar Affiance Healthcare Byt Lt. |
|------------------------------------|--|
| UHID NO: MHI202481637              | IP NO: IPH202400086                              |
| DOA: 10/01/2024                    | DOS: 11/01/2024                                  |
| SURGEON: DR. RAMESH                | ANESTHETIST:<br>DR. JEEVANANDAM/DR. PRAVEEN      |
| ASSISTED BY: DR. PRAVEEN JEYAKUMAR | SCRUB NURSE:<br>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

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Mogappair

Chengalpattu

Villupuram

Kumbakonam

Kakinada

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





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. RAJESII Reg No: 62794

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

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| والمستراكية والمستركة والم | garamananan min di se sepamananananananananan menganya mengahi sebelah pengaparananan belgai se aparahan baham sa 1,4,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,   |
|--|--|
| Caronary Albert Breeze   | nel Left Main Convey Artecy<br>News ? Tryle rend Disease!  |
|  | steading I riple rend Disease!   |
| 1968 - 1- Harms (Evolved   | 1) a factor to a   |
| properate Ly reptal  | it dyfar men!  |
| impe & Despetto/ Pate  | mil influence in   |
| with long your loke  | 12-277.  |
| -11 []   |  |
| 701/   | Left Subclavian Left Internal Mammary  |
| U JUNE VIEW  | . Good conduit   |
|  |  |
| Aorta—   | Left Rooks! Alberg - good wond wit   |
|  | The state of the s |
|  | Left Main Coronary   |
| Right Coronary   | Circumflex   |
|  | Obtuse Marginal  |
|  | Diagonal Amall, boxtesou   |
|  | Anterior Descending  |
| ith from leg   |  |
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| 1-5 20   | - Nor (4) inter-protesion well;  |
| presid.  | lardinaments - mily  |
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|  | - moderate distantian  |
|  | There is a second  |
|  |  |

| Name Ma-S-Rame      | 14     | 56/ may | _ Date | of Surgery <u>(</u> | 1/01/202  | UHID مين | . No.1749 | 201481      |
|---------------------|--------|---------|--------|---------------------|-----------|----------|-----------|-------------|
| Operation Pertormed | DP igs |         | GRAH   |                     | / · /     | <u></u>  |           |             |
| LIMA                |        | 40      | 104    | Radial              | Arten     |          | Dr.       | <del></del> |
|                     |        | R-Pan   | !      | ·                   | <u>./</u> | 18       | 1         |             |
|                     |        | 7       |        |                     |           | 1 Sty    | 62        | チモシ         |









| (A Unit of United Alliance Healthcare Pvt Ltd) |                                    |                      |  |  |  |
|--|------------------------------------|----------------------|--|--|--|
| Mr.RAMESH S<br>56/Malc/MHJ202481637            | ['S INFORMATION S                  | HEET                 |  |  |  |
| 10/01/2024/IPH2024000086  NAME Dr.RAJESH.V     | AGE/SEX HOUN                       | UHID NO 209 1 8 163  |  |  |  |
| CONSOLIANT                                     | SURGEON                            | ANAESTHETIST         |  |  |  |
| DR. RAJESH                                     | DR RAJESH                          | Do sylvestan         |  |  |  |
| DIAGNOSIS<br>(In Capital Letters)              | 1. CAD - LEFT MA                   |                      |  |  |  |
|  | 2. MODERATE LV SVS<br>EF-28        |                      |  |  |  |
|  |                                    | SCLEROSIS   RWMA (P) |  |  |  |
|  | 4. TRIVIALMR TR                    |                      |  |  |  |
|  | 5. TODM SHTN                       |                      |  |  |  |
|  | 6.                                 |                      |  |  |  |
|  | 7.                                 |                      |  |  |  |
|  | 8.                                 | , 4 + 1              |  |  |  |
| PRESENT PROCEDURE/<br>SURGERY                  | CABU                               |                      |  |  |  |
| PREVIOUS PROCEDURE/<br>SURGERY                 | caci done on 18-<br>Leternaun +TVD | 12.23 showed         |  |  |  |
| CONTACT NO. & RELATIONSHIP                     | 1. 9841611303<br>mr. Akash (50nl)  | 2.                   |  |  |  |

## **MEDICATION HISTORY**

| S.No | STARTED<br>ON | PAST MEDICATION<br>(On Admission) | Dose   | Route | Frequency | STOPPED<br>ON |
|------|---------------|-----------------------------------|--------|-------|-----------|---------------|
| 1    | 18-12-23      | T · ASPRIN                        | THMOT  | Plo   | 0-1-076   | ihi.          |
| 2    | 11            | T-CLOPPLET                        | TAMU   | Plo   | 0-1-04    | 1124          |
| 3    | 1)            | T. PAN                            | НОМОТ  | P/o   | 1-0-17    |               |
| 4    | "             | T. ATORVAS                        | 20M01  | Plo   | 0-0-14    |               |
| 5    | 11            | T-METXL                           | 2 5M U | P/0   | 1-0-0     | antine        |
| 6    | 11            | T- NETROCONTAIN                   | 2-6MC1 | P/0_  | 1-0-(_    |               |
| 7    | Ч             | TOUDCHS CHM2                      | 177AB  | Po    | 1-0-1     |               |
| 8    |               |                                   |        | . ,   | 7         |               |
| 9    |               |                                   |        |       |           |               |
| 10   |               |                                   |        |       |           |               |

| S.No | STARTED<br>ON | CURRENT MEDICATION (After Admission) | Dose      | Route | Frequency | STOPPED<br>ON |
|------|---------------|--------------------------------------|-----------|-------|-----------|---------------|
| 1    | 10.01.24      | T-NETROCONTEN                        | 2.6 MG    | Plo   | 1-0-1     |               |
| 2    | 11            | T PAN                                | HOMON     | Plo   | 1-0-1 4   |               |
| 3    | 11            | T-ATORVAS                            | 20MG      | Plo   | 0-0-1     | Continue      |
| 4    | 1/1/          | T.METYL.                             | 2.5111 (7 | PD    | 1-0-0     |               |
| 5    |               |                                      |           |       |           | _             |
| 6    |               |                                      |           |       |           |               |
| 7    |               |                                      |           |       |           |               |
| 8    |               |                                      | ı         | , ,   |           |               |
| 9    |               |                                      |           |       |           |               |
| 10   |               |                                      | •         |       |           |               |

### ANY RELEVANT INFORMATION:

| Admission / OT Receival  Date and Time :  From : To :   | Condition of the Pation  1. Stable / Unstable  3. Conscious / Semico  4. Febrile / A febrile | ent :<br>onscious / Unconscious | 2. Oriented / Disoriented  5. Intubated / Extubated |  |  |
|---|--|---------------------------------|---|--|--|
| Transfer Out  | Condition of the Pation  | ent:                            |   |  |  |
| Date and Time :   | Stable / Unstable     Conscious / Semice   | onscious / Unconscious          | 2. Oriented / Disoriented                           |  |  |
| From: To:   | 4. Febrile / A febrile   |                                 | 5. Intubated / Extubated                            |  |  |
| Transfer In   | Condition of the Patie   | ent:                            |   |  |  |
| Date and Time :   |  | onscious / Unconscious          | 2. Oriented / Disoriented                           |  |  |
| From: To:   | 4. Febrile / A febrile   |                                 | 5. Intubated / Extubated                            |  |  |
| 1) Known Case of Diabetic Mellitus  2) Known Case of Hypertension  3) Known Case of Bronchial Asthma/COPD | Year Ibyns Fyrs  | Months                          | Days  |  |  |
| 4) Known Case Of Others   |  |                                 |   |  |  |
| Denture   |  | n : Present / Absent            |   |  |  |
| Allergic Reaction : Drugs/Food  | ☐ Yes  If you means mention a  | No No No Nam                    | e:  |  |  |
| Pressure Ulcer Present  | Yes  If you means mention a  | No No about Grade: 1/2/3/       | 4 & Site:   |  |  |

### ANY RELEVANT INFORMATION:

|                            |                       | <del></del>      |                 |                   | Sign With<br>Date |
|----------------------------|-----------------------|------------------|-----------------|-------------------|-------------------|
| Peripheral Cannulation     | 1. Site:              | 1. Inserted Da   | te and Time     | 1. Removed on:    |                   |
|                            | 2. Site:              | 2. Inserted Da   | te and Time     | 2. Removed on :   |                   |
|                            | 3. Site:              | 3. Inserted Da   | te and Time     | 3. Removed on :   |                   |
| Neck Line: IJL/EJL         | Site:                 | Inserted Date    | and Time        | Removed on        |                   |
| Arterial Line : Right/Left | Site:                 | Inserted Date    | and Time        | Removed on        |                   |
| Sheath Arterial / Venous:  | Site:                 | Inserted Date    | and Time        | Removed on        |                   |
| Pressure Bandage           | Site:                 | Inserted Date    | and Time        | Removed on        |                   |
| Drain Site                 | 1. Mediastinal: Inser | ted Date and T   | ime             | Removed on        |                   |
|                            | 2. Pleural Right / Le | ft : Inserted Da | ite and Time    | Removed on        |                   |
| Urinary Catheterization    | Inserted Date and Tin | <br>ne           | Removed or      | 1                 |                   |
| Nasal / Oral Gastric Tube  | Inserted Date and Tim | ne               | Removed or      | 1                 |                   |
| Intubation Date and Time   | Extubation Date And   | Reintubatio      | n Date And Time |                   |                   |
| Other Information          | 10 (P<br>Blood Ba     | cv Pes           | ervatu<br>N ve  | on done<br>ennila | 10143             |

# **SAFETY FIRST**





MHI/ICU/2022/092



The way to better had a (A Unit of United AUL Mr. RAMESH S

NAME

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

110 NA 1901 NE BARTANINA <u>Indonesia Indonesia</u>

**3 INFORMATION SHEET** 

ON DIHU AGE / SEX

|                                   |  | \                                     |
|-----------------------------------|--|---------------------------------------|
| CONSULTANT                        | SURGEON  | ANAESTHETIST                          |
| DR RAJESH                         | DR. RAJESH.V   | DR JEGVANANDAM                        |
| DIAGNOSIS<br>(In Capital Letters) | 2.   | LEFT MAIN<br>LIV SYSTOLIC DYSTUNCTION |
|                                   | GRADE T DD   | ACRILIC VALVE SOLEROSI                |
|                                   | 5. FF-38 /-  | OR, NORHAL RV                         |
|                                   | 6.   |                                       |
| ,                                 | 7  |                                       |
|                                   | 8:   |                                       |
| PRESENT PROCEDURE/<br>SURGERY     | OPCABX 3 GRAM<br>LIHA — 7 LF<br>RAD — 7 ON<br>SVG — 7 PI | eD C                                  |
| PREVIOUS PROCEDURE/<br>SURGERY    |  |                                       |
| CONTACT NO. & RELATIONSHIP        | 1.7871378772 V.<br>MR. AKASH [SON]                       | C 2.9847611303<br>MR. RAMESH [SELF].  |

## **MEDICATION HISTORY**

|      |               | MEDICA                               | IION H   | 1510K1 | •         | o to   |
|------|---------------|--------------------------------------|----------|--------|-----------|--|
| S.No | STARTED<br>ON | PAST MEDICATION<br>(On Admission)    | Dose     | Route  | Frequency | STOPPED<br>ON                                |
| 1    | 10/1/24       | S. NITROCONTIN                       | J'6mg    | Po     | 1-0-17    |  |
| 2    | 11            | J. PAN                               | 45 mg    | PO     | 1-0-1     |  |
| 3    | 11            | J. MORVAS                            | Somg     | PO     | 0-0-4     | in the                                       |
| 4    | 1 11 11 11    | J. MES XL                            | 0.2.00   | Po     | 1-0-0     | oo! (  |
| 5    |               | ,                                    | 0        | ·      |           | ·  |
| 6    |               |                                      | • - , ,, |        |           | <u>.                                    </u> |
| 7.   | ٠.            |                                      |          |        |           |  |
| 8    |               |                                      |          |        |           |  |
| 9    |               |                                      | [-       |        |           |  |
| 10   |               |                                      |          |        | _         |  |
|      | PNILP         | IBUETEUS SUOMED                      | FINO     | 124    |           |  |
| S.No | STARTED<br>ON | CURRENT MEDICATION (After Admission) |          | Route  | Frequency | STOPPED<br>ON                                |
| 1    | 11.1.24       | 8yp. SUCANUMIA                       | 20m)     | p/0    | 1-1-17    |  |
| 2    | .11.1.29      | NEB-LEVOLIT                          | 0-63mg   | 1 14   | 9612      |  |
| 3    | 12.1.24       | T. TRUSEMING                         | 40mg     | rlo    | 1-1-0     |  |
| 4    | 12.1.29       | T-Spiroclocacronlo                   | Long     | Plo    | 1-1-0     |  |
| 5    | 12-1-29       | T DEPLOX FORTE                       | 17AB     | P/0    | 1-0-0     | continue                                     |
| 6    | 12-1-4        | T. CLOPILLET + PSPIRIL               | 和和       | Mo     | 0-1-6     |  |
| 7    | 12-1-24       |                                      | 20m1     | 1/0    | 0-0-1     |  |
| 8    | 121.29        | F. PARACOTAMOL                       | boomy    | P/o    | 1-1-1     |  |
| 9    | 12-1-29       | 86-crompte m                         | 12M "    | pp     | 0-0-1     |  |

30 mg

J-BUZEM J-METOANOTERL

10

### ANY RELEVANT INFORMATION:

| Admission / OT Receival                | Condition of the Patie                                  | ent :                     |                           |  |  |
|--|---|---------------------------|---------------------------|--|--|
| Date and Time: 11/1/24                 | 1. Stable / Unstable                                    | 2. Oriented / Disoriented |                           |  |  |
| of 14:20 From: OT To: SICU             | 3. Conscious / Semion 4. Febrile / A febrile            | onscious / Unconscious    | 5. Intubated / Extubated  |  |  |
| Transfer Out                           | Condition of the Patie                                  |                           | · -                       |  |  |
| Date and Time: 13/1/29                 | 1. Stable / Unstable                                    | onscious / Unconscious    | 2. Oriented / Disoriented |  |  |
| From: SICU To: 104                     | 4. Febrile / A febrile                                  | ,                         | 5. Intubated / Extubated  |  |  |
| Transfer In                            | Condition of the Patie                                  | ent:                      |                           |  |  |
| Date and Time :                        | Stable / Unstable     Conscious / Semice                | onscious / Unconscious    | 2. Oriented / Disoriented |  |  |
| From: To:                              | 4. Febrile / A febrile                                  | ongelous / Oneonsolous    | 5. Intubated / Extubated  |  |  |
|  | Year  | Months                    | Days                      |  |  |
| 1) Known Case of Diabetic Mellitus     | 16 years  |                           |                           |  |  |
| 2) Known Case of Hypertension          | 5 NEARS   | <del>- 5</del>            |                           |  |  |
| 3) Known Case of Bronchial Asthma/COPD |   |                           |                           |  |  |
| 4) Known Case Of Others                |   |                           | _                         |  |  |
|  |   |                           |                           |  |  |
| Denture                                | ☐ Yes ☐ Permanent Fixatio ☐ Temporary Fixatio           | No n: Present / Absent    |                           |  |  |
| Allergic Reaction : Drugs/Food         | ☐ Yes ☐ No If you means mention about Drug / Food Name: |                           |                           |  |  |
| Pressure Ulcer Present                 | Yes  If you means mention a                             | No about Grade: 1/2/3/    | 4 & Site:                 |  |  |

( )

### ANY RELEVANT INFORMATION:

|                                   |   | •                      | _             | (                            | Sign With |
|-----------------------------------|---|------------------------|---------------|------------------------------|-----------|
|                                   |   | <u></u>                |               |                              | Date      |
| Peripheral Cannulation            | 1. Site:  | 1. Inserted Da         |               | 1. Removed on:               | well and  |
|                                   | RT CUBTAL   | 11/1/24 01             | '             | /-1                          | Sold      |
|                                   | 2. Site:  | 2. Inserted Da         | te and Time   | 2. Removed on:               |           |
|                                   | 3. Site:  |                        |               | 2 D                          |           |
|                                   | 5. Site:  | 3. Inserted Da         | te and Time   | 3. Removed on:               | }         |
| Neek Line : IJL / EJL             | Site:   | Inserted Date          | and Time      | Removed on                   | (A)       |
|                                   | RT 1JV  | 11/1/24 oF             | 9.60          | 13/1/24 @10:00               | 219       |
| Arterial Line: Right/Left         | Site:   | Inserted Date          | . •           | Removed on                   | (18.12    |
|                                   | RT RADIAL   | 11 1 24 at             | 9,55          | 12/12400 09:45               | 3         |
| Sheath Arterial / Venous:         | Site:   | Inserted Date and Time |               | Removed on                   |           |
|                                   |   |                        | •             |                              |           |
| Pressure Bandage                  | Site: RT RADIAL                                   | Inserted Date and Time |               | Removed on                   | ,Lı       |
|                                   |   | 12/1/24                | ०१।५५         | 13.1.24 80500                | -64       |
| Drain Site                        | 1. Mediastinal: Inserted Date and Time Removed on |                        |               |                              |           |
|                                   | +   |                        |               |                              | 841       |
|                                   | 2. Pleural Right / Le                             |                        |               | Removed on   1211 24 @ 12220 | 50275     |
|                                   | <u> </u>  | 13.15                  |               | <u> </u>                     | _         |
| Urinary Catheterization           | Inserted Date and Tin                             |                        | Removed or    | •                            | de        |
| No set / O set Contribution Trabe | 111124 OF 9.5                                     |                        | -             | 4 @ 05.10                    | -OW.      |
| Nasal / Oral Gastric Tube         | Inserted Date and Tin                             | 16                     | Removed or    | n.                           |           |
| Intubation Date and Time          | Fortillation Date Audi                            | 77:                    | Daineda Air   | . D.4. A. 4 Ti               |           |
| intubation Date and Thire         | Extubation Date And                               | ııme                   | Remiudano     | n Date And Time              |           |
| Other Information                 | CLO CHEST PAIN                                    | 1                      |               | · ·                          |           |
|                                   | 3. ECHO BONE (                                    |                        | <b>,</b>      |                              |           |
|                                   | Cor ends on                                       | ~ 1]0 10<br>: eleter   | S Com         | [DOMAN S                     |           |
|                                   | at their on                                       | ام اماره ا<br>اماره ع  | LECKI         | · (XICARAIN)                 |           |
|                                   | CAG BONE ON<br>BCG BONE ON                        | t and tol              | 1124<br>P. A. | الماه م                      | Va-       |
|                                   | RCG BONT ON                                       | 30[12] 23              | LHR-          | 74 bpm)                      | 024       |
|                                   |   |                        |               |                              |           |
|                                   |   |                        |               |                              |           |
|                                   |   |                        |               | -                            |           |

A ...





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

MHI/OT/2022/086

Medway
Heart
Institute

Every heart beat counts

|     |     | _  | -   |   |   | <br>- |
|-----|-----|----|-----|---|---|-------|
|     | _   |    |     |   | _ | <br>  |
| Νīτ | · W | ДΜ | 100 | u | • |       |

| Name of the Bresedure :   | OPCAR (CLOUR                   | HEADOCATION: CT- OT   | Date & Time : 1                             | 56/Malc/MHI202481637<br>10/01/2024/IPH2024000086                       |  |  |
|---|--------------------------------|---|---|--|--|--|
| reame of the Procedure  | M CATIN CLESSE                 |   |   | 1 L° L Dr.RAJESH.V   |  |  |
| Does the Procedure involve  | Procedural Sedation :          |   | esthesia.                                   |  |  |  |
| SIGN IN 9:40  |                                | TIME OUT こしの さんち After procedural Sedation and before procedure   |   | SIGN OUT 기가 너<br>When Doctor indicates that the Procedure is completed |  |  |
| Before Induction of Procedural So<br>(Anaesthetist / Qualified Physicia |                                | l   | rian administering Procedur                 | ·  |  |  |
| Sedation + Nurse + Technician + Do                                      | ctor 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   | ⊡Yes                           | Identity by two identifiers .   | ☐Yes  | Name of the Procedure done written down Yes                            |  |  |
| Procedure   | ☑Ýes                           | Procedures  | ☐Ýes  | Name and site of all specimens / investigations ☐ Yes ☐ NA             |  |  |
| Side  | □Ri, □Łi □NA                   | Side  | □Rt □T(t □NA                                | confirms labeling and sent to lab                                      |  |  |
|   | chest, lag, hard               | Expected Blood loss . 300 - 400 mg  | Chest Legiton                               |  |  |  |
| Consent   | Yes                            | Position : SUPINE   | '∐Yes                                       | Any recovery concerns : ☐ Yes ☐ Mone                                   |  |  |
| Known Allergy   | ☐ Yes ☐ NoT KNOW               | Consent   | Yes   | If Yes, Pls. specify:  |  |  |
|   | If yes, plaese specify         | Required equipment and implants available   | ØYes □NA                                    | _  |  |  |
| Difficult airway / aspiration risk                                      | ☑No ☐ Yes, equipment           | Essential Imaging displayed   | ☐Yes ☐NA                                    |  |  |  |
| / dentures  | and assistance available       | Antibiotic prophylaxis within last 60 minutes   |   |  |  |  |
| Possibility of hypothermia  | ☐ No ☐ Yes, warmer in place    | Name of the Antibiotic given my. Coferoxoi wa   | 11:010 -46-6-17                             | Any Equipment / instrument problem that needs to be                    |  |  |
|   |                                | Venous Thromboembolism Prophylaxis Provided   |   | addressed: ☐ Yes ☐ None If Yes, Pls. specify:                          |  |  |
| All concerned anesthesia equipment                                      | and medication check complete  | Anticipated duration briefed  | ∐Yes  | Dongo, genze, needle and<br>Indruments Cants Correct                   |  |  |
| Spo2   MIBP   Other   | s pls. specify                 | Anticipated blood loss briefed  | ☐Yes ☐NA                                    | January January  |  |  |
| Pre OP medication taken   | ☐Yes ☐No                       | Adequate fluids and blood available   | ☐Yes ☐NA                                    | Instruments canti come of the  |  |  |
| The of medication taken   |                                | Team briefed on any critical or unexpected steps  | [1]Yes                                      | Corrective action :  |  |  |
| Required equipment for  | ☑Yes □NA                       | For procedural sedation cases   |   | 1  |  |  |
| procedure available   | -                              | Any patient specific concerns :   | ☐ Yes ☐ None                                |  |  |  |
|   |                                | Intra procedure glycemic control  Anyeoncems about sterility  | ☐Yes ☐NA<br>☐Yes ☐None                      | -  |  |  |
| <del></del>   | Dr. V. RA                      | <del>10 E 0 11</del>  | 1   |  |  |  |
| Anaesthetist / Doctor giving  | Doctor performing the          | (CIVS) Nurse: P/N SUJATHA   | Technician: Mr B                            |  |  |  |
| Procedural Sedation D. Procedural                                       | Cardiothoracic and             | Surpery Asi   |   | 041.   |  |  |
| Date:11/01/24   | Date: Neg No:                  | 027/94 Date :   | Date: 11 6/ 24                              | Polo Date: 11/01/24 . X 1  |  |  |
| Time: 14:15   | Time: 14:15                    | Time: 11) 01/24@ 14:15  | Time: , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ON Time: (4:15   |  |  |



#### Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





MHI/IP/2022/067

# 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:

- 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.
- 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.
- 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 PIN Broggathan  Doctor  Time 15. 16 | Patients name Patient signature  Or Guardians name  AKASH-5-R |
|---|---|
| Doctor                                      | or Guardians name   |
| Time  | Guardians signature   |
|   | Relationship to patient                                       |
| 11 15 of a life threatening                 | emergency medical condition. I have provided the patie        |

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: 101.00 Date: 10 1 2H Doctors Signature: |  |
|---|--|
|---|--|



நேரம்:

தேதி:

நோயாளியின் பெயர் :



#### ஒப்புதல் : ூரத்தம் / ூரத்தத்தீன் பாகங்களை செலுத்துதல்

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

சிவப்பு அணுக்கள் இரத்தப்போக்கு அல்லது குறைந்த ஹீமோகுளோபினுக்கு <u>தட்டணுக்கள்</u> இரத்தப்போக்கு அல்லது குறைந்த எண்ணிக்கைக்கு குருதிநீர் இரத்த கன அளவை மீட்டமைப்பதற்கு அல்லது உறைவு அம்சங்களை வழங்குவதற்கு கீரையோபிரைவிபிடேட் சிறப்பு உறைவு அம்சங்களுக்காக எனக்கு/நோயாளிகளுக்கு இரத்தம் செலுத்தப்படுவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள் மட்டுமின்றி இடர்களையும் மருத்துவர் விளக்கியுள்ளார் இரத்தம் செலுத்துவதில் கீடைக்கீன்ற விருப்பத்தோவு பற்றி எனக்கு தகவலளிக்கப்பட்டுள்ளது. இதில் தன்னார்வ தானமளிப்பவர்கள் வழங்கியுள்ள வங்கியிலுள்ள இரத்தம் (அனோஜெனிக்) அல்லது சுயமாக தானமளித்தல் (ஆட்டோலோகஸ்) ஆகியவை அடங்கும். ஒர் அவசரநிலையில், வங்கி இரத்தம்தான் பயன்படுத்தப்பட வேண்டியிருக்கும். நேரம் கீடைக்கும் பட்சத்தில் சுய தானமளிப்பதற்கு வாய்ப்புள்ளது. தேசிய விதிமுறைகளுக்கேற்ப கவனத்துடன் முன்சோதனை செய்யப்பட்டிருந்தாலும், உயிருக்கு ஆபத்தை விளைவிக்கக்கூடிய தொற்றுக்கான எய்டு ஹெபடைடிஸ் மற்றும் இதர வைரஸ்கள் அல்லது இதுவரை அறியப்படாத நோய்கள் ஏற்பட்டுள்ள அரிதான நிகழ்வுகளும் உள்ளன. எல்லாவிதமான இடர்களையும நீக்குவது என்பது நடைமுறைக்கு இயலாத ஒன்றாகும் என்பதையும் நான் புரிந்து கொள்கீறேன். கணிக்க முடியாத எதீர்விளைவுகளும் தோன்றலாம். இவை காய்ச்சல், பொரிப்பு, மூச்சுத்திணறல், அதிர்ச்சி மற்றும் அரிதான நீகழ்வுகளில் இறப்பு ஆகியவற்றை உள்ளடக்கி, அந்த வரம்புக்குட்படாதவையாகவும் கூட இருக்கலாம் என்பதையும் நான் புரிந்து கொண்டேன். இரத்தும் செலுத்துவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள், அதிர்ச்சி, மூளை மற்றும் இதர உறுப்புகளுக்கு ஏற்படும் சேதம் குறைக்கப்படுதல், குணமடைதலை தூரிதப்படுத்துதல் மற்றும் இரத்தம் இழக்கப்படுவதைக் குறைத்தல் ஆகியவற்றை உள்ளடக்கியிருக்கலாம் என்றாலும், எதீர்பார்க்கப்படும் நன்மைகளுக்கு உத்தரவாதம் ஏதும் அளிக்கப்படவில்லை என்பதையும் நான் புரிந்து கொள்கீறேன். இரத்தம் செலுத்துதல். மாற்று சிகீச்சை முறைகள், சிகீச்சை எடுக்காமல் இருப்பதிலுள்ள அபாயங்கள், பயன்படுத்தவிருக்கும் செயல்முறைகள், மற்றும் இகிலுள்ள இடர்கள் மற்றும் அபாயங்கள் ஆகியவை பற்றிய கேள்விகள் கேட்பதற்கு எனக்கு வாய்ப்பிருந்தது, மேலும் தகவலறிந்த நிலையில் முடிவெடுப்பதற்கு ஏற்ப எனக்கு போதிய விவரங்கள் தெரிந்திருந்தன என்று நான் நம்புகிறேன். முறையான மருத்துவ பராமரிப்பின் பொருட்டு. இரத்தம் மற்றும் / அல்லது அதன் பாகங்கள் செலுத்தப்படுவதற்கு நான் ஒப்புக்கொள்வதுடன், எனது கையொப்பத்தின் மூமை எனக்கு அல்லது நோயாளிகளுக்கு இரத்தப் பொருட்கள் செலுத்தப்படுத்துவதற்கு என் ஒப்புதலை அளிக்கீறேன். 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 ...... நோயானியின் கையொப்பம் ..... மருத்துவர் ............ அல்லது பாதுகாவலரின் கையொப்பம் நேரம்....... பாதுகாவலரின் கையொப்பும் 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.

மருத்துவரின் கையொப்பம்......





Patient Details (Affix Label here)

Name:

Mr.RAMESH S

UHID:

56/Male/MHI202481637 10/01/2024/IPH202400086

DOB: DOA:

Dr.RAJESH.V

Consultan

10 MARTIN 1881 HAR HE WAR HE WAS THE RESERVE OF THE PARTY OF THE PARTY

MHI/PHY/2022/050

Medway

Heart

y heart beat counts

## **CONSENT FORM - PHYSIOTHERAPY**

| I, Mg. Ramul the Patient or representative of patient have (please tick the correct option  |
|---|
| above and below):   |
| ☐ Read  |
| I/ I/We have been explained the current clinical condition of me / my patient Been explained this consent form in   |
| the information provided about Operation / procedure (Name of language) which I fully understand and understood   |
|   |
| But opporation andiac Pulmanagy Blishtetian   |
| (full name of operation / procedure given below in this consent form)   |
|   |
| Brief description of the Operation / Procedure: Des / Spinometry so, Ohert percussion   |
| As Ble chest wal, Aron to Ble 19 Let, Molit Zation  |
|   |
| I understand the intended benefits of undergoing the procedure. The intended benefits from this procedure are:  |
|   |
| ( ) the prior ( |
| To Rupriare preating, To deay out lung secretion  |
| I understand that all procedures carry certain risks. The potential risks and complications from this procedure:  |
|   |
| Jain  |
|   |
| I have been explained the implications of not undergoing this procedure and the alternative methods of treatment like:  |
| Thave been explained the implications of not undergoing this procedure and the alternative methods of treatmentine.   |
| <u> </u>  |
|   |
|   |
| · ·   |
| 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 Patie                             | ent / Patient's Relative (only if Patient is   | unable to sign):  |   | <b>.</b> , |
|--|--|---|---|------------|
| Dr. ARASH.  procedure on Imintended benefits a | (name of doctor performs above named patient is and possible alternatives  ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ | I have been made aware of, I give my consent orming the operation / procedure) for carrying being fully aware of the nature, potential rive, do further hereby declare that I am above onsent without any fear, threat or false miscond | g out the said ope<br>isks and complic<br>18 years of age a | cations,   |
|  | Signature / Thumb Impression*  | Name  | Date  | Time       |
| Patient  |  |   |   |            |
| Surrogate/Guardian                             |  | C.R. AKASH SONT   | 1.1   | 1          |

| I disont                                |  |  |         |       |  |
|---|--|--|---------|-------|--|
| Surrogate/Guardian<br>(if applicable #) | A. S.R.                                    | S.R. AKASH [SON]<br>(Write name and relationship with patient) | 11/1/24 | 15:15 |  |
| Reason for surrogate consent            | Patient is unable to give consent because: |  |         |       |  |
| Witness                                 | Sois                                       | CHAIR FLORANCE.S   | 11/1/24 | 15:15 |  |
| Interpreter<br>(if applicable)          | 9  | Qu''   |         |       |  |

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

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

|                        | Signature | Name      | Reg. No. | Date    | Time  |
|------------------------|-----------|-----------|----------|---------|-------|
| Consent obtained by    | G.Edler   | AKASH GE  | <u> </u> | 18/1/24 | 15:15 |
| Procedure performed by | G& Alexan | AKASH G.E | 0256     | 19/1/24 | 15:15 |



Patient Details (Affix Label here)

Name: Mr.RAMESH S

UHID: 56/Maic/MHI202481637

DOB: 10/01/2024/PH2024000086

DOB: 10/01/2024/IPH2024000086 DOA: Dr.RAJESH.V

Consultant:



### IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

| 114-1 ATTENT INTIAL ACCESSIONE IN TOTAL TOTAL T   |                                    |  |  |  |  |
|---|------------------------------------|--|--|--|--|
| Chief Complaints:   |                                    |  |  |  |  |
| Pt clo O sided thist pair on contron. which is released at next   |                                    |  |  |  |  |
| released at next  |                                    |  |  |  |  |
|   |                                    |  |  |  |  |
| Occupation: Heavy Activity Moderate Activity Light Activity   |                                    |  |  |  |  |
| Pasit Medical / Surgical History:   |                                    |  |  |  |  |
| klelo Dm x lbyeans (SHTN x54eans.   |                                    |  |  |  |  |
|   |                                    |  |  |  |  |
|   |                                    |  |  |  |  |
|   |                                    |  |  |  |  |
|   |                                    |  |  |  |  |
| On Observation:   |                                    |  |  |  |  |
| Built: ☐ Thin ☐ Fair ☐ Well Built ☐ Obese │ Postural Deviation: ☐ Yes ☐ No │ Muscles Wasting: ☐ Yes ☐ No                                |                                    |  |  |  |  |
| Deformity: ☐Yes☐No │ Swelling: ☐Yes☐No │ Gait Deviation: ☐Yes☐No │ External Appliances: ☐Yes☐No   |                                    |  |  |  |  |
| On Palpation:   |                                    |  |  |  |  |
| Tenderness: ☐ Yes ☐ 4No   Warmth: ☐ Yes ☐ No   Muscle spasm: ☐ Yes ☐ No   |                                    |  |  |  |  |
| Oedema:□Yes□No   Crepitus:□Yes□No   Tone:□Nermal □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: № □  □ 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:   | Brain Injury (if applicable): ſ\√- |  |  |  |  |
| Room Air O <sub>2</sub> Support Ventilatory Support BIPAP   | ☐ Traumatic ☐ Non Traumatic        |  |  |  |  |
| ☐ Tracheal Mask ☐ Nasal Prongs ☐ Face Mask  | ☐ Mild ☐ Moderate ☐ Severe         |  |  |  |  |
| Intubated: ☐ Yes ☑ No   | ☐ Conscious ☐ Unconscious          |  |  |  |  |
|   |                                    |  |  |  |  |

| Spine Injury: Present Absent   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| AIS:ISNCSCI SCALE: NW  |  |  |  |  |  |  |
| ☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx   |  |  |  |  |  |  |
| Associated Injuries: Speech impaired: Yes No   |  |  |  |  |  |  |
| Voluntary Movements: ☐ Present ☐ Absent │ Tone Modified: ☐ Hypotonic ☐ Normal ☐ Hypertonic           |  |  |  |  |  |  |
| ASHWORTH SCALE: N.W.   |  |  |  |  |  |  |
| ☐ 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: Ves No  |  |  |  |  |  |  |
| Pain Score: 6100   |  |  |  |  |  |  |
| Tick whichever is applied:   |  |  |  |  |  |  |
| ☐ Pain Scale ☐ Critical Care Pain Observation Tool ☐ FLACC   |  |  |  |  |  |  |
| Location: Chut Duration: Week Frequency: on Logy Character: Comprovidue                              |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ☐ Acute ☐ Chronic ☐ Burning ☐ Aching ☐ Radiating ☐ Numbness  |  |  |  |  |  |  |
| ☐ Sharp ☐ Cramping ☐ Stabbing ☐ Crushing   |  |  |  |  |  |  |
| Aggravating Factors: Relieving Factors:  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| on Arention on Reu   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|   | - v                          |            |          |        |       |  |  |  |  |
|---|------------------------------|------------|----------|--------|-------|--|--|--|--|
| Examination (Please tick and mention abnormal findings only): |                              |            |          |        |       |  |  |  |  |
| Range of Motion:  |                              |            |          |        |       |  |  |  |  |
|   | Mamal                        |            |          |        |       |  |  |  |  |
| ☐ Muscle Str  | ength:                       |            |          |        |       |  |  |  |  |
|   | Normal                       |            |          |        |       |  |  |  |  |
| ☐ Reflexes:   |                              |            |          |        |       |  |  |  |  |
|   | Nomal                        |            |          |        |       |  |  |  |  |
| Plantar Respo   | nse:                         | ∢          |          |        |       |  |  |  |  |
| Biceps: □Dir  | minished □Brisk □Clonus<br>つ | 3          |          |        |       |  |  |  |  |
| Triceps: 🗹 Di   | minished Brisk Clonu         | s          |          |        |       |  |  |  |  |
| Supinators: [7  | Diminished □Brisk □Cl        | onus       |          |        |       |  |  |  |  |
| Knee: 🗓 Dim   | inished ☐Brisk ☐Clonus       |            |          |        |       |  |  |  |  |
| Ankle: ☐Dim   | inished □Brisk □Clonus       |            |          |        |       |  |  |  |  |
| Sensation: (  | ejood                        |            |          |        |       |  |  |  |  |
| Investigation & Findings:                                     |                              |            |          |        |       |  |  |  |  |
| CAD f @ main Distal LMCA = TVD   mod. W                       |                              |            |          |        |       |  |  |  |  |
| 1   | Form HATEN 1 PE - 28-1.      |            |          |        |       |  |  |  |  |
| Physiotherap  | y Management Plan:           |            |          |        | _     |  |  |  |  |
|   | -DBEN OX                     |            |          |        |       |  |  |  |  |
| - Spisonetry ext<br>- Check percussor<br>- probibzation       |                              |            |          |        |       |  |  |  |  |
| - Check percusión   |                              |            |          |        |       |  |  |  |  |
| - relait- stion   |                              |            |          |        |       |  |  |  |  |
| - To Proposors It Rom   |                              |            |          |        |       |  |  |  |  |
|   |                              |            |          |        |       |  |  |  |  |
|   | Signature                    | Name       | Emp. No. | Date   | Time  |  |  |  |  |
| Physiotherapist   | G. B. Solow                  | AUASH. GLB | 2256     | 141/20 | 15-15 |  |  |  |  |

į

|                            | RE-ASSE                       | SSMENT FORM  |          |
|----------------------------|-------------------------------|--|----------|
| Date & Time   3 1 24  1 00 | -AROM to B/L UM - Abblization | chouraged  p: boxer  for ble dut orall  for the Rom  ma Capacity & functions |          |
|                            |                               | 3/10<br>Cardiac Relmanary<br>Rehabite-Halta                                  |          |
|                            | Signature                     | Name   | Emp. No. |
| Physiotherapist            | G. E Hal                      | Aknsu G.B  | 0256     |





## Medway Hospitals®

The way to better health
PHYSIOTHERAPY TREATMENT CHART

MH/ PRINT / 0096 / PHY

Mr.RAMESH S

56/Male/MHJ202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

| THIODITIENAL TREATMENT OFFICE AND ADDRESS OF THE PROPERTY OF T |       |   |                       |  |  |
|--|-------|---|-----------------------|--|--|
| DATE   | TIME  | PHYSIOTHERAPY TREATMENT   | REMARKS               |  |  |
| HILLEH   | (b530 | - PT outable cetubation  - Drog Oucouraged  - Sprometry & Oucouraged  - Alon to Ble Vefle                               | G. K Alar<br>PUH10256 |  |  |
| 1 11/1/24  | 22:00 | SIB Ramanathan P<br>SDRF's envoyaged  |                       |  |  |
| <u>-</u>   |       | - Check possuession to 8 se Check wall  - Deom Go's to Ble in su  - Spirometry Got encouraged  - This: 600ce Op: 600 ce | MH10260               |  |  |
| 12/1/24.   | b÷∞   | SfB : Ramanathan of  -DBE's encouraged  -Chest pencuesian to Bli Chest wall  -AROM Gn's Do Bli VI zu                    | #H10260               |  |  |
|  |       | - Spirometry Ris encouraged  In: 600 a Gop: 600 ce  -Pt Chair Mobilised   |                       |  |  |
|  |       |   |                       |  |  |





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PHYSIOTHERAPY TREATMENT CHART

MH/ PRINT / 0096 / PHY

Mr.RAMESH S

56/Malc/MHJ202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

| DATE     | TIME  | PHYSIOTHERAPY TREATMENT  | REMARKS              |
|----------|-------|--|----------------------|
| 12/1/24  | 9:00  | - Dres encouraged - Sprometry ou encouraged - Sprometry ou encouraged - Ters. books to be - Cheet percession to be   | GIL Alang<br>MH10256 |
| 12/1/24  | th:00 | - Aron to Ble De Lec<br>S/B AKASH<br>- Dran Eurowaged<br>- Dranetry Ry Ourowaged<br>This: boocc Exp: booce<br>- Chest percussion to Ble<br>Chest Wall<br>- Arom to Ble De Clec | Git Aleab<br>MH1025h |
| 12/1/24. | 22:00 | - PT Mobili Zed  SB Ramanathan -P  - DBE'S encouraged  - Chert percussion to Bi Chert walp  - Alom A's to Bli UL 2 a  - Spirometry A's encouraged  Im: 600 cc Cap: Good        | MHLD 280             |





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Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

| DATE     | TIME | PHYSIOTHERAPY TREATMENT  | REMARKS               |
|----------|------|--|-----------------------|
| 13/1/24. | 6:00 | S/B Ramanathan P   |                       |
|          |      | -EBES encouraged -Chest percourage for B/L UL & UL -Apom G's to B/L UL & UL -Spirometry G's encouraged - Un: 600U Gp: 600 a                  | Folk 1<br>MH10260     |
| 13/124   | 9:00 | - Pt Chan Mobilised  SB AKASH  - DADA CINCOLOGIA  - Strondry en Cheomogra  Ins: booce Exp: booce   | G.B. Peros<br>MHO2-56 |
| 18/1/20  | bi00 | - Out percusion to ble  Obest Wall  - Aron to the un fer  3/B. AKASH  - Dro. eneouraged.  - Spi sometry six enouraged  Tes: boocc exp: boocc | MH10256               |
|          | ·    | Tes: booce exp: booce  - Chest percusuon to Ble  Chest wall  - AROM to Ble UILL  - PT Mobilized  |                       |





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PHYSIOTHERAPY TREATMENT CHART

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Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

| DATE      | TIME  | PHYSIOTHERAPY TREATMENT  | REMARKS                     |
|-----------|-------|--|-----------------------------|
| fielulzap | to:00 | - Doy ewanged  | GR & Alad<br>M MOZSL        |
|           |       | - Spromby ou Changed  Ins: 600ce Exp:600cc  - Check percussion to Ble  Check wall  - AROM to Bh under  - pr Maditied   | <b>A</b> Or                 |
| 15/1/24   | 10:00 | - Dros Curowaged  - Dros Curowaged  - Spirontry 9ir Eurowaged  Ins: 600 cc Exp: 60000  - Chest percussion to Ble  Chest wall  - Arom to Ble wille  - pr Staer dent Curowaged | Gr. B. Albroad<br>An Hro256 |
| Blitzh    | 10:00 | S/B AKASH  - Aser Eurowagld  - Sprometry ex Ourowagld  This book trp: book  - Chest percussion to 1816  Chest wall  - Arom to the verter  - PT Mobilized                     | MLHO2SI                     |





#### Every heart beat counts

Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/teH202400086

Dr.RAJESH,V

#### URINE ROUTINE ANALYSIS

#### MICROBIOLOGY SHEET

| URINE ROUTINE ANAL | TSIS MICHOBIOLOGY CHEET |
|--------------------|-------------------------|
| DATE               | 06/01/2f                |
| COLOUR             | YELDCO                  |
| REACTION           |                         |
| SPECIFIC GRAVITY   | 1.030                   |
| APPEARANCE         | GIGHTLY TURBIA          |
| ALBUMIN            |                         |
| SUGAR              | c4-                     |
| ACETONE            | NEGATUR                 |
| BILE SALT          |                         |
| BILE PIGMENT       |                         |
| UROBILINOGEN       | NORMAR                  |
| PUS CELLS          | 2-3                     |
| EPITHELIAL CELLS   | 1-2                     |
| RBC                | 100                     |
| CASTS              | NIC                     |
| CRYSTALS           | NIL                     |
| OTHERS             | NIL                     |
|                    |                         |
|                    |                         |

#### **MICROBIOLOGY-CULTURE REPORTS**

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







56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

## **DIABETIC CHART**

| ACTUAL WE  | IGHT       | 62-16-7 HDAIC | (1. Metform's overy | & T. alimen | nde Ing & T. Vog) |
|------------|------------|---------------|---------------------|-------------|-------------------|
| PREVIOUS I | DIABETIC I | MEDICATIONS   | T-Vogs -Gr          | 12.1-01.    | (AF). 22m         |
| DATE       | TIME       | BLOOD SUGAR   | DIABETIC DRUG       | Sign.       | ENDORSED BY       |
| blalen     | 12 pm      | llow maids    | J. And char DAJE    | Molal       |                   |
|            | 18130      | lb2 mgldL.    | J. And CWSD 4/5     | Jen.        | Dr. Francon       |
| 1124       | b-30       | 117 mg/11.    | NPO                 | Don         | K. D BURT         |
|            |            |               |                     |             |                   |
|            |            | <u></u>       |                     |             |                   |
|            |            | 4             |                     |             |                   |
|            |            |               |                     |             | ,                 |
|            | 1          |               |                     |             |                   |
|            |            |               |                     |             |                   |
|            |            |               |                     |             |                   |
| <b>.</b>   |            | ·             |                     |             |                   |
|            |            |               |                     |             |                   |

| * | Mix 40u short acting Insulin in 40 ml. of   | BLOOD SUGAR<br>mg / dl | INSULIN INFUSION   |
|---|---|------------------------|--|
| * | 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   | 150-200                | Adjust Infusion rate to 2u / hr.   |
|   | hourly when stable) and adjust insulin rate according to the following Algorithm. | 201-250                | Adjust Infusion rate to 4u / hr.   |
|   | asserting to the lengthing rigoriani.   | 251-300                | Adjust Infusion rate to 6u / hr.   |
| * | Target Blood Sugar 150-200 mgs.   | 301-350                | Adjust Infusion rate to 8u / hr.   |
| * | To monitor K+ separately.   | 351-400                | Adjust Infusion rate to 10u / hr.  |
| , | Urine Acetone   | >400                   | Adjust Infusion rate to 20u / hr.  |







56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

T. OMPANEL 10mg 1-0-0 (MF)
T. GLIZATO 60mg (-0-1 (BP)

T. HEFFORMIN SOOMS 1-0-1 (AF)

| ACTUAL WE | IGHT       | 62. Kg HbA,c | 11:3 /.<br>N/500mg + J. GILIME               | PRIDE d'mg+       | J. VOGLIBOSE 0, 2mg  |
|-----------|------------|--------------|--|-------------------|----------------------|
| PREVIOUS  | DIABETIC I |              | Im 2 1-0-1 (AF)                              | <u> </u>          |                      |
| DATE      | TIME       | BLOOD SUGAR  | DIABETIC DRUG                                | Sign.             | ENDORSED BY          |
| 11/024    | 16:35      | 235mg/dl     | My ACTRAPID                                  | ted glown outhout | Dr. provou           |
| · ·       | 18.50      | 174 mg (D)   | My. H. ACT RAPID V                           | Vaus on Tue       | DF. Provon.          |
| _         | 22-00      | 130 mg ldl   | ANJ. H. ACTRAPIO Not                         | Str. Ju           | pr-PRAVEEL.          |
| 12-1-24   | 02.00      | 136 mg/dl.   | MI-H-HCTRAPID IIV                            | Mon &             | DR PRAVEGE           |
| •         | 06.00      | ~197 mg/dl   | FAIFUSIDAL STOPPED                           | fut.              | OR PRAVOCAL          |
|           |            | , 1          | T. GLYCOMET TRID                             | (XCH)             | DR. PROVERN TEMPTOMA |
|           | 13:00      | 266 mx (all  | INT. HUMAN ACTEAPID                          | Sail St           | DE PRAVEZN JSYDKUMO: |
|           | 18:45      | 214 Mg/dl    | T. VO 4 GM = given                           | Odin kosa         | Dis. JAAVERd JeyAku  |
| 18.1.24   | 96.00      | 216 mg (d    | T- DAPAVEL TOMY CHIER OF T-GLIZATO GOMY AT C | Morn              |                      |
| 1         | 12:30      | 332 mg ldl   | IN HM 30/10 8                                | DU CO COLUMBIA    | K. Mains             |
| -,        | 12. 30     | 253 ngldl    | T. MADONEO ALE                               | 5. 9 20.3 02      | on lower             |
| <u> </u>  |            | 0            | 8. H water 30/20 @m                          | Fank              | D. 12.073            |
|           |            |              |  |                   | <del>-</del>         |

| * | Mix 40u short acting Insulin in 40 ml. of   | BLOOD SUGAR<br>mg / dl | INSULIN INFUSION   |
|---|---|------------------------|--|
| * | 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   | 150-200                | Adjust Infusion rate to 2u / hr.   |
|   | hourly when stable) and adjust Insulin rate according to the following Algorithm. | 201-250                | Adjust Infusion rate to 4u / hr.   |
|   |   | 251-300                | Adjust Infusion rate to 6u / hr.   |
| • | Target Blood Sugar 150-200 mgs.   | 301-350                | Adjust Infusion rate to 8u / hr.   |
| * | To monitor K+ separately.   | 351-400                | Adjust Infusion rate to 10u / hr.  |
|   | Urine Acetone   | >400                   | Adjust Infusion rate to 20u / hr.  |







## Every heart beat counts Mr.RAMESH S

56/Mulc/MHI202481637 Patien 10/01/2024/IPH2024000086 Name

UHID Dr.RAJESH.V

DOB:

## **DIABETIC CHART**

| ACTUAL WE  | IGHT     | 62.1 kg/s HbA,c        | 11.3 /· T-        | METFORMIN          | 500Mg 1-0-1 (AF |
|------------|----------|------------------------|-------------------|--------------------|-----------------|
| PREVIOUS I | DIABETIC | MEDICATIONS T. DAPANEL | 10mg 1-0-0 (AF) 7 | - CILIZATO         | bong 1-0-1 18F  |
| DATE       | TIME     | BLOOD SUGAR            | DIABETIC DRUG     | Sign.              | ENDORSED BY     |
| 14/1/24    | 6.30     | 162 mgble              | T. Metformino     |                    | Rea uson        |
|            |          |                        | T.alizado Gom     | / h                |                 |
|            |          |                        | 1. Dapavel to     | · e                |                 |
|            | 12130    | 208 mgidL              | Inj. H.M - 100    | 13239 And          | K. 1013 UM      |
|            | 8:30     | 248 mg Tdl             | 7. Me Hormin Bo   | mp 40 80           | BO MOSON        |
|            |          | ·. <i>U</i>            | 7-41122660mg      | 9191.4K            |                 |
| 5/1/24     | 6.30     | 112 mg/dL              | T. MF stony       | 1,200              | das vissos      |
| . ,        |          |                        | 7. Glizado Gary   | 9.00               |                 |
|            |          |                        | 1. Dapavel for    | Û                  |                 |
|            | 12.30    | 160 mg/dz              | -                 | of for Rejet       |                 |
|            | 18:30    | 213 myldl              | To mayor soon OA/ | @ 20.30<br>@-19.40 | Dr-brauer       |
|            |          |                        |                   | 2557               |                 |
|            |          |                        |                   |                    |                 |

| * | Mix 40u short acting Insulin in 40 ml. of   | BLOOD SUGAR<br>mg / dl | INSULIN INFUSION   |
|---|---|------------------------|--|
| * | 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   | 150-200                | Adjust Infusion rate to 2u / hr.   |
|   | hourly when stable) and adjust Insulin rate according to the following Algorithm. | 201-250                | Adjust Infusion rate to 4u / hr.   |
|   | according to the tenewing rage tarm.  | 251-300                | Adjust Infúsion rate to 6u / hr.   |
| * | Target Blood Sugar 150-200 mgs.   | 301-350                | Adjust Infusion rate to 8u / hr.   |
| * | To monitor K+ separately.   | 351-400                | Adjust Infusion rate to 10u / hr.  |
|   | Urine Acetone   | >400                   | Adjust Infusion rate to 20u / hr.  |



18.30





Every heart beat counts

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

## **DIABETIC CHART**

| ACTUAL WE | EIGHT | 62.1 Logs Hba.c. T. METFOR MEDICATIONS T. DAPANEL | 11.3 / .<br>MAN 500Mg 1-0-1<br>-10Mg 1-0-0(AF) | (AF) T. CILIZA |               |
|-----------|-------|---|--|----------------|---------------|
| DATE      | TIME  | BLOOD SUGAR                                       | DIABETIC DRUG                                  | Sign.          | ENDORSED BY   |
| 16/1/24   | h.30  | 128 mg/dL   | 1. Methormin Son                               | 14 Mul         | for usm       |
| -         |       |   | T. Dapaved long                                |                |               |
|           | 1236  | 237-M9/21   | Tri HA - WII                                   | Mysol          | K. 800 11 550 |

|         | ,    |     | 6,,    | 1000 WY 600      |         |         |
|---------|------|-----|--------|------------------|---------|---------|
| 17/1/24 | 6.30 | 138 | mald L | T.MFsoons of 96  | 048.46) | ( ILSON |
|         |      |     | ン      | 7. Glizada santi | 086.30) |         |
|         |      |     |        | 307              |         | 10 10   |

| _ |   | 12.30 | 158 mg of 1 | <br>oran | 13 yon |
|---|---|-------|-------------|----------|--------|
|   |   |       | Q C         |          |        |
|   |   | _     |             |          |        |
|   | ı |       |             |          |        |
|   |   |       |             |          |        |

| * | Mix 40u short acting Insulin in 40 ml. of   | BLOOD SUGAR<br>mg / dl | INSULIN INFUSION   |
|---|---|------------------------|--|
| * | 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   | 150-200                | Adjust Infusion rate to 2u / hr.   |
|   | hourly when stable) and adjust Insulin rate according to the following Algorithm. | 201-250                | Adjust Infusion rate to 4u / hr.   |
|   | according to the renowing Augorianni.   | 251-300                | Adjust infusion rate to 6u / hr.   |
| * | Target Blood Sugar 150-200 mgs.   | 301-350                | Adjust Infusion rate to 8u / hr.   |
| * | To monitor K+ separately.   | 351-400                | Adjust Infusion rate to 10u / hr.  |
|   | Urine Acetone   | >400                   | Adjust Infusion rate to 20u / hr.  |



**BLOOD GROUP** 

CARDIAC ENZYMES

Troponin I

CKNAC - CPK

CK - M.B. MASS

LDH Ntpro bnp





Every heart beat counts

Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

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

#### Dr.RAJESH.V 'O' Negative. **INVESTIGATION SHEET** THE ARM AND THE COMPANIES WHEN AND THE COMPANIES. Date **HAEMATOLOGY** 11-5 Hb P.C.V 319000 **Platelets TLC** Polymorphs Lymphocytes Eosinophils Mono / Basophils E.S.R **BIO-CHEMISTRY** Urea Creatinine Sodium Potassium Bicarbonate Chloride Magnesium Calcium **Phosphorus** LFT T.Bilirubin 0.23 D.Bilirubin 0-15 I.Bilirubin 0.04 S.G.O.T S.G.P.T ALP **GGT** Total Protien S.Albumin

| <u> </u>          |            |   |                |                                       |   |              |
|-------------------|------------|---|----------------|---------------------------------------|---|--------------|
| Date \            | 6/1/24     |   |                |                                       |   |              |
| COAGULATION       | 1 .        |   |                |                                       |   | ,            |
| PT/INR            | 10.8 0.8   |   |                |                                       |   |              |
| Fibrinogen        | 10.0       | - |                |                                       |   |              |
| D Dimer           |            |   |                |                                       |   |              |
| LIPID PROFILE     |            |   | -              |                                       |   |              |
| Total Cholesterol |            |   |                |                                       |   |              |
| Triglyceride      |            |   |                | <del> </del>                          |   |              |
| H.D.L             |            |   |                |                                       |   | ,            |
| L.D.L             |            |   |                | _                                     |   |              |
| VLDV              | -          |   |                |                                       | • |              |
| THYROID FUNCTION  |            |   |                |                                       |   |              |
| T.S.H             | 5.69       |   |                | •                                     |   |              |
| T.3               | 2.69<br>95 |   |                |                                       |   |              |
| T.4               | 10.1       | 1 |                | <u> </u>                              |   |              |
| SEROLORY          | 10.1       |   |                | <del> </del>                          |   |              |
| HIV 9°            |            |   |                |                                       | • |              |
| HBsAg (           | NEGITUE    |   | <del> </del> - | <del></del>                           |   | <del></del>  |
| V.D.R.L           |            |   |                | _                                     |   |              |
| COVID 19          |            |   |                |                                       |   | -            |
| RT- PCR           |            |   |                |                                       | _ |              |
| IgM               |            |   |                |                                       |   |              |
|                   |            |   |                |                                       | ĺ |              |
| lg<br>HBA1C       | 11.0       | - |                | <u> </u>                              | - |              |
| FBS/PPBS          | 11.3       |   |                |                                       |   |              |
| RBS               |            |   | <u> </u>       |                                       |   |              |
| S.AMYLASE         |            |   |                |                                       |   |              |
|                   |            |   | -              | · · · · · · · · · · · · · · · · · · · |   |              |
| S.LIPASE          |            |   |                | · ·                                   | • | <del>-</del> |
| C.R.P             |            |   |                |                                       |   |              |
| PROCALCITONIN     |            |   |                |                                       |   |              |
| DDIMER            |            | _ |                | _                                     |   |              |
| S.Osmolality      |            |   |                |                                       |   |              |
| URINE             | _          |   | _              |                                       |   |              |
| Osmolality        |            |   |                |                                       |   |              |
| Spot - Na         |            |   |                |                                       |   |              |
| APTT              | 27.6       |   |                | _                                     |   |              |
|                   | _          |   |                |                                       | _ |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            |   |                |                                       |   |              |
|                   |            | i | i              | I                                     | İ | I            |





56/Mule/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

#### **BLOOD GROUP**

O' NEGATIVE

### **INVESTIGATION SHEET**

| Date             | 6/1/24       | 11/124                  | 12/1/24  | 13/01/24 | 15/01/24 |
|------------------|--------------|-------------------------|----------|----------|----------|
| HAEMATOLOGY      | -6-1110x4    | <del>  11 1  × 1 </del> |          | 12 10.10 | 19(1/2)  |
| Hb               | 11.5         | 10.8                    | 9.6      | 9.8.     | 9.1      |
| P.C.V            | 36.0         | 32.2                    | 28.8     |          | 27.4     |
| Platelets        | 319000       | 360000                  | 339000   |          | 353000   |
| TLC              | 6670         |                         | 13500    | _        | 353000   |
| Polymorphs       |              |                         | 27.2     |          |          |
| Lymphocytes      | 64.9<br>85.5 |                         | す.ヰ      |          | 19.3     |
| Eosinophils      | 3.1          |                         | 0.0      | •        | A. 6     |
| Mono / Basophils | 6.010.5      |                         | וים טיפ  |          | 6.1 0.3  |
| E.S.R            | ,            |                         |          |          | - (      |
| BIO-CHEMISTRY    |              |                         |          | _        |          |
| Urea             | 17           |                         | 24       | 30       | 55       |
| Creatinine       | 0.91         |                         | 0.73     | 0.79.    | 1.03     |
| Sodium           | 134<br>A·30  |                         | <u> </u> | 127      | 132      |
| Potassium        | A · 3'0      |                         |          | 436      | 4.11     |
| Bicarbonate      | WA           |                         |          | ,        | ,        |
| Chloride         | NA<br>96.6   |                         |          |          |          |
| Magnesium        |              | 1.6                     | 1.5      |          | •        |
| Calcium          |              |                         |          |          |          |
| Phosphorus       |              |                         |          |          |          |
| LFT              |              | •                       |          |          |          |
| 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              | 1216         |                         |          |          |          |
| GGT              | ች ዕ          |                         |          |          |          |
| Total Protien    |              |                         |          |          |          |
| S.Albumin        | 4.2          |                         | 3.)      |          |          |
| CARDIAC ENZYMES  | ·            |                         |          |          |          |
| Troponin I       |              |                         |          |          |          |
| CKNAC - CPK      |              |                         | 2/2 2/   |          |          |
| CK - M.B. MASS   |              |                         | 19.2     |          |          |
| LDH              |              |                         |          |          |          |
| Ntpro bnp        |              |                         |          |          |          |

| Date              | 6/1/24   |               |    |                 |              | - 1         |
|-------------------|--|---------------|----|-----------------|--------------|-------------|
| COAGULATION       | <del>  6   1   27  </del>                        |               | _  |                 |              | *-          |
| PT / INR          | 10.8 0.8   | •             |    |                 |              | , ,         |
| Fibrinogen        | 10.910.0   |               |    |                 |              |             |
| D Dimer           |  |               |    |                 |              |             |
| LIPID PROFILE     |  | <u> </u>      |    |                 |              | . \         |
| Total Cholesterol |  |               |    |                 |              |             |
| Triglyceride      | <del></del>                                      |               |    |                 |              |             |
| H.D.L             | !  |               |    |                 |              |             |
| L.D.L             | <u></u>  |               |    |                 |              |             |
| V.L.D.V           |  |               |    |                 |              | <u>`</u>    |
| THYROID FUNCTION  | -  |               |    |                 |              |             |
| T.S.H             |  |               |    |                 |              |             |
| — <del></del>     | 2.69   | <u> </u>      |    |                 |              |             |
|                   | 95   |               |    |                 |              |             |
| T.4               | 10.1   |               | ,  |                 | ļ            | <del></del> |
| SEROLURY (        |  |               |    |                 | -            | -           |
| HIV               |  |               |    |                 |              |             |
| HBsAg             | MEGATIVE   |               |    |                 |              |             |
| V.D.R.L           |  |               |    |                 |              |             |
| COVID 19          |  |               |    |                 |              |             |
| RT- PCR           |  |               |    |                 |              |             |
| IgM               |  |               |    |                 |              |             |
| lg                |  |               |    |                 |              | - <u>-</u>  |
| HBA1C             | 11.3%  |               |    |                 |              |             |
| FBS/PPBS          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          |               |    |                 |              |             |
| RBS ·             |  |               | .* |                 |              |             |
| S.AMYLASE         |  |               |    | <u>.</u>        |              | •           |
| S.LIPASE          |  |               |    |                 |              |             |
| C.R.P             |  |               | •  | _               |              |             |
| PROCALCITONIN     |  |               |    |                 |              |             |
| DDIMER            |  |               |    |                 |              |             |
| S.Osmolality      |  |               |    | _               |              |             |
| <u>URINE</u>      |  |               |    |                 |              |             |
| Osmolality        | · .  |               |    | _               | <u> </u>     |             |
| Spot - Na         |  | -             |    |                 |              |             |
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. ·

**Cale** 

Medway Hospitals®
The way to better hoster

Diagnosis: CAD - Lm TVD.

Mr.RAMESH S
56/Male/MHi202481637
10/01/2024/IPH2024000086

Dr.RAJESH.V



## NAME ALERT

MHI/IP/2022/074

Medway

Héart

In stitute

Every heart beat counts

00 -ve)

## **VITAL INFORMATION SHEET**

Procedure:

| BLOOD GROUP  | )<br>         |
|--------------|---------------|
| ON ADI       | MISSION       |
| Height in CM | Weight in Kg. |
| 166cm        | 62.119        |

| NO. OF DAYS                   |              | ١٢        | 1                | •            |              |          | 7        | )#)<br>  14 | B        | 1        |         |       |              |        |          |    |              |              |          |   |          |          |          |    |          | _            | T      |              |    |   |          |           |          |   |           |        |              |    |   |           |                |         |        |          |    |          |                |              |              |              |              |     |              |          |          |          |              |      |          |          |
|-------------------------------|--------------|-----------|------------------|--------------|--------------|----------|----------|-------------|----------|----------|---------|-------|--------------|--------|----------|----|--------------|--------------|----------|---|----------|----------|----------|----|----------|--------------|--------|--------------|----|---|----------|-----------|----------|---|-----------|--------|--------------|----|---|-----------|----------------|---------|--------|----------|----|----------|----------------|--------------|--------------|--------------|--------------|-----|--------------|----------|----------|----------|--------------|------|----------|----------|
| DATE                          |              | 1         | b/               | IJ,          | 24           |          |          | 1           |          |          |         |       |              |        |          | Î  |              |              |          |   |          |          |          |    |          |              | Ţ      |              |    |   |          |           |          |   |           |        |              | T  |   |           |                |         | T      |          |    |          |                | Ì            |              |              |              |     |              |          |          |          |              |      | Γ        |          |
| HOUR                          | 2            | 6         | 10               | 2 (          | 6 10         | 2        | 6        | 10          | 2        | 6        | 10      | 2 6   | 10           | 2      | 6        | 10 | 2            | 6 11         | 2        | 6 | 10       | 2        | 6        | 10 | 2        | 6 1          | 0 2    | 2 6          | 10 | 2 | 6        | 10        | 2        | 6 | 10        | 2      | 6 10         | 2  | 6 | 10        | 2              | 6 1     | 0 2    | 2 6      | 10 | 2        | 6              | 10           | 2            | 6 1          | 0 2          | 6   | 10           | 2        | 6        | 10       | 2 (          | 5 10 | ) 2      | 6        |
| 40.5°                         |              | Н         | 4                |              | $\downarrow$ |          | $\sqcup$ | H           | _        | 4        | +       | +     | $\vdash$     | Н      |          | 4  | $\perp$      | $\perp$      | $\vdash$ | - |          | _        |          |    | $\dashv$ | 4            | 4      | $\downarrow$ | -  | - | $\vdash$ |           |          | Н | $\dashv$  | +      | +            | -  | Ц | $\Box$    | ŀ              | $\bot$  | $\bot$ | $\perp$  |    |          | $\blacksquare$ | -            | 4            | +            | -            | -   | H            |          | Н        | _        |              |      | $\vdash$ | Ш        |
| 40°                           |              |           | #                | 丰            | 1            |          |          | Ħ           | #        | 1        | #       | 1     | L            |        |          | 1  | 1            | $\dagger$    | t        |   |          |          |          |    |          | $\downarrow$ | $^{+}$ | #            | t  | 上 |          |           |          | Ц |           | 1      | 丰            |    | Ħ | Ц         | $\exists$      | 1       | #      | ļ        |    |          | $\Box$         | $\downarrow$ | $\downarrow$ | #            | Ļ            | #   |              |          | Ħ        |          | #            |      | 二        |          |
| 39.5°                         | _            | Н         | +                | +            | +            | -        | Н        | H           | +        | +        | +       | +     | ╀            | Н      | $\dashv$ | +  | +            | +            | ╁        | + | $\vdash$ | $\dashv$ | H        | Н  | $\dashv$ | +            | +      | +            | +  | ╀ | +        | Н         | $\dashv$ | Н | $\dashv$  | +      | +            | ╁  | Н | Н         | $\dashv$       | +       | +      | ╁        | H  | $\vdash$ | Н              | +            | +            | +            | ╁            | +   | Н            | -        | $\vdash$ | $\dashv$ | +            | ╁    | $\vdash$ | $\vdash$ |
| 39.5                          |              |           | _                | $\downarrow$ | 1            |          | П        | П           | 1        | 4        | $\perp$ | 1     | L            |        |          | 1  | $\downarrow$ | #            |          |   |          |          |          |    | $\dashv$ | 1            |        | #            | I  | I | T        | $\square$ |          | П | $\Box$    | 1      | T            |    |   | П         | 耳              | $\perp$ | #      | 1        |    |          | $\square$      | 7            | _            | $\downarrow$ | T            | 1   | П            |          |          | $\Box$   | 1            | 1    | 二        |          |
| 39°                           |              | $\dashv$  | +                | ╁            | ╁            | ╁        | Н        | Н           | +        | ┪        | +       | ╁     | <del> </del> | H      |          | +  | +            | +            | +        | ╁ | H        | -        | $\vdash$ |    | $\dashv$ | +            | +      | ╁            | ╁  | ╁ | ╁        |           | -        | H | $\dashv$  | +      | ╁            | ╁  | H | H         | -              | +       | +      | ╁        | -  |          | H              | ╁            | +            | +            | ┿            | ╁   | H            | <u> </u> | Н        |          | +            | +    | ╁        | ┢        |
| 38.5°                         |              | $\Box$    | 4.               | 1            | 1            |          | H        | H           | 7        | 4        | 1       | Ŧ     | F            |        |          | 4  | -            | 1            | Ŧ        | F |          |          | F        | П  | 7        | 7            | 1      | ‡            | Ŧ  | F | 1        | $\Box$    |          | H | $\dashv$  | 1      | 1            | 1  | H | П         | _              | 1       | 1      | 1        | L  |          | H              | 7            | 7            | #            | Ŧ            | T   | П            |          | П        | 4        | 1            | +    | F        | $\vdash$ |
| 38°                           |              |           | 1                | 土            | $\pm$        |          |          | Ħ           |          | ⇉        | 土       | $\pm$ |              |        |          | #  | $^{\dagger}$ | $^{\dagger}$ | İ        |   |          |          |          |    |          | _            |        | 士            | İ  | İ |          |           |          |   | $\exists$ | 士      | $^{\dagger}$ |    | Ħ |           |                | $\pm$   | $\pm$  | 土        |    |          |                | $\downarrow$ | $\downarrow$ | 1            |              |     |              |          | Ц        |          |              |      | 上        | 匚        |
|                               |              | $\dashv$  | $\dashv$         | +            | +            | $\vdash$ | Н        | Н           | $\dashv$ | $\dashv$ | +       | +     | ╀            | Н      | $\dashv$ | +  | +            | +            | ╀        | ╀ | Ľ        | -        | -        | _  | $\dashv$ | +            | +      | +            | ╀  | ╀ | +        | H         |          | Н | $\dashv$  | +      | ╬            | ╁  | Н | Н         |                | +       | +      | +        | ├- | _        | $\vdash$       | +            | +            | +            | ╀            | +   | $\mathbb{H}$ | L        | Н        | $\dashv$ | +            | ╀    | ╀        | ⊬        |
| 37.5°                         |              | $\square$ | #                | ļ            | 1            |          | П        | Ħ           | 1        | 1        | I       | 1     | L            |        |          | #  | 1            | 1            | Į        | L |          |          |          |    | 1        | 1            | 1      | İ            | ļ  | L | ļ        |           |          |   | コ         | 1      | Ţ            |    |   |           | _              | 1       | 1      | 1        |    |          |                | 1            | 1            | 1            | Ţ            | T   |              |          |          | 耳        | 1            | L    | 二        |          |
| 37°                           |              | $\exists$ | Ť                | *            | +            | -        | Н        | 4           | $\dashv$ | +        | +       | +     | ╁            | Н      |          | +  | +            | ╁            | ╁        | ╁ |          |          | Н        |    | +        | +            | +      | +            | t  | t | ╁        | $\vdash$  |          | Н | _         | $^{+}$ | +            | ┢  | H | $\vdash$  | _              | $^{+}$  | +      | ┿        | H  |          | H              | $\dagger$    | ┪            | +            | +            | +   | H            |          | Н        | _        | +            | ╁    | $\vdash$ | ╁        |
| 36.5°                         |              | $\dashv$  | $\dashv$         | Ŧ            | Ŧ            | _        | F        | П           | 4        | 4        | Ŧ       | $\mp$ | F            | $\Box$ | $\dashv$ | 7  | 7            | Ŧ            | F        |   |          | =        | F        |    | 7        | 7            | 7      | Ŧ            | Ŧ  | F | F        |           |          | П | $\dashv$  | 7      | 1            | F  | F | $\square$ | 4              | 7       | +      | Ŧ        | F  |          | $\Box$         | 7            | 7            | 7            | Ŧ            | F   |              |          | П        | $\dashv$ | 7            | 1    | $\vdash$ | F        |
| 36°                           |              |           | $\perp$          | $^{\dagger}$ | 1            |          |          | Ц           | #        |          | $\pm$   | 上     | $^{\dagger}$ |        |          | 1  | $\pm$        | 1            | İ        |   |          |          |          |    |          | $^{\dagger}$ | $\pm$  | $\pm$        | t  | t | t        |           |          | Ц |           | 1      |              |    | Ė |           |                | $\pm$   | $\pm$  | $\pm$    |    |          |                | $\perp$      | $\pm$        | 1            | $^{\dagger}$ | 士   |              |          |          |          | $^{\dagger}$ | t    | 上        | 上        |
| PULSE                         |              |           | +                | <u> </u>     | <u> </u>     |          |          | l de        |          |          | ╁       |       |              | Ш      |          | +  |              | _            | ╁        |   | Ц.       |          | Ш        |    | Ш        | ᆚ            | +      |              |    | ╁ |          | Ц         |          | Ш |           |        |              | +  |   | Н         | [              |         | +      | <u> </u> |    |          |                | +            |              |              |              |     | Ц.           | -        | Ш        | $\dashv$ | L            |      | ╁        | <u></u>  |
| RESP                          | _            |           |                  |              |              |          |          |             |          |          | ╁       |       |              | -      |          | +  |              |              | +        |   | _        |          |          |    |          |              | +      |              |    | + |          | $\dashv$  |          |   | _         |        |              | ╁  |   | $\dashv$  |                |         | +      |          |    |          |                | $\dashv$     | _            |              |              |     |              | $\vdash$ | _        | $\dashv$ |              | _    | 十        | _        |
| B.P.                          |              |           |                  | 10           | ŶĊ           | 12       | 0        | n<br>Fa     |          |          | 1       |       |              |        |          |    |              |              | İ        | - |          |          |          |    |          | -            |        |              | -  |   |          |           |          |   |           | _      |              |    |   |           |                |         | I      |          |    |          |                |              |              |              |              |     |              |          |          |          |              |      | İ        |          |
| SPO2                          |              | _         |                  | 90           | <u>``/.</u>  |          |          | 81          |          |          | 1       |       |              |        |          |    |              |              |          |   |          |          |          |    |          |              |        |              |    |   |          |           |          |   |           |        |              |    |   |           |                | _       | Ţ      |          |    |          |                |              |              |              |              |     |              |          | _        |          |              |      | 퇶        |          |
| DAILY WEIGHT                  | _            |           | 1 -1             |              | ,            | ┢        |          |             |          |          | +       |       |              |        |          | +  |              |              |          |   | _        |          |          |    |          |              | +      |              |    |   |          | _         |          |   |           |        |              | }- |   | _         |                |         | +      |          |    |          |                | $\dashv$     |              |              | _            |     | _            |          |          |          |              |      | ╀        |          |
| 24 HRS INTAKE<br>24HRS OUTPUT |              |           | 70               |              |              | ļ        |          |             |          | _        | ╁       |       |              |        |          | +  |              |              |          |   |          |          | _        |    |          |              | +      |              | _  |   |          | $\dashv$  |          | _ |           |        |              | ╀  |   |           | _              |         | +      |          | _  |          |                | +            |              |              |              |     | _            | ┝        |          |          |              |      | +        |          |
| BALANCE                       |              |           | <i>ξ</i> 0<br>30 |              |              |          |          |             | _        |          | +       |       |              |        |          | +  |              | -            |          |   | $\dashv$ |          |          |    |          |              | +      |              |    |   | _        | $\dashv$  |          |   |           |        | _            | +  |   |           |                |         | +      |          |    |          |                | $\dagger$    | _            |              |              |     | _            | -        | _        |          |              |      | +        | _        |
| MOTION                        |              |           | ب                |              |              |          |          |             |          |          |         |       |              |        |          |    |              |              |          |   |          |          | _        |    |          |              |        |              |    |   |          |           |          |   |           |        |              | L  |   |           |                |         | 1      |          | -  |          |                |              |              |              | _            |     |              |          |          |          |              |      |          |          |
|                               | MOTION     - |           |                  |              |              |          |          |             |          |          |         |       |              |        |          |    |              |              |          |   |          |          |          | •  |          |              |        |              | _  |   |          |           |          |   |           |        |              |    | A | Ν         | $\overline{n}$ | PL      | Ð,     | TE       | Œ  | 7        | 3              | 71           | P            | E            | Ø            | , 0 | IV           | 4        | 1        | )21      | 4            |      |          |          |

DIABOTIC HYPORTONS" :

Medway Hospitals®
The way to better health

Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V









BSM:

BLOOD GROUP O NECLATIVE

ON ADMISSION Height in CM Weight in Kg.

> 11/ 100 1 / 4. 110

VITAL INFORMATION SHEET INFIN

| Diagnosis:    | CAD -OI              | D, Mod L   | v, EF-38%  | Procedu  | re: OPCAB)                                       | 3CRPP3   |                   | 166cm                   | bo'lkg   |
|---------------|----------------------|--|--|--|--|--|-------------------|-------------------------|--|
| NO. OF DAYS   | 009                  | 2000   | I POD POD-                                       | III POD-IV                                       | POD-V  | 12-cod   |                   |                         |  |
| DATE          | 11/24                | 12 1 24  | 13.1.29 14/1                                     | 124 15/1/20                                      | 16/1/24  | 17/1/24  |                   |                         |  |
| HOUR          | 2 6 10 2 6 1         | 0 2 6 10 2 6 10                                  | 2 6 10 2 6 10 2 6 10 2                           | 2 6 10 2 6 10 2 6 1                              | 0 2 6 10 2 6 10                                  | 2 6 10 2 6 10                                    | 2 6 10 2 6 10 2 6 | 10 2 6 10 2 6 10 2 6 10 | 2 6 10 2 6 10 2 6                                |
| 40.5°         |                      |  |  |  |  |  |                   |                         |  |
| 40°           |                      |  |  |  |  |  |                   |                         |  |
| 39.5°         |                      |  |  |  |  |  |                   |                         |  |
| 39°           |                      |  |  |  |  |  |                   |                         |  |
| 38.5°         |                      |  |  |  |  |  |                   |                         |  |
| <u> </u>      | ++++                 | ++++   | <del>                                     </del> | <del>                                     </del> | +++++  | +++++  | <del>╒╒┋┋</del>   |                         | <del>                                     </del> |
| 38°           |                      | <del>                                     </del> | <del>                                     </del> |  | <del>                                     </del> | <del>                                     </del> |                   |                         |  |
| 37.5°         |                      |  | !  |  |  |  |                   |                         |  |
| 37°           |                      |  |  |  | 2 a 201 - 1 L C c                                | 6.9  |                   |                         |  |
| 36.5°         |                      |  |  |  |  |  |                   |                         | <del></del>                                      |
| 36°           |                      |  |  | <del>                                     </del> |  |  |                   |                         |  |
|               |                      |  | 1441/12  |  | 60 00  |  |                   |                         |  |
| PULSE         | <del>-   191</del> , | 10 VAY 106/                                      | 104/103 106 4                                    | 95 98 86<br>97 20 20                             | 90 92<br>20 20                                   | 20   | <del></del>       | <del></del>             | <del></del>                                      |
| RESP<br>B.P.  | AIN                  | - 20 M JB (6)                                    | 10/1/18 blm 20 1                                 | 9 7 20 md/                                       | 20 20 20 20 C                                    | 120/20   |                   | <del></del>             | <del>                                     </del> |
| SP02          | <del>- Mel</del>     | 947. Q   | 944. 904. 300. 300.                              | 00 00 1 CD                                       | 4 64 0 11040                                     | 827  |                   |                         | <del>  </del>                                    |
| DAILY WEIGHT  | 82) RES              | BED LEST   | 147.15(0)  | 400 401.1701                                     | 71 747   | 1027   |                   |                         | <del>  </del>                                    |
| 24 HRS INTAKE | 2 511. M             |  | 1340ml 1080                                      | m 1850m  | 1650M  |  |                   |                         |  |
| 24HRS OUTPUT  | 2260                 |  | 1250M 1300                                       |  |  |  |                   |                         | <del>                                     </del> |
| BALANCE       | -7M                  | + 196 W  | 1250M  300<br>+ 190M -221                        | om   | 350 M  |  | <del></del>       | <del>-  </del>          |  |
| MOTION        | ×                    | 1  |  | VXV  | XX   | X  |                   |                         |  |





56/Malc/MHI202481637 10/01/2024/IPH2024000086

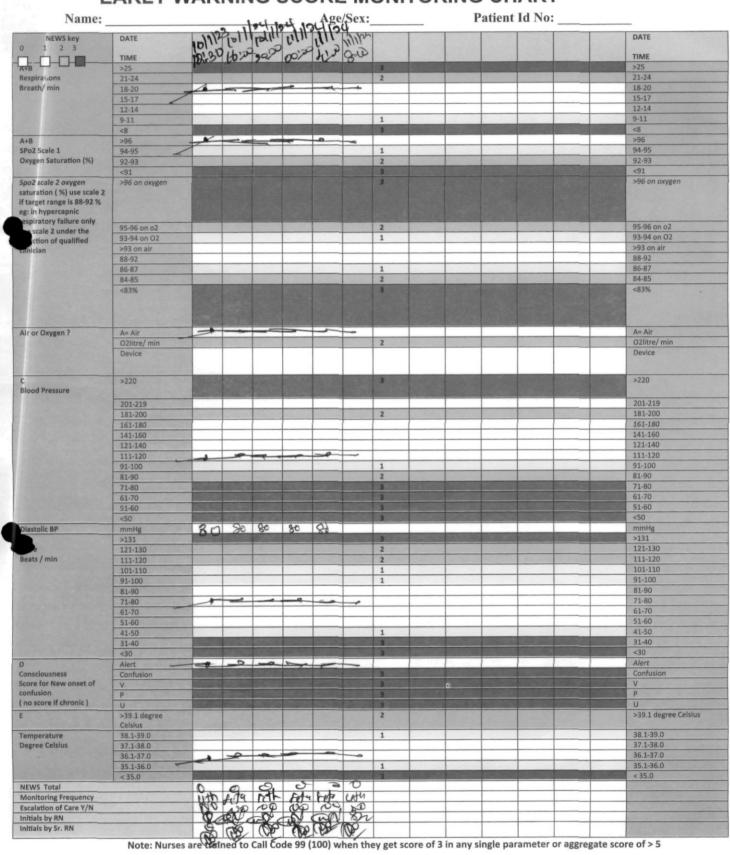
Dr.RAJESH.V

## 



Every heart beat counts

#### EARLY WARNING SCORE MONITORING CHART



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





### **EARLY WARNING SCORE MONITORING CHART**

| NEWS key   | DATE                | 10/18      | 24h  | da                 | 1011                   | 14/1      | /Sex:_                 | all               | x/11/00  | 12/1/3                                  | 1111111 | 15/1/2               | 45/1)  | 24.  | DATE                 |
|--|---------------------|------------|--|--------------------|------------------------|-----------|------------------------|-------------------|--|---|---------|----------------------|--|--|----------------------|
| 1 2 3  | DATE                | 17"        | DCS.   | 10.00              | 1311                   |           | 17116                  | 1.0               | MIL  | 171                                     | 14/1/2  | 1 17                 |  | 151  |                      |
|  | TIME                | 11:04      | des  | (1.                | 23.00                  | 3.00      | 7:00                   | 1,                | 1610   | 19:20                                   | 2316    | 3.00                 | 700  | 11.00  | TIME                 |
| +B<br>espirations                                | >25                 |            | STATE OF THE PARTY.  |                    | 200000                 |           |                        | 2                 | - CHESTON -  |   |         |                      |  |  | >25<br>21-24         |
| reath/ min                                       | 18-20               |            | ,  | -                  | -                      | -         | -                      | -                 | -  |   | -       | -                    | ->   | -  | 18-20                |
|  | 15-17               |            |  |                    |                        |           |                        |                   |  |   |         |                      |  |  | 15-17                |
|  | 12-14               |            |  |                    |                        |           |                        |                   |  |   |         |                      |  |  | 12-14                |
|  | 9-11                |            |  |                    |                        |           |                        | 1                 |  |   |         |                      |  |  | 9-11                 |
|  | <8                  | 1          |  |                    |                        |           |                        | 3                 | The last   | -                                       | 200     | Kan a                |  |  | <8                   |
| (+B  | >96                 | -          | *  | _                  | -                      | - 10      | -                      | 1                 | 7  | -                                       |         | -                    | -  | -  | >96                  |
| Po2 Scale 1                                      | 94-95               |            |  |                    |                        |           |                        | 1                 |  |   |         |                      |  |  | 94-95                |
| Oxygen Saturation (%)                            | 92-93               |            | District of the last   | THE REAL PROPERTY. | all the same of        | -         | -                      | 2                 | DESCRIPTION OF THE PARTY OF THE | -                                       | -       | -                    | -  | 10000000   | 92-93                |
| po2 scale 2 oxygen<br>aturation ( %) use scale 2 | >96 on oxygen       |            |  |                    |                        |           |                        | 3                 |  |   |         |                      |  |  | >96 on oxygen        |
| f target range is 88-92 % eg: in hypercapnic     |                     | 1000       |  |                    |                        |           |                        |                   |  |   |         |                      |  |  |                      |
| espiratory failure only                          |                     |            |  |                    |                        |           |                        |                   |  |   |         |                      |  |  |                      |
| le 2 under the                                   | 95-96 on o2         |            |  |                    |                        |           |                        | 2                 | -  |   |         |                      |  |  | 95-96 on o2          |
| on of qualified                                  | 93-94 on O2         |            |  |                    |                        |           |                        | 1                 |  |   |         |                      |  |  | 93-94 on O2          |
| n  | >93 on air<br>88-92 |            |  |                    | -                      |           |                        |                   | -  | -                                       |         | -                    | -  | -  | >93 on air<br>88-92  |
|  | 86-87               |            |  |                    |                        |           |                        | 1                 |  |   |         |                      |  |  | 86-87                |
|  | 84-85               |            |  |                    |                        |           |                        | 2                 |  |   |         |                      |  |  | 84-85                |
|  | <83%                | E STATE OF | STATE OF THE PARTY | 1999               | NAME OF TAXABLE PARTY. | THE PARTY | BERRY                  | 3                 | INCOME.  | TO SECOND                               | 2000    | RESERVED.            | E SECON  | 100000   | <83%                 |
|  |                     |            |  |                    |                        |           |                        |                   |  |   |         |                      |  |  |                      |
| ir or Oxygen ?                                   | A= Air              |            | -  | -                  | m                      | 200       | The Real Property lies | Charles have been |  | San San San San San San San San San San |         |                      | -  | 7  | A= Air               |
| ar or oxygen :                                   | O2litre/ min        | -          |  | 1.                 | -                      | -         | Th                     | 78                | _  |   |         | -                    |  | -  | O2litre/ min         |
|  | Device              |            |  | ~                  |                        |           |                        |                   |  |   | -       |                      |  |  | Device Device        |
|  |                     |            |  |                    |                        |           |                        |                   |  |   |         |                      |  |  |                      |
| Blood Pressure                                   | >220                |            |  |                    |                        |           |                        | 3                 |  |   |         |                      |  |  | >220                 |
|  | 201-219             |            |  |                    |                        |           |                        |                   |  |   |         |                      |  |  | 201-219              |
|  | 181-200             |            |  |                    |                        |           |                        | 2                 |  |   |         |                      |  |  | 181-200              |
|  | 161-180             |            |  |                    |                        |           |                        |                   | -  |   |         |                      |  |  | 161-180              |
|  | 141-160<br>121-140  |            | -  |                    |                        |           |                        |                   | -  | -                                       |         |                      | *  |  | 141-160              |
|  | 111-120             |            |  |                    |                        |           | 1                      | _                 | -  | -                                       | 6       | -                    |  | -,   | 121-140<br>111-120   |
|  | 91-100              | 1-         | _  |                    |                        | -         |                        | 1                 |  |   | -       | -                    |  |  | 91-100               |
|  | 81-90               |            |  |                    |                        |           |                        | 2                 |  |   |         |                      |  |  | 81-90                |
|  | 71-80               | 10000      | -  | NATION.            | THE REAL PROPERTY.     | No.       | 100000                 | 3                 | No.  | SAFES SERVICE                           |         | BESTERN              | DECEMBER OF THE PARTY OF THE PA |  | 71-80                |
|  | 61-70               |            |  |                    |                        |           |                        | 3                 |  |   |         |                      |  | 10000  | 61-70                |
|  | 51-60               |            |  |                    |                        |           |                        | 3                 |  |   |         |                      |  |  | 51-60                |
|  | <50                 |            |  |                    |                        |           |                        | 3                 |  |   |         |                      |  |  | <50                  |
| iastolic BP                                      | mmHg                | 70         | 90   | 90                 | 70                     | 70        | 70                     | 410               |  | 70                                      | 70      | 70                   | 80   | 38   | mmHg                 |
|  | >131                | 10000      |  |                    |                        |           |                        | 3                 |  | 200                                     |         |                      |  |  | >131                 |
|  | 121-130             |            |  |                    |                        |           |                        | 2                 |  |   |         |                      |  |  | 121-130              |
| , min  | 111-120             |            |  |                    |                        |           | -                      | 2                 |  |   |         |                      |  |  | 111-120              |
|  | 101-110<br>91-100   |            |  |                    |                        |           | 1                      | 1                 |  |   |         |                      | -  |  | 101-110<br>91-100    |
|  | 81-90               |            |  | _                  |                        | 1         |                        | 100               |  |   |         |                      | 1  | -  | 81-90                |
|  | 71-80               | -          | -  |                    |                        | -         |                        |                   |  |   | -       | -                    |  | -  | 71-80                |
|  | 61-70               |            |  |                    |                        |           |                        |                   |  |   |         |                      |  |  | 61-70                |
|  | 51-60               |            |  |                    |                        |           |                        |                   |  |   |         |                      |  |  | 51-60                |
|  | 41-50               |            |  |                    |                        |           |                        | 1                 |  |   |         |                      |  |  | 41-50                |
|  | 31-40               |            | SE TE  |                    |                        |           | 4                      | 3                 |  |   |         | NEW TOWN             |  |  | 31-40                |
|  | <30                 |            |  |                    |                        |           | 14.00                  | 3                 |  |   | 1000    |                      | BY A DOZE  |  | <30                  |
|  | Alert               | 0          | -  | _                  | +                      | -         | -1                     | ~                 | -  | -                                       | -       | -                    | -  | -  | Alert                |
| onsciousness                                     | Confusion           | 10000      |  |                    |                        |           |                        | 3                 |  |   |         |                      |  | STATE OF THE PARTY | Confusion            |
| core for New onset of onfusion                   | V                   |            |  |                    |                        |           |                        | 3                 |  |   |         |                      |  |  | V                    |
| no score if chronic )                            | U                   |            |  |                    |                        |           |                        | 3                 |  |   |         |                      |  |  | P                    |
|  | >39.1 degree        |            |  |                    |                        |           | -                      | 2                 |  |   |         | -                    |  |  | >39.1 degree Celsius |
|  | Celsius             | 8 8 8      |  |                    |                        |           |                        |                   |  | 1                                       |         | B 188                |  |  | -55.1 degree Ceisius |
| emperature                                       | 38.1-39.0           |            |  |                    |                        |           |                        | 1                 |  |   |         |                      |  |  | 38.1-39.0            |
| egree Celsius                                    | 37.1-38.0           | 4          | -  | _                  |                        |           | -                      | _                 | J-100000   |   |         |                      |  |  | 37.1-38.0            |
|  | 36.1-37.0           |            | ,  |                    |                        |           |                        |                   |  | 4 .                                     |         | -                    | -  | <u> </u>   | 36.1-37.0            |
|  | 35.1-36.0           |            |  |                    |                        |           |                        | 1                 |  |   |         |                      |  |  | 35.1-36.0            |
|  | < 35.0              | 1          | 0  | 0                  | NO FEET                |           | 44.00                  | 3,                | AND DESCRIPTION OF THE PERSON  |   |         | Discount of the last |  | DE PROS  | < 35.0               |
| EWS Total  |                     | (1)        | AND  | 2                  | 21                     | 2 1       | 4                      | 3                 | D  | 2                                       | 9       | 2                    | 7  | 0  |                      |
| Monitoring Frequency                             |                     | ALM        | Ppr (  | No.                | 310                    | 310       | hosily                 | Sug               | A On   | Han                                     | toth    | Lette                | 40)  | Ath  |                      |
| scalation of Care Y/N<br>hitials by RN           |                     | CVC-       | cos  | 107                | 200                    | CAR       | 90                     | DA.               | way  | 200                                     | NO      | No                   | W)   | 75   |                      |
| nitials by Sr. RN                                |                     |            | 40   | wall .             | No X                   | 140       | 1                      | 120               | 1000   | LYA                                     | 100     | 310                  | Pre  | 11/00  |                      |
| Common My MI - 11/4                              |                     | 10/        | INDI   | Wil 1              | 100                    | 400       | Noor I                 | Nort              | Nous   | North                                   | 1100    | 11900                | 1)   | MAR  |                      |

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





56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V



MHI/IP/2022/103

every heart beat counts

### **EARLY WARNING SCORE MONITORING CHART**

| Name: _   |                     | 100                       | 11.10              | 4.   |            | -                    | Sex:_     | -              | _                  |  | 411           | 100                   |                        |
|---|---------------------|---------------------------|--------------------|--|------------|----------------------|-----------|----------------|--------------------|--|---------------|-----------------------|------------------------|
| NEWS key<br>1 2 3   | DATE                | 1511                      | 1511               | 15   | Key,       | 1992                 | 19/1      | 16/1           | 1861               | 141  | 1411          | 13411                 | DATE                   |
|   | TIME                | 15.0                      | 10:0               | 22.50  | 60         | 0.60                 | 14,00     | 18-00          | 2250               | 6-00   | 10.00         | Pemp                  | TIME                   |
| FB  | >25                 | 10000                     |                    |  |            |                      |           | 3              |                    |  |               |                       | >25                    |
| espirations<br>eath/ min  | 21-24               | -                         | -                  |  |            | -4                   |           | 2              | -                  | -  | -             |                       | 18-20                  |
| cathy limit   | 18-20<br>15-17      |                           |                    | _  |            | -                    |           |                |                    |  | ( 0           |                       | 15-17                  |
|   | 12-14               |                           |                    |  |            |                      |           |                |                    |  |               |                       | 12-14                  |
|   | 9-11                |                           |                    |  |            |                      |           | 1              |                    |  |               |                       | 9-11                   |
|   | <8                  | 10000                     |                    |  |            |                      | Sec. 10.  | 3              |                    |  |               |                       | <8                     |
| +B  | >96                 | -                         | -                  | -  | L          | 60                   | 4         |                | -                  |  | 0             | -                     | >96                    |
| o2 Scale 1  | 94-95               |                           |                    |  |            |                      |           | 1              |                    |  |               |                       | 94-95                  |
| xygen Saturation (%)  | 92-93               |                           |                    |  |            |                      |           | 2              |                    |  |               |                       | 92-93                  |
| 2   | <91                 |                           |                    |  |            |                      |           | 3              |                    |  |               |                       | <91<br>>96 on oxygen   |
| turation (%) use scale 2<br>target range is 88-92 %<br>to in hypercaphic<br>piratory failure only | >96 on oxygen       |                           |                    |  |            |                      |           |                |                    |  |               |                       |                        |
| scale 2 under the   | 95-96 on o2         |                           |                    |  |            |                      |           | 2              |                    |  |               |                       | 95-96 on o2            |
| tion of qualified   | 93-94 on O2         |                           |                    |  |            |                      |           | 1              |                    |  |               |                       | 93-94 on O2            |
| mician  | >93 on air          |                           |                    |  |            |                      |           |                |                    |  |               |                       | >93 on air             |
|   | 88-92               |                           |                    |  |            |                      |           | 1              |                    |  |               |                       | 88-92<br>86-87         |
|   | 86-87<br>84-85      |                           |                    |  |            |                      |           | 2              |                    |  |               |                       | 84-85                  |
|   | <83%                | -                         | 10000              | To be seen   |            | Name of Street       |           | 3              | THE REAL PROPERTY. | THE REAL PROPERTY.   | 100000        | THE REAL PROPERTY.    | <83%                   |
|   | 10370               |                           |                    |  |            |                      |           |                |                    |  |               |                       |                        |
| r or Oxygen ?   | A= Air              | -                         |                    | -  |            | 0                    | -         | -              | -5                 | _  | -0            |                       | A= Air                 |
|   | O2litre/ min        |                           |                    |  |            |                      |           | 2              |                    |  | E IT IS       |                       | O2litre/ min           |
|   | Device              |                           |                    |  |            |                      |           |                |                    |  |               |                       | Device                 |
| ood Pressure  | >220                |                           |                    |  |            |                      |           | 3              |                    |  | 29            |                       | >220                   |
|   | 201-219             | -                         | THE REAL PROPERTY. |  |            |                      |           | NAME OF STREET |                    |  |               |                       | 201-219                |
|   | 181-200             |                           | 63.00              |  |            |                      |           | 2              |                    |  |               |                       | 181-200                |
|   | 161-180             |                           |                    |  |            |                      |           |                |                    |  |               |                       | 161-180                |
|   | 141-160             |                           |                    |  |            |                      |           |                |                    |  |               |                       | 141-160                |
|   | 121-140             |                           |                    |  |            |                      |           |                |                    |  |               |                       | 121-140                |
|   | 111-120             | 0                         |                    | *  | -01        | -                    | •         | 4-             | _                  | 8.   | -             | 7                     | 111-120                |
|   | 91-100              |                           | ~                  |  |            |                      |           | 1              |                    |  |               |                       | 91-100                 |
|   | 81-90               |                           |                    |  |            |                      |           | 2              |                    |  |               |                       | 81-90<br>71-80         |
|   | 71-80               |                           |                    |  |            |                      |           | 3              |                    |  |               |                       | 61-70                  |
|   | 61-70<br>51-60      | CONTRACTOR AND ADDRESS OF |                    |  |            |                      |           | 3              |                    |  |               |                       | 51-60                  |
|   | <50                 |                           |                    |  |            |                      |           | 3              |                    |  |               |                       | <50                    |
| stolic BP   | mmHg                | 00                        | Lo                 | 70   | OF         | 20                   | 84        | XX             | dib                | 129  | 78            |                       | mmHg                   |
|   | >131                |                           |                    |  |            | Distance of the last | 0         | 3              |                    |  |               |                       | >131                   |
|   | 121-130             |                           |                    |  |            |                      |           | 2              |                    |  |               |                       | 121-130                |
| eats / min  | 111-120             |                           |                    |  |            |                      |           | 2              |                    |  |               |                       | 111-120                |
|   | 101-110             |                           |                    |  |            |                      |           | 1              |                    |  |               |                       | 101-110                |
|   | 91-100              |                           |                    |  | -60        | -                    |           | 1              | _                  | 44   |               |                       | 91-100<br>81-90        |
|   | 81-90               | -                         |                    | -  |            | -                    | -         | 9              |                    |  |               |                       | 71-80                  |
|   | 71-80<br>61-70      |                           |                    |  |            |                      |           |                |                    |  |               |                       | 61-70                  |
|   | 51-60               |                           |                    |  |            |                      |           |                |                    |  |               |                       | 51-60                  |
|   | 41-50               |                           |                    |  |            |                      |           | 1              |                    |  |               |                       | 41-50                  |
|   | 31-40               | CONTRACTOR OF STREET      |                    | 10000  |            | The state of         |           | 3              | E 2 4 5 5          |  | Total Control | LOCAL PARTY.          | 31-40                  |
|   | <30                 |                           |                    | 223  |            |                      | THE PARTY | 3              | W 1923             |  | 54 58         | IN THE REAL PROPERTY. | <30                    |
|   | Alert               | 0-                        | -5                 |  |            | - A                  | -         | -              | -                  | -  | 0             |                       | Alert                  |
| onsciousness  | Confusion           |                           |                    |  |            |                      |           | 3              |                    |  |               | 1000000               | Confusion              |
| ore for New onset of  | V                   |                           |                    |  |            |                      |           | 3              |                    | 0  |               |                       | P                      |
| no score if chronic )   | U                   | 7 5000                    |                    |  |            |                      |           | 3              |                    |  |               |                       | U                      |
|   | >39.1 degree        |                           |                    |  | REEL       |                      |           | 2              |                    |  |               |                       | >39.1 degree Celsius   |
|   | Celsius             |                           |                    |  |            |                      | 3000      |                |                    | 222  |               |                       |                        |
| emperature  | 38.1-39.0           |                           |                    |  |            |                      |           | 1              |                    |  |               |                       | 38.1-39.0              |
| egree Celsius   | 37.1-38.0           |                           |                    | -  | -          |                      |           |                |                    |  | - 4           |                       | 37.1-38.0              |
|   | 36.1-37.0           | 0-                        | -6                 | -  | -          | -2                   | -0-       | 1              |                    |  |               | -                     | 36.1-37.0<br>35.1-36.0 |
|   | 35.1-36.0<br>< 35.0 | No. of Lot                | To the last        | No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, | No. of Lot | CHIEF CO.            |           | 3              | MI HOUSE           | No. of Concession, Name of Street, or other Persons, Name of Street, or ot |               |                       | < 35.0                 |
| EWS Total   | 1 33.0              | A                         | 1                  | .0   | 0          | 0                    | 0         | 0              | σ                  | 0  | v             | 0                     |                        |
| Ionitoring Frequency  |                     | ALR                       | 120                | 100  | LV         | 12                   | Ath       | AM             | 2000               | -11  | MA            | dota                  |                        |
| calation of Care Y/N  |                     | No                        | NO                 | 0  | 2          | 10,                  | AND       | 10             | 2                  | 2  | N             | de                    |                        |
| itials by RN  |                     | Hay                       | Hay                | 10   | シ          | - *                  | DE        | 95             | V                  | 0  | 1             | all                   |                        |
| itials by Sr. RN  |                     | 100                       | 1000               | 1. well  | 0          | 1,00                 | 1/000     | Non            | NSID               | Nugo   | Nea           | Mas                   |                        |

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







Mr. CSH S

56/1 MHI202481637

10/U1/4U24/IPH2024000086

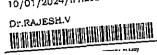
Dr.RAJESH.V





| Date    | Date From: 10 1 2 3 To: 11 1 2 Bed No: ABL TS  24 Hrs : Started Time : 12 00 Ended Time : 120 |                 |                        |             |             |          |       |          |          |                 |               |          |          | OUT      | DUT.           |
|---------|---|-----------------|------------------------|-------------|-------------|----------|-------|----------|----------|-----------------|---------------|----------|----------|----------|----------------|
| 24 Hr   | s : St  | arted Time      | 2:/2:00                |             | Ended T     | ime :    | 120   |          |          |                 |               | INTA     |          |          | PUIT           |
| NPO     | Starte  | ed at:          |                        |             | NP          | O Over a | at:   | _        |          |                 | }             |          | CHA      | NK I     |                |
| SHIF    | 7   | N               | <i>l</i> iorning       |             | Afterr      | noon     |       |          | Nigh     | _               |               | Rest     | ricted F | luid (R  | F)             |
| INTA    | <del></del>   |                 | <u> </u>               | }           | 170M        | 1_       |       |          | 4.00r    | <u> </u>        |               |          | _        |          |                |
| OUTF    |   |                 | <del></del>            | <u> </u>    | SOM         | ) [      |       | <u> </u> | 7,50     | pus             |               |          |          |          |                |
| Total I | ntake:  | 9701            |                        |             | otal Outpu  | it: 1200 | om/   |          | <u> </u> | Differen        |               |          |          |          | -              |
|         |   |                 | INTAKE (               | <u> </u>    |             |          |       |          |          | ַוטס            | PUT           | (ml)     |          |          |                |
| Time    | Oral  | Tube<br>Feeding | Intraven Type of Fluid | ous Infusio | n<br>Amount | TO(EI)   | Time  | Urine    | Vomitus  | N/G<br>Aspirate | Drain<br>Tube | Others   | ୀତୀଣୀ .  | R/N Sign | Endorsed<br>by |
|         |   |                 | Pau                    | HEIN        |             | olmi     | 15/01 | Ŋ        | at 1     | 2Pm             | ı             |          |          |          | _              |
| 121.30  | 100   |                 | (°                     |             |             | 100m     |       |          |          | ,               |               |          |          |          | -              |
| /H,2    | (5/0  |                 |                        |             |             | 22000    | I -   |          |          |                 |               |          | 300m     |          | <u> </u>       |
| [A]W    | fao   |                 |                        |             |             | 320      | 14:30 | 200      |          |                 |               |          | Soon     |          |                |
| 15-06   | ট্র   |                 | <u> </u>               |             |             | 370      | 16.00 | 250      |          |                 |               |          | 7250U    |          |                |
| (4-5E   | 100   | <b></b>         |                        |             |             | I '.     | 14 13 | 100      |          |                 |               |          | & SOM    | •        |                |
| وطرف    | 300   |                 |                        |             |             | 770      | 22-20 | 200      |          |                 |               |          | lowo     |          |                |
| القرابي | w   |                 |                        | <u></u>     |             | 370      | SCY   | 250ml    |          |                 |               | <u> </u> | 1300     |          |                |
| ممري    | Coom  |                 | <u> </u>               | !           |             | 970      | 6200  | food     |          |                 |               | <u> </u> | Ugoonl   |          |                |
| •       |   |                 |                        |             |             |          |       | _        |          |                 |               |          | _        |          |                |
|         |   |                 |                        |             |             |          |       | ٠        | (ofal    | In full         | e -           | 977      |          |          |                |
|         |   |                 |                        |             |             |          |       |          | Total    | outpr           | it -          | lhos     | pm/      | 200 SS   | (1/2)          |
|         |   |                 |                        |             |             |          |       |          |          | Bule            | nes           | - Sp     | dom      | ~00°     | 1005           |
|         |   | Ì               | İ                      |             |             |          |       |          |          |                 |               |          |          |          |                |

56/Male/MH1202481637 10/01/2024/IPH2024000086









| Date         |          |             |               |  |             |          |          |   |          |           |       |        |             |          |          |
|--------------|----------|-------------|---------------|--|-------------|----------|----------|---|----------|-----------|-------|--------|-------------|----------|----------|
| 24 Hr        | s : S    | tarted Time | 10:30         |  | Ended T     |          |          |   |          |           |       | INIA   |             |          | PUI      |
| NPO          | Start    | ed at :     |               |  | NP          | O Over   | at:      |   |          | _         |       |        | CHA         | KI       |          |
| SHIF         | <u> </u> | N           | lorning       |  | Afterr      | _        |          |   | Nigh     | t ,       |       |        | icted,F     | luid (R  | F)       |
| INTA         | KE       |             |               |  |             | 320h     |          |   | boo      | M         |       | 1.8    | làt 10      | ley      |          |
| OUTF         |          |             |               |  | _           | ه صو_    | W/       | <u>l,                                    </u> | -600     | <u>m/</u> |       |        | <del></del> | ] 4      |          |
| Total I      | ntake    | : 1341      | <u> </u>      |  | Total Outpu | ıt: †    | 250M     | <u>V</u>                                      |          | Differen  |       | 190 M  | <u> </u>    |          |          |
|              | _        | <del></del> | INTAKE        | <del>`                                    </del> |             |          | <u> </u> |   |          | OUT       | PUT   | (ml)   |             |          |          |
| Time         | Oral     | Tube        |               | nous Infusio                                     |             | lajoji – | Time     | Urine   | Vomitus  | N/G       | Drain | Others | Total       | R/N Sign | Endorsed |
| Ti i         |          | recuiriy    | Type of Fluid | Additions  | Amount      |          |          |   | -        | Aspirate  | Tube  |        |             |          | by       |
| ][LL<br>D:30 | 3h       | ـــــاد     |               |  |             | 260.     | 10:30    | 150   | <u> </u> |           |       |        | 150         | Dow      |          |
| 11.00        | ره ۱     | 5           |               |  |             | 460      | 2.53     | ಹಂ  |          |           |       |        | 350         |          | ,<br>    |
| 3.30         |          |             |               |  |             | 515      | ريريح    | 360   | -        |           |       |        | 150         |          |          |
| TV.          | 15       | o           |               |  |             | 1665     | 20100    | 200_  | -        |           |       |        | Rso         |          |          |
| Pres         | IS       |             |               |  |             | 740.     | 110      | 200   |          |           |       |        | 1050        |          |          |
| 19.w         | 20       |             |               |  |             | 940      | hino     | 2n0   |          |           |       |        | 1250        |          |          |
| 90 vs        |          | 70          |               |  |             | 1140     |          |   | _        |           |       |        | <del></del> |          |          |
| المعما       |          |             |               |  |             | 1240     |          |   |          |           |       |        |             |          |          |
| 7 °          |          | •           |               |  |             | 1340     |          |   |          |           |       |        |             |          |          |
|              |          |             |               |  |             |          |          |   |          |           |       |        |             |          |          |
|              |          |             |               |  |             |          |          |   |          | _ ·       |       |        |             |          | _        |
|              |          |             |               |  |             |          |          |   |          | TOTAL     | INTA  | KE'    | 340         | N        | SUN      |
|              |          |             |               |  |             |          |          |   |          |           |       | י דטן  | •           | 1 , /    |          |
|              |          | Ì           | Ì             |  |             |          |          |   |          | BAI       | ANC   | 7.     | -190m       | 5 D      |          |



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









| Date             | Date From: 14 1 24 To: 15 1 24 Bed No: 1 14 8 INTAKE & OUTPUT  24 Hrs : Started Time : 7.00 Ended Time : 7.00 |                 |  |                      |                  |                             |       |          |         |                 |               |                  |              |          |                |
|------------------|---|-----------------|--|----------------------|------------------|-----------------------------|-------|----------|---------|-----------------|---------------|------------------|--------------|----------|----------------|
|                  |   | tarted Time     |  | 00.                  | Énded            | Γime :                      | 7,00  | _        |         |                 |               | IN IAI           |              |          | PUI            |
| NPO              | Start   | ed at :         |  |                      | N                | PO Over a                   | at:   |          |         |                 |               |                  | CHA          |          |                |
| SHIF             |   |                 | lorning                                      |                      |                  | noon /                      |       |          | Nigh    |                 |               |                  | icted F      |          |                |
| INTAI            | _   | 08tk            | <u>.                                    </u> |                      |                  | om b                        |       | ļ        | 300     | _               |               |                  | 8 lita       | dry      |                |
| OUTF             |   | 100m            |  |                      | <del>, 7</del> € | oml                         |       | <u> </u> | 500     |                 |               |                  |              |          |                |
| Total I          | ntake   | : 1080          | ) rul  | / I\                 | Total Outp       | <b>ut</b> : {ζ <sub>∈</sub> | 50 m  |          | _       | Differen        |               | <u>C-</u> 2      | 220          | $\sim$   |                |
|                  |   | <b></b>         | INTAKE                                       | <u> </u>             |                  |                             |       |          |         | 1               | PUT           |                  | ·            |          | <del></del>    |
| Time             | Oral  | Tube<br>Feeding |  | nous Infu<br>Additio | ns Amoun         | िर्वा                       | Time  | Urine    | Vomitus | N/G<br>Aspirate | Drain<br>Tube | Others           | Total        | R/N Sign | Endorsed<br>by |
| 6130             | [0 c  | )               |  | 7                    |                  | 100                         | g am  | lon.     | _       |                 | -             |                  | 00           | . ,      | -              |
| <del>Joun</del>  | 100   | )  .            |  |                      | 200              | 11/00                       | D00   |          |         |                 |               | వ్రీ <i>ల౦</i> . |              |          |                |
| (M)              | 152   | ·               |  |                      |                  | 350                         | 15:00 | 250      |         |                 |               |                  | <u> ৮</u> ৫০ |          |                |
| UBAU             |   |                 |  | ļ                    |                  | 450                         | 16230 | 250      |         |                 |               |                  | २००          |          |                |
| li.jo            | 30  | ,               |  |                      |                  | 480                         | 9 45  | 200      |         |                 |               | ļ '              | 1000         |          |                |
| وهدوا            | <b>(2</b> €6)   |                 |  | ļ                    | _                | กรื <sub>อ</sub>            | 6-00  | 200      |         |                 |               |                  | 1300         |          |                |
| (HZBO            |   |                 |  |                      |                  | 650                         |       |          |         |                 |               |                  |              |          | _              |
| <u> بلم ، 6ع</u> | 907   | <u> </u>        |  |                      |                  | 730                         |       |          |         |                 |               |                  |              |          |                |
| 1723 F           | 50  | <u>'</u>        |  |                      |                  | 780                         |       |          |         |                 |               |                  |              |          |                |
| 20130            | 5   | <u> </u>        | ·  |                      |                  | 830                         |       |          |         |                 |               | ļ                |              |          |                |
| <u> </u>         | 5   | 2               |  |                      |                  | 880                         |       |          |         | <u>-</u>        |               |                  |              | _        |                |
| ্ <b>ষ্</b>      | 100   |                 |  |                      |                  | 480                         |       |          |         | TOTAL           | TNI           | KE:              | 1080         | <u>)</u> | Neg V          |
| <u>6.30</u>      | 196   | <u> </u>        |  | ļ                    |                  | 1080                        |       | _        |         | TOTAL           | 007           | PUT:             | 1300         | ·        | /* // \        |
| \                |   |                 | <u> </u>                                     |                      |                  | <u> </u>                    | _     |          |         | BA              | LANC          | <b>₽</b> :_      | 2 <u>20</u>  | 5∰,      | <u> </u>       |



56/Male/MHI202481637 ( 10/01/2024/IPH20240000867

Dr.RAJESH.V









| NPO Over at :   NPO Over at :   SHIFT   | Date    | Date From: $3/1/24$ To: $16/1/24$ Bed No: $104-8$ Hrs: Started Time: $7.00$ Ended Time: $7.00$ |           |                 |            |            |                |       |             |         |          |            |        | <b>V E 2</b> .   | OUT           | DI IT    |
|---|---------|--|-----------|-----------------|------------|------------|----------------|-------|-------------|---------|----------|------------|--------|------------------|---------------|----------|
| Note  | 24 Hr   | s : St   | arted Tin | ne:             | <u>o '</u> | Ended T    | ime :          | 7.00  |             |         |          |            | III IA |                  |               | ' ' '    |
| NTAKE   | NPO :   | Starte   | ed at :   |                 |            | NP         | O Over a       | at:   |             |         |          |            |        | СПА              | KI            |          |
| Total Intake:   | SHIF    | r  |           |                 |            | Aftern     | oon            |       |             |         |          |            |        |                  |               |          |
| Total Intake:   8   | INTA    | <u>KE</u>  | <u> </u>  | ml              | _          | 65         | <u>0</u>       |       |             | 600 M   | ļ<br>•   |            | 1.2    | 8 lits           | <u> Jolar</u> | 4        |
| INTAKE (ml)   | OUTF    | TU   | 500       | mp.             |            | 5          |                |       | <u> </u>    | 800 M   | T        | <u> </u> , | •      |                  | <u> </u>      |          |
| Time   Oral   Tube   Feeding   Type of Fluid   Additions   Amount   Time   Urine   Vomitus   N/G   Aspirate   Tube   Others   Total   RNN sign   Endorsec by  | Total I | ntake  | 85        |                 |            | otal Outpu | it: / <u>%</u> | SOM   | <u> </u>    |         |          | ce:        |        |                  |               |          |
| Time   Oral   Feeding   Type of Fluid   Additions   Amount   Amount   Time   Oral   Time   Oral   Time   Oral   Tube   Others    |         |  |           |                 |            |            |                | ļ     |             | 1       | OUT      | PUT        | (ml)   |                  |               |          |
| 100   9 30 200    | Time    | Oral   |           |                 |            | ,          | ॉर्लन।         | Time  | Urine       | Vomitus |          |            | Others | 17 <b>0</b> 7611 | R/N Sign      | Endorsed |
| P-30 100  P-30  |         |  | reedin    | 9 Type of Fluid | Additions  | Amount     |                |       |             |         | Aspirate | Tube       | Ouno.o | و بند            |               | ру       |
| 10:30 200   | 8-30    | 100  |           |                 |            |            | 100            | 9.30  | 200         |         |          |            |        | 200              |               |          |
| 13.0 200   600   3:30   100ml   600   13:30   100ml   800   13:30   200ml   800   13:30   200ml   800   13:50   1050     | 7-30    | 100  |           |                 | 200        | 11.20      | 200            |       |             |         |          | 400        |        |                  |               |          |
|   | 10:30   | 200  |           |                 |            |            | 400            | 12.13 | <b>\$00</b> |         | ·        |            |        | 600              |               | _        |
| 3:30 200ml   200   14:00   200ml   200   15:00   1050   1 | 11-30   | 200  |           |                 |            | ,          | 600_           | 13:30 | loom        | g       |          |            |        | 600              |               |          |
| 14:0 100 900 18:10 250 1050 1550 1050 1050 1050 1050 105  | 13:30   | Doc  | 7         |                 |            |            | 800.           | 14:30 | Doom        | Q       |          |            |        | 800              |               |          |
|   | 1A:00   | CoO  |           |                 |            |            |                | C .   |             |         |          |            |        | 1050             |               | _        |
| 1850 200 1550 1550 1550 200 1550 1550 1550  | 16:30   | (50  | r         |                 |            |            | 1050           |       |             |         |          |            |        | 1350             |               |          |
| 20.00 200   1450 p.30 300   1850   22.00 200   1850   250   | (B)00   | 800  |           |                 |            |            | 1250           | 22-00 |             |         |          |            |        |                  |               |          |
| 92.m 200   1650   1850 | 20.∞    | 200  |           |                 |            |            | 1450           |       |             |         |          |            |        |                  |               |          |
| 6-20 200   1850   TOTAL OUTPUT: 1850 M NOW  |         |  |           |                 |            |            | 1650           | _     |             |         |          |            |        |                  |               |          |
| TOTAL OUTPUT: 1850 M WAR  |         |  |           |                 |            |            | 1850           |       |             | _       |          |            |        |                  |               |          |
| TOTAL OUTPUT: 1850 M POR  |         |  |           |                 |            |            |                |       |             | TOTAL   | TUTA     | 1E:        | 1850   | ml               |               | .0/      |
| BALANCE: 0 58   |         |  |           |                 |            |            |                |       |             | `       |          |            |        | m                |               |          |
|   |         |  |           |                 |            |            |                |       |             |         | ,        |            | T      |                  | 59            |          |



Mr.RAMESH S 56/Malc/MHI20248163 10/01/2024/IPH2024000USO

Dr.RAJESH.V









62c\_

| Date         | Fre     | om: ' { & / | , / 24 To     | ): 17[1                                      | 24 Be        | ed No:       | 04-   | B                  |               |           |       | INITA    |          | OUT      | דוות:    |
|--------------|---------|-------------|---------------|--|--------------|--------------|-------|--------------------|---------------|-----------|-------|----------|----------|----------|----------|
| 24 Hr        | s : S1  | arted Time  | : 7.00        | 5  | Ended T      |              | 7,00  |                    | _             |           |       | INTA     |          |          | PUI      |
| NPO :        | Start   | ed at :     | <u>'</u>      |  | NP           | O Over a     | at:   |                    |               |           |       |          | CHA      | KI       |          |
| SHIF         |         |             | lorning       |  | Afterr       |              |       |                    | Nigh          | t ,       |       |          | ricted F | <u> </u> |          |
| INTA         | (E      |             | Sboml         |  | 550W         |              |       |                    | <u> 600 r</u> | <u>~U</u> |       | 1.8      |          | day      |          |
| OUTF         |         | - ^         | Storil        |  | <u>550ml</u> |              |       | <u> </u>           | _             |           |       |          | ٨        | <u> </u> |          |
| Total I      | ntake   | 1650        |               |  | Total Outpu  | ıt: <u>2</u> | 000   |                    |               | Differen  |       | - 350    | ) MY     |          |          |
|              |         |             | INTAKE        | <u>`                                    </u> |              |              |       |                    |               | OUT       | PUT   | (ml)     |          |          |          |
| Time         | Oral    | Tube        |               | ous Infusi                                   | <del></del>  | िंहिंहिं।    | Time  | Urine              | Vomitus       | N/G       | Drain | Others   | Total    | R/N Sign | Endorsed |
|              | (1) e a |             | Type of Fluid | Additions                                    | Amount       |              |       |                    |               | Aspirate  | lube  | -        |          |          | by       |
| 7-30         | LOE     |             |               |  |              | 100          | 9200  | 300                |               |           |       |          | 360      |          |          |
| 8000         | loo     |             |               |  |              | 200          |       |                    |               |           |       |          |          |          |          |
| 9.60         | doo     |             |               |  |              | 400          | W.60  | 2P                 |               |           |       |          | CB)      | Ma       |          |
| 10:00        | 1.6     |             |               |  |              | 400          | 14.00 | 250                |               |           | -     |          | 800      | •        |          |
| UBO          | \$10    |             |               |  |              | Cáo          | 18.00 |                    |               | _         | i     |          | lion     |          |          |
| 12.30        | 00)     |             |               | _  |              | 600          | 20.00 | ვ <sub>ე</sub> ე   | ·<br>1        |           |       |          | 1480     |          |          |
| A100         | 001     |             |               | <u></u> .                                    |              | <b>चै</b> 00 | 22.w  | 300                |               |           |       |          | 1700     |          |          |
| 16.00        |         | _           |               |  |              | 900          | 6.30  | .\$ <del>0</del> 0 |               |           |       |          | 2000     |          |          |
| 18-30        | 150     | ·           |               |  | <u> </u>     | 1050         |       |                    |               |           |       |          |          |          |          |
| <u> 20 م</u> | 200     |             |               |  |              | /250         |       |                    |               |           |       |          |          |          |          |
| 22.03        | 200     | 9           |               |  |              | 1450         |       |                    |               |           |       | <u> </u> |          | _        |          |
| 6-20         | 20      | 2           |               |  |              | 1650         |       |                    | TOTA          | L IN      | TAKE  | : 14     | 50 M     |          | roll     |
|              |         |             |               |  |              |              |       |                    | TOTA          | L ETU     |       |          |          | ,        |          |
|              |         |             |               |  |              |              |       |                    |               |           | -     | <u> </u> |          |          | <b> </b> |



56/Malc/MHI202481637 10/01/2024/IPH2024000086









| Date    | ate From: 17(1(24 To: 18/1/24 Bed No: 104-13 |                 |                           |               |            |          |          |            |         |                 |               |  |          | OUT            | DUT            |
|---------|--|-----------------|---------------------------|---------------|------------|----------|----------|------------|---------|-----------------|---------------|--|----------|----------------|----------------|
| 24 Hr   | s : St                                       | arted Time      | : 7-00                    |               | Ended T    | ime:     | 7.0      | 0          |         |                 |               | INTA   |          |                | ן יטק          |
|         |  | ed at :         |                           |               | NP         | O Over a | at:      |            |         |                 |               |  | CHA      | <b>IRI</b>     |                |
| SHIF    | T  | N               | lorning                   |               | Aftern     | oon      |          |            | Nigh    | t               |               | Rest   | ricted F | luid (R        | F)             |
| INTA    | KE   | _               | 325ML                     |               | _          |          |          |            |         | _               |               | 1.81   | WH       | de             | ~              |
| OUT     | PUT  | -               | 27rml                     |               |            |          |          |            |         |                 |               | •  |          |                | Ĺ              |
| Total I | ntake:                                       |                 |                           |               | otal Outpu | ıt:      |          |            |         | Differen        | ce:           |  |          |                |                |
|         |  |                 | INTAKE                    | (ml)          | _          |          |          |            |         | OUT             | <b>PUT</b>    | (ml)   |          |                |                |
| Time    | Oral   | Tube<br>Feeding | Intraver<br>Type of Fluid | ous Infusions |            | টেছী     | Time     | Urine      | Vomitus | N/G<br>Aspirate | Drain<br>Tube | Others   | Jogal.   | R/N Sign       | Endorsed<br>by |
| J. 90   | ioom   |                 | , , po or riunu           | , ruuinione   |            |          | 8.A5     | 1 5-m - 11 |         |                 |               | 1  | 180m     |                |                |
|         |  |                 |                           |               |            |          |          |            |         |                 | _             | <del> </del>                                     |          |                |                |
| 9.45    | 125 W  | 4               |                           |               |            | 225M     |          | 12500      |         |                 |               | <del>                                     </del> | 275W     | -              |                |
| ri-80   | 100 U  |                 |                           |               |            | 325m     |          |            |         |                 |               | <u> </u>   |          |                |                |
|         |  |                 |                           |               |            |          | <u>'</u> |            |         |                 |               |  |          |                |                |
|         |  |                 |                           |               |            |          |          | ned        |         |                 |               |  | <b>₽</b> | ola h          | 0 -            |
|         |  |                 |                           |               |            | 4^       | 500      | 1 1 2 2    |         | -               |               |  |          | <del>/°'</del> | 9              |
|         |  |                 |                           |               |            |          |          |            |         |                 |               |  |          |                |                |
|         |  |                 |                           |               |            |          |          |            |         | -               |               |  |          |                |                |
|         |  | ·               |                           |               |            |          |          |            |         |                 |               |  |          |                |                |
|         |  |                 |                           |               |            | _        |          |            |         | <u>.</u>        |               |  |          |                |                |
|         | _  |                 |                           |               |            | _        |          |            |         |                 |               |  |          | _              |                |
|         |  |                 |                           |               |            |          |          |            |         |                 |               |  |          |                |                |
|         |  |                 |                           |               |            |          | -        |            |         |                 |               |  |          |                |                |
|         |  |                 | i<br>                     |               |            |          |          |            |         |                 |               |  |          |                |                |



Frequency of re-assessment:

Enteral / Parenteral

Treekly

☐ Dally



Department of Dietetics . . .



#### Every heart beat counts

#### Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

|                            | N                                    | UTRITION ASS                               | ESSMENT A                  | ND CARE PLAN                                      | FORM MINING  | 10 16/16 (14/1 (14/1 14/1 14/1 14/1 14/1 14/1 14      |
|----------------------------|--------------------------------------|--|----------------------------|---|--|---|
| nosis: Oo                  | <i>₽~</i> ~                          | ol cary la                                 | 14000 00                   | 201   |  |   |
|                            |                                      | D CHEN IN                                  | ~ 1810   BIZ-              | 38 / Yes/No; if yes, specify                      |  | <del></del>   |
| <sup>ht:</sup>  ⊌ <b>€</b> | cms                                  | Weight:6.2)Kgs                             | Food allergies:            | Yes/ pro; ir yes, specity                         | **************                                     |   |
| ious Beliefs:              |                                      | Vegetarian                                 | Hon Vegeta                 | arian ·   | ☐ Eggetarian ☐                                     | Jain  |
| Prescription               | ····••••••                           | Caleiu, t                                  | DS /at V                   | لمفتع اللكالم حدد                                 | 1.15   | (m) (a)   |
| JECTIV                     | E GLOBA                              | AL ASSESSMENT                              |                            | X   | parsam, 1  | 500 mg fluid  |
|                            | less                                 | mai st faarbus tradition                   |                            | leik  | aleab, bits  | eti, dilk ,   |
|                            | (A) -                                | Patient's related Medical Histor           | 1                          |   |  | <u> </u>  |
|                            | 1}                                   | Weight Change (overall change              |                            | <del>, , , , , , , , , , , , , , , , , , , </del> | 1-1  |   |
|                            |                                      | <u> </u>                                   | □2                         | □3  |  | _ s   |
|                            | · ·                                  | No weight change/<br>gain                  | <5%                        | 5 - 10%   | 10-15%   | >15%  |
| 2)                         | Dietary Intake                       | Duration                                   |                            |   |  |   |
| ,                          |                                      | 57   | □ <sub>2</sub>             | □ 3   | □ 4  |   |
| · ·                        | Oral /                               | No change , , ,                            | Sub - optimal solld clet   | Full liquid diet/<br>moderate<br>overall decrease | Hypo-caloric<br>liquid diet -                      | Starvation  |
| -                          | Enteral /<br>Parenteral<br>Nutrition | Adequate /<br>Excessive                    | Sub-optimal                | Inadequate  | Typo-caloric<br>feeds                              | Starvation  |
| 3)                         | Gastrointestin                       | al Symptomy Duration:                      | <u>.</u>                   | <del></del>                                       | <del>, '</del>                                     | <u> </u>  |
|                            |                                      |  | <b>□</b> 2                 | \ <sub>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</sub> | □,4  | □s  |
|                            | •                                    | Na symptoms                                | Nausea ,                   | Vomiting / moderate GI                            | Diarrhoea  | severe anorexia                                       |
| 4)                         | Functional Ca                        | pacity (Notrition related functional impa  |                            | 1 2, 12 2   | · · · · · · · · · · · · · · · · · · ·              |   |
| <del>`</del> -             |                                      | ka : :                                     | T 🗆 2                      | 3 '   |  |   |
|                            |                                      | None /Improved                             | Difficulty with ambulation | Difficulty with normal activity                   | Light activity                                     | Bed / chair -<br>ridden with no<br>or little activity |
| 5) '                       | Co. markida                          | (Disease and its relationship to nutrition | 1                          |   |  |   |
| -1                         | CO - morbiolity                      | 1  | 2                          | 3   | <del>-                                      </del> | <u> </u>  |
|                            |                                      | Healthy                                    | Mild co -                  | Moderate co -                                     | Severe co-   | Very severe   |
| •                          | ·                                    | i regardy                                  | morbidity                  | morbidity/ age<br>>75 years                       | morbidity  | multiple co -<br>morbidity                            |
| 8)                         | Physical exam                        | nination                                   |                            |   |  | ·   |
| 1)                         | Decreased fat                        | stores or loss of subcutaneous fat         |                            |   |  |   |
|                            |                                      | <u> </u>                                   | D 2                        | □ 3 .   |  | □ 5   |
|                            |                                      | Normal                                     | Mild                       | Moderate  |  | Severe 1  |
| 2)                         | Sign of muscle v                     | vasting /                                  |                            |   | · · · · · · · · · · · · · · · · · · ·              |   |
| <u> </u>                   | anger or missing a                   |  |                            |   |  | s   |
|                            |                                      | Normal                                     | Mad , , , )                | Moderate  |  | , Severe  |
| Total Score =              | Sum fabove 7 comp                    | <u> </u>                                   | 1                          | 1   |  |   |
|                            | ·                                    | 1 ( 7 )                                    |                            | -" 1 p &  |  | ,   |
| Nutritional S              | tatus ; Based on this                |  | 1 1                        |   |  |   |
|                            | Well Nourished                       | <del></del>                                |                            | H(7 to 14)  |  | <u> </u>  |
|                            | Moderately Mai                       |  |                            | ](15 to 18)                                       |  |   |
|                            | Severely Malnor                      |  |                            | ](19 to 35)                                       | <del>')</del>                                      |   |
|                            |                                      |  |                            |   | <del></del>  |   |
| Nutrition Inte             | ervention: -                         |  | <u> </u>                   | <del></del>                                       | • •  |   |
|                            |                                      | <del></del>                                |                            | Enteral Pa  | renteral   | <del></del>   |
| Diet counsell              | Oral                                 |  |                            | <del></del>                                       | I ETMECI <b>NI</b>                                 |   |
| nict connect               | mil browced:                         | - <b>□</b> 76 ·                            | L                          | ) No  |  |   |

10/1/24 Dietitian Signature / Name / Date / Time: Maria Catherine John (PUN)
Senior Dietitian

☐ Fort - night

Calorie count: Yes

☐ Monthly

E 160

| DATE AND TIME                           | DIETITIAN NOTES                            | SIGNATURE                   |
|---|--|-----------------------------|
| 10/1/24,<br>16:00                       | A soyean sed gustleman come à do           |                             |
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|   | la cue                                     | iva.                        |
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|   | thit. Expfid a mass fut meals ?            | Marie Catherine John        |
|   | las glumin contral.                        | Senior Distitien            |
| <i>પોરો</i> અ,                          | Patrit shipted to OT for sugger (CADU)     |                             |
| 1500                                    | and kept on MAM. Patrint wind to sur       | (2.10)                      |
|   | ext initiate or dealistic; find dut        | (Jarie Catherine Jol Carpa) |
|   | as per destris adius.                      | * Senior Dietition          |
| 12/1/24.                                | parient tolosted diabetic liquid           | (                           |
| roxo.                                   | diet can initale prabetic                  | Q 5                         |
| -                                       | soft social diet, high protein             | ` Jo286                     |
| 12/1/24                                 | Potent view & would - Recopped             | Cann                        |
| 15140                                   | a the dist retextion, therested to eat we  | Maris Call Senior Dietitian |

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11. 15



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





### **Department of Dietetics**

Every heart beat counts

## CARE PLAN FORM - A

| ٠,     |               | CARE PLAN FORM - A  |                      |
|--------|---------------|---|----------------------|
|        | DATE AND TIME | DIETITIAN NOTES   | SIGNATURE            |
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## **CARE PLAN FORM - A**

| DATE AND TIME   | DIETITIAN NOTES | SIGNATURE |  |  |
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| . The same of the |                 | * ***     |  |  |





## INTRAOPERATIVE NURSING RECORD

| 111   | INAUI EMITTE THE STATE OF  |
|---|--|
| Mr.RAMESH S<br>56/Malc/MHI202481637<br>10/01/2024/IPH2024000086 | D. CASTERS H   |
| Dr.RAJESH.V   | Consultant: Dr. KHI EZM  |
| Name of Surgery : OP  | Consultant: Dr. RAJESH  AB (CLOSED HEART)  Date of Surgery: 11/01/24 |
| Mode of Transfer to OR  | Bed Stretcher U Other  |
| Anaesthesia Type :  | Epidural Spiral LOC MAC  |
|   | DØEN Regional———   |
| Position  | Lithotomy Prone Supine Right Down Left down                          |
|   | ☐ Lateral ☐ Other ☐  |
| Pressure Protection Pad   | Headrest Sand Bag Pillow Axillary roll                               |
|   | Shoulder roll Eye protection Chest roll Cysto/Gyn                    |
|   | Sling Boot Stirrups/Leg Holder                                       |
|   | Laem rest padded / Secured R Arms tucked / padded the hand tucked    |
|   | □ Nil □ R □ L □ Other (Specify)                                      |
| Skin preparation in OT  | Chlorhexidine Prep Providone Iodine Lodophor scrub                   |
|   | Alcohol Prep Others (specify)————————————————————————————————————    |
| Electrocautery  | : Monopolar Pad Loacation Bipolar                                    |
| Tourniquet  | ☐ Location   |
|   | Applied Time Released Time   |
|   | Applied Time Released Time   |
|   | Applied Time Released Time   |
| Other equipment used  |  |
| Personal  | : DSurgeon Dr. RADESH DASSI Dr. PRANTEN                              |
|   | Anaesthetist Dr. Prayte Asst   |
| Type of Specimen  | :  |
| Lab   | : Pathology Permanent Frozen Time sent                               |
|   | Cytology Time of report  |
|   | ☐ Microbiology ☐ Time sent   |
|   | ☐ Biochemistry   |

Packing / Drains / Catheters

| iis / Cameters    | ,<br>  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|
| Size              | Site   | Туре   | Size   | Amount   | Sign   |  |
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|                   | m Zection  | done by 1  | UZ, SIAE   | l used I   | its fde  | ys Couth   |
| Raytex<br>Sponges | Gauze Gauze  | Neuro cottor   | l<br>Vein<br>Canula  | Bulldog clamp Needl  | Circ.  | Scrub<br>Nurse<br>Sign   |
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| (selon)           | arrent .   |  | Coccost  | Percent Beneng   | 8 25   | 031.   |
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| onature SV        | ₹ \  |  |  |  |  |  |
|                   |  |  | -  |  |  |  |
| 11/01/            | 24 @   | 14:15  |  |  |  |  |
| se Signature      | Signer 12  |  |  |  |  |  |
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| 11/01/21          | 7 (2) 14   | 115  |  |  |  |  |
|                   | Size  28 fr  28 fr  28 fr  Colflote Record  Raytex Sponges  Consult  Consul | Size Site  28 Fr Mediash  28 Fr Mediash  Coutlate of Saction Record  Raytex Gauze Gauze Sponges Lined Unline  Consent Consent  Consent Consent  Consent Consent  Consent Consent  Consent Consent  Consent Consent  Consent Consent  Consent Consent  Consent Consent  Consent Consent  Consent Consent  Consent Consent  Consent  Consent Consent  Conse | Size Site Type  28 fr Mediashinum  28 fr Mediashinum  Record  Raytex Gauze Gauze Neuro Cottor Patties Sponges Lined Unlined Patties balls  Coreal Great Coreal  Coreal Great Coreal  Coreal Garage  Coreal Coreal  Corea | Size Site Type Size  28 Fr Mediastinum  28 Fr Mediastinum  Raytex Gauze Gauze Neuro Tonsil Conton balls Conton balls  Concell Greet Greet Gauze Sponges  Lined Unlined Patties Cotton balls  Correct Greet Gauze Gauze Neuro Tonsil Conton balls  Correct Greet Gauze Gauze Neuro Tonsil Conton Canula  Correct Greet Gauze Gauze Neuro Tonsil Conton Canula  Correct Greet Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton Conton Canula  Correct Gauze Gauze Neuro Tonsil Conton C | Size Site Type Size Amount  28 Fr Mediastinum  28 Fr Mediastinum  28 Fr Mediastinum  28 Fr Mediastinum  28 Fr Mediastinum  Coutharte in South of Orac Cay An HARD Used II.  Record  Record  Raytex Gauze Gauze Deuro Cotton balls  Canada Canada Camp Needl  Careal C | Size Site Type Size Amount Sig  28 fr Media stroum  28 fr Media stroum  28 fr Media stroum  Couthacter 2 action done by Ministry Record  Raytex Gauze Gauze Neuro Tonsil Canula Bulldog Needle Circ. Nurse sign  Cored Greet G |



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

Dr.RAJESH.V





|  | NURSING ADMISSION ASSESSMENT (ADULT)   |  |   |               |  |  |  |  |
|--|--|--|---|---------------|--|--|--|--|
| Date of Admission: Date of Admission: Walking Wheelchair Stretcher   |  |  |   |               |  |  |  |  |
| Accompanied by Relative: No If Yes, Name of the Relative: Mr. S.R. Attorch   |  |  |   |               |  |  |  |  |
| Relationship with Patient: Son Contac  | Relationship with Patient: Contact Person's Name: Relationship:  |  |   |               |  |  |  |  |
| Contact No.: 98416 [1303 Primary   | language spoken:   | Famil OEnglish   | Hndian ∏Internatio                          | <br>onal      |  |  |  |  |
| Interpreter needed: Yes No   Patient statu   | s: Conscious   | Jnconscious Dis  | oriented                                    |               |  |  |  |  |
| Menstrual History : LMP : N  | lenopause:   | Patien   | t Vulnerable: 🗌 Yes                         | <b>☑</b> No   |  |  |  |  |
| Medical History : DM/HTN/Co - Morbidity :  | m (ours If Yes, s  | pecify   |   | - 100         |  |  |  |  |
| Menstrual History: LMP: N Medical History: DM/HTN/Co - Morbidity: Drugs History: Antiplatelet (S   | pecify) T-ASP IT!  | n75mg 0-1:   | APSTOPP                                     | 90/60 12      |  |  |  |  |
| Psychological Status ( Calm Anxious )  | Withdrawn Agitated   | Depressed S  | leeping Difficulty                          |               |  |  |  |  |
| · 'ver the past 2 weeks, how often have  | Not at Several   | More than one  | -   | Total         |  |  |  |  |
| bu been bothered by any of the following   | all Days   | half of the days   | ··· every day,                              | , i Otai      |  |  |  |  |
| problems?  1. Little Interest or pleasure in doing things  | 0 1  |  | 3   |               |  |  |  |  |
| Entire interest of pleasure in doing things     Feeling down, depressed, or hopeless   |  | 2  | ა<br>ვ.                                     | Ġ.            |  |  |  |  |
| Scoring: A PHQ-2 score ranges from 0 to 6; patie   | ents with total score of   | 3 or more should be  |   | . –           |  |  |  |  |
| Columbia-suicide Severity Rating Scale (C-SSR  | S)tool.  | •  |   |               |  |  |  |  |
| Do you have any special religious, spiritual o   | r cultural needs to be   | e considered? 🛄  | Yes No                                      |               |  |  |  |  |
| If Yes, specify details:   |  |  | <del></del>                                 | <del></del>   |  |  |  |  |
| Socio Economic Status: Employed Retir  |  |  |   |               |  |  |  |  |
| Vital Signs: Temp. 96.8 (°F)   Pulse / HR: 3   | (beats/min)   B  | P: <u>[[0[80</u> (mm   | Hg)   |               |  |  |  |  |
| Respiration: 20 (breaths/min)   SpO₂: 95 (9  | 6)   CBG: <u>{{</u> 2, (mg/c   | ll)   Height:[6년 (cr   | ns)∣ Weight: <u>62 √</u> (                  | kgs)          |  |  |  |  |
| Allergies / Adverse Reaction: Yest Mo Medication Blood Transfusion Food Not known  |  |  |   |               |  |  |  |  |
| Allergies / Adverse Heaction: Yes No   | Medication   | Blood Transfusio   | n ∐ Food ∐_AHopti                           | known         |  |  |  |  |
| If Yes, specify:   | Medication   | Blood Transfusio   | n ∐ Food ☐ Nopti                            | known         |  |  |  |  |
|  | <u></u>  |  |   |               |  |  |  |  |
| If Yes, specify:Pain: Yes No. If Yes, Score: Pa  | <u></u>  |  |   |               |  |  |  |  |
| If Yes, specify:Pain: Yes No. If Yes, Score: Pa  | in Scale Used: N   | RS(>12 years) [] (   | CPOT (ventilator / co                       | omatose)      |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pa  Pain: Yes No. If Yes, Score: Pa  Pain: Aching Sharp  Nutritional Screening:   | in Scale Used: No No No No No No No No No No No No No  | RS(>12 years)  | CPOT (ventilator / co                       | omatose)      |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: P | in Scale Used: No Char   | RS(>12 years)  | CPOT (ventilator / co                       | omatose)      |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: P | in Scale Used: No No No No No No No No No No No No No  | RS(>12 years)  | CPOT (ventilator / co                       | omatose)      |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: P | in Scale Used: No Location: Stabbing Shooting No Charreased No Char  | RS(>12 years)  | CPOT (ventilator / co                       | omatose)      |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: P | in Scale Used: No Char   | RS(>12 years)  | CPOT (ventilator / co                       | omatose)      |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: P | in Scale Used: NI Location: Stabbing Shooting reased No Char reased No Char Diabetic Type of Don the Name:   | RS(>12 years)  | CPOT (ventilator / conferred / Radiant Pain | omatose)      |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: Pain: No. If Yes, Score: Pain:  | in Scale Used: NI Location: Stabbing Shooting reased No Char reased No Char Diabetic Type of Don the Name:   | Burning Remarks Polet: N AS Dependent if: Uncor  | ferred / Radiant Pain  Time: 12:            | omatose)      |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: Pain: Nutrition:  In Character: Dull Aching Sharp  Nutritional Screening: Last 3 months Appetite: Increased Decid | in Scale Used: NI Location: Stabbing Shootin reased No Char reased No Char Diabetic Type of Don the Name: MCC Orient Patient Atte  | g Burning Reinge  geolet: NAS Dendant if: Uncorn Board Bathro                                      | ferred / Radiant Pain  Time: 12:            | SOPN<br>ented |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: Pain: Nutrition:  In Character: Dull Aching Sharp  Nutritional Screening: Last 3 months Appetite: Increased Decid | in Scale Used: NI Location: Stabbing Shootin reased No Char reased No Char Diabetic Type of Don the Name: NO Char Orient Patient Atte  | g Burning Reinge  geolet: NAS Dendant if: Uncorn Board Bathro                                      | ferred / Radiant Pain  Time: 12:  Disori    | SOPN<br>ented |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: Pain: Nutrition:  In Character: Dull Aching Sharp  Nutritional Screening: Last 3 months Appetite: Increased Decid | In Scale Used: NI Location: Stabbing Shooting reased No Char reased No Char Diabetic Type of Don the Name: NO Char Orient Patient Atte   | g Burning Reinge  Diet: N AS D  Cartains Ne  Pendant if: Uncorn  In Board Bathro  Tevision Light ( | ferred / Radiant Pain  Time: 12:  Disori    | SOPN<br>ented |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: Pain: No. If Yes, Score: Pain:  | In Scale Used: No Location: Stabbing Shooting Shooting Shooting No Charge Shooting No Cha | g Burning Reinge  Diet: N AS D  Cartains Ne  Pendant if: Uncorn  In Board Bathro  Tevision Light ( | CPOT (ventilator / controls   Telepo        | SOPN<br>ented |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: Pain: Yes No. If Yes, Score: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Particular  Pain: Yes No. If Yes, Score: Pain: Pai | In Scale Used: No Location: Stabbing Shooting Shooting Shooting No Charge Shooting No Cha | g Burning Ren  ge  nge  Diet: N AS D  endant if: Uncorn  n Board Bathro  tevision Light (          | CPOT (ventilator / controls   Telepo        | SOPN<br>ented |  |  |  |  |
| If Yes, specify:  Pain: Yes No. If Yes, Score: Pain: Pain: Yes No. If Yes, Score: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Pain: Particular Pain: Pai | In Scale Used: No Location: Stabbing Shooting Shooting Shooting No Charge Shooting No Cha | g Burning Reinge  Diet: N AS D  Cartains Ne  Pendant if: Uncorn  In Board Bathro  Tevision Light ( | CPOT (ventilator / controls   Telepo        | SOPN<br>ented |  |  |  |  |

| -   | · <del></del>   |                   | ,<br>:                   |  |   |                        |                 | 1         | 1 /         |
|---|---|-------------------|--------------------------|--|---|------------------------|-----------------|-----------|-------------|
| Daily Making Of L   | Edward Ad   | * 其并充于表<br>本代表(2) |                          |  |   | ·                      |                 | ,         |             |
| Daily Activity Of L   | .iving:   | <del></del>       | 1<br>                    |  |   |                        |                 |           |             |
|   | Activity Independent  |                   | nt-                      | Assisted                                     |   |                        | De <sub>l</sub> | Dependent |             |
| Bathing   |   |                   |                          |  | <u> </u>                                      |                        |                 | <u> </u>  |             |
| Dressing  |   |                   |                          |  | _ <u>_</u>                                    |                        |                 | <u> Ц</u> |             |
| Eating  |   |                   |                          |  | _ <u>_</u>                                    |                        |                 | <u>Ш</u>  |             |
| Walking   |   |                   |                          |  |   |                        |                 |           |             |
| Toilet Use  |   |                   |                          |  |   |                        | <del></del>     |           |             |
| Pressure Injury R   |   |                   |                          | <u>.                                    </u> |   | <u> </u>               | •               |           |             |
|   |   |                   | Moisture                 | Score Degree of                              |   |                        | y               | Score     |             |
| No Impairment   |   | _A                | Rarely Mois              |  | _3_   | Walks Frequently       |                 |           | 4           |
| Slightly Limited  |   | 3                 | Occasionall              | y Moist                                      | 3   | Walks Od               |                 | У         | 3           |
| Very Limited  |   | 2                 | Very Moist<br>Constantly | Moiot  | 2   | Chair Fast<br>Bed Fast |                 |           | 1           |
| Completely Limit  | <u></u>   | 1                 |                          | VIOISI                                       |   |                        |                 |           |             |
| Mobility  No Limitation   |   | Score             | Nutrition<br>Excellent   |  | Score   | Friction               | rent prob       | lom       | Score 3     |
| Slightly Limited  | • •   | 4 3               | Adequate                 | · -  | 3   |                        | Problem         |           | 2           |
| Very Limited  |   | 2                 | Probably In-             | -Adequate                                    | 2   | Problem                |                 |           | 1           |
| Completely imme   | obile   | 1                 | Very Poor                | riasquais                                    | 1   | 1102.011               | 1 1000111       |           | · .         |
| High Risk: 12 - 10  | 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: 2 2 Action needed: Yes No Pressure injury present at the time of admission: Yes No |                   |                          |  |   |                        |                 |           |             |
| If yes, Location:_  |   |                   |                          |  | Grade:  | s                      | iize:           |           |             |
| Witnessed by:   | Witnessed by: Signature: Relationship:  |                   |                          |  |   |                        |                 |           |             |
| Fall Risk Assess  |   |                   | E FALL ASSES             | SSMENT SC                                    | ALE (Age a                                    | bove 16 ye             | ars)            |           |             |
| <u>Variables</u>  |   |                   |                          |  | -   |                        | No.             | Nun       | neric Value |
| History of falling  | (immediate  | e or within 6     | months)                  |  |   |                        | Mo<br>Yes       |           | 0<br>       |
|   |   |                   |                          |  |   | <del></del>            | No              |           | 0           |
| Secondary diagr   | nosis (≥ 2  | medical diag      | nosis)                   |  |   |                        | Ves             |           | 15          |
| Ambulatory Aid<br>None / Bed Rest   | / Nurse As  | ssist             |                          |  |   |                        |                 |           | <u> </u>    |
| Crutches / Cane   |   |                   |                          |  |   |                        |                 |           | 15          |
| Furniture   |   |                   | W-                       |  | <u>,                                     </u> |                        |                 |           | 30          |
| Intravenous Ther  | apv / Hepa  | arin Lock / Tu    | ıbes İnsitu              |  |   |                        | No              |           | 0           |
|   |   |                   |                          | <del></del>                                  |   |                        | Yes             |           | 20          |
| Gait Normal / Bed Rest / Wheel Chair Weak   |   |                   |                          |  |   |                        |                 | 0<br>10   |             |
| Impaired  |   |                   |                          |  | _   |                        |                 |           | 20          |
| Mental Status Oriented to own   | etahilitu   |                   |                          | <u>-</u>                                     |   |                        | 1               |           |             |
| Overestimated of  |   | mitations         |                          |  | <del></del>                                   |                        |                 |           | 0<br>15     |
| Medications<br>Includes PCA / o   | piates, ant   | iconvulsants      | , anti-hyperter          | sives, diuret                                | ics, hypnotic                                 |                        | No              |           | 0           |
| laxatives, hypogl   |   |                   |                          |  |   |                        | Yes             | r         | 15          |
| Score Interpretation: 0-24: Low-fisk; 25-44: Medium Risk; Above 45: High Risk Total Score |   |                   |                          |  |   |                        |                 |           | <u> </u>    |

| As per the score, tick the following appropriate I  | boxe   | es:  |   |
|---|--|--|---|
| Familiarize the patient with the immediate surroundings Remind the patient to use call bell before getting out of I keep the two side rails in the raised position at all times keep the call bell, bedside table, water, glasses within the Remove excess equipment or furniture to make a clear Rep the patient's bed in the low position at all times except the patient's bed in the low position at all times except the patient's bed in the low position at all times except the patient's bed in the low position at all times except the patient's bed in the low position at all times except the patient's bed in the low position at all times except the patient's bed in the patient's care are safety belts during movement in wheelchair. The patients are not ambulated by themselves. They are the patient are not ambulated by themselves. They are the patient are not ambulated by themselves. They are the patient in the patient proper transfer precautions are instituted or wheel chair or on a toilet seat. Use restraints and bed monitors as ordered by the doct allow the patient to ambulate only with assistance. Consider peak effects of the medications that effects infinition when planning patient's care bond the patient to use grab bars near the toilet, bath thake sure the family and other visitors understand the High-risk interventions (above 45). Apply all the low and medium risk interventions. The red fall risk tag in the bed, wheel chair and stretcher Locate the high-risk patients in a room close to the nurs. 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). If appropriate, consider using protection devices: safet | bed for all he pa path cept c a mod romo re to b cher tted for tub, au restric ses' st iate) in then | tient'during ment when the fall when the fal | ng procedure nt before rising from the bed  alls mbulated only with assistance  eavy or debilitated patients in a  el of consciousness, gait and as shower ns mentioned above |
| Initial Assessment to Special Needs and Vulnera   | bilit  | y of   | of Patient:   |
|   | Yes  | No   | Remarks (please specify)  |
| Terminally ill patients   | L  | $\angle$   |   |
| Patients with intense chronic pain  |  | 1/   | <del></del>   |
| Woman in labor or experiencing termination of pregnancy   |  | Ľ  |   |
| Patients with emotional or psychological distress   |  | ~  |   |
| Patient suspected of drug or alcohol dependency   |  | V  | 1   |
| Victims of abuse and neglect  |  | <b>V</b>   |   |
| Patients whose immune system is compromised   |  | V  | 7   |
| Patient with infections and communicable diseases   |  |  |   |
| Does the patient have implants  |  |  |   |
| Has tracheotomy been done   |  |  |   |
| Has colostomy been done   |  |  | 1,  |
| Any other potential needs of the patient  |  | V  | <del> </del>  |

|                |                                 |   |   | ·                         |                                    |                                    | RISK ASSE   |                              |   |              | · .      |                  | ι        |
|----------------|---------------------------------|---|---|---------------------------|------------------------------------|------------------------------------|---|------------------------------|---|--------------|----------|------------------|----------|
|                | Assign a s                      | core  |   |                           |                                    |                                    | nos. 1 to 9, and  | assign a sco                 | re of -2 if (YES) in p  |              |          | 3                |          |
| S. No.         | A =4i                           |   | _   |                           | neters                             |                                    | durithin Our anthon   |                              |   |              | Yes / No | <del>-  </del> - | Score    |
| 1              |                                 |   |   |                           |                                    |                                    | d within 6 months o   | or palliative cai            |   |              |          |                  |          |
| 2              | Bedridden red                   | edridden recently > 3 days or major surgery within four weeks |   |                           | No                                 |                                    |   |                              |   |              |          |                  |          |
| 3              | Calf swelling<br>(Assess for bo |   |   | ed with                   | asymp                              | ton                                | natic side, measu   | red at 10 cm t               | pelow tibial tubercle   | ercle Yes No |          |                  |          |
| 4              | Collateral (no                  | nvario  | cose) super                                 | ficial v                  | eins pre                           | eser                               | nt (Assess for both   | legs)                        |   |              | Yes 🔽    | No               |          |
| 5              | Entire leg swo                  | illen (/  | Assess for I                                | ooth leg                  | gs)                                |                                    |   |                              |   |              | Yes 🔟    | No.              |          |
| 6              | Localized ten                   | derne   | ss along th                                 | e deep                    | venous                             | nous system (Assess for both legs) |   |                              |   |              | Yes 🔽    | No ]             |          |
| 7              | Pitting edema                   | ı, grea   | iter in the sy                              | ymptor                    | naticle                            | g (A                               | Assess for both leg   | s)                           |   |              | Yes 🔃    | No               |          |
| 8              | Paralysis, par                  | esis, o   | or recent pla                               | aster in                  | nmobili                            | zati                               | ion of the lower ext  | remity (Asses                | s for both legs)  |              | Yes 🔲    | No               |          |
| 9              | Previously do                   | cume  | ented DVT (                                 | Assess                    | for bot                            | h le                               | egs)  |                              |   |              | Yes 🚺    | No               |          |
| 10<br>Risk     | Renal diseas<br>oedema, Lym     | e, Re<br>phati<br>itoma                                       | nal failure,<br>cobstruction<br>(collection | CCF<br>on. Sep<br>of bloc | Celluliti<br>tic arth<br>od) in th | is (c<br>ritis                     | commonly mistak<br>s, Cirrhosis, Nephro<br>nuscle, Sprain or ru | en as DVT),<br>otic syndrome | norbidity like ESLD /<br>Dependent (stasis)<br>, Calf muscle tear or<br>tendon, Fracture. |              | Yes 🔽    | $\perp$          | <b>a</b> |
|                | the score ob                    |   |   | ,Dabiii                   | / [                                |                                    | ·   | Action Take                  |   |              |          | ┰┸               |          |
| _              |                                 | т   |   | <b>_√</b>                 | $\rightarrow$                      |                                    |   | Action lake                  | en<br>  |              | Date     |                  | Time     |
| Low            | Risk                            | <u> </u>  | 2 to 0                                      | <del>1</del> /            |                                    |                                    |   |                              |   |              |          | $\perp$          |          |
| Mod            | lerate Risk                     |   | 1 to 2                                      |                           |                                    |                                    |   |                              |   |              |          |                  |          |
| High           | n Risk                          |   | 3 to 8                                      |                           |                                    |                                    |   |                              | -   |              |          |                  |          |
| Pers           | sonal Belong                    | jings   | / Valuab                                    | les:                      | -                                  |                                    | <del>-</del>  |                              |   |              |          |                  |          |
| Valua          | ables                           | ב   | Descriptio                                  | ח                         | With<br>Patie                      |                                    | With Patient's<br>Attendant                                     |                              | Signature of the atient's Attendant   |              | Rema     | ırks             |          |
| Denti          | ıres                            |   | Jpper□Lo<br>Both ☑N                         |                           |                                    |                                    |   |                              |   |              |          |                  |          |
| Heari          | ng Aid                          |   | Right □L                                    | eft                       |                                    |                                    | ,   |                              |   |              |          |                  |          |
|                | plasses /<br>act lens           | <b>W</b>  | es □N                                       | 0                         |                                    |                                    |   |                              |   |              |          |                  |          |
| Jewe           | llery                           | <b>V</b>  | ′es ƊN                                      | 0                         |                                    |                                    |   |                              |   |              |          |                  |          |
| Other<br>(spec | r valuables                     |   |   |                           |                                    |                                    |   |                              |   |              |          |                  |          |
| Rep            | ort (List of X-                 | ray, I  | ECG, lab ı                                  | report                    | s retair                           | ned                                | with the nurse)   | :                            |   |              |          |                  |          |
|                |                                 |   |   |                           |                                    |                                    | ·   | <del></del>                  |   |              |          |                  |          |
|                |                                 |   | Sign.                                       |                           |                                    | Na                                 | me  |                              | Emp. No.  | I            | Date     | Tit              | ne       |
| Pation Pation  | ent /<br>ent's Attend           | ant   | SF  | 2-ama                     | gh                                 | V                                  | 71. Roume<br>IN Bhas  | zh.s                         | Relationship<br>Portieut  | 16           | 1/24     | <b>©</b>         | 12:52    |
| Nurs           | se                              | ļ   | 0   | ·                         | .                                  | R                                  | IN Bhan   | -lathi                       | 0271  | ] [          | 1/2/     |                  | 1210     |
| Unit           | In-Charge                       |   |   | Ø                         |                                    |                                    | Dhaeraea  |                              | 1505  | $t^{-}$      | 101/24   | )                | 100      |







### Mr.RAMESH S 56/Malc/MHI202481637

10/01/2024/IPH2024000086

Dr.RAJESH.V





## PATIENT CLINICAL HANDOVER RECORD FOR NURSES

| Date: (0 1)   | 24   | Shift: Morr  | ning Evening Night               | · · ·    |               |  |  |
|---------------|--|--|----------------------------------|----------|---------------|--|--|
| S             | NEWS / P<br>/entilator<br>Periphera<br>Ryle's Tub<br>Jrinary Ca  | : CHO T VD EWS Score: — day: Lef line day: Right: Lef be: □ Yes □ No Day atheter: □ Yes □ No Day | ViP Score                        | e days:- | ;<br>;        |  |  |
| B             | On room a  |  | Date of su                       |          | ,             |  |  |
| <b>A</b>      | ASSESSMENT  Vital Signs: Temp: A C F   Pulse / HR: Stom (beats/min)   Respiration: Dobm (breaths/min)  BP: |  |                                  |          |               |  |  |
| R             | Referral de Pending rending rending le Pending le Critical van Changes                                     | medications: medication indent: ab reports / Investigations: lue alert and its corrections:      | No. If Yes, modified care plan d | -        |               |  |  |
| 11d           |  | Signature  | Name                             | Emp. No. | Date Time     |  |  |
| Handover give |  |  | KIN Bhowyailen                   | 001)     | 10 1124 17230 |  |  |
| Handover take | en by  |  | A- monether                      | olhl     | MIDO Offer    |  |  |
| Document en   | dorsed   | (1)  | Dhousenaus.                      | Z000     | 100 20 08 200 |  |  |

| ·                       | NU   | IRSES PROGRESS NOTES  |          |                  |              |
|-------------------------|--|-----------------------|----------|------------------|--------------|
| .Date & Time            | (  | Observations / Action |          | Signature with E | mp. No.      |
| 10/1/24                 | Delgonesion  | n Motes               |          |                  | į            |
|                         | 4  | 1                     |          |                  |              |
| 200                     | Purt ent   | on Josepha            | 2        |                  | Ŀ            |
|                         | 1 12   | i sprat admi          |          |                  | 71           |
|                         | · · · · · · · · · · · · · · · · · · ·  | house 3               |          | )                |              |
|                         | glerou de  |                       |          |                  |              |
|                         | Stable.  |                       |          |                  |              |
|                         | Committee Commit |                       |          | Q                | <b>\</b>     |
| 400                     | Affermon   | alue Mech             | contion. |                  | χ 1          |
|                         | gren gis   |                       |          | Ç                |              |
|                         |  | V                     |          |                  |              |
| 18:00                   | Cortors 9  | Percents glore        | ر دار    |                  |              |
|                         | Tommorous  | Dian CAR              |          | 60/              | /            |
| -                       | CT Chest P   | dann dour.            |          |                  | 41           |
| 18.00.                  | Mourito-1  | Patale a              |          | 8                |              |
|                         | Prutflint  | Chart.                |          |                  |              |
|                         |  | ,                     |          |                  |              |
| 19-00                   | Vitals (1)   | rectived 2            |          |                  | #            |
|                         | DE corres  | 1 (                   |          |                  |              |
|                         |  |                       |          |                  |              |
| 19130                   | Mustens !  | round over by         | T        |                  | / <b>N</b> . |
|                         | Wight  | duter State           | /        |                  | <del>\</del> |
|                         | , 0  | GF (OF                |          |                  |              |
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|                         | •  |                       |          |                  |              |
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|                         | ·  | ·                     |          |                  |              |
|                         |  |                       |          |                  |              |
|                         |  | ·                     |          |                  |              |
| Disaumant               | Signature  | Name                  | Emp. No. | Date             | Time         |
| Document<br>endorsed by |  | Dhenarino'.           | 2000     | 11/01/28         | 08:00        |







56/Male/MHJ202481637 10/01/2024/IPH202400086

Dr.RAJESH.V





| Date: 🧘                    | 1/2  | Shift: ' Morr   | ning Evening 1   | /<br>Night                           | <del>.</del>                          | 5 (             |              |
|----------------------------|--|---|--|--------------------------------------|---------------------------------------|-----------------|--------------|
| S                          | Ventilator<br>Periphera<br>Ryle's Tut<br>Urinary C | s: CAD - CO<br>EWS Score:<br>day: —<br>I line day: Right: Lef<br>be: ☐ Yes ☐ No Day<br>atheter: ☐ Yes ☐ No Day  | <i>t</i> :   | GCS: POD: Central line of VIP Score: |                                       |                 |              |
| В                          | On room  |   | om ed.   | Date of surg                         |                                       | ,               | `            |
| A                          | Others: Pain Sco Fall Risk Braden S                | re: Pain Scale used Score: Minimal Risk: 23-19 Ulcer Scale for Healing (PU:   | Ø (%)   Height: Lb € (c<br>: PIPPS / CRIES / FLAC<br>otocol: □ Low □ Mediu<br>□ At Risk-Mild Risk: 18-15<br>SH): □ Yes □ No □ NA | cms)   Weight:<br>C / Wong-Bak<br>um | رور (kgs)   BMI:<br>ker FACES Pain Ra | ting Scale / NF | re Risk: 9-6 |
| R                          | Pending Pending Pending Critical va                | IMENDATION doctors: medications: medication indent: dab reports / Investigations alue alert and its corrections in nursing care plan: follow-up orders: mstructions if any: |  | care plan date                       | o:                                    |                 |              |
|                            | Seem bee   | Signature   | Name   | 1                                    | Emp. No.                              | Date            | Time         |
| Handover g                 |  |   | A-monu   | for s                                | 0/h/                                  | <u> </u>        | 7100         |
| Handover to<br>Document of |  | NO TOO  | M. Harris  | 16                                   | 005                                   | 11/01/23        | 99 400       |
| - Countrie (               | au.36u   |   | 1 EUNANA   |                                      |                                       | Jul 101 12 2    | 1 × 1.44     |

|                      | NURSES PROGRESS NOTES     |          |               |            |         |
|----------------------|---------------------------|----------|---------------|------------|---------|
| Date & Time          | Observations / Action     |          | Signat        | ure with E | np. No. |
| 1 - 1                | wight cludy poole         |          |               | i.         |         |
| 10/1/20              |                           |          |               |            |         |
|                      | pt hand over taken        |          |               |            |         |
| 19120                | from evening Cluty Stut   |          | vát.          | *          |         |
| 000                  | pt & Spinle &             | -        | بالمعت        | gh         |         |
|                      | consciour.                | 7        | į.            |            |         |
|                      | appel over chook          | ve d     |               |            |         |
|                      | & Received                |          |               |            |         |
| 00/20                | pt had food               |          |               | <u> </u>   |         |
|                      | modPortPon aus            |          |               | alti       |         |
| ,                    | given as per chest        |          |               |            |         |
|                      | provided compressell      |          |               |            |         |
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| 37                   | mosoth week emplined      |          |               | JA (       |         |
| ; .                  | plolep well.              |          | - ,           |            | -       |
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|                      | There is 100              | - A      |               |            |         |
| 132.                 | 1 1                       | xel      |               |            |         |
|                      | affect ary Philip         |          |               | 9/         |         |
|                      | P1/                       | <u>:</u> | (A)           | Jan.       |         |
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| المراع على           |                           | دمعو     |               |            |         |
|                      | ce elone.                 |          |               |            |         |
| (1)                  |                           |          |               | Stall      |         |
| 100                  | morning cury still        |          |               | 700        |         |
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| ,                    |                           |          | <del></del> - |            |         |
| · · ·                | Signature Name            | Emp. Ño. |               | Date       | Time    |
| Document endorsed by | Dhouranero'-              | لا 000م  |               | 10/01/23   | 08:00   |







56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.Rajesh.v



| Date: [1]  | 1/24  | Shift: Morr   | ning Evening Nigh   | nt 🧢 🔨   |   |  |                                     |
|------------|---|---|---|--|---|--|-------------------------------------|
| S          | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C                    | s: CAD-TVD PEWS Score;— day: «_ Il line day: Right; — Left be: [] Yes []-No Day atheter: [] Yes []-No Day   | PC<br>Ce<br>t: —<br>v: VII                                | CS: (5/1/2) DD: — Intral line of the control l | days: —   |  |                                     |
| В          | Allergies<br>On room  | ROUND  urgery: —  if any: Not-Ichown  air / oxygen: On 100m C  ts / New Symptoms in last s  | xvh · IV f  | ite of surg  | •   |  | _                                   |
| A          | BP: (20)<br>Others :<br>Pain Sco<br>Fall Risk<br>Braden S<br>Pressure             | ns: Temp: <u>ඉൂ് (</u> °F)   Pulse<br>ഫ(mmHg)   SpO₂: <u>എ</u>  | 上(%)[Height: <u>[ b                                  </u> | Weight:<br>Wong-Bak<br>⊒High<br>toderate Ri<br>Wound D   | <u>たのし</u> (kgs)   BMI:<br>ker FACES Pain Ratin<br>sk: 14-13 □ High Risk: | <u>2u - log (</u> mi<br>g Scale ∠NR<br>12-10□Sever | <del>S</del> -/ CPOT<br>e Risk: 9-6 |
| R          | Referral of<br>Pending<br>Pending<br>Pending<br>Critical va<br>Changes<br>Pending | IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders: |   |  | e:  |  |                                     |
| 11         | V   | Signature   | Name  |  | Emp. No.  | Date   | Time                                |
| Handover g |   | 82  | 4. Derila   | حاد ۱  | 002   | 11/1/29  | RN                                  |
| -          |   | -(0100  | n, shitted  | 1 10   | 005   | ti lai la  | ΛL 1/2*                             |
| Document e | endorsed  |   | Diamen  | ne   | 005   | 11 01/2er  | 04:00                               |

| -           | N              | JRSES PROGRESS NOTES                                   |            | ,                      |
|-------------|----------------|--|------------|------------------------|
| Date & Time |                | Observations / Action                                  | s          | ignature with Emp. No. |
| Aliby       | Mo.            | rning duty   |            |                        |
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| 740         | -> portions    | rand over taken from                                   |            |                        |
|             | right duty sto |  |            |                        |
|             | 1 11           | Steplo & vital Sings                                   |            | E by                   |
|             | cheatt round   |  |            | 6 by                   |
| 8-000.      | -> pertient    | Normal oliet.  |            |                        |
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| <u> </u>    | -> padjent     | <u>who ww</u>  |            |                        |
| 9-10        | -spatient      | Ity Mesphine 5 mg                                      | <u> </u>   |                        |
|             | given.         |  |            | <del>)</del>           |
|             | Spection       | Bhital sings choose                                    | <u>4</u> 9 | 002                    |
| ·           | -spatront      | shifting to at   |            |                        |
|             |                | <del></del>  |            |                        |
|             | Shiff          | ing notes.   |            |                        |
|             | z patient s    | Affiny to OT   |            |                        |
| 9.10        | -spotiont I    | i mortiphin given                                      |            | <b>)</b> ———           |
|             | > perficing (  | Affing to DT<br>y-morphin given<br>Divited sing choose | oell &     | 68                     |
|             | Lowers.        |  |            |                        |
|             |                | stinging to DT.  |            | 2)                     |
|             | ->pationt      | is steple & A vi                                       | itel :     |                        |
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|             | > pertion      | of 10 completing.                                      |            |                        |
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|             |                |  | F N        |                        |
| Document    | Signature      | Dranana.   | Emp. No.   | Date Time              |
| endorsed by |                | Dhamas   | 0008       | 11/01/24 00,00         |

MHI/NUR/2022/048

|               |  | NURSES PROGRESS               | NOTES   |                        |
|---------------|--|-------------------------------|---|------------------------|
| Date & Time   |  | Observations / Action         |   | Signature with Emp No. |
|               | CTO                                      | OT RECEIVAL REPO              | RT  |                        |
|               |  | om I Hoor To GOT With Blu     | e Op File And Case                            |                        |
| <del></del> - | Sheet<br>ECG:(1) E(                      | CHO(1) X-RAY(1)               | ANGIO CD: ルに                                  | <del></del> -          |
|               | <u> </u>                                 |                               | ANGIO CD. 75 NE                               |                        |
| 1~1           | CT FILE                                  |                               |   |                        |
| 101127        |  | rocedure: OPCAB (CH)          |   | Violen 100             |
| 0             | Under Ancsthesia:                        | J. CA.                        |   |                        |
| 1:40          | Allergy Status:                          | 10T: 6000 20                  |   |                        |
|               | Known Case Of:                           | DM, SHTN, LUNG ,              |   | <del></del>            |
|               | 1-                                       | DM, SHTN, LUNG "              | uass IN (E) UPP                               | ER LORE.               |
|               | Past Surgical History                    |                               | _   |                        |
|               | VITAL SIGN:                              | CAY ON 13.12.2                | <u>, , , , , , , , , , , , , , , , , , , </u> |                        |
|               | TEMP:                                    | 93.6° F HR: 926/45P02:98      | 1/2 BP 130/70 ming                            |                        |
|               | СТ                                       | OT SHIFTING REPO              | ORT 1   |                        |
|               | <b>)</b> I                               | n CTOT TO SIDEN With I        | Blue Op File And                              |                        |
| <del></del>   | Case Sheet Along Y<br>Surgery Safety Che | <del></del>                   |   | ļ                      |
|               | *Intra Operative Rec                     |                               |   |                        |
|               | *Nurses' Record -                        |                               | <del></del>                                   |                        |
| 401124        | ECG: (1) EC                              | CHO:(() X-RAY()               | ANGIO CD: NIC                                 |                        |
| 1 1           |  | ZHO. ( ) A-KATO A             | ANGIO CD. MIC                                 | 1 mlail                |
| <u>(O)</u>    | CT FILE:(2)                              |                               |   | dija 125               |
| 14:15         | Patient Posted And U                     | Inderwent For Procedure:      | 1.4   | , , ,                  |
| 14            | Procedure:                               | OPCAB (CH) In C               | ladial > on.                                  |                        |
| <u>_</u>      | : (7 <i>CM</i> K                         | SUG-SUG-STOR                  | <del>.</del>                                  |                        |
|               | ·  |                               | oth in Mediastru                              | <u>n</u>               |
|               | Pacing wire placeme                      | ent: Present/Absort Site      | ; —   | ļ                      |
|               | implants:                                |                               |   | <u></u>                |
|               | ,  | celing/towel clip mark: Prese | nt/Absent                                     |                        |
|               | Site:<br>VITAL SIGN:                     | 1 Tuel-                       |   |                        |
|               | TEMP: 98 /2 HR: 1                        | 0   9 SPO2: 47/- BP: 15       | 0/80 menting                                  |                        |
|               |  | <del> </del>                  | , (   |                        |
|               | Notes: UE 4 L                            | 1.9ms, 1.0 Ru Re              | served.                                       |                        |
|               | <del> </del>                             | 1 1                           |   |                        |
|               | Signature                                | Name                          | Emp. No                                       | . Date Time            |
|               | , <del></del>                            |                               |   | 1 1                    |

## SAFETY FIRST







### Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





| PATIENT CLINICAL HANDOVER RECORD FOR NORSES |   |   |  |   |   |  |          |
|---|---|---|--|---|---|--|----------|
| Date: 11                                    | 11/24   | Shift: 🛅 Mo   | orning Evening [                                     | ]Night  |   |  |          |
| S   | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tu<br>Urinary C | S: CAD - [V] PEWS Score: - r day: - al line day: RightCubilial L be:   Yes   No   D Catheter   Yes   No   D   | _eft: D /<br>Day:<br>Day:  <br>DAY: ∐Yes ☑No. If Yes | GCS: 15 1<br>POD: 100 5<br>Central line of<br>VIP Score: 4<br>specify organis   | B<br>days: D 1<br>が、                          | .,   |          |
| B   | Type of s<br>Allergies<br>On room                             | ROUND surgery: OPCAB if any: NKDA air / oxygen: ON OL Ab nts / New Symptoms in las  |  |   | ery: 11 1 24<br>low: KABILY)                  | <br>E  |          |
| A   | BP: 1 4 7<br>Others :<br>Pain Sco<br>Fall Risk<br>Braden !    | ns: Temp <u>91.6</u> (°F)   Puls<br>TF8 (mmHg)   SpO <sub>2</sub> :<br>CVP - & 195   Lq , B<br>ore: _/10 Pain Scale us<br>c Score: _65 Fall Risk  <br>Score: DMinimal Risk: 23-19<br>e Ulcer Scale for Healing (F |  | (cms)   Weight;<br>CC / Wong-Bak<br>dium ☐ High<br>5 ☐ Moderate Ri<br>Á Wound D | <u>んシー (</u> kgs)   BMI:<br>ker FACES Pain Ra | ting Scale / NR<br>k: 12-10☑Severe<br>es □No □NA | S / CPOT |
| R   | Referral Pending Pending Pending Critical v Changes Pending   | medications: medication indent: lab reports / Investigations ralue alert and its corrections in nursing care plan: follow-up orders: instructions if any:   | ns:<br>es ☑No. If Yes, modifie                       | d care plan date  | o:  | _  |          |
|   |   | Signature /   | Name   |   | Emp. No.                                      | Date   | Time     |
| Handover of Handover t                      |   | Jan 9   | JOHNA FLORAN   |   | 0094  | 11 24  | 19:30    |
| Document                                    |   | 001   | T 1 -1   | lenen .S.J  | 0232  | 11/1/24  | 19.30    |
| - Journal !                                 | -11401364   |   | Logiva Flor  | DAME 3  | COTA  | 113 1124   | 9100     |

|                         |                                       | NURSES PROGRESS NOTE       | <br>S                       |  |                 | -          |
|-------------------------|---------------------------------------|----------------------------|-----------------------------|--|-----------------|------------|
| Date & Time             |                                       | Observations / Action      |                             | Signa  | ture with E     | mp. No.    |
| 11/1/014                | Robival                               | the patient from or at     | 14-20                       |  |                 | ş          |
| 14.20-20                | ON O, ACE                             | 1 /1                       | by48 · ·                    |  |                 |            |
| 17                      | -                                     | U #U                       | a Colorica                  |  |                 |            |
| 14.30                   |                                       | woon from the pospions     | _ and                       | ļ  |                 |            |
|                         | adviced to                            | apply Bupreworphine po     | tch                         |  |                 | -          |
|                         | long ha                               |                            |                             | RIN  | Davis 00:       | <b>f</b> 4 |
| 15:00                   |                                       | token (7) collected and    | 8/3                         | <u> </u>   |                 |            |
|                         | Dr. Rajoho                            | , No crows                 | <u> </u>                    | <u> </u>   |                 |            |
| 16.36                   |                                       |                            | elees                       | <del>                                     </del> |                 |            |
|                         | Obviopolory                           | •                          |                             | RM   | April 100       | f <i>a</i> |
| 15.40                   |                                       |                            | Pu flor                     |  | <u> </u>        |            |
|                         | in view of ch                         | 4-235 mg W. Ordord by      | <u> </u>                    | <u> </u>   |                 |            |
|                         | 1' 1 .                                |                            | policy.                     | -  |                 |            |
| 16.00                   |                                       | horyhopal cerusay muo va   | 2 and                       | 1.   |                 |            |
| _                       |                                       | gran.                      |                             | R/A!   | <u> gais /0</u> | 7-54       |
| 16.16                   | l .                                   | Defation grow and office   | À //-                       |  |                 |            |
| 16.30                   | posi                                  | ant was fout cooler alox   | $\mathcal{U}$ $\mathcal{U}$ | 100  | 001-            |            |
|                         | prougo 46                             | A . Pa. A .C               | . ()                        | RNC  | 10079 COJA      | ;          |
| 18.00                   |                                       | padors Nortal the palind   | <u>0000</u>                 | <del> </del>                                     |                 |            |
|                         | explained at                          | part the condition!        | <u> </u>                    |  |                 |            |
| 18.16                   | DAU.                                  | ibiofic given as per       | Chort .                     |  |                 |            |
| 19.00                   | NHADL PA A                            | got handed over to No      |                             | <del>                                     </del> |                 |            |
|                         | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | haonodynouicolly wountaine | ng                          | PAL  | April 100 ×4    | · /        |
|                         | Conditton Light                       | ias Gnotopic Rupports.     |                             |  | (               |            |
|                         | _                                     |                            |                             |  |                 |            |
|                         |                                       | -                          | -                           |  |                 |            |
|                         |                                       |                            |                             |  |                 |            |
|                         |                                       |                            |                             |  | _               |            |
|                         |                                       | · · ·                      |                             |  |                 |            |
|                         | Signature                             | Name                       | Emp. No                     |  | Date            | Time       |
| Document<br>endorsed by | ( Carl                                | Montra TLORANCE.S          | ०० मम                       |  | 13 1 24         | 9.00       |







56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





| <u> </u>   | PATIENT CLINICAL HANDOVER RECORD FOR NURSES                   |  |   |  |                               |   |          |  |
|------------|---|--|---|--|-------------------------------|---|----------|--|
| Date: น    | 1.29  | Shift: Morr  | ning Evening 🖸  | Might  |                               |   |          |  |
| S          | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tu<br>Urinary C | s: ĈI∱D - TVD<br>PEWS Score:<br>r day:<br>al line day: Right: ĈUD (TAC<br>be: □ Yes ☑ No Day<br>catheter: ☑ Yes ☑ No Day   | • ,   | •  | S<br>ays: P,<br>O/J-          | į   |          |  |
| В          | Type of s<br>Allergies<br>On room                             | ROUND<br>urgery: りゃこれらか より<br>if any:  | £ 61 960s   |  | ory: 11-1-24<br>DW: 1-AB/LYTC | · <u>:</u>  | -        |  |
| A          | BP: 150 Others: Pain Sco Fall Risk Braden 9 Pressure          | SMENT  ns: Temp: 98½°F)   Pulse    160   | Do (%)   Height: <u>/</u> 66 (<br>BSY3 ~ L 69 (<br>d: PIPPS / CRIES / FLAC<br>rotocol: □ Low □ Medi<br>□ At Risk-Mild Risk: 18-15 | (cms)   Weight: (<br>(cms)   Weight: (cm) (cm) (cm) (cm) (cm) (cm) (cm) (cm) | 64·) (kgs)   BMI:_            | <b>2</b> & · <b>5</b> (< g<br>ng Scale / NR:<br>12-10 □ 86vere<br>. □ No □ NA | S / CPOT |  |
| R          | Referral of Pending Pending Pending Critical vo Changes       | MENDATION  doctors:  medications:  medication indent:  lab reports / Investigations:  alue alert and its corrections in nursing care plan:  follow-up orders:  nstructions if any: | No. If Yes, modified  | care plan date:  |                               |   |          |  |
|            | ,   | Signature  | Name  |  | Emp. No.                      | Date  | Time     |  |
| Handover g | iven by   | , ku   | Buyabau   | 4.8.6  | 0132                          | 12.1.14   | 21!50    |  |
| Handover t | aken by   | 8 yp   | SubaneyA.   | Ce   | 0023                          | المداراحا   | 01115    |  |
| Document   | endorsed  | ~ ( )  | AMMA FLORE  | TNERS  | Mar                           | 13/1/24   | 900      |  |

|                      | NURSES PROGRESS NOTES            |              |                         |
|----------------------|----------------------------------|--------------|-------------------------|
| Date & Time          | Observations / Action            |              | Signature with Emp. No. |
| 11.1.24              | NIGHT DUTY ROPORT                |              |                         |
| <b>∳</b> €. 20       | nations reasoned from evening    | duty         |                         |
| -                    | on continous condice monitoring  |              |                         |
|                      | on up & 4 61 ous or mainhaing    |              | <u></u>                 |
|                      | JAV 9 on highTy 4 ml/m on        |              |                         |
|                      | 4° Actropied en/hw on flow, d    |              | -                       |
|                      | taba @, afebouile abdonnen and + |              |                         |
|                      | and started con a do adoga       | ati.         | <u> </u>                |
| 49.45                | due deugs given                  |              | 0270230                 |
| 20-00                | patient had diet-                | i            | da our                  |
| 20 30                | due dange given                  |              |                         |
| 10. 15B              | nebulization q spionomietous     |              | 20/22                   |
|                      | excercire ders                   | -            | 0-625                   |
| 2,3-00               | patient had no complaint         |              | A 0232.                 |
| -                    | Sloeping conjustable             |              | 0-1-0-                  |
| 01.00                | Ros challed, Slepping confacter  | 61           |                         |
| 60.400               | 4 17                             |              |                         |
| <b>9</b> 8-90        | j i                              |              |                         |
|                      | Pronge both . TI live case gives | <del>'</del> | 1021                    |
| 05-45                | robb g spissonutory excelesse of | oné          | 7 - 2 -                 |
|                      | homodynau cally Asibh            | · .          |                         |
| 06.25                | ARG done, TE coroue ction slay l | <u>w</u>     | <del>_</del>            |
| 4 4 1                | 25 m/m, Ansulin Stopped          |              |                         |
| 06.40                | nation- Lomodynamically stable   | <b>M</b> 11  | 2,,1                    |
| 07.40                | had over given to west duty      | skuff.       | 70 13                   |
|                      |                                  |              |                         |
|                      | <u> </u>                         |              |                         |
|                      |                                  |              |                         |
|                      |                                  |              |                         |
|                      | Signature Name                   | Emp. No.     | Date Time               |
| Document endorsed by | Shuts Amon FLORANCE 3            | ००नी         | 1 13 1 24 9.00          |

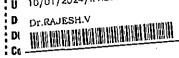






# F Mr.RAMESH S N 56/Male/MHI202481637 U 10/01/2024/IPH20240000 U 10/01/2024/IPH2024000086

D Dr.RAJESH.V





| •           | DATIE  | NT CLINICAL  | <br>HANDOVER   | RECOR  | D FOR NIII     | RSES                               |                        |
|-------------|--|--|--|--|----------------|------------------------------------|------------------------|
| Date:       | 12/1   |  | rning Evening  |  | on No.         | IOLO                               |                        |
| S           | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C   | S: CAD -TVD SP<br>PEWS Score: -<br>day: -<br>al line day: Right: CUB TO Le<br>be: Yes No Da<br>satheter: VYes No Da  | =>38 /-<br>eft: D2—<br>ay: —<br>ay: D2—<br>DR: □Yes □No. If Yes,   | VIP Score:   | ()             |                                    |                        |
| В           | BACKGROUND Type of surgery: OPGAB X 3 GRAFTC Date of surgery: 11 1 24 Allergies if any: NCDA: On room air / oxygen: On RA IV fluids on flow: ML. Complaints / New Symptoms in last shift: NCC- |  |  |  |                |                                    |                        |
| A           | BP: \099 Others: Pain Sco Fall Risk Braden S Pressure  | SMENT  ns: Temp: 18 (°F)   Pulse    52 (mmHg)   SpO <sub>2</sub> : 9    CVP -> 3 mmHg,   re: 10 Pain Scale use   Score: 50 Fall Risk Pulse   Score: Minimal Risk: 23-19  Ulcer Scale for Healing (Pulse)  liet: 19 Juid diet | BSD → 1.69 model of the leading of | (cms)   Weight:<br>CC / Wong-Bak<br>lium ☑High<br>5 ☑ Moderate Ris | (kgs)   BMI: , | ng Scale (NR<br>: 12-10 Sever<br>≲ | SV CPOT<br>e Risk: 9-6 |
| R           | Referral of<br>Pending<br>Pending<br>Pending<br>Critical va<br>Changes<br>Pending  | IMENDATION doctors:  | s: -   | d care plan date   | ::             | -                                  |                        |
| Handover g  | _  | Signature  | Name<br>Suganly A  | G  | Emp. No.       | Date 121 23                        | Time                   |
| Handover ta |  | <u>Xaus</u>  | WOWA FLORED  | (CE · 3  | 0074           | 12/1/23                            | 13.00                  |
| Document of | endorsed   | - Chile  | 1 Obilin St.   | S. C. S. WOODS   | an Ha          | 112/1/92                           | aine                   |

|               | NURSES PROGRESS NOTES                |             | - `          |
|---------------|--------------------------------------|-------------|--------------|
| Date & Time   | Observations / Action                | Signature w | ith Emp. No. |
| 12/01/23      | MORNING DUTY REPORTS-OW              |             |              |
| 0715          | . Took once the patient is in        |             |              |
|               | hamodynamically stable Condition     |             |              |
|               | Cout support on RA -> Spo> 941/0.    |             |              |
|               | Ble aimay entry & Durge clock,       | Sul 3       |              |
|               | Abdomen soft. boul sound has         | =1,         |              |
| ,             | priphaies wown & pulse fell.         |             |              |
| <u>08:20</u>  | m patient consumed note banjo        |             |              |
| <u>'</u>      | (I all' due medicino given as f      | er Suff     |              |
| -             | drug chout                           | 92          |              |
| <u>08;780</u> | Dr. Payesh Come & Son the po         |             |              |
|               | he aduled to add Timotapeold 25 mg   |             |              |
| (D 84 HO      | * Dr. Anbalain Came & Spar The       | - Court     |              |
|               | patient                              |             |              |
| 000:00        | - Nebulization QT. Spirmolactore 981 |             |              |
| 09:45         | * Pight radial atterial line vernon  |             |              |
| 11:30         | * patient is in harmodynamic         | 521         | ? ,          |
| 12100         | Stable.                              | V-          |              |
| 12160         | A CAC Value ababad (9)               | Lul         |              |
| 1010-         | Reemded & Drain Semond               | 2000        |              |
| 121,30        | heat duty staff in harmanymani       | 200 841     |              |
|               | stable Condition.                    | meke        | ,            |
|               | 78.1000x (21.00 1) 3.17.             | V           |              |
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| Document      |                                      | p. No. Date | e Time       |
| endorsed by   | SONIA FLORANCES                      | 20 FA 13/1  | 24 9.00      |







56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





|             | PATIE  | NT CLINICA  | AL HANDOVEF        | RECOR  | D FOR NU   | IRSES   |
|-------------|--|---|--------------------|--|--|---|
| Date: (2    | L/1/2A   | Shift:  | Morning Evening [  | Night  | •  |   |
| S           | NEWS / F<br>Ventilator<br>Periphers<br>Ryle's Tu         | s: CAD - JVI/<br>PEWS Score:<br>day: —<br>al line day: Right:(4b)   | Day:               | GCS: IP (I<br>POD: IP (I<br>Central line<br>VIP Score:<br>es, specify organi | OD<br>days: D2<br>OF                               |   |
| В           | Allergies<br>On room                                     | ROUND urgery: ORAB if any: NKDA air / oxygen: nts / New Symptoms in   | n last shift: —    | Date of surg   | gery: 기기에  | · .   |
| A           | BP: 12<br>Others :<br>Pain Sco<br>Fall Risk<br>Braden S  | ns: Temp: <u>96.3(°F)  <br/>F   (mmHg)   Sp</u> BSA: 1 60 m <sup>2</sup> ore: 40 Pain Scale  Score: 50 Fall R  Score: Minimal Risk: | Pulse / HR: 93 (be | , (cms)   Weight<br>· ·<br>ACC / Wong-Ba<br>edium                            | ker FACES Pain Ra                                  | :SS<br>ating Scale / NRS / CPOT<br>sk: 12-10 ☐ Severe Risk: 9-6 |
| R           | Referral of Pending Pending Pending Critical via Changes | medications: medication indent: lab reports / Investiga alue alert and its corre in nursing care plan: follow-up orders:            |                    | ed care plan dat   | e:   |   |
|             |  | Signature   | Name               |  | Emp. No.   | Date Time   |
| Handover t  |  | ( Bus .   | Ψ(, Δ,             | MCE.3  | 00 F/4   | 12 1 24 19 20   |
| Handover to |  | 0010  | Nover FLARA        | heaven . 3.7   | <del>†                                      </del> | 12/1/4/9.30   |
| Document    | 5114013EU  | - Char  | CONTE TRAKE        | <u> የ</u> ይህ   | 008A   | 13/1/24 9:00  |

|                                       |                    | NURSES PROGRESS NOTES               |  |                         |
|---------------------------------------|--------------------|-------------------------------------|--|-------------------------|
| Date & Time                           |                    | Observations / Action               |  | Signature with Emp. No. |
| 11/24                                 | Gook over          | 1 the politic in a boome            | nly -  |                         |
| 12/11/20.00                           | Manis Calley Maser | training could tran without         | γ <i>U</i>                                   |                         |
| 12                                    | Supports ()        | 0                                   |  |                         |
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|                                       | Courtions, Orig    | utol and afabric.                   |  | · \                     |
| 13.00                                 | Aguini             |                                     | <u>.</u>                                     |                         |
| 13:40                                 |                    | rice podridge 4 polore              | etal   |                         |
|                                       | wall.              | 1 0                                 | 1  | RIN OPERO 9 100-74      |
| 14:30                                 |                    | facéce and administeral             | due  |                         |
|                                       | drugo.             |                                     | n  | 1                       |
| 14.00                                 | Notale 50          | /1                                  | wagod.                                       |                         |
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| 18· <i>0</i> 0                        | Hauder             | γ- ()                               | and  | ·                       |
| 40.00                                 | apploined ab       | <u> ce eo vio l</u>                 | <u>.                                    </u> |                         |
| 18.30                                 |                    |                                     | els Orboto                                   |                         |
| 18.35                                 | Mola Gas           |                                     | 4 2  | 4                       |
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| · · · · · · · · · · · · · · · · · · · |                    |                                     |  |                         |
| Document                              | Signature          | Name                                | Emp. No.                                     | Date Time               |
| endorsed by                           | Parse              | Coma FEDRANCES                      | 0074   | 13 1 24 700             |







## Mr.RAMESH S 56/Malc/MH1202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V HE AN ION IN THE DAMPON DAMPON DELICATION



| PATIENT CLINICAL HANDOVER RECORD FOR NURSES |   |   |                                      |   |                    |        |
|---|---|---|--------------------------------------|---|--------------------|--------|
| Date: 12                                    | -1-24   | Shift: Morr   | ning Evening Night                   |   |                    | _      |
| S   | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tu<br>Urinary C                     | s: CAD ~ TVD PEWS Score:  'day: \to CUB! TM al line day: Right: Lef be: \to Yes \to No Day catheter: \to Yes \to No Day | t:                                   | days: 2   | ,                  |        |
| B   | Type of s<br>Allergies<br>On room   | ROUND<br>urgery: ひりじわら かいる<br>if any: 人のて よんりいん<br>air / oxygen: の人 んのり<br>nts / New Symptoms in last s                 | M AIR                                |   |                    | :      |
| A   | BP:<br>Others : _<br>Pain Sco<br>Fall Risk<br>Braden \$<br>Pressure               | ns: Temp: 90 (°F)   Pulse  80/74 (mmHg)   SpO <sub>2</sub> :  | / HR:                                | 62· J (kgs)   BMI:_<br>ker FACES Pain Ratin<br>sk: 14-13 ☐ High Risk:<br>Dressing done: ☐ Yes | g Scale / NR       | S CPOT |
| R   | Referral of<br>Pending<br>Pending<br>Pending<br>Critical vo<br>Changes<br>Pending | medications: medication indent: lab reports / Investigations: alue alert and its corrections                            | ⊒No. If Yes, modified care plan date | :<br>:  |                    |        |
|   |   | Signature   | Name                                 | Emp. No.  | Date               | Time   |
| Handover of                                 |   | 1 N -   | JURYAKALA - S.P                      | 0137  | 13-1:24            | 07.10  |
| Handover t                                  | 1 ,   | CALH .  | - Invition                           | 10 UG   | 13/1/184           | 7230   |
|   |   | L CAMP  | O'MMANT FLORANCE, 9                  | CORA!   | [13]]] <i>]#</i> [ | 9100   |

|                   |              | NURSES PROGRESS NO                    | TES                                   |  |                                       | . 1      |
|-------------------|--------------|---------------------------------------|---------------------------------------|--|---------------------------------------|----------|
| Date & Time       |              | Observations / Action                 |                                       | Signat   | ure with E                            | mp. No.  |
| 10/1/04           | pak h        | LIGHT DUTY APPE                       | RF                                    |  |                                       |          |
| 121               |              | Jacon warening a                      | luly                                  |  |                                       |          |
| 19                |              | RA maintainy 1                        |                                       |  |                                       |          |
|                   |              | confice mont to                       |                                       |  |                                       |          |
| <u> </u>          |              | d- IJN @ abd                          | o wón_                                |  |                                       |          |
|                   |              | ) % adequat                           |                                       |  |                                       |          |
|                   |              | · · · · · · · · · · · · · · · · · · · |                                       |  |                                       |          |
| 49-45             | The glands   |                                       | 1                                     | <del>                                     </del> | 2                                     |          |
| 19-50             | nation- ho   |                                       | ting well                             |  | ~ <u>~</u> ~                          | 32       |
| 26 - 00           | sur deug     | given                                 | · · · · · · · · · · · · · · · · · · · |  |                                       | -        |
| 21-00             |              | wrally stable                         |                                       | ` 1  | ر برا                                 |          |
| <u>27.70</u>      | rebs & Spi   | grount by given                       | 1.11                                  | · · · · ·  | 1625                                  | -        |
| 06-90             |              | 7                                     | t-able                                | A  | ـــــــــــــــــــــــــــــــــــــ |          |
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| D ( -m)           | moining cos  | HI NIDON BARN                         | ye bath                               |  | • • •                                 | -        |
| - 3 - 0           | given        | U-cath sumb                           | ٠,                                    |  |                                       |          |
| Ø₹- 30            | TAR DIMO CO  | we allown.                            | <del></del> -                         | Di   | 4022                                  |          |
| 56-0°             | not out      | mobilized he                          | chaio                                 |  |                                       |          |
| 06.10             | nobe a sy    | ,                                     | 1091016                               |  |                                       | j        |
|                   | done         |                                       | (                                     |  |                                       |          |
| 06.45             | nutient &    | emody namically                       | stalle                                |  |                                       | -        |
| 07:10             | hand over    | given to ma                           | s ning                                |  | 1                                     |          |
|                   | duty shaff   |                                       |                                       | .0   | W B                                   | 232      |
|                   | J //         |                                       | _                                     | <u> </u>   |                                       |          |
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|                   |              |                                       |                                       | <del> </del>                                     |                                       |          |
| 1                 | Signature    | Name                                  | Emp. No                               | <u> </u><br>-                                    | Date                                  | Time     |
| Document          | // \$\$      | 00 =                                  |                                       |  | 11                                    |          |
| endorsed by       | Xanz, —      | Month of LORANCE'S                    | 004                                   | <del>] '</del>                                   | 13 1 24                               | 9.00     |







56/Malc/MHI202481637 10/01/2024/tPH2024000086

Dr.RAJESH.V





|             | PAHE  | NI CLINICAL   | HANDOVER H   | ECORD  | FOR NUH                                 | 2E2           |                       |
|-------------|---|---|--|--|---|---------------|-----------------------|
| Date: 13    | 101/24  | Shift: M  | orning Evening Ni  | ight '   | •                                       |               |                       |
| S           | Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C  | s: (AD-TV) PEWS Score: day: day: UBII be: [] Yes [] No [] datheter: [] Yes [] No []   | AL D3  | GCS: 15 15 POD: 11 Central line da VIP Score:                          | ols—                                    |               |                       |
| В           | Allergies<br>On room  | urgery: OPCAB x 🤔   | om alt   | Date of surger  IV fluids on flow                                      | - 1                                     |               |                       |
| R           | BP: 15 Others: Pain Sco Fall Risk Braden S Pressure Current of RECOM Referral of Pending Pending Pending Critical value Changes Pending | Ins: Temp. 91.8 (°F)   Pul. 95.2 (°F) | sed: PIPPS / CRIES / FLACO Protocol: Low Medium 9 At Risk-Mild Risk: 18-15 PUSH): Yes No NA  s: s: fes Mo. If Yes, modified ca | ms)   Weight: 6  / Wong-Bake m High  Moderate Risk  Wound Dre  Drains: | r FACES Pain Rating : 14-13  High Risk: | g Scale / NR: | S / CPOT  a Risk: 9-6 |
|             |   | Signature   | Name   |  | Emp. No.                                | Date          | Time                  |
| Handover g  |   | Maria   | Mahaloughni  | ·17 L  | 0219                                    | 131/24        | £30                   |
| Handover ta |   |   | Jem Bhou   | to !   | DOX ( "                                 | 13) 124       | 17,3                  |
| Document of | endorsed  | - Paris   | GOND FLORANT   | <del>6</del> -8  | 00 A/                                   | 13/1/24       | 900                   |

|                   | NURSES PROGRESS NOTES              |          | ·                    |
|-------------------|------------------------------------|----------|----------------------|
| Date & Time       | Observations / Action              | Sigi     | nature with Emp. No. |
| 13/1/24           | Morning Dury REPORT.               |          |                      |
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| 8:00              | Administered due drug              |          |                      |
|                   | as costered & SB DR. Reyest & Fran | b -      |                      |
| 9:40·             | Administered nebulications         |          |                      |
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| 10:00             | Chest plussio, spino giu           | on d     |                      |
| Mioo              | pertient shifted to lou's          |          |                      |
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|                   | of book.                           |          | <del></del>          |
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|                   | otherwise no complaints.           | 1        | ulally               |
| 12-30             | parting handled one of             | juen,    |                      |
| · · · · · · · · · | Is thering duty North              | - Lu     | Mallet               |
| ·                 | ν                                  |          |                      |
| <u>.</u>          |                                    |          |                      |
|                   | Signature Name                     | Emp. No. | Date Time            |
| Document          | 0.19                               |          | 13   24 9.00         |
| endorsed by       | GONTA FLORANTE.3                   | 007a     | 101124 100           |







Pali Mr.RAMESH S
Nam 56/Male/MHI202481637

UHI 10/01/2024/IPH2024000086





| (A Unit of United AN                        | Nance Health   | care Pvt Ltd)  | Con _   | <u> </u>                              |   | ry heart <b>bes</b> | i-counts |
|---|--|--|---|---------------------------------------|---|---------------------|----------|
| PATIENT CLINICAL HANDOVER RECORD FOR NURSES |  |  |   |                                       |   |                     |          |
| Date: (8)                                   | 1/2  | Shift: Morr  | ning Evening  |                                       | ·   |                     |          |
| S NE Ver Per Ry Uri                         | EWS / Pentilator<br>eripheratele's Tub<br>inary Ca             | EWS Score:  day:  I line day: Right:  De: Yes Tho Day  atheter: Yes Mo Day   | falling Dy.<br>t:<br>y:<br>y:<br>PR: \( Yes \( \) No. If Yes, | VIP Score:                            | days: 03<br>015   | ·.                  | 13%<br>3 |
| B   | pe of su<br>lergies i<br>n room a                              | ROUND  Irgery: OPCABA  f any: NEW A  air / oxygen: OPA  ts / New Symptoms in last s  | luter.  | Date of surg                          | ery: (((  | <del>)</del>        |          |
| Vit<br>BP<br>Ot<br>Pa<br>Fa<br>Br.          | thers: din Scorall Risk raden S                                | iMENT  as: Temp 18 2F)   Pulse    Core: Grade used   Core: Minimal Risk: 23-19     Ulcer Scale for Healing (PUliet: Grade used)   Core: Grade used used used   Core: Minimal Risk: 23-19     Core: Grade for Healing (PUliet: Grade used)   Core: Grade for Healing (PUliet: Grade used)   Core: Grade for Healing (PUliet: Grade used)   Core: Grade used |   | cms)   Weightr<br>CC-/ Wong-Bal<br>um | ker FACES Pain Ratir<br>sk: 14-13  High Risk:<br>Dressing done: Yes | ng Scale / NR       | S/CPOT   |
| Pe Pe Cr Ch Pe                              | eferral dending rending rending lending lending lending hanges | MENDATION loctors: medications: medication indent: ab reports / Investigations: lue alert and its corrections in nursing care plan: Yes follow-up orders:  | :<br>☑No. If Yes, modified                                    | care plan date                        | e:  |                     |          |
| <del></del>                                 |  | Signature  | Name  |                                       | Emp. No.  | Date                | Time     |
| Handover giver                              |  |  | PINBh   | o conto                               | 027   | 13/1/26             | 12:27    |
| Handover taker                              |  | 5. D'  | 5 Donato  | Charchini                             | 021   | 13/1/4              | 19:30    |
| Document endo                               | orsed  | New  | I S. Nawn   |                                       | ∞ <u>%</u> ′4   | 13/124              | ac o     |

|                   |               |                       | 11.          | ,        | MHI/NUR/       | 2022/048      |
|-------------------|---------------|-----------------------|--------------|----------|----------------|---------------|
|                   | NU            | JRSES PROGRESS NOTES  | •            | ٠,       | _              | 1 1 1 1       |
| Date & Time       |               | Observations / Action |              | Signat   | ure with E     | mp. No.       |
| 13/1/24           | stening       | ahrtey Notes          |              |          |                |               |
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|                   |               |                       |              |          | 0731           |               |
| 15.00             | = Ivi Halls ( | holyod &              | ,            |          |                | _             |
|                   | apportal      | 101.                  | yra.         |          | <b>1 1</b>     |               |
|                   | Stable,       |                       | A./X         |          |                |               |
|                   |               |                       | ,            |          | 6)             | ,             |
|                   | Dation        | + mind lamp           | امرین اح     |          |                |               |
|                   | PRO JEONO     | H m                   | 10/0A.       |          |                | A.            |
|                   | ding dois     | ( - )                 | $C = V^{-}$  |          | <del></del>    |               |
|                   | A 1           | - TV Great            |              | -        | •              |               |
| 15:00             | ele per Pr    | PAVERN Advised        | <del></del>  |          |                |               |
|                   | 9 2           | sitories              | Y ()         |          | Hay            | <u> </u>      |
|                   |               | DISCORD COLOR         | 14100        |          | olos           |               |
|                   | Violatix      | 10mg @18tat @1        | 7 100        | _        |                | _             |
|                   | thoustoned    | - Jan Week            |              |          |                | _             |
|                   | Pt hed        | no complaint          |              |          | _              |               |
| <del>\6</del> -35 | Nebus 2       |                       |              | fx       | )<br>DUD       | <del></del> ! |
|                   | Spironet      | 17                    |              |          | <u> </u>       | •             |
|                   |               | 0 11 -                |              |          |                |               |
|                   |               | igne cleak of         | -            |          |                |               |
|                   | mountor       | uding over to         | H~           |          |                | _             |
| 19.00             |               | λ                     | · • ·        |          |                | ·             |
|                   | Night d       | ury Heg               |              |          |                |               |
|                   |               |                       |              |          |                |               |
|                   | Signature     | Name                  | Emp. No.     | <u> </u> | Date           | Time          |
| Document          | Nus           | Q. Nalyi              |              |          | 13/1/20        | 1             |
| endorsed by       | No            | W. 17000)1            | <b>⊘</b> 0 y | 4        | ومارادا        | 1000          |







## Pat Mr.RAMESH S Na 56/Mulc/MHI202481637 UH 10/01/2024/IPH2024000086 . DO Dr.RAJESH.V



Every beart beat counts

| PATIENT CLINICAL HANDOVER RECORD FOR NURSES |  |   |   |   |         |                  |  |
|---|--|---|---|---|---------|------------------|--|
| Date: 13                                    | 11/24  | Shift: Morn   | ing Evening Night                         |   |         |                  |  |
| S   | Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C   | s: (ft) -TV) PEWS Score: day: If line day: Right: 0   | : VIP Score: C                            | lays:-                                  | •       | ÷                |  |
| В   | Allergies i<br>On room   | urgery: OPCABX3 G   | īV fluids on fl                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |         | · . ½            |  |
| A   | ASSESSMENT  Vital Signs: Temp: 9 x (°F)   Pulse / HR: 80 (beats/min)   Respiration: 20 (breaths/min)  BP: 110 70 (mmHg)   Sp0; 9 7 (%)   Height: 60 (cms)   Weight: 62   (kgs)   BMI: 22 5   29   M 2  Others: |   |   |   |         |                  |  |
| R   | Referral of<br>Pending<br>Pending<br>Pending<br>Critical vo<br>Changes<br>Pending  | medications: medication indent: lab reports / Investigations: alue alert and its corrections: | NH<br>No. If Yes, modified care plan date | o:                                      |         |                  |  |
|   |  | Signature   | Name                                      | Emp. No.                                | Date    | Time             |  |
| Handover g                                  |  | 5 (4)   | 5 Donadhashir                             | 0212                                    | B/1/24  | 7.00             |  |
| Handover to                                 | -  | 7   | Agasterija                                | 014                                     | 14/1/24 | <del>=1</del> 30 |  |
| Document (                                  | endorsed   | (100)   | Manarare.                                 | 2.00                                    | 14/0/4  | 50 08.28         |  |

|             | NURSES PROGRESS NOTES             | , .                     |
|-------------|-----------------------------------|-------------------------|
| Date & Time | Observations / Action             | Signature with Emp. No. |
| 14/1/24     | Night Dity Notes                  | _                       |
|             |                                   |                         |
| 19.30       | = Pt handing over tolen from      | 5,D                     |
|             | evening Duty Stall.               | 6212                    |
|             | = Pt conscious & prioritized.     |                         |
|             | = Pt VIS s. I/O wheat charled &   |                         |
|             | Recorded.                         |                         |
| 20.08       | /                                 | 2.0                     |
|             | Drug chat robulization given.     | 0212                    |
|             | = pt pt had no tramplaints.       |                         |
|             | = P+ Sloop well.                  |                         |
| 4:00        | 7 pt pepuli zation quien.         |                         |
| /           | 7 1+ U/S, < T/0 That checked      | 8:                      |
| 6 30        | perminder .                       | <del>5</del> .0°        |
|             | = Pt Before food medication quien | , 021                   |
| 7.30        | 7 pt handerg over quien to        |                         |
|             | morning Duty stall                | ,                       |
|             |                                   |                         |
|             |                                   |                         |
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|             |                                   |                         |
|             |                                   |                         |
|             |                                   | _                       |
| · .         | Signature Name 6 Emp. No.         | Date Time               |
| Document    |                                   | / 500                   |
| endorsed by | Drenaran 00                       | 16/1/1, OR,             |







Patit Mr.RAMESH S

Nam 56/Malc/MHI202481637

UHIL 10/01/2024/IPH2024000086

DOB: Dr.RAJESH.V





| Date:       | 1,1 1.1  | 2M Shift: ☐Mor   | ning Evening of         | Night   |                     |  |       |
|-------------|--|--|-------------------------|---|---------------------|--|-------|
| <b>6</b>    | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C | S:(A) ~TV D PEWS Scoreo day: day: al line day: Right: 2 Le be:   | y:                      | GCS: ISLU<br>POD: IU<br>Central line o<br>VIP Score:<br>specify organis | days: b             | ·  |       |
| В           | Allergies<br>On room   | ROUND<br>urgery: の『CAB ろり<br>if any: ゃんりA<br>air / oxygen: ゜。n へって<br>uts / New Symptoms in last s   | om ou'r.                | Date of surge   | ery: ((1)24)<br>ow: |  |       |
| .4          | Others: Pain Sco Fall Risk Braden S                            | Pain Scale used Score: 50 Fall Risk Pr Score: 1 Minimal Risk: 23-19 Ulcer Scale for Healing (PL  | d: PIPPS / CRIES / FLAC | cms)   Weight:<br>CC / Wong-Bak<br>um                                   | 62' (kgs)   BMI:_   | <u>DQ</u> , √√√√<br>ng Scale / NR<br>12-10 ☐ Sever | ď     |
| R           | Pending Pending Pending Critical va Changes Pending            | IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections in nursing care plan: ☐ Yes follow-up orders: mstructions if any: | s:                      | care plan date  | :                   |  |       |
|             |  | Signature  | Name                    |   | Emp. No.            | Date   | Time  |
| Handover g  |  | *  | Agastaya,               |   | 014                 | 24/1/24  | R.00  |
| Handover ta | aken by  |  | Amonsha                 | 2 ( ,   | 0141                | 12/1/24  | 12:30 |
| Document e  | endorsed   | (4)  | 1 D Laure               | مصرا  | 1005                | 14/01/24   | 16!30 |

| ·                    | NI         | JRSES PROGRESS NOTES  |            |             | 1                  |         |
|----------------------|------------|-----------------------|------------|-------------|--------------------|---------|
| Date & Time          |            | Observations / Action |            | Signa       | ture with Er       | np. No. |
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| -                    |            |                       |            |             |                    | -       |
|                      | M DAYA M   | duty rootes           |            |             |                    |         |
|                      | ()         |                       |            |             |                    |         |
|                      | pt feeking | ones to the           |            |             |                    |         |
| 14/1/24              | Α.         |                       |            | - R         | DU4                | _       |
| 7.30                 | High du    | usin 4 orientes       |            |             | <u> </u>           |         |
| ユ ケー                 | <u>'</u>   |                       |            |             |                    | -       |
|                      | brogger,   | on hormal die         |            |             |                    |         |
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| B.M.                 | - JOY      | Chang cuart.          | 20 10      |             |                    |         |
|                      | Rt hos t   | on no complai         | VES.       |             |                    |         |
|                      | Nebul'20   | Hon gavon.            |            |             |                    |         |
| 10 30                | Spiro me   |                       |            |             | <u></u>            |         |
|                      | 02 2 1     | ing on till co        | $\omega$ , | $- \langle$ | <del>/ 100 -</del> |         |
|                      | Evenery    |                       |            | <del></del> |                    |         |
|                      | 40004      | ous plan dun          | 2J9 Q,     |             |                    |         |
|                      | pt fred    | no complaint.         |            |             |                    |         |
| 11.30                | yotel 8    | igus clear ?          |            |             |                    |         |
|                      | moutone    | <u></u>               |            |             |                    |         |
|                      | 10         | Chart movitor         | no         |             |                    |         |
|                      | Pt la      | nollying over A       | o fla      |             |                    |         |
| (2.00                | Everine    | duty stells           |            | <u> </u>    | clo                |         |
|                      |            |                       |            |             |                    |         |
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| ,                    |            |                       |            |             |                    |         |
|                      |            | -                     |            |             |                    |         |
|                      | Signature  | Name                  | Emp. No.   |             | Date               | Time    |
| Document endorsed by | <b>3</b>   | Dhaveron'.            | @ O X      | •           | 14/01/24           | 161.80  |







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



| Date: [h]] Shift: Morning DEvening Night |  |  |                                |                                |                |  |  |  |
|--|--|--|--------------------------------|--------------------------------|----------------|--|--|--|
| S  | SITUAT<br>Diagnosis<br>NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C  | ION s: (Pr) — (1) PEWS Score: day: al line day: Right: D (2) be:   | POD:<br>Centrai<br>t: - VIP Sc | I bine days: ore: O(5 rganism: |                |  |  |  |
| В  | On room  | ROUND<br>urgery: の かいかった と<br>if any: ゅっト (Ano かっ<br>air / oxygen: <del>さん むさ</del><br>nts / New Symptoms in last s  | oma V O 1V fluids              | f surgery: tt/1/24             |                |  |  |  |
| A  | ASSESSMENT  Vital Signs: Temp: 76 6°F)   Pulse / HR: 94 (beats/min)   Respiration: De (breaths/min)    BP: 100 (mmHg)   SpO <sub>2</sub> :76 (%)   Height: 66 (cms)   Weight: 6 2 (kgs)   BMi: 20.5/m    Others: Pain Score: Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS CPOT Fall Risk Score: 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: Do Fmal Light |  |                                |                                |                |  |  |  |
| R  | Referral of Pending Pending Pending Critical von Changes   | IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections in nursing care plan: Yes follow-up orders: mstructions if any: |                                | n date:                        |                |  |  |  |
|  |  | Signature  | Name                           | Emp. No.                       | Date Time      |  |  |  |
| Handover o                               |  |  | A-monpshe                      |                                | 14/1/24 (9-3)  |  |  |  |
| Handover t                               |  | -5.9;m   | 5 Donachasher                  | v 042                          | 14/1/20 19.32  |  |  |  |
| Document of                              | enaorsea   |  | _ Dinner                       | ~   202                        | 175701124,08:0 |  |  |  |

|                      | NU          | JRSES PROGRESS NOTES                  |                |                  |             |
|----------------------|-------------|---------------------------------------|----------------|------------------|-------------|
| Date & Time          |             | Observations / Action                 |                | Signature with I | Emp. No.    |
| 190                  |             | ventry duty o                         | ste            |                  |             |
| 19/11/2              |             |                                       |                |                  | -           |
|                      | po heerd    | over telaen                           |                |                  |             |
| <del>- 69 / 30</del> | from me     | rnPry outy                            |                |                  |             |
|                      | Startt      |                                       |                | 00X              |             |
|                      |             | Stuble & consci                       | 10 cs.         | 70ml             |             |
|                      | offeel as   | s checked &                           |                |                  |             |
|                      | Record,     |                                       |                |                  |             |
|                      |             | hard food                             |                |                  |             |
| Arpo.                |             | era fron                              |                |                  |             |
|                      | ees groom   | rel por C                             | hest           | O/N              |             |
|                      | V           | · · · · · · · · · · · · · · · · · · · |                | _                |             |
| 16:0                 | pt mo       | ob? lissel                            |                |                  |             |
|                      | 50 L        |                                       |                |                  |             |
|                      | - 1 1       | <del></del>                           |                |                  |             |
| 18 PSU               |             | us checke                             | <u>A</u>       |                  |             |
|                      | & Record    | od,                                   |                |                  |             |
|                      | -4          |                                       | ,              | 7 <b>3</b> 6(14) |             |
|                      | of head     |                                       | -              |                  | <u>_</u>    |
| (A)20                | duty strett |                                       |                |                  |             |
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|                      |             |                                       | <del>-  </del> | <del></del>      |             |
|                      | •           |                                       |                |                  |             |
|                      |             |                                       |                | <del></del>      |             |
| <u></u> .            |             |                                       | -              | <del></del>      | <del></del> |
|                      |             |                                       |                |                  |             |
|                      | Signature   | Name                                  | Emp. No.       | Date             | Time        |
| Document endorsed by | <b>B</b>    | Dheneren'                             | 000            | 12/01/2          | 18,0        |



Document endorsed





Patie Mr.RAMESH S

Nam: 56/Malc/MHI202481637

UHID 10/01/2024/IPH2024000086

DOB: Dr.RAJESH.V

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|            | PATIE  | NT CLINICAL H  | IANDOVER F      | RECORI   | D FOR NUF   | RSES  | ,                       |
|------------|--|--|-----------------|--|---|---|-------------------------|
| Date:      | 4/1/20   | Shift: Morr  | ning`           | Night .  |   |   |                         |
| S          | Ventilator<br>Periphera<br>Ryle's Tu                     | s: (A) - TUP PEWS Score: r day: al line day: Right: D4 Let be:   | y:              | GCS:   5   POD: 111   Central line of VIP Score: | days: —<br>0 / 5  | •.  |                         |
| В          | BACKG Type of st Allergies On room Complair              | urgery: OPCABX 3   | <u>s</u>        | Date of surg                                     | ery: 11/1/25  | ·<br>P                                      |                         |
| A          | BP: (10) Others: Pain Sco Fall Risk Braden S             | ore: Temp: 97 (°F)   Pulse  70 (mmHg)   SpO <sub>2</sub> : 99  ore: 10 Pain Scale used  Score: 50 Fall Risk Pr  Score: 11 Minimal Risk: 23-19 [  Ulcer Scale for Healing (PU | 5 (%)   Height: | cms)   Weight:<br>C / Wong-Bak<br>um             | <u>62</u> (kgs)   BMI:_<br>ker FACES Pain Ratir<br>sk: 14-13 □ High Risk:<br>Dressing done: □ Yes | 22 - 5 kg<br>ng Scale / NR:<br>12-10 Severe | S / CPOT<br>e Risk: 9-6 |
| R          | Referral of Pending Pending Pending Critical von Changes | medications: medication indent: lab reports / Investigations: alue alert and its corrections in nursing care plan: Yes follow-up orders:                                     | ب               |  | );<br>  |   |                         |
| Handover g | niven by   | Signature  | Name            | 1 1 .  | Emp. No.  | Date  | Tìme                    |
| Handover t |  | F. O.L.  | 5 Douard        | no o   | 0212<br>02017   | 15/1/24                                     | 7.00<br>7.30            |

Dhaeraran

005

| <u> </u>                | NURSES PROGRESS NOTES                 |                         |  |  |  |  |  |  |
|-------------------------|---------------------------------------|-------------------------|--|--|--|--|--|--|
| Date & Time             | Observations / Action                 | Signature with Emp. No. |  |  |  |  |  |  |
| 14/1/24                 | hight but notes                       |                         |  |  |  |  |  |  |
|                         |                                       | -                       |  |  |  |  |  |  |
| 19.30                   | = Pt princing orion taken from        |                         |  |  |  |  |  |  |
|                         | enoning Duty Staff.                   |                         |  |  |  |  |  |  |
|                         | = pr conscious & overtored;           | 5 0                     |  |  |  |  |  |  |
|                         | = Pt-VIS & I/o chart charked e        | 0212                    |  |  |  |  |  |  |
|                         | perrudod.                             | ļ                       |  |  |  |  |  |  |
| 20.00                   | 7 Pt Due Mortyration Guan.            |                         |  |  |  |  |  |  |
| 22:00                   | of pt Nebulization Junon.             |                         |  |  |  |  |  |  |
|                         | 7 Pt Sloep well.                      |                         |  |  |  |  |  |  |
| 4.00                    | 3 pt Nebuli Zation Guen:              | 59;                     |  |  |  |  |  |  |
|                         | 3 pt Blood sample tallect Sone        | 4                       |  |  |  |  |  |  |
|                         | to Inh CBb, Uyer, cr, Nat, k-         | +                       |  |  |  |  |  |  |
| 6.30                    | J. Pt T/M S/R Plan.                   | -                       |  |  |  |  |  |  |
|                         | > pt V/s & I/o wat checked &          | 5.Di                    |  |  |  |  |  |  |
|                         | Ro Crowded.                           | 1 212                   |  |  |  |  |  |  |
| 7:30                    | = pt handing cover Junes to           |                         |  |  |  |  |  |  |
|                         | mouning Duty Staff                    | _                       |  |  |  |  |  |  |
|                         |                                       | -                       |  |  |  |  |  |  |
|                         | <u> </u>                              |                         |  |  |  |  |  |  |
|                         |                                       | <del> </del>            |  |  |  |  |  |  |
|                         |                                       | <u>.</u>                |  |  |  |  |  |  |
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| -                       |                                       | -                       |  |  |  |  |  |  |
|                         | Signature Name Emp. N                 |                         |  |  |  |  |  |  |
| Document<br>endorsed by | Dhousere 005                          | 15/01/24 08/10          |  |  |  |  |  |  |



**Document endorsed** 





Patien Mi Name <sup>56</sup>

Mr.RAMESH S 56/Malc/MHI202481637

UHID: 10/01/2024/IPH2024000086

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DOB: Dr.RAJESH.V



United Alliance Healthcare PALLID

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|------------|---|--|-------------------------------------|---|----------|------|--|--|
| Date:      | 1501  | 24 Shift: ☐Morr  | ing Evening Nigh                    | nt                                      |          |      |  |  |
| S          | NEWS /<br>Ventilato<br>Peripher<br>Ryle's Tu<br>Urinary (   | is: CFD  | PC<br>Ce<br>t: <del></del><br>v: VI | CS:   S   S   S   S   S   S   S   S   S |          |      |  |  |
| B          | Type of s<br>Allergies<br>On room   | iROUND<br>surgery: のり(月BX ろ<br>if any: りくりわ<br>air / oxygen:<br>nts / New Symptoms in last s   | IV 1                                | ite of surgery:       のに ぬみ             |          | u    |  |  |
| A          | ASSESSMENT  Vital Signs: Temp: 98.2(°F)   Pulse / HR: 80 (beats/min)   Respiration: 20 (breaths/min)  BP: 10 F0 (mmHg)   SpO <sub>2</sub> : 4 (%)   Height: 6 (cms)   Weight: 6 (kgs)   BMI: 20.5 kg/m²  Others:  Pain Score: 10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT  Fall Risk Score: 50 Fall Risk Protocol: 10w 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: 10 Drains: 10 |  |                                     |   |          |      |  |  |
| R          | Referral Pending Pending Pending Critical v Changes   | MMENDATION  doctors: — medications: — medication indent: — lab reports / Investigations: value alert and its corrections: s in nursing care plan: ☐ Yes follow-up orders: — instructions if any: |                                     | e plan date:                            |          |      |  |  |
|            |   | Signature  | Name                                | Emp. No.                                | Date     | Time |  |  |
| Handover ( |   | I Cati   | E Cothring                          | 0807                                    | 15/04/24 | g·30 |  |  |
| Handover t | акеп бу   |  | A = m m RV / R                      | c oth                                   | 15 dags  | しんくい |  |  |

|                      | NURSES PROGRESS NOTES                              |            |                         |
|----------------------|--|------------|-------------------------|
| Date & Time          | Observations / Action                              |            | Signature with Emp. No. |
| 15/01/240            | Morning duty Notes                                 |            |                         |
| 7.30                 | => patient harded over taken<br>morning duty staff | <u>by</u>  | E. (of: 0207            |
|                      | -) patient conscious & oriented                    |            |                         |
|                      | => patient VIS Checked & recor                     | <u>dod</u> |                         |
| 8.30                 | =) patient had diet, patient                       | due        | E. Caty<br>0807         |
|                      | drugs are given                                    |            |                         |
| 10.00                | =) patient nebulization gener                      | )          | F-(at;                  |
| 11.00                | =) patient by Dr. ANBARAS                          |            |                         |
|                      | SIR & DR. PRAVEEN SIR OF                           | dwiled     | Fication                |
|                      | to 8/P today to do FCG, X                          | -ray       | -auti                   |
| 12.30                | > patient how v/s checked -                        | P -        | Frato                   |
|                      | 3 pt S/o chart maintained                          | /          | E-cat; (0207            |
|                      | 3 pt well mobelized                                |            |                         |
|                      | July staff   | ing        |                         |
|                      | duly Noff  |            | <del> </del>            |
|                      |  |            |                         |
|                      |  |            |                         |
|                      |  |            |                         |
|                      |  |            |                         |
|                      |  |            |                         |
|                      |  |            |                         |
|                      | Signature Name                                     | Emp. No.   |                         |
| Document endorsed by | Dhemerini.   | 200        | 15/01/29/14:89          |







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



Consumam.

|   | PATIE  | INT CLINICAL F   | IANDOVER I      | RECORI  | D FOR NUE   | 1SES    |       |  |
|---|--|--|-----------------|---|-------------|---------|-------|--|
| Date:   | 11/24.   | Shift: ☐Morr   | ning Devening D | Night   |             |         |       |  |
| S   | Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C   | s: CAD — CC 1) PEWS Score: day: day: al line day: Right: D5 Lef be:                                  | <i>r</i> :      | GCS: AND INC. POD: Central line of VIP Score: Central specify organis | 215         | -       |       |  |
| ·B  | Allergies on room  | ROUND<br>urgery: シャーカッパ 3 9<br>if any: ゅっぱ(へんらら<br>air / oxygen: ゅっぱ<br>ats / New Symptoms in last s | n<br>Dom w      | Date of surge   | ery: tillad |         |       |  |
| A   | ASSESSMENT  Vital Signs: Temp: 9 9F)   Pulse / HR: 8H (beats/min)   Respiration: 9 (breaths/min)  BP: 100 0 (mmHg)   SpO <sub>2</sub> : 9H (%)   Height: 16-1 (cms)   Weight: 6 2 (kgs)   BMI: 9 - 5 (kgs)   MRS CPOT  Others: Pain Score: Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale NRS CPOT  Fall Risk Score: 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 MA Wound Dressing done: Yes No NA Current diet: No No NA |  |                 |   |             |         |       |  |
| R   | Referral of<br>Pending<br>Pending<br>Pending<br>Critical va<br>Changes<br>Pending  | medications:   | _               | care plan date  | ):<br>      | -       |       |  |
|   |  | Signature  | Name            | 1   | Emp. No.    | Date    | Time  |  |
| Handover g                                      | iven by  | <b>F</b>   | A-monR          | le  | -0146       | 16/1/24 | ७८५०  |  |
| Handover ta                                     | aken by  | <u> </u>   | paname          | 200   | 2353        | 15/124  | 19,77 |  |
| Document endorsed New & NUIPNI DONN MINE 16 100 |  |  |                 |   | المنحيط كا  |         |       |  |

|                      | NURSES PROGRESS NOTES        |                         |
|----------------------|------------------------------|-------------------------|
| Date & Time          | Observations / Action        | Signature with Emp. No. |
| 1/26                 | eventry eluty pote           | •                       |
| 6,124                | pt hand over folken          |                         |
|                      | from morning cluby staff     | -A1                     |
| 12730                | pt & stable &                | 086/h1                  |
|                      | consciones.                  |                         |
|                      | & Prisonal                   |                         |
|                      | of had tood                  |                         |
| (h)                  | medicenteon are              | Dega'                   |
|                      | guen as per chest            | <del></del> ;           |
| (B ps                | of mobilised well            |                         |
| 18/20                | atkel and chocked            | Th!                     |
|                      | E Rocogrech  pA rend over to |                         |
| 1910                 | wight only shift             | Th!                     |
|                      |                              |                         |
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| <u> </u>             |                              |                         |
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|                      |                              |                         |
|                      |                              | <del> </del>            |
|                      |                              |                         |
|                      |                              |                         |
| <del></del>          | Signature Name Emp. N        | No. Date Time           |
| Document endorsed by | Nas S-vulPnP 00              | 41                      |







Mr.RAMESH S 56/Malc/MHI202481637 10/01/2024/!PH2024000086 Dr.RAJESH.V 



|            | PATIE   | NT CLINICAL H  | IANDOVER F  | RECORI   | D FOR NUF   | RSES                                    | <b>.</b> '              |
|------------|---|--|---|--|---|---|-------------------------|
| Date:      | 1(12  | Shift: Morn  | ing Evening 1   | Night  |   |   |                         |
| S          | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tut<br>Urinary C<br>Barrier nu      | day:  day:  I line day: Right:  Left  Left  De:  Yes No  Day  atheter:  Yes No  MD:  | :<br>:<br>R: ∐Yes ☑No. If Yes, s  | GCS: TV POD: TV Central line of VIP Score: (specify organis  | 3/5   |   |                         |
| B          | On room   | ROUND  urgery: OPCOSK F  if any: NKDA  air / oxygen: RA  uts / New Symptoms in last sl   |   | Date of surg   | ery: 1.   [   2 4<br>ow: —  |   | -                       |
| A          | BP: 110 Others: Pain Sco Fall Risk Braden S                                       | re: 5 Pain Scale used Score: Minimal Risk: 23-19 Uicer Scale for Healing (PUS  | <br>: PIPPS / CRIES / FLAC<br>otocol: ☐ Low ☐ Media<br>☐ At Risk-Mild Risk: 18-15<br>GH): ☐ Yes ☐ No ☐ NA | cms)   Weight:<br>C / Wong-Bak<br>um [High<br>] Moderate Ris | 62_(kgs)   BMI: _<br>ker FACES Pain Ratir<br>sk: 14-13 □ High Risk:<br>Dressing done: □ Yes | 22-5 NR<br>ng Scale / NR<br>12-10 Sever | S / CPOT<br>e Risk: 9-6 |
| R          | Referral of<br>Pending<br>Pending<br>Pending<br>Critical va<br>Changes<br>Pending | IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan:  Yes follow-up orders: | <i>&gt;</i>   | •  | :   | Ingd                                    | ley,                    |
|            |   | Signature  | Name  |  | Emp. No.  | Date                                    | Time                    |
| Handover g | jiven by  |  | Danam   | ٩ ر ــــــ   | 2227  | 16/1/24                                 | 7100                    |
| Handover t | aken by   | 99.  | A. ALBINIC  | 18   | 0088  | 16/1/24                                 | 7.00                    |
| Document   | endorsed  | vee  | S. pulpr  | P  | 00 mg   | 18/11/20                                | 1812                    |

|                      | NURSES PROGRESS NOTES |                          |          |        |              |        |  |  |
|----------------------|-----------------------|--------------------------|----------|--------|--------------|--------|--|--|
| Date & Time          | (                     | Observations / Action    |          | Signat | ure with Er  |        |  |  |
| 15/1/24              | right                 | Dudy Repor.              | (Cb      |        |              | 1, 14, |  |  |
| (A) 19·30            |                       | t fakan OV<br>Evens Dudy |          | 233    | <del>}</del> |        |  |  |
|                      | => patias             | thed di                  | 24       |        |              |        |  |  |
| 27-00                |                       | 20 Drugg 9.              |          | 27     | 32           |        |  |  |
|                      | => ulg (              | e chocked                | _&       |        |              |        |  |  |
|                      | => FCO,               | X-Pm, Echo               | Todo     |        |              | -      |  |  |
| 23-00                |                       | edia do                  | .,       |        | 2))          |        |  |  |
|                      | =7 px She             |                          |          |        |              |        |  |  |
| 6-86                 | => Farly (            | Morney ug                |          | 2      | )<br>>>>)    |        |  |  |
| 6-30                 | =) (BU) W             | ey checke                | el.      | 2      | )<br>37)     |        |  |  |
| 4100                 | 5) PA Han             | sig over                 | 40-      | - O    | )<br>37).    |        |  |  |
|                      |                       |                          |          |        |              |        |  |  |
|                      | Signature             | Name                     | Emp. No. |        | Date         | Time   |  |  |
| Document endorsed by | Noo-                  | s-walph?                 | 060      | 1      | 18 lipset    | لحر6)  |  |  |







## Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/iPH2024000086

Dr.RAJESH,V





| PATIENT CLINICAL HANDOVER RECORD FOR NURSES |  |   |                   |   |                              |           |       |  |
|---|--|---|-------------------|---|------------------------------|-----------|-------|--|
| Date:                                       | 16/1   | 24 Shift: Shift:  | ing Evening N     | light   |                              |           |       |  |
| S   | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C   | s: CAD -TVU PEWS Score: O day: □ I line day: Right: D ← Left be: □ Yes □ No Day atheter: □ Yes □ No Day | ": <u> </u>       | GCS: / 5/19 POD: #1 Central line of VIP Score: pecify organis | days: $ \mathcal{O}(\gamma)$ |           | •     |  |
| B   | Allergies On room  | ROUND<br>urgery: ゆとみら × 多<br>if any: ハベロム<br>air / oxygen: の、 Rのの<br>its / New Symptoms in last s       | " AIR             | Date of surg  | ery: 11/1/24<br>ow: —        |           |       |  |
| A   | ASSESSMENT  Vital Signs: Temp: 98 (°F)   Pulse / HR: 80 (beats/min)   Respiration: 80 (breaths/min)  BP: 80   40 (mmHg)   Sp0,9 7 (%)   Height: 66 (cms)   Weight: 62 (kgs)   BMI: 22 4 kg/w ?  Others:  |   |                   |   |                              |           |       |  |
| 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: |   |                   |   |                              |           |       |  |
| Handover g                                  | jiven by   | Signature   | Name A · Al B' Al |   | Emp. No.                     | Date 1/24 | Time  |  |
| Handover t                                  | aken by  | Jeni  | Som Mire          |   | 0.2-84.                      | 16/1/24   | 12:30 |  |
| Document                                    | endorsed   | Niel  | 8. Na 19          | nP  | 2020                         | 16/1/20   | 18/20 |  |

| NURSES PROGRESS NOTES   |                                       |                                |             |                  |         |  |  |
|-------------------------|---------------------------------------|--------------------------------|-------------|------------------|---------|--|--|
| .Date & Time            |                                       | Observations / Action          |             | Signature with E | mp. No. |  |  |
| 10/1/21                 | . MORL                                | ling Doly Notes                |             |                  | -       |  |  |
| 7.00                    | Patient ha<br>the slight<br>is stable |                                | from attend | Stose            |         |  |  |
| E-00                    | Due mes<br>to the                     | patient are g                  | qwei        | - ALL            |         |  |  |
| 10.00                   | recorded                              | are checked                    | 8           | \$ 180<br>\$ 1   |         |  |  |
| 11.00                   | Ilo char                              | ·                              | ٠           | Sylver           |         |  |  |
| 12.00                   | Patient to the en                     | handover que<br>rening duty s. | in table.   | coss             |         |  |  |
|                         |                                       | ,                              |             |                  |         |  |  |
|                         |                                       |                                |             |                  |         |  |  |
|                         |                                       |                                |             |                  |         |  |  |
|                         | Signature                             | Name                           | Emp. No.    | Date             | Time    |  |  |
| Document<br>endorsed by | Ned                                   | · S walth                      | 50 %        | <b>,</b>         |         |  |  |







Con



| PATIENT CLINICAL HANDOVER RECORD FOR NURSES |  |   |                 |   |                         |          |          |  |  |
|---|--|---|-----------------|---|-------------------------|----------|----------|--|--|
| Date: 1 占 / t                               | 124  | Shift: Morn   | ing ☑ÆVening ☐1 | Night   |                         |          |          |  |  |
| S   | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C   | s:CAD - TV D PEWS Score: 0 day: — Il line day: Right: 少。 Left be: □ Yes □ No Day eatheter: □ Yes □ No Day | · ¬             | GCS: 15 5 POD: 10 Central line of VIP Score: (specify organis | lays: -                 |          |          |  |  |
| B   | Allergies i  | ROUND<br>urgery: のPCABメ 3 (<br>if any: Nとp<br>air / oxygen: かん とのか<br>ats / New Symptoms in last sl       | air             | Date of surge   | ery: 11/1/24 .<br>ow: – |          | ·        |  |  |
| A   | ASSESSMENT  Vital Signs: Temp: 98 (°F)   Pulse / HR: 80 (beats/min)   Respiration: 80 (breaths/min)  BP: 130 70 (mmHg)   SpO <sub>2</sub> : 97 (%)   Height: 166 (cms)   Weight: 62 (kgs)   BMI: 22.4 /s/m <sup>2</sup> Others:  Pain Score: 010 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: 6 Fall Risk Protocol: 6 Low Medium 6 Migh  Braden Score: 6 Minimal Risk: 23-19 7 At Risk-Mild Risk: 18-15 Moderate Risk: 14-13 High Risk: 12-10 Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): 9 No NA Wound Dressing done: 9 Yes 7 No NA Current diet: Novel 6 12 h |   |                 |   |                         |          |          |  |  |
| 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:  |   |                 |   |                         |          |          |  |  |
| Handover g                                  | iven by  | Signature   | Name            | _   | Emp. No.                | Date /   | Time     |  |  |
| Handover ta                                 |  | Flori D _   | Danger 5        | , , ,   | <u> </u>                | 16(1/24) | 18:30    |  |  |
| Document endorsed                           |  | Nos   | J. valP         | NP_   | 0000                    | 16420    | الور لها |  |  |

| NURSES PROGRESS NOTES |   |  |          |                |         |  |  |
|-----------------------|---|--|----------|----------------|---------|--|--|
| .Date & Time          |   | Observations / Action                                | Siç      | nature with Er | np. No. |  |  |
| 16.1.24<br>@          | EVENINIM D  |  | -        |                | , s     |  |  |
| 18.30                 | from Moning                                       | dely storts.   |          | on.            |         |  |  |
|                       | => p-) Vitals Recorded                            | <del></del>  |          |                |         |  |  |
| 14.00                 | => pl du<br>given as f<br>=> pt vital<br>Beevded. | En dug chart.  |          | en'            |         |  |  |
| 16.00                 | -> Needul<br>the patient                          | Bilited well  Zorbion given po  Lation given ar kide |          | on.            |         |  |  |
| (8.30                 | => pt vibul                                       | chart Monitered.                                     |          | 2 <u>in</u>    | -       |  |  |
| 14.30                 |   | dover given.   |          |                |         |  |  |
|                       |   |  |          |                | ·       |  |  |
|                       |   |  |          |                |         |  |  |
|                       | Signature   | Name   | Emp. No. | Date           | Time    |  |  |
| Document endorsed by  | Neel  | 2. NalPat  | Oort     | 16/1/24        | 16/20   |  |  |







Patier

Mr.RAMESH S

Name 56/Mulc/MHI202481637 UHID: 10/01/2024/IPH2024000086

DOB: Dr.RAJESH.V





### PATIENT CLINICAL HANDOVER RECORD FOR NURSES.

|                                 | ~ · · · ·  | IN OLIMOAL I  | ANDOVERT         |   |                | 1020     |        |
|---------------------------------|--|---|------------------|---|----------------|----------|--------|
| Date: (6                        | 1 (2   | , 니 Shift: ☐ Morn   | ing Evening N    | light   |                |          |        |
| S Ry                            | entilator<br>eriphera<br>yle's Tul<br>rinary C   | I line day: Right: Left<br>be: Yes No Day<br>atheter: Yes No Day                | : <del></del> :: | GCS: U POD: U Central line of VIP Score: pecify organis | days:—         |          |        |
|                                 | n room   | ROUND  urgery: TOWA  f any: NWA  air / oxygen: RA  ts / New Symptoms in last sl |                  | Date of surg  | ery: 11 (1 2 7 |          | ·      |
| Vi<br>BH<br>O<br>Pr<br>BH<br>BH | ASSESSMENT  Vital Signs: Temp: 6 ° 6 ° F)   Pulse / HR: 9  |   |                  |   |                |          |        |
| R P P C C C P                   | 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: |   |                  |   |                |          |        |
| * <u> </u>                      | Į  | Signature   | Name             |   | Emp. No.       | Date     | Time   |
| Handover give                   | n by   | · D   | pangand          | ~-  | 2)))           | 17/1/24  | 7-30   |
| Handover take                   | n by   | F.(ali  | E. Cathrio       | 1 <u>Q</u>  | 0804           | 17/01/en | 7.30   |
| Document end                    | lorsed   | NOR   | g. North         | P   | 9004           | 17/1/20  | (6,000 |

| NURSES PROGRESS NOTES |            |                       |          |                  |         |  |  |
|-----------------------|------------|-----------------------|----------|------------------|---------|--|--|
| Date & Time           |            | Observations / Action | Si       | gnature with E   | np. No. |  |  |
| 16/1/29               | Night      | Duty Peport           | P        |                  | =       |  |  |
| 19-30                 | => P7 foul | sen over fr           | 10m.     | 2000             | _       |  |  |
|                       | -> pt ~    | econoled:             | 2        |                  |         |  |  |
|                       |            | do die                |          |                  |         |  |  |
| 2 2 - 00              |            | ore gi                |          | <i>Y</i><br>2)57 |         |  |  |
|                       |            | miter & mei           |          |                  |         |  |  |
|                       | ,          | adion dos             |          |                  |         |  |  |
|                       | => p+ she  | erf ment              |          |                  |         |  |  |
|                       | => CBC4    | way chock             | cod!     |                  |         |  |  |
| 7-00.                 | => px Ha   | one over              | 40.      | 7                |         |  |  |
|                       |            |                       |          |                  |         |  |  |
|                       |            |                       |          |                  | -       |  |  |
|                       |            |                       |          |                  | _       |  |  |
|                       |            |                       |          |                  |         |  |  |
| _                     | Signature  | Name                  | Emp. No. | Date             | Time    |  |  |
| Document endorsed by  | : Nal      | 8- wolfni             | 90 st    | 16[1] 20         | 16/20   |  |  |







#### Patien Mr.RAMESH S

Name 56/Mulc/MHI202481637 UHID: 10/01/2024/IPH2024000086

DOB: Dr.RAJESH.V DOA:





### DATIENT CHINICAL HANDOVED DECORD FOR NURSES

|             |  | INI CLINICAL I   | MIDOVENI                | LOOIL  |               | IOLO     |       |  |
|-------------|--|--|-------------------------|--|---------------|----------|-------|--|
| Date:       | 7/01/2   | A Shift: Morn  | ing Evening N           | ight   |               |          |       |  |
| S           | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tub<br>Urinary C   | s: CAD - TVD  PEWS Score: O  day: - Il line day: Right: -  De:   Yes   No Day  atheter:   Yes   No Day | :                       | GCS: 15 1<br>POD: VI<br>Central line d<br>VIP Score:<br>pecify organis | ays: O        |          |       |  |
| В           | On room <sup>t</sup>   | ROUND  urgery: OPCPBX 4 970.  if any: NKDP  air / oxygen:  uts / New Symptoms in last sh               |                         | Date of surge  | ery: 11 01 2° | す        | ,     |  |
| A           | ASSESSMENT  Vital Signs: Temp: 18 2°F)   Pulse / HR: 10 (beats/min)   Respiration: 20 (breaths/min)   2  BP: 130   80 (mmHg)   SpO <sub>2</sub> : 94 / (%)   Height: 16 (cms)   Weight: 62 (kgs)   BMI: 22-5   Kg/m  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: Drains: |  |                         |  |               |          |       |  |
|             | RECOM  | IMENDATION   |                         |  |               |          |       |  |
| ,           |  | doctors: —   |                         |  |               |          |       |  |
|             | •  | medications: — medication indent:  |                         |  |               |          |       |  |
|             | _  | lab reports / Investigations:  |                         |  |               |          |       |  |
| H           | _  | alue alert and its corrections:  | _                       |  |               |          |       |  |
|             | Changes  | in nursing care plan: ☐ Yes  | No. If Yes, modified ca | are plan date:   | :             |          |       |  |
|             | Pending 1  | follow-up orders:  |                         | _  |               |          |       |  |
|             | Special in   | nstructions if any: Todo   | y Plan                  | disch  | arge          |          |       |  |
|             |  | Signature  | Name                    |  | Emp. No.      | Date     | Time  |  |
| Handover g  | iven by  | E. Cati  | F- Cathrine             |  | 7080 <u>_</u> | 17/01/24 | 13,00 |  |
| Handover to | aken by  | Teeni  | Deni Myr.               | <u> </u>   | 0284          | 17/1/24  | 13.30 |  |
| Document o  | endorsed   | Not  | s-Nalph                 | ρ  | 0024          | 17/1/24  | HA    |  |

| NURSES PROGRESS NOTES |                   |   |                     |               |                |         |  |  |
|-----------------------|-------------------|---|---------------------|---------------|----------------|---------|--|--|
| Date & Time           |                   | Observations / Action                           |                     | Signate       | ure with E     | np. No. |  |  |
| 17/01/24@<br>7·30     | → patient he      | orning duty Notes<br>anded over taken           | Ber                 |               | -              |         |  |  |
| ,                     | morning duty      | staff   | . 0                 | F-Ca          | <del>1</del>   |         |  |  |
|                       | >patient con      | staff<br>suous & oriented<br>tals signs checked | 6                   | CEOF          | -              |         |  |  |
|                       | recorded          | als xigns on ched                               | *                   |               |                | -       |  |  |
| 8,30                  | >patient had      | diet, patient o                                 | due                 | F-(0          | £j°            |         |  |  |
| ···                   | drugs are g       | wen   |                     | 020           | <b>₽</b> ′<br> |         |  |  |
| 980                   | => patient        | Seen by Dr. ANROX                               | 2 <del>D</del> S-17 | F. Ca<br>0&03 | ti             |         |  |  |
|                       | Six adviced today | Seen by Dr. ANROK<br>To do Ecto e and           | 1                   | 0&03          |                |         |  |  |
| 00:00                 | >pt v/s check     | Ked frecorded<br>Fresh Complaints               |                     | F- Cc         | 1              |         |  |  |
| ,                     | >pt had no        | Fresh Complaints                                |                     | C&10          | <del>7</del>   |         |  |  |
| 12.30                 | Spatient V/8      | Checked Frecorded                               |                     | F-Ca          |                | -       |  |  |
|                       | 3 pt I/o chart    | maintained<br>mobilized                         |                     | <b>8</b> 20'  | <del>[</del>   |         |  |  |
|                       | 3 pt hande        | I over to evening                               | 9                   |               |                |         |  |  |
|                       | duty shaff        |   |                     |               |                |         |  |  |
|                       |                   |   |                     |               |                |         |  |  |
|                       |                   |   | -                   |               |                |         |  |  |
|                       |                   |   |                     |               |                |         |  |  |
| 0.00.00.00.00         |                   |   |                     |               |                |         |  |  |
| <u> </u>              |                   | LName   |                     | <del></del>   |                |         |  |  |
| Document endorsed by  | Signature         | 8-walpn?  | Emp. No.            | ę             | Date<br>17Why  | Time    |  |  |







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

Dr.RAJESH.V





### PATIENT CLINICAL HANDOVER RECORD FOR NURSES

| Date: (井)         | 1/24   | Shift: Morn  | ing ☑£vening ☐N    | Night   | ·        |       |       |
|-------------------|--|--|--------------------|---|----------|-------|-------|
| S                 | NEWS / F<br>Ventilator<br>Periphera<br>Ryle's Tul<br>Urinary C   | ION s: CAD - TVD s: CAD - TVD eWS Score: day: al line day: Right: Left be: Yes _ No Day catheter: Yes _ No MD. ursing: Yes _ No MD.  | •                  | GCS: LS   L<br>POD: V)<br>Central line of<br>VIP Score: | days:    | ;     | ,     |
| В                 | Allergies On room  | ROUND<br>urgery: OP (AB メみ い<br>if any: NKDA<br>air / oxygen: Poom cù v<br>nts / New Symptoms in last sl   | -                  | . Date of surg  | ery:     |       |       |
| 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: 120 (cms)   Weight: 20 (kgs)   BMI: 22.5 8 /m 2  Others:  Pain Score: 10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT  Fall Risk Score: 35 Fall Risk Protocol: 120 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 100 NA Wound Dressing done: Yes 100 NA  Current diet: Drains: |  |                    |   |          |       |       |
| R                 | Pending Pending Pending Critical va Changes Pending  | IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan:  Yes follow-up orders: nstructions if any: | _                  |   | :        |       |       |
| Handover g        |  | Signature  | Name<br>Seniori yn |   | Emp. No. | Date  | Time  |
| Handover ta       | aken by  | 6  | - doch             | e mod   |          |       | 10    |
| Document endorsed |  | Not  | S-Nalini           | '   | 50 00    | H1174 | 18 22 |

| NURSES PROGRESS NOTES |  |   |           |  |            |         |  |  |
|-----------------------|--|---|-----------|--|------------|---------|--|--|
| .Date & Time          | (  | Observations / Action   |           | Signat                                     | ure with E | mp. No. |  |  |
| 17.1.2002<br>18.20    | . ~ ^  | alery Notes<br>and over stocke                                    |           | - ·  |            |         |  |  |
| 18 20                 | from Morn<br>=> P7 Coning<br>=> P7 Vita<br>Pocorded. | ing duty shaff.   |           | Jan Sing Sing Sing Sing Sing Sing Sing Sin |            |         |  |  |
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| H200).                | , r  | reg enphines  - Arthendor  Report wes  pt & patter  rne Removable | ndor      |  | ~~X\       |         |  |  |
|                       | 50 hard Ramond.  pt alls eat (7230                   |   |           |  |            |         |  |  |
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| Document              | Signature  | Name<br>Dhamaean.   | Emp. No.  |  | Date       | Time    |  |  |
| endorsed by           | (M)  |   |           |  | 17/9/12    | 1000    |  |  |





P; .....RAMESH S N 56/Malc/MHI202481637 U 10/01/2024/IPH2024000086 D Dr.RAJESH.V



| L |  | <u> </u>  |  |                  | _                  |
|---|--|---|--|------------------|--------------------|
|   | Initial Date:  | 24 Time: 1800   | Modified Date: Time:   |                  |                    |
| l | Reason for Modification:   | ,   | Diagnosis: CAD -FM TOD   |                  |                    |
|   | Patient Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation       | Sign &<br>Initials |
|   | NUTRITION  Keep NPO Regular Diet Others:   | Patient will have adequate nutrition with no nausea and vomiting Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs                                | Provide Prescribed diet on time Encourage patient to consume the served meal Record amount of food consumed  | M E Pt hard P    | (2) A1             |
| ŀ |  |   |  | drot             | DOIN!              |
| 4 | OXYGENATION  Room Air  Nasal Cannula / High Flow O <sub>2</sub> Mask  BiPAP / CPAP  Ventilator | Patient will have normal O₂ saturation Patient ABG levels will return to and remain within normal limits No other respiratory abnormalities Patient respiratory rate will remains within established limits | ☐ Encerrage chest physio / deep breathing and coughing exercise / Spirometry exercises ☐ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order ☐ Utilise pulse oximetry to check O₂ saturation and pulse rate ☐ If any O₂ abnormalities detected inform immediately to | М                |                    |
|   | ☐ Tracheostomy ☐ Others:   | Patient will indicates, either verbally or through behavior, feeling comfortable when breathing   | the concerned physician  Place patient with proper body alignment for maximum breathing pattern  Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis  | E Room ain       | O A                |
|   |  |   | □ Note for changes in level of consciousness     □ Send sputum for culture and sensitivity based on physician order     □ Maintain clear airway by suctioning or encouraging patient with successful coughing  | N 3002- 9870-    | Oh!                |
|   | FLUID & ELECTROLYTES  Ofal Intravenous Enteral Nutrition                                       | Patient will have balanced fluid and electrolytes balance   | Enhance fluid intake unless restricted Check IV sites and assess if there is any complication Provide tube feedings Monitor intake and output  | М                |                    |
|   | ☐ Parenteral Nutrition ☐ Others:   |   |  | E good hydratia  |                    |
|   | •  | <br>  |  | Na lo chort jone |                    |

| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions   | Evaluation   | Sign &<br>Initials |
|---|---|---|--|--------------------|
| MOBILITY  Mobile / Immobile  Walk with assistance Physiotherapy Others:                     | Patient will mobilize freely Patient will perform physical activity independently or within limits of disease P-tient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility | Encourage regular ambulation ROM exercise Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance (e.g., physical therapy, visiting nurse) Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)   | M E PH Well  NEDICITED  N Phobilized  Sou              | O2A)               |
| ELIMINATION  Catheter, bedpan, urinal  Nasogastric tube Bowel movement Urination Others:    | Patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns  | □ Encourage fluid intake □ Encourage fibre diet intake □ Encourage early ambulation □ Report any abnormalities to physician □ Observe voiding accessories as foley's / silicone catheter □ Check placement before feeding □ Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol □ Check for malena / constipation / urinary retention   | M  Eftruir Northern  Pearton hay grow)  N colpring for | BAN<br>CPV         |
| SKIN INTEGRITY    Maintain normal skin integrity   Pressure points site   assessment   HAPI | Patient will maintain normal healing status Patient will discharge with intact skin integrity   | Minimize / Eliminate friction and shear Minimize pressure (off-loading) with special beds Make sure wrinkles free bed / comfort surfaces and devices Early skin inspection and treatment Keep position changing 2 hourly and manage pain Manage moisture, clean and dry skin Maintain adequate nutrition and hydration Proper application of medications and dressing Follow doctors and TVN order properly Monitor the healing status Educate patient and family members about further skin care | M mentand (A)  E Stin Briefs  N 5/0 chat  N montprod   | G.                 |

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| Patient Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation   | Sign &<br>Initials |
|--|---|--|--|--------------------|
| HYGIENE  Bed-Bath Assist-Bath Self-Care CBD Care (if present) Others:  | Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs | Encourage patient to do daily bathing and oral hygiene Change patient's gown daily Encourage hand hygiene Consider the patient's need for assistive devices Apply moisturizing solution  | M<br>E Maintoned<br>9 6 od hyggar.                     | Post               |
| SAFETY  Check ID Hand  IV care EJV  CENTRAL LINE Side rails  Others:   | Patient will have no life-threatening situations  | Check the identity with ID band before any interaction with the patient Raise side rails Provide proper invasive line care Keep bed locked and low at all time Educate care providers to be the patient Follow restrain policy (if needed)   | M<br>Etd hand<br>Checkedo<br>N = D kind                | 000                |
| COMFORT AND SLEEP Pain Centrol Steep Patterns Others:  | Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep   | Provide clean calm and restful environment Provide privacy at all time Monitor pain scale / sleep pattern Provide pharmacological and non-pharmacological therapy  | M  E Provide lock  N pt sleep well                     | Q D                |
| OBSERVATION  Vital Signs  GCS  Blood Sugar  Others:  | Patient-will have normal range of vital parameters  | Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order | M E VIS cheered<br>& deverold<br>N uppel new<br>stable | DO S               |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT  Spiritual Needs Beliefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others: | ☐ Patient will achieve spiritual needs ☐ Patient will be able to control his feeling toward his illness ☐ Patient will maintain normal psychological pattern    | □ Pray or encourage the patient to pray     □ Use inspirational words     □ Respond to spiritual needs as they arise     □ Evaluate spiritual needs     □ Encourage verbalization of feelings / therapeutic touch     □ Provide empathy and reassurance                              | M<br>E<br>N  |                    |

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| , | Patient Specifi<br>Problems / Ne  |            | Measurable Goals                             |                  | Nursing Interventions  | ,                              | Evaluation  | Sign &<br>Initials   |
|---|---|------------|--|------------------|--|--------------------------------|---|--|
| - | COMMUNICATE Verbal Non-verbal Sigh language Others:   | TION       | Patient will communic with positive feedback | cate effectively | ☐ Introduce the care giver Encourage the use of call bell☐ Obtain interpreter if needed☐ No negative speaking about the patient's or prognosis in the patient's presence   | condition                      | M E Pt Ivell Nommunication No pt communication              | Opini<br>Opini   |
|   | SPECIAL INTE Medication Wound care Solation Ostomy Care Blood / Blood y transfusion Fluid tapping DVT Managem Others: | products . | ☐ To manage on time                          | <                | Double check for high alert medication Observe and report any medication react Provide proper measures of wound care Follow hospital polices and protocols of i and explain to the patient / family Check for cross matching and typing, to compatibility Practice strict asepsis while transfusing b blood products and fluids Monitor DVT score and continue treatments as per doctors order | solation<br>ensure<br>blood or | M mechicold form  E of ven al pri-  Nonadication  ues groen | Political Contraction of the Con |
|   | ,   | Signature  |  | Name             | ,  | Emp. ID                        | Date  | Time   |
|   | Endorsed by   | ,          |  | Œ                | , Canarara'.   | 0003                           | Mo1/24,   | 109:00   |
|   |   |            |  |                  |  |                                |   | •  |





#### Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH202400086

Dr.RAJESH.V





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|---|---|---|----------------------|--------------------|--|
| Initial Date: 🕡 🎵 🤉   | -4 Time: 8 120  | Modified Date: Time:  |                      |                    |  |
| Reason for Modification:  |   | Diagnosis: CAD - LM TUD   |                      |                    |  |
| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions   | Evaluation           | Sign &<br>Initials |  |
| NUTRITION  Keep NPO   | Patient will have adequate nutrition with no nausea and vomiting  Patient will consume daily nutritional  | Provide Prescribed diet on time Encourage patient to consume the served meal Record amount of food consumed   | m of worm            | Mar                |  |
| ☐ Regular Diet ☐ Others:  |   | E   |                      |                    |  |
|   |   |   | N                    |                    |  |
| OXYGENATION  Room Air  Nasal Cannula / High Flow O <sub>2</sub> Mask  BiPAP / CPAP  | Room Air       □ Patient ABG levels will return to and remain within normal limits       □ Coughing exercise / Spirometry exercises         □ Nasal Cannula / High Flow O₂       □ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order         □ BiPAP / CPAP       □ Patient respiratory abnormalities       □ Utilise pulse oximetry to check O₂ saturation and pulse rate         □ Ventilator       □ If any O₂ abnormalities detected inform immediately to         □ Trachepstomy       □ Patient will indicates, either verbally | M pt room au  | S.                   |                    |  |
| ☐ Ventilator ☐ Tracheostomy ☐ Others:   |   | the concerned physician  Place patient with proper body alignment for maximum breathing pattern  Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis  Note for changes in level of consciousness  Send sputum for culture and sensitivity based on physician order  Maintain clear airway by suctioning or encouraging | Е                    |                    |  |
|   |   |   | N                    |                    |  |
| FLUID & ELECTROLYTES  Oral Intravenous Enteral Nutrition  | Patient will have balanced fluid and electrolytes bafance   | ☐ Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Provide tube feedings ☐ Monitor intake and output   | M pt electroter from | D                  |  |
| ☐ Parenteral Nutrition ☐ Measure or estimate fluid losses from all sources su as diaphoresis, wound drainage, and gastric losses ☐ Monitor for possible sources of fluid loss | Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses   | E   |                      |                    |  |
|   |   | E Montal Di 101 Orgippiano Grangos  | N                    |                    |  |

| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions   | Evaluation                               | Sign &<br>Initials |
|---|---|---|--|--------------------|
| MOBILITY  Mobile / Immobile  Walk with assistance  Physiotherapy  Others:                   | Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Putient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility | □ Encourage regular ambulation ROM exercise □ Apply Anti-Embolic stocking / SCD □ Evaluate the need for assistive devices □ Assess the safety of the environment □ Consider the need for home assistance (e.g., physical therapy, visiting nurse) □ Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)   | M-P7 will mobilization of procely  E.  N | 8                  |
| ELIMINATION  Catheter, bedpan, urinal  Nasogastric tube Bowel movement Urination Others:    | Patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns  | □ Encourage fluid intake □ Encourage fibre diet intake □ Encourage early ambulation □ Report any abnormalities to physician □ Observe voiding accessories as foley's / silicone catheter □ Check placement before feeding □ Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol □ Check for malena / constipation / urinary retention   | M pt (P) elimentain parten               | 26                 |
| SKIN INTEGRITY    Maintain normal skin integrity   Pressure points site   assessment   HAPI | ☐ Patient will maintain normal healing status ☐ Patient will-discharge with intact skin integrity   | <ul> <li>Minimize / Eliminate friction and shear</li> <li>Minimize pressure (off-loading) with special beds</li> <li>Make sure wrinkles free bed / comfort surfaces and devices</li> <li>Early skin inspection and treatment</li> <li>Keep position changing 2 hourly and manage pain</li> <li>Manage moisture, clean and dry skin</li> <li>Maintain adequate nutrition and hydration</li> <li>Proper application of medications and dressing</li> <li>Follow doctors and TVN order properly</li> <li>Monitor the healing status</li> <li>Educate patient and family members about further skin care</li> </ul> | M pt blantein D Steday  E                | 80d<br>-           |

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| Patient Specific<br>Problems / Needs   | Measurable Goals   | Nursing Interventions   | Evaluation              | Sign &<br>Initials |
|--|--|---|-------------------------|--------------------|
| HYGIENE  ☐ Bed-Bath ☐ Assist-Bath ☐ Self-Care ☐ CBD Care                     | ☐ Patient will stay clean and well-groomed ☐ Patient will demonstrate lifestyle changes to meet self-care needs          | Encourage patient to do daily bathing and oral hygiene     Change patient's gown daily     Encourage hand hygiene   | M pt-self-our           | &K.                |
| (if present)   | Patient will_recognize individual weakness or needs  | Consider the patient's need for assistive devices Apply moisturizing solution   |                         |                    |
|  |  |   | N                       |                    |
| SAFETY  Check ID Hand IV care EJV  | Patient will have no-life-threatening situations   | ☐ Check the identity with ID band before any interaction with the patient ☐ Raise side rails  | Mp+ID Benel chocker     | 2                  |
| CENTRAL LINE Side rails Others:  |  | □ Provide proper invasive line care     □ Keep bed locked and low at all time     □ Educate care providers to be the patient     □ Follow restrain policy (if needed) | E                       |                    |
|  |  |   | N                       |                    |
| COMFORT AND SLEEP  | Patient will have comfortable sleep Patient will verbalize / or through  | Provide clean calm and restful environment Provide privacy at all time  | M p+ Confetentulo Steep | Q.                 |
| ☐ Sleep Patterns ☐ Others:   | behavior about pain relief and adequate sleep  | Monitor pain scale / sleep pattern     Provide pharmacological and     non-pharmacological therapy  | E                       |                    |
|  |  |   | N                       |                    |
| OBSERVATION  Vital Signs GCS Blood Sugar                                     | Patient will have normal range of vital parameters   |   | M p 2 oitel sere        | Dz.                |
| Others:  |  | ☐ Monitor GCS of patient ☐ Determine and treat the underlying cause of altered LOC ☐ Regular blood sugar monitoring as per doctors order                              | E                       |                    |
|  |  |   | N                       |                    |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs Beliefs / Values / Customs | PIRITUAL SUPPORT    Patient will be able to control his   Use inspirational words  | M   |                         |                    |
| Anxiety and Copying Pattern psychological pattern Enco                       | Evaluate spiritual needs     Encourage verbalization of feelings / therapeutic touch     Provide empathy and reassurance | E   |                         |                    |
| -  |  |   | N                       |                    |

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| Patient Specifi<br>Problems / Ne   |           | Measurable Goals                             |      | Nursing Interventions  |           | Evaluation  |                 | Sign &<br>Initials |
|--|-----------|--|------|--|-----------|---|-----------------|--------------------|
| COMMUNICAT  Verbal  Non-verbal   |           | Patient will communic with positive feedback |      | ☐ Introduce the care giver☐ Encourage the use_of call bell☐ Obtain interpreter if needed   |           | Mp+will (   | omrewate oppose | &-                 |
| Sigh language  |           |  |      | No negative speaking about the patient's or prognosis in the patient's presence  | condition | E   |                 |                    |
|  |           |  |      |  |           | N   |                 |                    |
| SPECIAL INTE  Medication  Wound care Isolation                                       | RVENTIONS | ☐ To manage on time                          |      | □ Double check for high alert medication     □ Observe and report any medication reaction     □ Provide proper measures of wound care     □ Follow hospital polices and protocols of isolation and explain to the patient / family     □ Check for cross matching and typing, to ensure compatibility     □ Practice strict asepsis while transfusing blood or blood products and fluids |           | M pt-aboutestan grun  |                 | Dr                 |
| ☐ Ostomy Care ☐ Blood / Blood products transfusion ☐ Fluid tapping ☐ DVT Marragement |           |  |      |  |           | <ul> <li>☐ Check for cross matching and typing, to ensure compatibility</li> <li>☐ Practice strict asepsis while transfusing blood</li> </ul> |                 | E                  |
| Others:  | em        |  |      | Monitor DVT score and continue treatmer as per doctors order   | nt        | N   |                 | !                  |
|  | Signature |  | Name |  | Emp. ID   |   | Date            | Time               |
| Endorsed by  |           | · (De  | B.   | Lourenerero'.  | 200       |   | 11/01/29        | 100                |
|  |           |  |      |  |           | ,   |                 | · •                |

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#### Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





### **ADULT POST-OPERATIVE NURSING CARE PLAN**

| Initial Date: 11 24  | Time: 14 · 20   | Modified Date: — Time: —   |   |                      |  |  |  |  |
|--|---|--|---|----------------------|--|--|--|--|
| Reason for Modification:   |   | Diagnosis: CAD-TVD   |   | <u></u>              |  |  |  |  |
| Patient Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation  | Sign &<br>Initials   |  |  |  |  |
| PAIN  ☐ Comfortable Position ☐ Pain Scale ☐ Pain Score ☐ Others:             | Patient will have less pain   | Evaluate location, character, quality and severity of pain Administer pain medication as prescribed and as needed Observe for any changes in vital signs Maintain proper positioning of patient Assist or turn patient every two hours Assess incision area for redness, heat, induration, swelling, separation and drainage Non-Pharmacological therapy | M  E Abhanistoral Molgasius  N Achaning Leved glong  ar how order | Sur dig              |  |  |  |  |
| OXYGENATION  Room Air Oxygen Hood Nasal Cannula Nebulizer Ventilator Others: | Patient will have no shortness or difficulty of breathing   | Provide well ventilated environment Check oxygen saturation Perform suctioning if needed Ventilator settings as per physician orders Monitor rate, depth of respiration Administer oxygen and nebulizer therapy if needed Encourage spriometry, deep breathing and coughing exercises Monitor amount, viscosity, colour and odour of sputum if present   | M  E SPOX-1007. ON QX  AGIT  N  O1 SHO2:1007                      | Okuis<br>Oct4<br>Luf |  |  |  |  |
| ANXIETY Increased Pulse Rate Anxious Look                                    | Patient will cope properly with his illness and react positively to his surroundings  | <ul> <li>□ Explain all procedures to patient or family member in simple language they understand</li> <li>□ Encourage and support patient while increasing anxiety level</li> <li>□ Help patient to cope with outcomes of surgery</li> <li>□ Keep patient in comfortable position in bed to enhance sleep</li> </ul>                                     | M<br>E<br>N   |                      |  |  |  |  |
| MOBILITY  Mobile / Immobile  Walk with assistance Physiotherapy Others:      | □ Patient will mobilize freely     □ Patient will perform physical     activity independently or within     limits of disease     □ Patient will use safety measures     to minimize potential for injury     □ Patient will demonstrate the use of     adaptive devices to increase mobility | Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance (e.g., physical therapy, visiting nurse) Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)                                  | M  E ON bed root  N powerided safe  N provided safe               | 24<br>04             |  |  |  |  |

| Patient Specific<br>Problems / Needs   | Measurable Goals   | Nursing Interventions  | Evaluation   | Sign &<br>Initials       |
|--|--|--|--|--------------------------|
| FLUID & ELECTROLYTE  Oral Intravenous Enteral Nutrition Parenteral Nutrition Others: | Patient will have balanced fluid and electrolytes balance                          | ☐ Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Provide tube feedings ☐ Monitor intake and output ☐ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses ☐ Monitor for possible sources of fluid loss ☐ Monitor BP for orthostatic changes  | M  E Trline pokout and hodity  Monetoxel 5/0  N Ir in paramt  wonstand I/o chart | Devis A                  |
| RISK OF INFECTION  Prevent Infection  Others:  | ☐ The patient will be discharged with no hospital acquired infection               | Use aseptic technique in all aspect of patient care Restrict visitors and use appropriate PPE Meticulous hand washing before and after patient's care Inspect wound for signs of infection, purulent drainage or discoloration Administer antibiotics as ordered CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons  | M  E displic tochisques fllowed  N wed a replic  Pechnique during coso           | Shir<br>Off<br>Off       |
| RISK OF FALL  ☐ Giddiness ☐ Independent State ☐ Dependent State                      | ☐ The patient will have safe, free from fall hospitalization                       | Keep bed on low position Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed Remove clutter, keep items patient needs within reach Avoid movement out of bed after surgery for 46 hours Review patients' medication like narcotics and hypotensive agents Offer urinal or bedpan to the patient if needed  | M  E fell risk precontion  fellowed.  N powerided rule  envisionment             | Jain Jan                 |
| SKIN &WOUND CARE  Observe REEDA  Oozing Foul Smell                                   | ☐ The patient will have intact skin while staying in the hospital and on discharge | Check all drains from the operation site more frequently Provide wound care as ordered Minimize pressure Provide adequate nutritional support Report signs of poor healing or trauma to doctor   | M  E drain in flike  N dorains little a so                                       | laus for                 |
| DIET & NUTRITION  ☐ NPO ☐ Soft Diet ☐ Semisolid Diet ☐ Solid Diet ☐ RT Feeds         | Patient will have adequate nutrition with no nausea and vomiting                   | □ Encourage patient to consume prescribed diet □ Record amount of food consumed □ Provide high calories, high protein diet as prescribed □ Monitor patient's weight □ Administer supplemental vitamins and minerals as prescribed □ Administer parentral or TPN per protocol if dietary needs are not met through oral intake □ Report abdominal distention, large gastric residual volume or diarrhea to doctor | M EON IVF looul for N on liquid diel- toluste                                    | Naviora<br>John<br>dugas |

| Patient Specifi<br>Problems / Ne  |  | Measurable Goals  | Nursing Interventions   | Evaluation   | Sign &<br>Initials |
|---|--|---|---|--|--------------------|
| CARE OF CATE  |  | Patient will have patent, properly maintained catheters, drains etc   | Check the catheters, drains etc frequently Observe I/O Chart Watch for any symptoms related to kinked or blocked tubes Maintain adequate cleaning and dressing  | M  E ON CED a The  Dulput abouts.  N Maintained Thouse                               | Don                |
| DISTURBED B   | ODY IMAGE  | ☐ The patient will demonstrate initial acceptance and to newly body image   | <ul> <li>Note non verbal body language, negative attitude and self talk</li> <li>Note emotional reaction (grieving, depression, and Acknowledge and accept expression of feeling of grief and hostility</li> </ul>  | ger) E N   |                    |
| OBSERVATION Vital Signs GCS Blood Sugar Others:   | ☐ GCS ☐ Inform doctor if there is any abnormality ☐ Monitor GCS of patient |   | M Munifound vital   | 1000 1<br>1000 4<br>2000 4   |                    |
| HEALTH EDUCATION    Patient   Family / Guardian   Diet   Disease process   Infection control / PPE   Medication   Educate about TAC level and immunosuppressant   Personal Safety   Treatment Regimen   Others: |  | Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications | Provide proper education regarding follow-up diet Insist on importance of hand hygiene Explore action, reactions and adherence about me Provide clear, thorough, and understandable explaregarding safety precautions. Explain to perform activities / skin care that recom by concerned doctor Use the teach-back technique to determine the parameter understanding regarding importance of treatment | edication manations  mended purple by thousand purple tient's Full or Faule of light | 24 24 0 m          |
| ANY OTHER N   | EEDS   |   |   | M<br>E<br>N  |                    |
|   | Signature  | Name  | Emp. 1  | D Date   | Time               |
| Endorsed by   | (Kul)  |   | Gloma FLORANCE.3  | CO-FA 13/1/24  | 9.00               |





#### Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





## **ADULT POST-OPERATIVE NURSING CARE PLAN**

|   | <del></del>   | <del>_</del>  |                       |                    |  |
|---|---|---|-----------------------|--------------------|--|
| Initial Date: 12/1/23                                 | Time:- 0-1:15   | Modified Date: — Time: —  | - ·                   |                    |  |
| Reason for Modification:                              | -   | Diagnosis: CAD TVD SF-388 /.  |                       |                    |  |
| Patient Specific<br>Problems / Needs                  | Measurable Goals  | Nursing Interventions   | Evaluation            | Sign &<br>Initials |  |
| PAIN ☐ Comfortable Position ☐ Pain Scale ☐ Pain Score | Patient will have less pain   | ☐ Evaluate location, character, quality and severity of pain ☐ Administer pain medication as prescribed and as needed ☐ Observe for any changes in vital signs                                  | M Provided Confortale | Sul                |  |
| Others:   |   | Maintain proper positioning of patient Assist or turn patient every two hours Assess incision area for redness, heat, induration, swelling, separation and drainage Non-Pharmacological therapy | N maintained people   | Opris<br>Optione   |  |
| OXYGENATION  Room Air  Oxygen Hood                    | Room Air or difficulty of breathing   |   | M On RA QPOIDAGY.     | Soft on            |  |
| Nasal Cannula Nebulizer Ventilator Others:            |   | □ Ventilator settings as per physician orders     □ Monitor rate, depth of respiration     □ Administer oxygen and nebulizer therapy if needed     □ Encourage spriometry, deep breathing and   | E SPG-90Y. ON 1001)   | Claud of           |  |
|   |   | coughing exercises  Monitor amount, viscosity, colour and odour of sputum if present  | N en RA 8pv: 92%      | 24                 |  |
| ANXIETY  Increased Pulse Rate                         | Patient will cope properly with his illness and react positively to his   | Explain all procedures to patient or family member in simple language they understand   | M NO 1                | <u> </u>           |  |
| ☐ Anxious Look  | surroundings  | □ Encourage and support patient while increasing     anxiety level     □ Help patient to cope with outcomes of surgery  | E ~                   |                    |  |
|   |   | ☐ Keep patient in comfortable position in bed to enhance sleep  | N -                   |                    |  |
| MOBILITY  Mobile / Immobile  Walk with assistance     | ☐ Patient will mobilize freely ☐ Patient will perform physical activity independently or within                         | ☐ Apply Anti-Embolic stocking / SCD☐ Evaluate the need for assistive devices☐ Assess the safety of the environment  | M Batoty measures     | 524                |  |
| ☐ Physiotherapy<br>☐ Others:                          | limits of disease Patient will use safety measures to minimize potential for injury Patient will demonstrate the use of | Consider the need for home assistance (e.g., physical therapy, visiting nurse) Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness,                                   | E on chair fast       | OOTA               |  |
|   | adaptive devices to increase mobility   | localized swelling, a rise in temperature)  | N merovided supe      | 24                 |  |

| Patient Specific<br>Problems / Needs                 | Measurable Goals   | Nursing Interventions  | Evaluation                         | Sign &<br>Initials |
|--|--|--|------------------------------------|--------------------|
| FLUID & ELECTROLYTE  Oral Intravenous                | Patient will have balanced fluid and electrolytes balance  | ☐ Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Provide tube feedings  | M Monitor Ilo                      | College            |
| ☐ Enteral Nutrition ☐ Parenteral Nutrition ☐ Others: |  | Monitor intake and output  Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses  Monitor for possible sources of fluid loss   | E Menistoral To<br>IV line poland  | Anis octa          |
|  | ☐ Monitor BP for orthostatic changes  N  | N Adomitated I to chart  | Life                               |                    |
| RISK OF INFECTION  ☐ Revent Infection ☐ Others:      | The patient will be discharged with no hospital acquired infection   | with  Use aseptic technique in all aspect of patient care Restrict visitors and use appropriate PPE Meticulous hand washing before and after patient's care Inspect wound for signs of infection, purulent drainage or discoloration Administer antibiotics as ordered CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons  M | -followed                          | Soften             |
|  |  |  | Idlow.                             | Days<br>OOTA       |
|  |  |  | n technism openind com             | Dut-               |
| RISK OF FALL Giddiness Independent State             | The patient will have safe, free from fall hospitalization   | Keep bed on low position Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed Remove clutter, keep items patient needs within reach Avoid movement out of bed after surgery for 46 hours Review patients' medication like narcotics and hypotensive agents Offer urinal or bedpan to the patient if needed      | M Side rails                       | Saffron            |
| ' ☑ Dependent State                                  |  |  | E fall six properties              | 00-84              |
|  |  |  | N mantained bed in                 | dut                |
| SKIN &WOUND CARE Observe REEDA Oozing                | The patient will have intact skin while staying in the hospital and on discharge   | Check all drains from the operation site more frequently Provide wound care as ordered   | M No oozing at<br>Suepral Rite     | 85 Pm              |
| ☐ Foul Smell   | , and the second | ☐ Minimize pressure ☐ Provide adequate nutritional support ☐ Report signs of poor healing or trauma to doctor  | E wound heafty                     | 100 H              |
| DIET & AUTRITION                                     | Dation A will be used a supple of a supple |  | N derening infart                  | Morra              |
| □ NPO □ Soft Diet ( iakis)                           | Soft Diet  | Record amount of food consumed Provide high calories, high protein diet as prescribed  | M Patient Consumad<br>liquid diet. | 801m               |
| ☐ Solid Diet ☐ RT Feeds                              |  | <ul> <li>☐ Administer supplemental vitamins and minerals as prescribed</li> <li>☐ Administer parentral or TPN per protocol if dietary</li> </ul>   | E ON liquid diof                   | Variation A        |
|  |  | needs are not met through oral intake  Report abdominal distention, large gastric residual volume or diarrhea to doctor  | n on soft diet                     | My 10232           |

| Patient Specifi<br>Problems / Ne   |  | Measurable Goals  |  | Nursing Interventions  |  | Evaluation       | Sign & ·   |
|--|--|---|--|--|--|------------------|------------|
| CARE OF CAT<br>DRAINS, ETC.  |  | maintained catheters, drains etc  |  | ☐ Check the catheters, drain☐ Observe I/O Chart☐ Watch for any symptoms r blocked tubes☐ Maintain adequate cleanin | elated to kinked or  | M Monitor Ita    | by Ato.    |
| DISTURBED B  | initial acceptance and to newly body image |   | □ Note non verbal body language, negative attitude and self talk     □ Note emotional reaction (grieving, depression, anger)     □ Acknowledge and accept expression of feeling of grief and hostility |  | M N D  |                  |            |
| OBSERVATION  I Vital Signs Of vital parameters Others:   |  | Monitor vital signs regularly Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient                    |  | M Mouland vital sig  | 12074  |                  |            |
| ☑ Patient       Domestic Patient         ☑ Family / Guardian       others will good knowledge         ☐ Diet       knowledge         ☐ Disease process       modalities at a modalities at a modalities at a modalities at a modalities. |  | Patient / Family / Guard<br>Domestic Partner / Cal<br>others will gain adequal<br>knowledge regarding the<br>modalities and life style<br>modifications | re-giver /<br>ate<br>reatment  | <ul><li>Provide clear, thorough, ar regarding safety precautio</li></ul>   | nd hygiene and adherence about medication ad understandable explanation as. s / skin care that recommende que to determine the patient's | s due & medicine | 00-4<br>04 |
| ANY OTHER N  | EEDS                                       |   |  |  |  | M E              |            |
|  | Signature                                  |   | Name   |  | Emp. ID  | Date             | Time       |
| Endorsed by  | VOU .                                      |   | Ofonia ?   | FLORENCE 9   | 00 49  | 13/1/24          | 9:00       |

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#### Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





## **ADULT POST-OPERATIVE NURSING CARE PLAN**

| ,   |   |  |   |                    |  |  |  |
|---|---|--|---|--------------------|--|--|--|
| Initial Date: 13 112  | y Time: 月,130   | Modified Date: Time:   |   |                    |  |  |  |
| Reason for Modification:  |   | Diagnosis: CAD-TVD   |   |                    |  |  |  |
| Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions  | Evaluation  | Sign &<br>Initials |  |  |  |
| PAIN Comfortable Position Pain Scale Pain Score Others:                           | Patient will have less pain   | ☐ Evaluate location, character, quality and severity of pain ☐ Administer pain medication as prescribed and as needed ☐ Observe for any changes in vital signs ☐ Maintain proper positioning of patient ☐ Assist or turn patient every two hours ☐ Assess incision area for redness, heat, induration, swelling, separation and drainage ☐ Non-Pharmacological therapy                             | M Maintained propor position-<br>ing of the patient  E Provided Countort  able Position  N Pt Provide Computation | M SE SE            |  |  |  |
| OXYGENATION  Room Air  Oxygen Hood  Nasal Cannula  Nebulizer  Ventilator  Others: | Patient will have no shortness or difficulty of breathing   | □ Provide well ventilated environment     □ Check oxygen saturation     □ Perform suctioning if needed     □ Ventilator settings as per physician orders     □ Monitor rate, depth of respiration     □ Administer oxygen and nebulizer therapy if needed     □ Encourage spriometry, deep breathing and coughing exercises     □ Monitor amount, viscosity, colour and odour of sputum if present | M checked oregen lateration level 9002=96%.  E Newtoned 8 PD2  OBY. E Dlittert on  N pt had Room air              | <b>P</b>           |  |  |  |
| ANXIETY Increased Pulse Rate Anxious Look   | Patient will cope properly with his illness and react positively to his surroundings  | □ Explain all procedures to patient or family member in simple language they understand     □ Encourage and support patient while increasing anxiety level     □ Help patient to cope with outcomes of surgery     □ Keep patient in comfortable position in bed to enhance sleep  | M NA<br>E NA,<br>'N NA  | Brot.              |  |  |  |
| MOBILITY  Mobile / Immobile  Walk with assistance  Physiotherapy  Others:         | Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Patient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility | □ Apply Anti-Embolic stocking / SCD     □ Evaluate the need for assistive devices     □ Assess the safety of the environment     □ Consider the need for home assistance     (e.g., physical therapy, visiting nurse)     □ Note for progressing thrombophlebitis     (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)  | M Aleved the sofety of the environment  E Pt NOLL  N Pt Modified well  N Pt Modified well                         | Rest Colt          |  |  |  |

| Patient Specific<br>Problems / Needs  | Measurable Goals   | Nursing Interventions  | Evaluation   | Sign &<br>Initials  |
|---|--|--|--|---|
| FLUID & ELECTROLYTE Oral Intravenous Enteral Nutrition Parenteral Nutrition Others: | Patient will have balanced fluid and electrolytes balance                        | □ Enhance fluid intake unless restricted     □ Check IV sites and assess if there is any complication     □ Provide tube feedings     □ Monitor intake and output     □ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses     □ Monitor for possible sources of fluid loss     □ Monitor BP for orthostatic changes                              | M Monitored Intake and output chart howely  EMPLIFICATION OF THE VIEW OF THE MAINTAINED MAINTAINED | Contract of the second of the |
| RISK OF INFECTION Prevent Infection Others:   | The patient will be discharged with no hospital acquired infection               | Use aseptic technique in all aspect of patient care Restrict visitors and use appropriate PPE Meticulous hand washing before and after patient's care Inspect wound for signs of infection, purulent drainage or discoloration Administer antibiotics as ordered CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons  | m wed as eptic technique<br>in all aspect of patient code<br>E wood as eptic<br>ferrique           | Sollo<br>Sollo  |
| RISK OF FALL  Giddiness  Independent State Dependent State                          | The patient will have safe, free from fall hospitalization                       |  | used socide rails and Majety straps during mobiliz- long the patrent out of head  E ULED 100  N    | Sito  |
| SKIN &WOUND CARE  ☐ Observe REEDA ☐ Oozing ☐ Foul Smell                             | The patient will have intact skin while staying in the hospital and on discharge | □ Check all drains from the operation site more frequently     □ Provide wound care as ordered     □ Minimize pressure     □ Provide adequate nutritional support     □ Report signs of poor healing or trauma to doctor   | M Skin was intact  E No DOSTRY IN  RANGICAL STOOTH   | \$ 100 m  |
| DIET & NUTRITION  □ NPO □ Soft Diet □ Semisolid Diet □ Solid Diet □ RT Feeds        | Patient will have adequate nutrition with no nausea and vomiting                 | Encourage patient to consume prescribed diet  Record amount of food consumed  Provide high calories, high protein diet as prescribed  Monitor patient's weight  Administer supplemental vitamins and minerals as prescribed  Administer parentral or TPN per protocol if dietary needs are not met through oral intake  Report abdominal distention, large gastric residual volume or diarrhea to doctor | Monume prescribed diet  E pt cred on  No xwal Arin  N pt had DM Diet                               | Sub Sala  |

| Patient Specifi<br>Problems / Ne   |   | Measurable Goals  | Nursing Interventions  |  | Evaluation  | Sign &<br>Initials |
|--|---|---|--|--|---|--------------------|
| CARE OF CAT<br>DRAINS, ETC.  | •   | Patient will have patent, properly maintained catheters, drains etc     | Check the catheters, drains etc frequently  Observe I/O Chart  Watch for any symptoms related to kinked blocked tubes  Maintain adequate cleaning and dressing   | or   | whered the Odthelows draws etc frequently  E Pt 1016/01/06/vg  N Pt Self Voided     | 2 1 P              |
| DISTURBED B  | ODY IMAGE   | The patient will demonstrate initial acceptance and to newly body image | <ul> <li>Note non verbal body language, negative and self talk</li> <li>Note emotional reaction (grieving, depress</li> <li>Acknowledge and accept expression of fee of grief and hostility</li> </ul> | sion, anger)   | M NA<br>E .<br>N NA   | P                  |
| OBSERVATION  ✓ Vital Signs  ☐ GCS  ☐ Blood Sugar  ☐ Others:                          | N   | Patient will have normal range of vital parameters                      |  |  | M Monitored Vital 1903  HE LADUITORUS  E LADUITORUS  N/4 U/S Checked ?  RO CONCRETE | A Sur              |
| Patient Family / Guard Diet Disease proces Infection contro Medication Educate about | de process and control / PPE ation and suffications and adherence about medication regarding safety precautions.  In control / PPE ation are about TAC level munosuppressant al Safety ent Regimen  others will gain adequate knowledge regarding treatment modalities and life style modifications  □ Explore action, reactions and adherence about medication regarding safety precautions. □ Explain to perform activities / skin care that recommende by concerned doctor □ Use the teach-back technique to determine the patient's understanding regarding importance of treatment |   | bout medication<br>ole explanations<br>t recommended<br>e the patient's  | m Truited on important of frank hygiene  E education do  N | 2 Rost  |                    |
| ANY OTHER N  | IEEDS   |   |  |  | M<br>E<br>N   |                    |
| ¥,   | Signature   | Name  |  | Emp. ID  | Date  | Time               |
| Endorsed by  | Dug   | e. nas  | 10   | 00 BL  | 13/11817  | 1850               |





Faur Mr.RAMESH S

56/Male/MHI202481637

III 10/01/2024/IPH2024000086

Dr.RAJESH.V

: Nam

DOA HALLIMINIA MARIAN



Initial Date: 2.00 Modified Date: Time: Time: Reason for Modification: Diagnosis: Patient Specific Sìgn & Measurable Goals **Nursing Interventions** Evaluation Problems / Needs Initials Patient will have adequate nutrition Provide Prescribed diet on time NUTRITION ☐ Keep NPO with no nausea and vomiting Encourage patient to consume the served meal ☐Regular Diet Patient will consume daily nutritional Record amount of food consumed Others: requirements in accordance to his activity level and metabolic needs Datient will have normal O, saturation Encourage chest physio / deep breathing and OXYGENATION □Æoom Air Patient ABG levels will return to and coughing exercise / Spirometry exercises Nasal Cannula / High Flow O₂ remain within normal limits ☐ Provide well-ventilated environment / respiratory ☐ No other respiratory abnormalities ☐ Mask medications / Oxygen as per doctors order Patient respiratory rate will remains ☐ BiPAP / CPAP Utilise pulse oximetry to check O<sub>3</sub> saturation and pulse rate If any O, abnormalities detected inform immediately to Ventilator within established limits the concerned physician ☐ Tracheostomy Patient will indicates, either verbally ☐ Others: or through behavior, feeling ☐ Place patient with proper body alignment for maximum comfortable when breathing breathing pattern Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis ☐ Note for changes in level of consciousness. Send sputum for culture and sensitivity based on physician order Maintain clear airway by suctioning or encouraging patient with successful coughing ☐ Patient will have balanced fluid and **FLUID & ELECTROLYTES** Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Provide tube feedings 1 dral electrolytes balance ☐ Intravenous ☐ Enteral Nutrition ■ Monitor intake and output ☐ Parenteral Nutrition ☐ Measure or estimate fluid losses from all sources such Others: as diaphoresis, wound drainage, and gastric losses ☐ Monitor for possible sources of fluid loss ☐ Monitor BP for orthostatic changes

| Patient Specific Problems / Needs  | Measurable Goals  | Nursing Interventions   | Evaluation   | Sign &<br>Initials |
|--|---|---|--|--------------------|
| MOBILITY  Mobile / Immobile  Walk with assistance Physiotherapy Others:                  | Patient will mobilize freely Patient will perform physical activity independently or within limits of disease P-tient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility | ☐ Encourage regular ambulation ROM exercise ☐ Apply Anti-Embolic stocking / SCD ☐ Evaluate the need for assistive devices ☐ Assess the safety of the environment ☐ Consider the need for home assistance (e.g., physical therapy, visiting nurse) ☐ Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)   | M Pt LODI<br>mobilized<br>E-P) mobilized,            | Sub<br>Sal<br>Das  |
| ELIMINATION  Catheter, bedpan, urinal  Nasogastric tube Bowel movement Urination Others: | Patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns  | ☐ Encourage fluid intake ☐ Encourage fibre diet intake ☐ Encourage early ambulation ☐ Report any abnormalities to physician ☐ Observe voiding accessories as foley's / silicone catheter ☐ Check placement before feeding ☐ Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol ☐ Check for malena / constipation / urinary retention   | M Pt Sold<br>Volding<br>E puttern and<br>N D pattern | Aus.               |
| SKIN INTEGRITY    Maintain normal skin integrity   Pressure points site assessment       | Patient will maintain normal healing status Patient will discharge with intact skin integrity   | Minimize / Eliminate friction and shear Minimize pressure (off-loading) with special beds Make sure wrinkles free bed / comfort surfaces and devices Early skin inspection and treatment Keep position changing 2 hourly and manage pain Manage moisture, clean and dry skin Maintain adequate nutrition and hydration Proper application of medications and dressing Follow doctors and TVN order properly Monitor the healing status Educate patient and family members about further skin care | m morned supn  | AUL                |

|   | Patient Specific<br>Problems / Needs  | Measurable Goals  | Nursing Interventions  | Evaluation  | Sign'&<br>Initials                          |
|---|---|---|--|---|---|
|   | HYGIENE  Bed-Bath Assist-Bath Self-Care CBD Care (if present) Others:   | Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs | ☐ Encourage patient to do daily bathing and oral hygiene ☐ Change patient's gown daily ☐ Encourage hand hygiene ☐ Consider the patient's need for assistive devices ☐ Apply moisturizing solution  | M Pt wood  E pt groomed  N groomed  N groomed  N groomed        | Jow<br>Pomi,                                |
|   | SAFETY  Check ID Hand  IV care EJV  CENTRAL LINE  Side rails  Others:   | Patient will have no life-threatening situations  | Check the identity with ID band before any interaction with the patient Raise side rails Provide proper invasive line care Keep bed locked and low at all time Educate care providers to be the patient Follow restrain policy (if needed)   | M Cled ID<br>bared<br>E ED herd F                               | Bus 100/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 |
|   | COMFORT AND SLEEP Pain Control Sleep Patterns Others:   | Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep   | Provide clean calm and restful environment Provide privacy at all time Monitor pain scale / sleep pattern Provide pharmacological and non-pharmacological therapy  | M providest  M providest  PROPOSITION  E  N P + Sleep well      | 200   |
| , | OBSERVATION Vital Signs GCS Blood Sugar Others:   | Patient will have normal range of vital parameters  | Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order | M Monitored<br>viter orgis<br>E conte<br>Stable<br>N US G Sable | Suo<br>Dis                                  |
|   | PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs Beliefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others: | Patient will achieve spiritual needs Patient will be able to control his feeling toward his illness Patient will maintain normal psychological pattern          |  | M Providud Appro-   | Gl <sub>4</sub>                             |

Τ

| Paţient Specifi<br>Problems / Ne  |           | Measurable Goals                             |                  | Nursing Interventions  | m.t.                          | Evaluation                     |                               | Sign &<br>Initials |
|---|-----------|--|------------------|--|-------------------------------|--------------------------------|-------------------------------|--------------------|
| COMMUNICAT  Verbal  Non-verbal  Sigh language  Others:  |           | Patient will communic with positive feedback | cate effectively | ☐ Introduce the care giver ☐ Encourage the use of call bell ☐ Obtain interpreter if needed ☐ No negative speaking about the patient's or prognosis in the patient's presence   | condition                     | M Pt cop<br>(Omnu<br>E pt comm | committee contra              | Sus<br>19/1/2      |
| SPECIAL INTE Medication Wound care Isolation Ostomy Care Blood / Blood ptransfusion Fluid tapping DVT Managem Others: | products  | ☐ To manage on time                          |                  | Double check for high alert medication Observe and report any medication react Provide proper measures of wound care Follow hospital polices and protocols of i and explain to the patient / family Check for cross matching and typing, to compatibility Practice strict asepsis while transfusing b blood products and fluids Monitor DVT score and continue treatments as per doctors order | solation<br>ensure<br>lood or | $1 - \alpha \sim$              | breg<br>giron<br>1909<br>gven | Sus<br>Sus<br>250  |
|   | Signature |  | Name             |  | Emp. ID                       |                                | Date                          | Time               |
| Endorsed by   |           | (OF  |                  | Danmani.   | 0                             | 05                             | 15/01/24                      | 08,00              |
|   |           |  |                  |  |                               |                                |                               |                    |

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...Mr.RAMESH S

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56/Male/MHJ202481637

10/01/2024/IPH2024000086

DO Dr.RAJESH.V

DO MANAGERA



Every heart beat counts

Time: \$ 200 **Initial Date:** Modified Date: Time: CAD-TVD Reason for Modification: Diagnosis: Patient Specific Sign & Nursing Interventions **Measurable Goals Evaluation** Problems / Needs Initials Datient will have adequate nutrition NUMBER Provide Prescribed diet on time with no nausea and vomiting NPO Keep NPO Encourage patient to consume the served meal Regular Diet Patient will consume daily nutritional Record amount of food consumed ☐ Others: requirements in accordance to his activity level and metabolic needs Fatient will have normal O<sub>2</sub> saturation Encourage chest physic / deep breathing and OXYGENATION Hoom Air Patient ABG levels will return to and coughing exercise / Spirometry exercises ☐ Nasal Cannula / High Flow O. remain within normal limits ☐ Provide well-ventilated environment / respiratory ☐ No other respiratory abnormalities☐ Patient respiratory rate will remains Mask medications / Oxygen as per doctors order ☐ BIPAP / CPAP Utilise pulse oximetry to check O<sub>2</sub> saturation and pulse rate MOOR ☐ Ventilator within established limits If any O<sub>2</sub> abnormalities detected inform immediately to ☐ Patient will indicates, either verbally ☐ Tracheostomy the concerned physician Others: or through behavior, feeling ☐ Place patient with proper body alignment for maximum comfortable when breathing breathing pattern ☐ Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis ☐ Note for changes in level of consciousness. Send sputum for culture and sensitivity based on physician order ☐ Maintain clear airway by suctioning or encouraging patient with successful coughing FLUID & ELECTROLYTES ☐ Patient will have balanced fluid and □ Enhance fluid intake unless restricted **□** Oral electrolytes balance Check IV sites and assess if there is any complication ☐ Intravenous ☐ Provide tube feedings ☐ Enteral Nutrition Monitor intake and output ☐ Parenteral Nutrition ☐ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses Others: Monitor for possible sources of fluid loss ☐ Monitor BP for orthostatic changes

| ecific<br>/ Needs   | Measurable Goals  | Nursing Interventions   | Evaluation                              | Sign &<br>Initials   |
|---|---|---|---|--|
| nmobile<br>assistance<br>apy  | Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Pitient will use safety measures                                    | Encourage regular ambulation ROM exercise Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance  | mpt well mobilized                      | D.C<br>080#  |
| Others:   | to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility  | (e.g., physical therapy, visiting nurse)  Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)   |   | Off 1  |
|   |   |   | N woll                                  | 233)   |
| ION<br>pedpan, urinal<br>ic tube<br>vement  | Patient will have normal elimination pattern  Patient will control of urinary in-continence or urinary retention,   | Encourage fluid intake  Encourage fibre diet intake  Encourage early ambulation  Report any abnormalities to physician  | M patient normal<br>Climination pattern | D.C  |
| Utrination Others:  | and regular elimination patterns  | Observe voiding accessories as toley's / silicone catheter     Check placement before feeding     Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol     Check for malena / constipation / urinary retention | E putitiers @                           | -CIA!  |
|   |   |   | N D part en                             | 2)37   |
| EGRITY ormal skin integrity oints site nt ] OPI OF PRESSURE   | ☐ Patient will maintain normal healing status ☐ Patient will discharge with intact skin integrity   |   | M                                       |  |
| INJURY  GRADE 1 GRADE 2 GRADE 3 GRADE 4 Unstageable Deep Tissue Injury Healing Status PUSH Decreased PUSH Increased |   |   | E                                       |  |
| t Assisted<br>njury / blisters site   |   |   | N                                       |  |
|   | ION ledgan, urinal ic tube rement  EGRITY formal skin integrity foints site int OPI OF PRESSURE  GRADE 2 GRADE 4 le le injury atus reased eased t Assisted injury / blisters site | Patient will mobilize freely   Patient will perform physical activity independently or within limits of disease   Putlent will use safety measures to minimize potential for injury   Patient will demonstrate the use of adaptive devices to increase mobility               | Measurable Goals                        | Medds   Measurable Goals   Musting interventions   Evaluation   Eval |

| Patient Specific<br>Problems / Needs   | Measurable Goals   | Nursing Interventions  | Evaluation  | Śign'&<br>Initials         |
|--|--|--|---|----------------------------|
| HYGIENE  ☐ Bed-Bath ☐ Assist-Bath ☐ Self-Care ☐ CBD Care (if present) ☐ Others:  | Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs                                    | Encourage patient to do daily bathing and oral hygiene Change patient's gown daily Encourage hand hygiene Consider the patient's need for assistive devices Apply moisturizing solution  | Mpt well groomed  E  Ngroomed  wall               | BC 253                     |
| SAFETY Check ID Hand IV care EJV CENTRAL LINE Side rails Others:   | Patient will have no life-threatening situations   | Check the identity with ID band before any interaction with the patient  Raise side rails  Provide proper invasive line care  Keep bed locked and low at all time  Educate care providers to be the patient  Follow restrain policy (if needed)  | MPT ID Band (P)  E -iD hand (P)  N ID band (P)    | P.C<br>207<br>2014<br>2014 |
| COMFORT AND SLEEP Pain Control Sleep Patterns Others:  | Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep  | □ Provide clean calm and restful environment     □ Provide privacy at all time     □ Monitor pain scale / sleep pattern     □ Provide pharmacological and     non-pharmacological therapy  | M -<br>E -<br>NP+ S/er well                       | 25)                        |
| OBSÉRVATION  Vital Signs  GCS  Blood Sugar  Others:  | Patient will have normal range of vital parameters   | Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order                 | MPT VIS Checked  i upfel cus strble  NUS G Steble | P. C<br>02 04<br>02 04     |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT  Spiritual Needs Beliefy Values / Customs Anxiety and Copying Pattern Identify Stressors Others: | <ul> <li>□ Patient will achieve spiritual needs</li> <li>□ Patient will be able to control his feeling toward his illness</li> <li>□ Patient will maintain normal psychological pattern</li> </ul> | <ul> <li>□ Pray or encourage the patient to pray</li> <li>□ Use inspirational words</li> <li>□ Respond to spiritual needs as they arise</li> <li>□ Evaluate spiritual needs</li> <li>□ Encourage verbalization of feelings / therapeutic touch</li> <li>□ Provide empathy and reassurance</li> </ul> | M   |                            |

Т

| Patient Specif<br>Problems / Ne  |           | Measurable Goals                             | •                    | Nursing Interventions  |                                 | Evaluation                         |   | Sign &<br>Initials   |
|--|-----------|--|----------------------|--|---------------------------------|------------------------------------|---|----------------------|
| COMMUNICA Verbal Non-verbal Sigh language Others:  |           | Patient will communic with positive feedback | ate effectively<br>k | Introduce the care giver   | s condition                     | E PT-com                           | well<br>cated<br>municipe<br>sould<br>sould | DC 7                 |
| SPECIAL INTE  Medication  Wound care Isolation  Ostomy Care Blood / Blood y transfusion Fluid tapping  DVT Managem Others: | oroducts  | To manage on time                            |                      | Double check for high alert medication Observe and report any medication read Provide proper measures of wound care Follow hospital polices and protocols of and explain to the patient / family Check for cross matching and typing, to compatibility Practice strict asepsis while transfusing the blood products and fluids Monitor DVT score and continue treatment as per doctors order | isolation<br>ensure<br>plood or | mpatient a  are g  E reselve  Nues | พ์ยา<br>โรก                                 | 2337<br>2007<br>2007 |
| -  | Signature |  | Name                 |  | Emp. ID                         |                                    | Date  | Time                 |
| Endorsed by  |           | (D)  | Di                   | reneralie.   | l                               | 005                                | 16/01/23                                    | 08:00                |
|  |           |  |                      |  |                                 |                                    |   |                      |





P Mr.RAMESH S

56/Malc/MHI202481637

10/01/2024/IPH2024000086

Dr.RAJESH.V



| Initial Date:  | E24 Time:   | Modified Date: Time:   |                               |                    |  |  |
|--|---|--|-------------------------------|--------------------|--|--|
| Reason for Modification:   |   | Diagnosis: CAD —TUD  |                               |                    |  |  |
| Patient Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation                    | Sign &<br>Initials |  |  |
| NUTRITION  Keep NPO Regular Diet   | ☐ Patient will have adequate nutrition with no nausea and vomiting ☐ Patient will consume daily nutritional   | ☐ Provide Prescribed diet on time ☐ Encourage patient to consume the served meal ☐ Record amount of food consumed  | M PT is On<br>MORMAL Clist    | To OSE             |  |  |
| ☐ Others:  | requirements in accordance to his activity level and metabolic needs  | ☐ Record amount of food consumed   | E pt on wonail                | Jen.               |  |  |
| 2005   |   |  | Np+ had alux                  | (A)                |  |  |
| OXYGENATION  Peom Air  Nasal Cannula / High Flow O,  Mask  BiPAP / CPAP  Ventilator  Tracheostomy  Others: | □ Patient will have normal O₂ saturation     □ Patient ABG levels will return to and remain within normal limits     □ No other respiratory abnormalities     □ Patient respiratory rate will remains within established limits     □ Patient will indicates, either verbally or through behavior, feeling comfortable when breathing | □ Eneeurage chest physio / deep breathing and coughing exercise / Spirometry exercises □ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order □ Utilise pulse oximetry to check O₂ saturation and pulse rate □ If any O₂ abnormalities detected inform immediately to the concerned physician □ Place patient with proper body alignment for maximum breathing pattern □ Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis □ Note for changes in level of consciousness □ Send sputum for culture and sensitivity based on physician order □ Maintain clear airway by suctioning or encouraging patient with successful coughing | M SPO2-95-13                  | dy                 |  |  |
|  |   |  | E pt en loom<br>air.          | Jan.               |  |  |
|  |   |  | NP+ on Room                   | 232                |  |  |
| ELUID & ELECTROLYTES  Oral Intravenous Enteral Nutrition Parenteral Nutrition Others:                      | Patient will have balanced fluid and electrolytes balance   | ☐ Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Provide tube feedings ☐ Monitor intake and output  | M oral blends                 | dops               |  |  |
|  |   |  | E pt is on on on onal fluids. | Jan.               |  |  |
|  |   | L. Worker Dr. 101 Orthodiano ortaliges   | N 10 Monto                    | 2                  |  |  |

| Patient Specific Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation            | Sign &<br>Initials |
|---|---|--|-----------------------|--------------------|
| MOBILITY  Mobile / Immobile  Walk with assistance Physiotherapy  Others:  | Mobile / Immobile   |  | M DT Mobilized well   | Style ooks         |
| Concis.   | to minimize potential for injury  Patient will demonstrate the use of adaptive devices to increase mobility                                     | (e.g., physical therapy, visiting nurse)  Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)  | E PH Mobilized usell. | Jeni.              |
|   |   |  | N freely              | 2537               |
| ELIMINATION  ☐ €atheter; bedpan, urinal ☐ Nasogastric tube ☐ Bowel movement ☐ Urination                             | Patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, | Encourage fibre diet intake Encourage early ambulation  Report any abnormalities to physician Observe voiding accessories as foley's / silicone catheter   | Elimenation 18 01000  | A) (88             |
| Others:   | and regular elimination patterns  |  | E Elimination pattern | Jeni<br>Om         |
|   | . ,   | Check for malena / constipation / urinary retention  | N D patter            | 3335               |
| SKAN INTEGRITY  Maintain normal skin integrity Pressure points site assessment HAPI OPI  GRADES OF PRESSURE         | ☐ Patient will maintain normal healing status ☐ Patient will discharge with intact skin integrity   | Minimize / Eliminate friction and shear  Minimize pressure (off-loading) with special beds  Make sure wrinkles free bed / comfort surfaces and devices  Early skin inspection and treatment  Keep position changing 2 hourly and manage pain | M Skin is intact      | Lite               |
| INJURY  GRADE 1 GRADE 2 GRADE 3 GRADE 4 Unstageable Deep Tissue Injury Healing Status PUSH Decreased PUSH Increased |   |  | E vonal skin          | Jan                |
| ☐ Intermittent Assisted ☐ Dermatitis ☐ Pressure injury / blisters site care given ☐ Others:                         |   |  | N                     |                    |

| h |  |  |  |
|---|--|--|--|
| 7 |  |  |  |

| Patient Specific<br>Problems / Needs   | Measurable Goals  | Nursing Interventions  | Evaluation  | Sign'&<br>Initials   |
|--|---|--|---|--|
| HYGIENE  ☐ Bed-Bath ☐ Assist-Bath ☐ Self-Care ☐ CBD Care (if present) ☐ Others:  | Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs | ☐ Encourage patient to do daily bathing and oral hygiene ☐ Change patient's gown daily ☐ Encourage hand hygiene ☐ Consider the patient's need for assistive devices ☐ Apply moisturizing solution  | M PT IS ON<br>Solf Lugario<br>E pt 18 groomed<br>well   | Jen.   |
| SAFETY  Check ID Hand  V Care EJV  CENTRAL LINE  Side rails  Others:   | Patient will have no life-threatening situations  | □ Check the identity with ID band before any interaction with the patient     □ Raise side rails     □ Provide proper invasive line care     □ Keep bed locked and low at all time     □ Educate care providers to be the patient     □ Follow restrain policy (if needed)           | M ID Band Present.  N Do band D                         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                        |
| COMFORT AND SLEEP Pain Control Sleep Patterns Others:  | Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep   | Provide clean calm and restful environment Provide privacy at all time Monitor pain scale / sleep pattern Provide pharmacological and non-pharmacological therapy  | M PT Stap Pattern  E pt sleep Pattern  N P + Sleep weel | Jani   |
| OBSERVATION  ☐ Vital Signs ☐ GCS ☐ Blood Sugar ☐ Others:   | Patient will have normal range of vital parameters  | Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order | M Titallogae is  Checked  E VIS checked  N US G SJebie  | 2012<br>2013<br>2013<br>2013<br>2013<br>2013<br>2013<br>2013 |
| PSYCHOLOGICAL / ( SPIRITUAL SUPPORT    Spiritual Needs   Bellefs / Values / Customs   Anxiety and Copying Pattern   Identify Stressors   Others: | Patient will achieve spiritual needs Patient will be able to control his feeling toward his illness Patient will maintain normal psychological pattern          | Pray or encourage the patient to pray Use inspirational words Respond to spiritual needs as they arise Evaluate spiritual needs Encourage verbalization of feelings / therapeutic touch Provide empathy and reassurance  | M Sceppost gwen  E psychological support given.  N —    | Jeni<br>Jeni   |

| Patient-Specific<br>Problems / Nee  | )<br>eds  | Measurable Goals                             | ļ.              | Nursing Interventions   | Nursing Interventions |         |             | Sign &<br>Initials |
|---|-----------|--|-----------------|---|-----------------------|---------|-------------|--------------------|
| COMMUNICAT  Verbal  Non-verbal  | ION .     | Patient will communic with positive feedback | ate effectively | ☐ Intreduce the care giver☐ Encourage the use of call bell☐ Obtain interpreter if needed  |                       | M COMM  | unication   | Solar              |
| ☐ Sigh language<br>☐ Others:  | '         | ,  |                 | No negative speaking about the patier or prognosis in the patient's presence  | t's condition         | E commu | inication   | Jani on            |
|   |           |  |                 |   |                       | N Geog  | Com         | (2)X)              |
| SPECIAL INTERVENTIONS  Medication  Wound care Isolation Ostomy Care Blood / Blood products transfusion Fluid tapping DVT Management |           | To manage on time                            |                 | Double check for high alert medication  Observe and report any medication rea  Provide proper measures of wound cal  Follow hospital polices and protocols of | action '<br>re        | m recl  | gover       | 94<br>0081         |
|   |           | ,  |                 | and explain to the patient / family  Check for cross matching and typing, tompatibility  Practice strict asepsis while transfusing blood products and fluids  | and typing, to ensure |         | tion<br>en. | [Jem               |
| Others:   | þ         | ı  | ,               | Monitor DVT score and continue treatn as per doctors order  | nent                  | N medic | gin         | 2                  |
|   | Signature |  | Name            | ·   | Emp. ID               |         | Date        | Time               |
| Endorsed by   | ·<br>     |  | 9               | ) Lanarari.   | ₩.                    | 0005    | 17/01/23    | 08:00              |
|   | •         | •  |                 | •   |                       |         |             | :                  |
|   |           |  | •               | ,   |                       |         |             |                    |
|   |           | •  |                 |   |                       | ·       |             |                    |
|   | ~ •       | •  |                 |   |                       |         |             |                    |

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Pali Mr.RAMESH S

Nan 56/Male/MH1202481637

UHI 10/01/2024/IPH2024000086

Dr.RAJESH.V

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## **ADULT POST-OPERATIVE NURSING CARE PLAN**

|  | ADGELLI GOT-   | OI LIMITAL MONSING OAL   |  |                    |
|--|--|--|--|--------------------|
| Initial Date:  | 24, Time: Off  | Modified Date: Time:   |  |                    |
| Reason for Modification:   |  | Diagnosis: CAD -7 UD   | ,  |                    |
| Patient Specific<br>Problems / Needs   | Measurable Goals   | Nursing Interventions  | Evaluation                                     | Sign &<br>Initials |
| PAIN ☐ Comfortable Position ☐ Paip-Scale   | Patient will have less pain  | Evaluate location, character, quality and severity of pain  Administer pain medication as prescribed and as needed  Observe for any changes in vital signs     | M Pt Not Pain Scale 0/10  E pt pain scale 0/10 | DC<br>0807         |
| Pain Score Others:   |  | ☐ Maintain proper positioning of patient ☐ Assist or turn patient every two hours ☐ Assess incision area for redness, heat, induration,                        | E pt pain scaleo/10                            | Jan                |
|  |  | swelling, separation and drainage  Non-Pharmacological therapy   | N  |                    |
| OXYGENATION  Patient will have no shortness  Hoom Air  Oxygen Hood  Nasal Cannula  Patient will have no shortness  Or difficulty of breathing  Perform suctioning if needed  Ventilator settings as per physician orders |  | mpt is on room   | D.C<br>0807                                    |                    |
|  |  | □ Monitor rate, depth of respiration     □ Administer oxygen and nebulizer therapy if needed     □ Encourage spriometry, deep breathing and coughing exercises | E pt ison from air.                            | Jein<br>On         |
|  |  |  | N  |                    |
| ANXIETY  Increased Pulse Rate  | Patient will cope properly with his illness and react positively to his  | Explain all procedures to patient or family member in simple language they understand  | М —  | ,                  |
| Anxious Look   | surroundings   | □ Encourage and support patient while increasing anxiety level     □ Help patient to cope with outcomes of surgery   | E  |                    |
|  |  | Keep patient in comfortable position in bed to enhance sleep   | N  |                    |
| MOBILITY    Mobile / Immobile   Walk with assistance   | Patient will mobilize freely Patient will perform physical activity independently or within                              | Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment   | mpt well mobilized  E pt wellmobilized         | P.C<br>620 7       |
| ☐ Physiotherapy ☐ Others:  | limits of disease  Patient will use safety measures to minimize potential for injury Patient will demonstrate the use of | Consider the need for home assistance (e.g., physical therapy, visiting nurse) Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness,  | E pt wellmobilized                             | Jen'               |
|  | adaptive devices to increase mobility  | localized swelling, a rise in temperature)   | N  |                    |

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

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| Patient Specifi<br>Problems / Ne   |   | Measurable Goals  |   | Nursing Interventions  |         | Evaluation                                 |                  | Sign &<br>Initials |  |
|--|---|---|---|--|---------|--|------------------|--------------------|--|
| CARE OF CAT<br>DRAINS, ETC.  | HETERS,   | Patient will have patent, properly maintained catheters, drains etc   |   | Check the catheters, drains etc frequenti Observe I/O Chart Watch for any symptoms related to kinke blocked tubes Maintain adequate cleaning and dressing  | ed or   | MP+Ilo<br>E P+ 1/0<br>N                    | chart maintains  | Jean.              |  |
| DISTURBED B  | DISTURBED BODY IMAGE  The patient will demonstrate initial acceptance and to newly body image |   | Note non verbal body language, negative and self talk Note emotional reaction (grieving, depre Acknowledge and accept expression of tof grief and hostility | ssion, anger)  | M =     |  |                  |                    |  |
| OBSERVATION  Vital Signs GCS Blood Sugar Others:  HEALTH EDUCATION Patient Family / Guardian Diet Disease process Infection control / PPE Medication Educate about TAC level and immunosuppressant Personal Safety Treatment Regimen Others: |   | Patient will have normal range of vital parameters  Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications |   | Monitor vital signs regularly Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient   |         | E PI VIS                                   | E PI VIS Chocked |                    |  |
|  |   |   |   | Provide proper education regarding follo Insist on importance of hand hygiene Explore action, reactions and adherence Provide clear, thorough, and understand regarding safety precautions. Explain to perform activities / skin care the by concerned doctor Use the teach-back technique to determine understanding regarding importance of the standard properties of the standar |         | theducation<br>en<br>education<br>Patient. |                  |                    |  |
| ANY OTHER N  | EEDS  |   |   |  |         | M<br>E<br>N                                |                  |                    |  |
|  | Signature   |   | Name  |  | Emp. ID |  | Date             | Time               |  |
| Endorsed by  |   | (1)0  |   | Dianarano'.  |         | 005  | 18/01/23         | 12:00              |  |

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Pati MI.RAMESH S

Natt 56/Mule/MH1202481637

UHIL 10/01/2024/IPH2024000086

Dr.RAJESH.V DOA: HANNEN HANNEN HANNEN HANNEN MHI/NUR/2022/045

Every heart heat counts

| Every h   | eart b | eat co | unts |
|---|--------|--------|------|
| SK Date:  | (0)    | 1-     | 2)   |
| mpairment onds to verbal ands. Has no sensory which would limit ofeel or voice pain or ufort  | A)     | H<br>H | 4    |
| ely Moist<br>usually dry, linen only<br>s changing at routine<br>ls   | y      | 4      | h    |
| ks Frequently outside room at least day and inside room once every two hours waking hours   |        | 19     | 4    |
| imitation<br>major and frequent<br>es in position without<br>nce  |        | 4      | 4    |
| ellent nost of every meal. refuses a meal. reats a total of 4 or servings of meat and roducts. Occasionally etween meals. Does uire supplementation |        | 24     | Ħ    |
| as sufficient muscle good position in bed   |        | 3      | 3    |
| TOTAL SCORE   |        | 2-3    | 2·3, |
| Initial & Emp. No.<br>of Staff Nurse:   |        | Zor    | HQ / |
| Initial & Emp. No.  |        | (RXI)  | (80) |

|  | BRADEN S  | CALE FOR PREDICTI  | NG PRESSURE INJUR  | Y RISK Tim   | e: <u>(</u>                | 1   <u>1</u> | 121)<br>11/ |
|--|---|--|--|--|----------------------------|--------------|-------------|
| PERCEPTION<br>ability to respond<br>meaning-fully to | 1. Completely Limited Unresponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body  | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body             | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfortor the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities   | eommands. Has no sensor  | y<br>it <i>Ab</i>          | H            | 4           |
| degree to which                                      | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned   | 2. Very Moist<br>Skin is often, but not always moist. Linen<br>must be changed at least once a shift   | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day   | 4. Rayely Moist Skiny's usually dry, linen on requires changing at routir intervals                                      | ly<br>le                   | A            | h           |
| ACTIVITY<br>degree of<br>physical activity           | 1. Bedfast<br>Confined to bed   | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair   | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair   | 4. Walks Frequently Walks outside room at lea twice a day and inside roo at least once every two hou during waking hours | n                          | 4            | 37          |
| shiliby to shapes                                    | Completely immobile     Does not make even slight changes in body or extremity position without assistance  | 2. Very Limited  Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently  | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently  | 4\ No Limitation Makes major and freque changes in position witho assistance   |                            | 4            | 37          |
| NUTRITION<br>usual food<br>intake pattern            | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary 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 | Never refuses a mea  | I.<br>or<br>od<br>ly<br>es | 14           | H           |
|  | 1. Problem  Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently  | 2. Potential Problem  Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,   | No Apparent Problem     Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair  |  | e<br>d                     | 3            | 3           |
| & SHEAR slice<br>free<br>ass                         | slides down in bed or chair, requiring frequent re-positioning with maximum   | chair, restraints or other devices.<br>Maintains relatively good position in chair   |  | TOTAL SCORI  | Ξ                          | 2-5          | 23          |
|  | assistance. Spasticity, contractures or agitation leads to almost constant friction   | or bed most of the time but occasionally slides down   |  | Initial & Emp. No<br>of Staff Nurse  |                            | 20           | roug)       |
| Score i  | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Rísk: 18 - 15; Moderate Risk: 14 - 13; I  | High Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp. No<br>of Sr. Staff Nurse  |                            | (B)          | (8)         |





#### Mr.RAME\_\_\_\_

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





Date: 1. 104 . 7 10 11

|  | BRADEN S  | CALE FOR PREDICTII   | NG PRESSURE INJUR  | Y RISK  | Date:<br>Time:                 | 1412A<br>1412 | 11/1<br>20-0 | 1 <u>9-11</u><br>21:15 |
|--|---|--|--|---|--------------------------------|---------------|--------------|------------------------|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort               | 1. Completely Limited Unfesponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body  | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body             | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities  | 4. No Impairment Responds to ver commands. Has no ser deficit which would ability to feel or voice pa discomfort  | isory<br>limit                 | 1             |              | 1                      |
| MOISTURE<br>degree to which<br>skin is exposed<br>to moisture .                                  | 1.Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned  | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift   | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day   | 4. Rarely Molst<br>Skin is usually dry, liner<br>requires changing at ro<br>intervals   |                                | 1             |              | }                      |
| ACTIVITY<br>degree of<br>physical activity   | 1. Bedfast<br>Confined to bed   | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair   | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair   | 4. Walks Frequently Walks outside room at twice a day and inside at least once every two I during waking hours  | room                           | ŀ             | 1            | •                      |
| MOBILITY ability to change and control body position   | Completely Immobile     Does not make even slight changes in body or extremity position without assistance  | 2. Very Limited  Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently  | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently  | 4. No Limitation Makes major and free changes in position wi assistance   |                                | 1             | 1            | 1                      |
| NUTRITION<br>usual food<br>intake pattern  | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every in Never refuses a in Usually eats a total of more servings of mea diary products. Occasio eats between meals. not require supplement | neal. i 4 or t and onally Does | 1             |              | 1                      |
| FRICTION   | Problem     Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently  | 2. Potential Problem  Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,   | strength to lift up completely during move. Maintains good position  |   |                                | ł             | (            | 1                      |
| & SHEAR slides down in bed or chair, requiring frequent re-positioning with maximum Maintains re |   | chair, restraints or other devices.<br>Maintains relatively good position in chair   |  | TOTAL SC  |                                | 6             | 6            | b                      |
|  | assistance. Spasticity, contractures or agitation leads to almost constant friction   | or bed most of the time but occasionally slides down   |  | Initial & Emp.<br>of Staff Nu   | No.(<br>urse:                  | 100 VA        | dy           | 盟                      |
| ' Score  | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I  | High Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp.<br>of Sr. Staff Nu   |                                | 9/28          | J.68         | Do                     |





56/Male/MHI202481637 10/01/2024/IPH202400086

Dr.RAJESH.V





Every heart beat counts

| Alliance Healthcare Pvt Ltd)  |  | **************************************   | <u> </u>   | every ne   | $\longrightarrow$  |  | T  |
|---|--|--|--|--|--|--|--|
| BRADEN S  | CALE FOR PREDICTI  | NG PRESSURE INJUR  | Y RISK   | F  | <del> </del>   |  | 13])<br>9:06   |
| 1. Completely Limited     Unresponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body  | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body   | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities  | commands. Has no<br>deficit which wo   | verbal<br>osensory<br>ould limit   | 4  | 4  | 4  |
| 1. Constantly Molst Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned   | 2. Very Moist Skin is often, but not always moist. Liner must be changed at least once a shift   | 3 Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day  | 4. Rarely Moist<br>Skin is usually dry,<br>requires changing<br>intervals  | linen only<br>at routine   | ઝ  | જ  | 3  |
| 1. Bedfast<br>Confined to bed   | 2. Chairfast Addity to walk severely limited or non- existent. Cannot bear own weight and / or must be assisted into chair or wheelchair   | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair   | Walks outside roo<br>twice a day and in<br>at least once every   | m at least<br>side room<br>two hours   | 2  | 2  | 2_   |
| 1. Completely Immobile     Does not make even slight changes in body or extremity position without assistance   | 2 Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently  |  |  |  | 2  | 2  | 2  |
| 1. Very Poor Never eats a complete meal. Rarely eate more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2 Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement  | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary 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   | Never refuses Usually eats a tot more servings of diary products. Oc eats between me   | a meal.<br>al of 4 or<br>meat and<br>casionally<br>als. Does   | 2  | 2  | 2  |
| 1. Problem     Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently   | 2-Potential Problem  Moves feebly or requires minimum assistance, During a move skin probably slides to some extent against sheets.  | strength to lift up completely during move. A  |  |  | 2  | 2  | 2  |
| slides down in bed or chair, requiring frequent re-positioning with maximum   | chair, restraints or other devices.<br>Maintains relatively good position in chair   | s.  <br>ir   | TOTAL  | SCORE  | 15   | Lr   | 15   |
| assistance. Spasticity, contractures or agitation leads to almost constant friction   | or bed most of the time but occasionally slides down   |  | Initial & I  | Emp. No.<br>ff Nurse:  | South  | A.   | Ste  |
| e Internretation: Minimal Bisk: 23 - 10:-At Bisk i  | Mild Disk: 19 - 15: Moderate Bisk: 14 - 13: k  | High Rick: 12 - 10: Severe Rick: 9 - 6   | Initial &  | Emp. No.   | <i>V</i>   | 8.   | Nes  |
|   | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body  1. Constantly Molst Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned  1. Bedfast Confined to bed  1. Completely Immobile Does not make even slight changes in body or extremity position without assistance  1. Very Poor Never eats a complete meal. Rarely eatermore 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  1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body  1. Constantly Molst Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned  1. Bedfast Confined to bed  1. Completely Immobile Does not make even slight changes in body or extremity position without assistance  1. Completely Immobile Does not make even slight changes in body or extremity position without assistance  1. Very Poor Never eats a complete meal. Rarely eate 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  1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction  2. Very Limited Hesponds 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 except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body  2. Very Moist Skin is often, but not always moist. Linem must be changed at least once a shift  2. Very Moist  3. Kin is often, but not always moist. Linem must be changed at least once a shift  4. Mility to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair  4. Makes occasional slight changes in body or extremity position but unable to make frequent to r significant changes in body or extremity position but unable to make frequent a or dispression of the must be assisted into chair or d | 1. Completely Limited Urresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consociousness or seadation Or flimited ability to feel pain over most of body Ilmited ability to feel pain over most of body 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned 1. Bedfast Confined to bed  2. Chairfast Confined to bed  2. Chairfast Confined to bed  2. Chairfast Confined to bed  3. Walks Occasionally Moist Skin is often, but not always moist. Linerry existent. Cannot bear own weight and /or must be assisted into chair or wheelchair or stemathy position without assistance or extremity position without assistance or water than any food offered. Eate 2 servings of any food offered. Eate 2 servings of a serving of protein/meat or dairy products) per day. Takes fluids poorly. Does not take a fluid poorly. Does not take a fluid poorly. Does not take a fluid poorly. Does not take a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a more than any food offered. Eate 2 servings of day. Takes fluids poorly. Does not lake a fluid poorly. Does not lake a fluid be deviced by the food offered. Protein intake includes only 3 servings of protein (meat, diary or water of any food offered. Protein fluids includid cliently supplement of lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorly. Does not lake a fluid poorl | 1. Completely Limited Unresponsive (does not moan, flinch, or grass) to painful stimult, cannot grass) to painful stimult, to to diminished level of consclousness or sedation on fimited ability to feel pain over most of body  1. Constantify Mole.  1. Constantify Mole.  1. Constantify Mole Statistics of the pain over most of body or restricts on the part of the pain of the pain or discomfort or 1/2 or body  1. Constantify Mole Statistics of the pain of the pain or discomfort or 1/2 or body  1. Constantify Mole Statistics of the pain or gravity of the pain or discomfort or 1/2 or body  1. Constantify Mole Statistics of the pain or discomfort or 1/2 or body  1. Constantify Mole Statistics or the pain or discomfort or 1/2 or body perspiration, urine etc. Dampness is detected every time patient is moved or turned  1. Bedfast Confined to bed  2. Constantify Mole Statistics or the pain or discomfort or 1/2 or body or extremity position without assistance or every time to the pain or discomfort or 1/2 or body or extremity position without assistance or every time patient is moved or turned  1. Completely Immobile  Does not make even slight changes in body or extremity position without assistance or extremity position without assistance or extremity position but unable to make frequent or significant changes in body or extremity position independently nor extremity position independently nor extremity position independently or extremity position independently or extremity position independently or extremity position independently or extremity position independently or extremity position independently or extremity position independently or extremity position independently or extremity position independently or extremity position independently or extremity position independently or extremity position independently and the pain position of the independently and the position of the independent or the position in extremity position in chair or other devices, and position in chair or other devices or position in extremit fict | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, toel to diminished level of consciousness or sedation OR flimited ebility to feel pain over most of body Initiated ebility to feel pain over most of body 1. Constantly Molat Sikin is kept moist almost constantly by perspiration, urine etc, Dampness is detected every time patient is moved or turned 1. Bedfast Confined to bed 2. Cypt Imited 2. Cypt Imited 2. Very Moist Sikin is deten, but not always communicate discomfort and aways communicate discomfort or the need to be turned OR had some sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body to feel pai | 1. Completely Limited Unresponsive (does not moan, filinch, dragsoft positive feel pain over most of body Intelligent of consciousness or sedation On the most of the pain or discomfort except by moaning or restlessness ORI has a strike ability to feel pain over most of body I. Constantly Molst Skin is kept moist almost constantly by perspiration, unfine etc. Dampness is detected every time patient is moved or unred  1. Bedfast Confined to bed  2. Cigilfrast Confined to bed  2. Cigilfrast Confined to bed  3. Walks Occasionally moist, requiring a move selected and or externity position without assistance or externity position without assistance or dary products per day, Takes fluids poorly. Does not take a liquid clietary supplement ORIs NPO and for maintained on clear liquids or over feel and or older liquid sort or lord and selection of the confined to bed or chair, requiring a moving. Complete litting without sides occasionally will take a diletary significant or lord requiring against sheets is impossible. Frequently sides down in bed or or hardened to making against sheets is impossible. Frequently sides down in load or or chair position in without assistance. Spasticity, contractures or apidation leads to aimost constantly by sides down in load or or hardened and pensitive or proposition in the maximum assistance. Spasticity, contractures or apidation leads to aimost constant friction  1. Problem  Requires moderate to maximum assistance. Spasticity, contractures or apidation leads to aimost constant friction  1. Completely Immobile  2. Probably Inadequate  2. Probably Inadequate  3. Adequate  Eats over half commands, but first a communicate discommon for the nead to be turned OR had some intervals and the ability to feel provide or discomfort or the nead of the proposition without assistance. Spasticity is producted to maximum assistance in the proposition of the products of the providence of the providence of the proposition of the products of the providence of the providence of the providence of the provi | 1. Completely Limited Unresponsive (does not moan, filinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR filing to the communicate discomfort except by maning or restlessness OR has a some property of the level of consciousness or sedation OR filing to the communicate discomfort except by maning or restlessness OR has a some property of the level of consciousness or sedation OR filing to the communicate discomfort except by maning or restlessness OR has a some property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some because the property of the need to be turned OR had some the property of the need to be turned OR had some the property of the need to be turned OR had some the severely limited or non-water turned to the property of the property in the property of the property in the property of the property in the property of the need to be turned OR had some the property of the property of the property of the property of the property in the property of the property of the property of the property in the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prop |





Patien Mr.RAMESH S

Name: 56/Malc/MHI202481637

UHID: 10/01/2024/IPH2024000086

DOB: DOA: Dr.RAJESH.V

Consu





Every heart beat counts

| •  |  |  |  | Date:  | 13 | •          |    |
|--|--|--|--|--|----|------------|----|
|  | BRADEN S   | CALE FOR PREDICTION  | NG PRESSURE INJUR  | Y RISK Time:   |    | £          | A) |
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body   | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body             | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities  | 4 No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort  |    | 9          | 4  |
| MOISTURE<br>degree to which<br>skin is exposed<br>to moisture                      | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned  | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift   | Skin is occasionally moist, requiring an extra linen change approximately once a day   | 4. Rarely Moist<br>Skin is usually dry, linen only<br>requires changing at routine<br>intervals  |    | M          | نه |
| ACTIVITY degree of physical activity   | 1. Bedfast<br>Confined to bed  | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair   | 3-Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair  | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours  |    | 3          | ٢  |
| MOBILITY ability to change and control body position                               | Completely Immobile     Does not make even slight changes in body or extremity position without assistance   | 2. Very Limited  Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently  | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently  | 4. No Limitation Makes major and frequent changes in position without assistance   |    | 3          | 7  |
| NUTRITION<br>usual food<br>intake pattern  | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation |    | 3          | ر  |
| FRICTION<br>& SHEAR  | 1.Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring  | 2. Potential Problem  Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices.   |  |  |    | 3          | 3  |
|  | frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction   | Maintains relatively good position in chair or bed most of the time but occasionally slides down   |  | Initial & Emp. No.<br>of Staff Nurse:  |    | ous<br>ous |    |
| Score  | Interpretation: Minimal Risk: 23 - 19; At Risk (   | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I  | High Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp. No. of Sr. Staff Nurse:   |    | المعرا     | W, |





Patie Mr.kamESH S

Name 56/Male/MHI202481637

UHID: 10/01/2024/IPH2024000086

DOB: Dr.RAJESH.V

DOA: Consu



Every heart beat counts

Date:

|   | DRADEN 3  | CALE FOR PREDICTI  | NG PRESSURE INJUR  | Time:  | M   | ۴. | W   |
|---|---|--|--|--|-----|----|-----|
| SENSORY<br>PERCEPTION<br>ability to respond<br>meaning-fully to<br>pressure-related<br>discomfort | 1. Completely Limited     Unresponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body  | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body             | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities  | A-No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort  | 4   | 4  | 4   |
| MOISTURE<br>degree to which<br>skin is exposed<br>to moisture                                     | 1. Constantly Molst Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned   | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift   | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day   | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals   | _3  | 3  | 3   |
| ACTIVITY<br>degree of<br>physical activity  | 1. Bedfast Confined to bed  | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair   | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair   | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours  | 1 2 | 3  | >   |
| MOBILITY<br>ability to change<br>and control body<br>position                                     | Completely Immobile     Does not make even slight changes in body or extremity position without assistance  | 2. Very Limited  Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently  | 2. Slight Limited  Makes frequent through slight changes in body or extremity position independently   | 4. No Limitation Makes major and frequent changes in position without assistance   |     | 3  | >   |
| NUTRITION<br>usual food<br>intake pattern   | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation |     | 3  | 7   |
| FRICTION  | Problem     Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently  | 2. Potential Problem  Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,   | 3. No Apparent Problem Moves in bed and in chair independently strength to lift up completely during move. No or chair   |  | 3   | 3  | 3   |
| & SHEAR   | slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction   | chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down   |  | TOTAL SCORE Initial & Emp. No. of Staff Nurse:   | 19  | 19 | 19  |
| Score   | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I  | High Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp. No. of Sr. Staff Nurse:   | 05  | 00 | 100 |

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK





Patient Mr.RAMESH S
Name: 56/Male/MHJ202481637
UHJD: 10/01/2024/IPH2024000086

DOA: Dr.RAJESH.V

Consu





Every heart beat counts

Date: 1 5

|  | BRADEN S  | CALE FOR PREDICTION  | <u>NG PRESSURE INJUR</u>   | Y RISK Time:  | M   | 巨  | 7        |  |  |
|--|---|--|--|---|-----|----|----------|--|--|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited     Unresponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body  | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body             | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities  | commands. Has no sensory  | 4   | 7  | 141      |  |  |
| MOISTURE<br>degree to which<br>skin is exposed<br>to moisture                      | 1. Constantly Molst Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned   | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift   | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day   | 4 Parely Moist Skin is usually dry, linen only requires changing at routine intervals |     | 14 | 4        |  |  |
| ACTIVITY<br>degree of<br>physical activity   | 1. Bedfast<br>Confined to bed   | 2. Chairfast Ability to walk severely limited or non- existent. Cannot bear own weight and / or must be assisted into chair or wheelchair  | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair   | twice a day and inside room   | ١.  | if | 4        |  |  |
| MOBILITY ability to change and control body position                               | Completely Immobile     Does not make even slight changes in body or extremity position without assistance  | 2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently   | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently  | A-No Limitation  Makes major and frequent changes in position without assistance      |     | H  | 4        |  |  |
| NUTRITION<br>usual food<br>intake pattern  | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary 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 |   | '   | H  | 4        |  |  |
| FRICTION   | 1. Problem     Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently   | 2. Potential Problem  Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,   | A: No Apparent Problem  Moves in bed and in chair independentl strength to lift up completely during move. Nor chair   | y and has sufficient muscle<br>Maintains good position in bed                         | 3   | 3  | 3        |  |  |
| & SHEAR  | slides down in bed or chair, requiring<br>frequent re-positioning with maximum<br>assistance. Spasticity, contractures or   | chair, restraints or other devices.  Maintains relatively good position in chair or bed most of the time but occasionally  |  | TOTAL SCORE   | 1 - | 27 | 2}<br>/} |  |  |
|  | agitation leads to almost constant friction   | slides down  |  | Initial & Emp. No.<br>of Staff Nurse:   |     | m  | 257      |  |  |
| Score  | Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6  Initial & Emp. No. of Sr. Staff Nurse:   |  |  |   |     |    |          |  |  |

DRADEN COALE FOR DEEDLOTING DEECCURE IN HIDV DICK





56/Malc/MHI202481637 10/01/2024/JPH2024000086

Dr.RAJESH.V





Every heart beat counts (A Unit of United Alliance Healthcare Pvt Ltd) Date: 16 BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK Time: SENSORY 1. Completely Limited 2. Very Limited 3. Slightly Limited 4. No impairment PERCEPTION Responds to verbal Unresponsive (does not moan, flinch,or Responds only to painful stimuli, Cannot Responds to verbal commands, but I grasp) to painful stimuli, due to diminished ability to respond communicate discomfort except by cannot always communicate discomfort commands. Has no sensory 4 meaning-fully to level of consciousness or sedation OR moaning or restlessness OR has a or the need to be turned OR had some deficit which would limit ability to feel or voice pain or pressure-related limited ability to feel pain over most of body sensory impairment which limits the ability sensory impairment which limits ability to discomfort to feel pain or discomfort over 1/2 of body feel pain or discomfort in 1 or 2 extremities discomfort 1. Constantly Moist 2. Very Moist 3. Occasionally Moist 4. Rarely Moist MOISTURE Skin is usually dry, linen only Skin is kept moist almost constantly by Skin is often, but not always moist. Linen Skin is occasionally moist, requiring an degree to which 4 perspiration, urine etc. Dampness is must be changed at least once a shift extra linen change approximately once a requires changing at routine skin is exposed detected every time patient is moved or intervals to moisture turned 1. Bedfast 2. Chairfast 3. Walks Occasionally 4. Walks Frequently Confined to bed ACTIVITY Ability to walk severely limited or non-Walks occasionally during day, but for very Walks outside room at least degree of existent. Cannot bear own weight and / or short distances, with or without twice a day and inside room 29 physical activity must be assisted into chair or wheelchair assistance. Spends majority of each shift at least once every two hours in bed or chair during waking hours 1. Completely immobile 2. Very Limited 3. Slight Limited 4. No Limitation MOBILITY Does not make even slight changes in body Makes occasional slight changes in body Makes frequent through slight changes in Makes major and frequent ability to change or extremity position without assistance or extremity position but unable to make body or extremity position independently changes in position without and control body 4 frequent or significant changes assistance U position independently 1. Very Poor 2. Probably Inadequate 3. Adequate 4. Excellent Never eats a complete meal. Rarely eats Rarely eats a complete meal and generally Eats over half of most meals. Eats a total of Eats most of every meal. more than any food offered. Eats 2 servings eats only about 2 of any food offered. Never refuses a meal. 4 servings of protein (meat, diary Usually eats a total of 4 or NUTRITION 4 or less of protein(meat or dairy products) per Protein intake includes only 3 servings of products) per day. Occasionally will refuse usual food day. Takes fluids poorly. Does not take a meat or diary products per day. a meal, but will usually take a supplement more servings of meat and intake pattern liquid dietary supplement OR Is NPO and / or when offered OR is on a tube feeding or Occasionally will take a dietary diary products. Occasionally maintained on clear liquids or IV's for more supplement TPN regimen which probably meets most eats between meals. Does of nutritional needs than 5 days not require supplementation 1. Problem 2. Potential Problem 3. No Apparent Problem B Moves in bed and in chair independently and has sufficient muscle Requires moderate to maximum assistance Moves feebly or requires minimum 3 strength to lift up completely during move. Maintains good position in bed in moving. Complete lifting without sliding assistance. During a move skin probably **FRICTION** against sheets is impossible. Frequently slides to some extent against sheets, or chair & SHEAR slides down in bed or chair, requiring chair, restraints or other devices. TOTAL SCORE frequent re-positioning with maximum Maintains relatively good position in chair assistance. Spasticity, contractures or or bed most of the time but occasionally Initial & Emp. No. agitation leads to almost constant friction slides down of Staff Nurse: Initial & Emp. No. Score Interpretation: Minimal Risk; 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

of Sr. Staff Nurse:





Patient Mr.RAMESH S

Name: UHID:

56/Male/MHI202481637

10/01/2024/IPH2024000086

DOB: DOA:

Dr.RAJESH.V



Every heart beat counts

Date: \

|  | BRADEN S  | CALE FOR PREDICTII   | NG PRESSURE INJUR  | Y RISK Date Time   | <u> </u> |       | 27     |  |  |  |
|--|---|--|--|--|----------|-------|--------|--|--|--|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited     Unresponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body  | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body             | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities  | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort   | 4        | 4     |        |  |  |  |
| MOISTURE<br>degree to which<br>skin is exposed<br>to moisture                      | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned   | 2. Very Molst Skin is often, but not always moist. Linen must be changed at least once a shift   | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day   | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals   |          | 4     |        |  |  |  |
| ACTIVITY<br>degree of<br>physical activity   | 1. Bedfast<br>Confined to bed   | Chairfast     Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair  | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair   | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours  | _        | 4     |        |  |  |  |
| MOBILITY ability to change and control body position                               | Completely Immobile     Does not make even slight changes in body or extremity position without assistance  | 2. Very Limited  Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently  | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently  | No Limitation     Makes major and frequent changes in position without assistance  |          | 4)    |        |  |  |  |
| NUTRITION<br>usual food<br>intake pattern  | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation | 4        | 4     |        |  |  |  |
| FRICTION<br>& SHEAR  |   |  |  |  |          |       |        |  |  |  |
| Score  | Interpretation: Minimal Risk: 23 - 19; At Risk /  | Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I  | digh Risk: 12 - 10; Severe Risk: 9 - 6   | Initial & Emp. No. of Sr. Staff Nurse:   | (C)      | TO CO | }<br>} |  |  |  |



**PAIN RE-ASSESSMENT & MONITORING CHART** 



Patient Botton

56/Malc/MHI202481637

10/01/2024/IPH2024000086

DOA Dr.RAJESH.V

MHI/NUR/2022/052



Every heart beat counts

| Date &  | Pain<br>Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting,<br>burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |
|---------|---------------|--|----------|-----------------|---------------|-----------------------------|---------------------------------------|
| 13.00   | 0/w           | No pair  |          | _               |               | 827                         | 05                                    |
| g.00    | e Cao         | No pain  |          |                 |               | (R)                         | (No.)                                 |
| المحلكة | elo           | plo poin   | . ~      | 1               |               | Jan                         | (No.                                  |
| W1112   | oleo          | No pain  | : -      | •               |               | OPN                         | (D)                                   |
| 520     | وراه          | rt pwn   | · ; —    | -               |               | Coln                        | (D)                                   |
| a-62    | 0/0           | no per   | "<br>    |                 |               | Dor.                        | COS X                                 |
|         |               | d.   | . (      | _               |               |                             |                                       |
|         |               | -  |          |                 |               |                             |                                       |
|         |               | 1  | , r      |                 |               |                             |                                       |

| Date &<br>Time | Pain<br>Score                           | (dull, ach | Pain Characte<br>y, sharp, stabbing<br>g, referred / radia | , shooting,  | Duration   | Location / Site  |  |                                      | Interve      | ention   | ıs      | _      |   |         |          | Staff in    | tiai į   | Senior S<br>Initial<br>Emp. I | &           |
|----------------|---|------------|--|--|--|--|--|--------------------------------------|--------------|----------|---------|--------|---|---------|----------|-------------|----------|-------------------------------|-------------|
| •              | •                                       |            |  |  |  |  |  |                                      |              |          |         |        |   |         |          |             |          |                               |             |
|                |   |            |  |  |  |  |  | \                                    |              |          |         | _      | - | -       |          |             |          |                               |             |
|                |   |            |  |  |  | -  |  |                                      |              | _        |         |        |   |         |          | <del></del> |          | •                             | <i>i '</i>  |
|                | 1                                       | ·          |  |  |  |  |  |                                      |              |          | ľ       | ,      |   | -       | ,        | _           |          |                               |             |
|                |   | l          |  |  |  | P  | AIN SCA  | LES                                  |              |          |         |        |   |         | <u>·</u> |             |          |                               | <del></del> |
| (28 weel       | PIPPS<br>ks to <u>&lt;</u> 38           | B weeks)   | 6 or less = M<br>7 - 12 = Mild p<br>>12 = Moder            | pain - Provid  | le comfort me  | easures<br>nocological interven  | tion   | ***                                  |              |          | }       |        |   | 1       | _        | _           | ,        |                               |             |
| (38 we         | CRIES<br>eks - 2 m                      | onths)     |  |  |  | than or = 38 weel  |  |                                      |              |          |         |        |   | core is | > 4,     | _           |          |                               |             |
|                | ACC Sca                                 |            | 0: Relaxed &   | comfortable  |  | iscomfort, 4-6: Mod  | derate discor  | nfort, 7-10: Seve                    | re discom    | fort / p | ain / b | oth    |   |         |          |             |          |                               |             |
| Pain           | -Baker F/<br>Rating S<br>ars - 12 y     | cale       | O<br>No<br>Hurt  | 2 Hurts Little Bit   | 4 Hurts Little More  | 6<br>Hurts<br>Even More  | 8<br>Hurts<br>Whole Lot  | 10<br>Hurts<br>Worst                 | None         | umer     | ical F  | lating | 4 | e (age  | 6<br>•   | re thar     | 12 )<br> | 9 1                           | 0           |
| Observa        | ical care I<br>ation Tool<br>ator / com | (CPOT)     | BODY MOVER<br>COMPLIANCE<br>VOCALIZATION<br>MUSCLE TEN     | MENTS: 0 - /<br>E WITH VEN<br>DN (non-intu<br>ISION: 0 - R | Absence of m<br>NTILATION (li<br>Libated patier<br>telaxed, 1 - Te | eutral, 1 - Tense, 2 -<br>novements or norma<br>ntubated patients):<br>nts): 0 - Talking on r<br>nse, Rigid, 2 - Very<br>loderate Pain; 5 - 8: | Il position, 1 -<br>0 - Tolerating<br>normal tone of<br>Tense, Rigid | Ventilator or Mov                    | ement, 1     | - Cougi  | hing bu |        |   |         | ing ve   | ntilator (  |          |                               |             |
|                | harmacol<br>terventio                   |            | Cutaneous St<br>Thermal Ther                               | i <mark>mulation a</mark><br>apies (no lo                  | nd massage:<br>nger than 15  | environment; B - TV;<br>E - Positioning; F -<br>to 20 minutes): G - Uulation (TENS): J - I   | Rubbing / Ma<br>Cold applicati                                       | ssage the skin<br>on; H - Hot applic | ation; I - S | hortwa   |         |        |   |         |          |             |          |                               |             |

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56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V



MHI/NUR/2022/052



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# PAIN RE-ASSESSMENT & MONITORING CHART

| Date &<br>Time | Pain<br>Score    | Pain Character<br>(dull, achy, sharp, stabbing, shooting,<br>burning, referred / radiant pain) | Duration      | Location / Site | Interventions .  | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |
|----------------|------------------|--|---------------|-----------------|--|-----------------------------|---------------------------------------|
| 1/1/24         | 1/10             | dall pain  | < 10<br>Olac  | Stevneom        | · Man phanna colonical management done                               | Sans                        | dos                                   |
| 16.30          | Y10              | dall-pain  | 10-15.        | Moliastrava     | confortable position given.  | Of THA                      | D0084                                 |
| 18.30          | 2/10             | u  | ZIF Our       | Of tarneon      | '  | GOW!                        | (100 £1)                              |
| 20.30          | 2/10             |  | ro-li-        | •               | thermacological humanit day.  How pharmacological intervention  done |                             | . Dorth                               |
| 22.30          | 0/10             | <u> </u>   |               |                 | patrent sleeping   | det                         | Doca                                  |
| Do.20          | υ/ <sub>(0</sub> |  | ,             | <u></u>         | patient steeping compagners  | Lug                         | 8 08A                                 |
| 01-30          | d'0,             |  | _             | /               | patient fleeping comfortable   | 0232                        | A GOM                                 |
| જપ-૧૦          | %                |  |               |                 | patient sleeping compartuble   | dy                          | Stocka                                |
| 0 p-30         | 1/10             | abell pain   | <b>C-1016</b> | stermum         | pharma cological intervention alone                                  | Duto 2,                     | 1 00 th                               |

| Date & Time | Pain<br>Score                          | (dull, achy | rain Character<br>sharp, stabbing, shooting,<br>s, referred / radiant pain)         | Duration   | Location / Site  | Interventions  | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |
|-------------|--|-------------|---|--|--|--|-----------------------------|---------------------------------------|
| 88,30       | 2f10.                                  | Ad          | hy pain   | 10-15/22   | Steinen  | Non phaemacological<br>interention given.  | (Sul)                       | Mosea                                 |
| lo:30       | 1/10                                   | Du          | ll pain   | Leo ree  | Steenen  | > Non-phainacological  | 811                         | Dock 4                                |
| 12.130      | 1/10                                   | Dul         | d pain.   | Lo re  | blowning   | intenention gruen  | 84                          | Olooka.                               |
| 12/1/24     | 1/10                                   | d           | ell fain  | < 10<br>See  | Offermen.  | phornocological management dono.   | OBUP<br>OBUP<br>OBOP4       | DookA                                 |
|             |  |             |   |  | P/   | AIN SCALES   | <del></del>                 |                                       |
| (28 week    | PIPPS<br>ss to <u>&lt;</u> 38          | weeks)      | 6 or less = Minimal to no<br>7 - 12 = Mild pain - Provid<br>>12 = Moderate to sever | de comfort me  |  | on   |                             | •                                     |
| (38 we      | CRIES<br>eks - 2 ma                    | onths)      |   |  |  | s of gestation. A maximal score of 10 is possible, if the CRIES score is $> 4$ , gesic administration is indicated for a score of 6 or higher.   | ,                           | 7 5                                   |
|             | ACC Scal                               |             | 0: Relaxed & comfortable  | e, 1-3: Mild d   | Iscomfort, 4-6: Mode   | erate discomfort, 7-10: Severe discomfort / pain / both  |                             | . ,                                   |
| Pain        | -Baker FA<br>Rating So<br>ars - 12 ye  | ale         | O 2 No Hurts Little Bit   | 4 Hurts Little More  | 6 Hurts Even Moro  | Numerical Rating Scale (age media)  8 10 Hurts Whole Lot Worst  None  Numerical Rating Scale (age media)  0 1 2 3 4 5 6  Moderate  | ore than 12 7 8             | 9 10                                  |
| Observa     | cal care P<br>ition Tool<br>itor / com | (CPOT)      | COMPLIANCE WITH VE  | Absence of m<br>NTILATION (III<br>ubated patier<br>Relaxed, 1 - Te | novements or normal<br>ntubated patients): (<br>nts): 0 - Talking on no<br>nse, Rigid, 2 - Very Ta | position, 1 - Protection, 2 - Restlessness / Agitation<br>) - Tolerating Ventilator or Movement , 1 - Coughing but tolerating, 2 - Fighting v<br>Irmal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing<br>Parse, Rigid | ventilator (or)             |                                       |
|             | harmacok<br>tervention                 |             | Cutaneous Stimulation a<br>Thermal Theraples (no lo                                 | ind massage:<br>inger than 15                                      | E - Positioning; F - R<br>to 20 minutes): G - C  | - Music; D - Physical and mental exercisers ubbing / Massage the skin old application; H - Hot application; I - Shortwave diathermy terferntial therapy   Psycho-social therapy/counselling: K - Individual Couns                      | eling; L - Family           |                                       |
| Pharmac     | ological li                            | nterventio  | ns as per doctor's prescrip   | tion   |  |  |                             |                                       |





56/Malc/MHI202481637 10/01/2024/teh202400086

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## PAIN RE-ASSESSMENT & MONITORING CHART

| Date &<br>Time | Pain<br>Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting,<br>burning, referred / radiant pain) | Duration     | Location / Site | Interventions                              | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |
|----------------|---------------|--|--------------|-----------------|--|-----------------------------|---------------------------------------|
| 16.30          | 1/10          | dull-poén  | <15<br>Oak   | Modrash'mum     | Non phormacological management down.       | Garas<br>OCA                | Dot                                   |
| 18.30          | 1/10          | Ĵ  | 10-15<br>Qac | O Forne a       |  | Arub St                     | go A                                  |
| 20.30          | //(           | <b>∦</b>   | 5-10<br>8ec  | Stormum         | pharmacological intervention done          | Lite                        | 0 00 AA                               |
| 21.30          | ١/رق          | dull pain  | Ç-10<br>8ec  | steamy          | ulon phasma cological intervention alone   | My                          | 160%A                                 |
| 06.30          | 9,0           |  | _            |                 | Lothernt sprating comparporper             | th                          | A Proof                               |
| D Q · 30       | ofio          | ,  |              |                 | patient stuping compailer,                 | Hou                         | & Association of the second           |
| 04· <i>S</i> c | 0/0           |  | _            |                 | patient sleeping compartesty               | dute                        | Josh                                  |
| 06%            | 1/10          | dull pain  | Tec          | Sternum,        | Lon phus ma cological mites von hien den   | det                         | 8 page                                |
| G. 25          | Ylo           | Actly perin  | Llosec       | . Otesnum       | Non phoesmace degicel<br>intercention your | Dug                         | Sloota                                |

| Date &<br>Time | Pain<br>Score   | (dull, achy, | sharp, s       | aracter<br>tabbing, shooting,<br>I / radiant pain)              | Duration                      | Location / Site                                    | Interventions   | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |  |  |
|----------------|---|--------------|----------------|---|-------------------------------|--|---|-----------------------------|---------------------------------------|--|--|
|                | 10.30   | D            | ul p           | cien  | 10000c                        | Gternum  | Non pharmounal ogien  | Dosa                        | Nas-                                  |  |  |
| 14.00          | 78  | d            | ш\             | parn  | 9f6                           | Normum   | pharmorpgical Intervention  | Sub                         | Nac                                   |  |  |
| (A)            | 58  | d            | eul            | pain  | orgo<br>Offo                  | Yorn   | Non-planudogical<br>Internation   | Lyb                         | (B) (4)                               |  |  |
| 22.00          | 1/10  |              | Dell           | pain  | on s                          | Sugral   | Hon - phase valegical<br>Intervention   | 5.9;                        | 0%                                    |  |  |
|                |   |              |                |   |                               | PA   | AIN SCALES  | 1                           | , ,                                   |  |  |
| (28 week       | PIPPS<br>(8 to <u>&lt;</u> 36   | weeks)       | 7 - 12         | ss = Minimal to no<br>= Mild pain - Provid<br>Moderate to seven | le comfort me                 | easures<br>nocological intervention                | on  |                             |                                       |  |  |
| (38 we         | CRIES<br>eks - 2 m  | onths)       |                |   |                               |  | of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, jesic administration is indicated for a score of 6 or higher.   |                             |                                       |  |  |
|                | ACC Sca<br>nths - 7 y   |              | 0: Rela        | exed & comfortable  | e, 1-3: Mild d                | Iscomfort, 4-6: Mode                               | erate discomfort, 7-10: Severe discomfort / pain / both   |                             | ١                                     |  |  |
| Paln           | -Baker F <i>i</i><br>Rating S<br>ars - 12 ye  | cale         | E8 0 (8)       | 2<br>Hurts  | (©)  4  Hurts Little More     | 6 Hurts Even More                                  | Numerical Rating Scale (age media)  8 10 Hurts Whole Lot Worst  None  Numerical Rating Scale (age media)  10  1 2 3 4 5 6  10  Mild Moderate  | 7 8                         | years) 9 10                           |  |  |
| Observa        | Critical care Pain  Critical care Pain  Computation Tool (CPOT) (ventilator / comatose)  FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation  COMPLIANCE WITH VENTILATION (intubated patients): 0 - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator (or)  VOCALIZATION (non-Intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing  MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid  TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain |              |                |   |                               |  |   |                             |                                       |  |  |
| Non-pi         | harmacol<br>tervention  | ogical<br>18 | Cutan<br>Therm | eous Stimulation a<br>al Therapies (no lo                       | ind massage:<br>onger than 15 | : E - Positioning; F - R<br>to 20 minutes): G - Co | - Music; D - Physical and mental exercisers<br>ubbing / Massage the skin<br>old application; H - Hot application; I - Shortwave diathermy<br>terferntial therapy   <b>Psycho-social therapy/counselling:</b> K - Individual Couns | eling; L - Family           | / counseling                          |  |  |
| Pharmac        | ological I  | ntervention  | ıs as pei      | doctor's prescrip   | tion                          |  |   |                             |                                       |  |  |





Pati Mr.RAMESH S

Nam 56/Male/MHI202481637

UHIL 10/01/2024/IPH2024000086

DOB: Dr.RAJESH.V

DOA: THE THE PROPERTY OF THE P

MHI/NUR/2022/052



Every heart beat counts

# PAIN RE-ASSESSMENT & MONITORING CHART

| Date &<br>Time   | Pain<br>Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting,<br>burning, referred / radiant pain) | Duration | Location / Site | Interventions                      | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |
|------------------|---------------|--|----------|-----------------|------------------------------------|-----------------------------|---------------------------------------|
| 14/1/24/<br>2000 | <b>C</b>      | NEO NEO  |          | P+ 5            | Loep well                          |                             |                                       |
| 6,00             | D/lo          | 40 pain  |          |                 |                                    | 59                          | 0005                                  |
| 10, ap           | %             | dual parn  | on &     | Largeral        | phonomeological Intermention given | Lus                         | Q25                                   |
| (hpo             | €w            | no prin  | _        | -               | <u> </u>                           | POIN                        | B65                                   |
| 18:20            | elω           | 10 pain  | _        | <del></del>     |                                    | Solh!                       | (Des                                  |
| 22.00            | 0/10          | No pair  |          |                 |                                    | 2715                        | (Dip                                  |
| 15/1/21<br>2-00  | 0/10          | No pein  | _        |                 |                                    | 2352                        | (D)                                   |
| 600              | 5/10          | No para  |          |                 |                                    | 9                           | (D)                                   |
| 10,00            | 0/10          | No pair  |          | _               |                                    | DC<br>5807                  | (D)                                   |

| Date &<br>Time | Pain<br>Score                         | (dull, achy | Pain Charac<br>, sharp, stabb<br>, referred / rac | ing, shooting,  | Duration   | Location / Site                            | ,  | Interventi        | ons         |         | <u>.</u> |          |                    | f Initial<br>np. No. | In        | ior Staff<br>Itial &<br>Ip. No. |
|----------------|---------------------------------------|-------------|---|---|--|--|--|-------------------|-------------|---------|----------|----------|--------------------|----------------------|-----------|---------------------------------|
| 14,500         | opo                                   | /           | oo pu   | Ĵη  | _  | 1  | _  |                   |             |         |          |          | Œ                  | DIN C                | Ø,        |                                 |
| 18:0           | 9/2                                   |             | No P  | eign .  | 1  | -  |  |                   |             |         |          |          | ٥                  | W<br>AHI             | C         | 9/5                             |
| 22.00          |                                       | 2           | e b   | ۶,<br>>   | j i  | •  |  |                   |             |         |          |          |                    | 2133                 |           | <b>8</b> 65                     |
| 16/1/24        | 99                                    |             | h a   | )   | ļ  | 1  |  | ~                 |             |         | •        | ` '      |                    | P                    | . (       | Ψ <sub>ζ</sub> ζ.               |
| 2              |                                       | 100         | 7 -   | ~ \   |  | P.   | AIN SCALES   | ;                 | •           |         |          | ,        |                    | <del>//)</del>       | ,         |                                 |
| (28 week       | PIPPS<br>s to ≤ 38                    | weeks)      | 7 - 12 = Mil                                      | Minimal to no<br>ld pain - Provid<br>lerate to severe             | le comfort me  | asures<br>nocological interven             | tion   |                   |             |         |          |          |                    |                      |           |                                 |
| (38 we         | CRIES<br>eks - 2 ma                   | onths)      |   |   |  |  | s of gestation. A maximal si<br>Igesic administration is indi  |                   |             |         |          | ore is > | <del>&gt;</del> 4, |                      |           | ŧ                               |
|                | ACC Scal                              |             | 0: Relaxed  | & comfortable   | e, 1-3: Mild d   | iscomfort, 4-6: Mod                        | lerate discomfort, 7-10: Seve  | ere discomfort    | / pain / bo | oth     |          |          |                    | -                    |           |                                 |
| Pain           | -Baker FA<br>Rating So<br>ars - 12 ye | cale        | ((%))<br>O No High                                | 2 Hurts Little Bit  | GG<br>GG<br>Hurts Little<br>More                                   | 6<br>Hurts<br>Even More                    | 8 10  Hurts Whole Lot  Worst   | Numi              | érical R    | ating s | 4        | (age     | more t             | 8                    | year<br>9 | s)<br>10                        |
| Observa        | cal care F<br>tion Tool<br>tor / com  | (CPOT)      | BODY MOV<br>COMPLIAN<br>VOCALIZAT<br>MUSCLE T     | /EMENTS: 0 - /<br>ICE WITH VEN<br>FION (non-Intu<br>ENSION: 0 - R | Absence of m<br>NTILATION (in<br>Substed patier<br>lelaxed, 1 - Te | ntubated patlents):                        | I position, 1 - Protection, 2 - R<br>0 - Tolerating Ventilator or Mo<br>ormal tone or no sound, 1 - S<br>l'ense, Rigid                 | vement , 1 - Co   | ughing bu   |         |          |          | ng ventila         | tor (or)             |           |                                 |
|                | narmacolo<br>ervention                |             | Cutaneous<br>Thermal Th                           | Stimulation a<br>eraples (no lo                                   | nd massage:<br>nger than 15  | E - Positioning; F - to 20 minutes): G - 0 | C - Music; D - Physical and m<br>Rubbing / Massage the skin<br>Cold application; H - Hot appli<br>nterferntial therapy   <b>Psycho</b> | cation; I - Short | wave diath  |         | Individ  | ual Cou  | unseling;          | L - Famil            | y coun    | seling                          |
| Pharmac        | ologicai i                            | nterventio  | ıs as per doc                                     | tor's prescript   | tion   |  |  |                   |             |         |          |          |                    |                      |           |                                 |



**PAIN RE-ASSESSMENT & MONITORING CHART** 



Patit Mr. RAMESH S

Nam 56/Malc/MHI202481637

UHII 10/01/2024/1PH2024000086

DOB: Dr.RAJESH.V

DOA: UMBHAMMININ HAMMININ

MHI/NUR/2022/052



very heart beat counts

| Date &<br>Time | Pain<br>Score | Pain Character<br>(dull, achy, sharp, stabbing, shooting,<br>burning, referred / radiant pain) | Duration | Location / Site | Interventions | Staff Initial<br>& Emp. No. | Senior Staff<br>Initial &<br>Emp. No. |
|----------------|---------------|--|----------|-----------------|---------------|-----------------------------|---------------------------------------|
| 6160           | 0/0           | 20 Pm  | -        |                 |               | 2333                        | (D) 5                                 |
| 10-00          | 0/10          | No Paien   | -        |                 | <del></del> - | State                       | (D)                                   |
| 1600           | σ[ω           | No   | _        |                 | ·<br>•-       | Jani<br>on.                 | (1)0° 5                               |
| 18 00          | ماره          | No   |          | 1               | _             | Jani<br>Om.                 | WP os                                 |
| 12-00          | 9)(a          | No Par   |          |                 |               | 273                         | Boss                                  |
| <u> </u>       | 0/10          | No pain  |          |                 |               |                             | (Do                                   |
| 6,00           | :<br>5/10     | No pi  |          |                 |               | (D)                         | (Do)                                  |
| 10-00          | 0/10          | No pain  | -        | _               |               | 2088                        | (1) S                                 |
| 14100          | 0             | No Pain  |          |                 |               | Jen.                        | 005                                   |

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Pati Mr.RAMESH S
Nam 56/Mulc/MHI202481637
UHI 10/01/2024/IPH2024000086
DOI Dr.RAJESH.V
DOJ



## **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

| A55    | ign a score of 1 ii (125) iii parameter nos. 1 to 9,  | <del></del>    | 1184          | •             |               | iii parai     |               | -           |
|--------|---|----------------|---------------|---------------|---------------|---------------|---------------|-------------|
|        | Date  |                | 011           | 1             |               |               |               |             |
|        | Time  | (j) 400        | 7120          |               |               |               |               |             |
| 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              | ව             | 1             |               |               |               |             |
| 3      | Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)   | 0              | Q             |               |               |               |               |             |
| 4      | Collateral (nonvaricose) superficial veins present (Assess for both legs)   | Q              | 0             |               |               |               |               |             |
| 5      | Entire leg swollen (Assess for both legs)   | 0              | 0             |               |               |               |               |             |
| 6      | Localized tenderness along the deep venous system (Assess for both legs)  | 0              | 0             |               |               |               |               |             |
| 7      | Pitting edema, greater in the symptomatic leg (Assess for both legs)  | 0              | 0             |               |               |               |               |             |
| 8      | Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)  | 0              | 0             |               |               |               |               |             |
| 9      | Previously documented DVT (Assess for both legs)  | 0              | 0             |               |               |               |               |             |
| 10     | Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture. | 0              | Q             |               |               |               |               |             |
|        | FINAL SCORE   | D              | 0             | ,             |               |               |               |             |
| Low F  | tisk: -2 to 0   Moderate Risk: 1 to 2   High Risk: 3 to 8   | TOO S          | 100           |               |               |               |               |             |
|        | DVT prophylaxis started   | ☐ Yesn<br>U No | □ Yes<br>□ No | ☐ Yes<br>☐ No | □ Yes<br>□ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐Yes<br>☐No |
|        | Signature & Emp. No. of RN  | PA             | Bar           | ,L            |               |               |               |             |
|        | Signature & Emp. No. of Sr. RN  | (89)           | (VP)          |               |               |               |               |             |
|        |   |                | 75            |               |               |               |               |             |





56/Malc/MH1202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





# **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

| <del>                                     </del> | Date  | 11/1/24       | 12.1.26     | 13.1.24       | le 1/2.       | 15/101        | ridite        | <del>II</del> |
|--|---|---------------|-------------|---------------|---------------|---------------|---------------|---------------|
|  |   | 14.20         | 26.00       | 06.00         |               | 6.00          |               |               |
| S. No.   | PARAMETERS  | 1             |             |               | _             |               |               | -             |
| 1  | Active cancer (on-going treatment or diagnosed within 6 months or palliative care)  | D             | 0           | 0             | 0             | 0             | O             |               |
| 2  | Bedridden recently >3 days or major surgery within four weeks   | 41            | 41          | +1            | +1            | 41            | 0             |               |
| 3  | Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)   | 0             | O           | 0             | 0             | 0             | O             |               |
| 4  | Collateral (nonvaricose) superficial veins present (Assess for both legs)   | ۵_            | 0           | 0             | 0             | 0             | 0             |               |
| 5  | Entire leg swollen (Assess for both legs)   | 0             | 0           | 0             | 0             | 0             | 0             |               |
| 6  | Localized tenderness along the deep venous system (Assess for both legs)  | 0             | O           | ۵             | 0             | 0             | 0             |               |
| 7  | Pitting edema, greater in the symptomatic leg (Assess for both legs)  | 0             | 0           | 0             | 0             | 0             | 0_            |               |
| 8  | Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)  | 0             | 0           | 80            | 0             | 0             | 9             |               |
| 9  | Previously documented DVT (Assess for both legs)  | 0             | 0           | D             | 0             | 0             | O             |               |
| 10   | Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture. | 0             | 0           | .0            | 0             | 0             | 0             |               |
|  | FINAL SCORE   | +(            | +1          | +1            | +1            | +             | 0             | -             |
| Low R  | isk: -2 to 0   Moderate Risk: 1 to 2   High Risk: 3 to 8  | Hod           | Mon         | molD          | mod           | mod           | 105           | )             |
|  | DVT prophylaxis started   | ✓ Yes<br>☐ No | ☐Yes<br>☐No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ✓ Yes<br>☐ No | ☐ Yea<br>☑ Ño | □ Yes<br>□ No |
|  | Signature & Emp. No. of RM  | / // ·V       | W. Coli     | d)            | 5 \$ %        | 593           | 255)          |               |
|  | Signature & Emp. No. of Sr. RN  | A COVA        | A BOOK      | Borr !        | B             | (2)           | W             |               |
|  | <del></del>   | A COLOR       | 1800        | 40            | 35            | 03            | 05            |               |

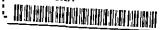




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56/Malc/MHI202481637 10/01/2024/1442024000086

Dr.RAJESH.V



MHI/NUR/2022/046



| Date | 1901                   | 1 100     | }       | ŀ         |        | l        |        | ſ        | l    |
|------|------------------------|-----------|---------|-----------|--------|----------|--------|----------|------|
|      | \vi'                   | Ollso     |         |           |        |          |        |          |      |
| Time | 1460                   | 20/20     |         |           |        |          |        |          |      |
| No   | کور                    | <b>\8</b> | 0       | 0_        | 0      | 0        | 0      | 0        | 0    |
| Yes  | 25                     | 25        | 25      | 25        | 25     | 25       | 25     | 25       | 25   |
| No   | 0                      | 0         | 0       | 0         | 0      | 0        | 0      | 0        | 0    |
| Yes  | 115                    | 18        | 15      | 15        | 15     | 15       | 15     | 15       | 15   |
| No   | 9                      | 0         | 0       | 0         | 0      | 0        | 0      | 0        | 0    |
| Yes  | 20                     | 20        | 20      | 20        | 20     | 20       | 20     | 20       | 20   |
|      |                        | 1         |         |           |        |          | Ĵ      |          |      |
|      | 9                      | 9_        | , 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   |
|      |                        | n         |         |           |        |          |        |          |      |
|      |                        | $\sqcup$  |         |           | 0      |          | 0_     |          | 0    |
|      | 10                     | 10        | 10      | 10        | 10     | 10       | 10     | 10       | 10   |
|      | 20                     | 20        | 20      | 20        | 20     | 20       | 20     | 20       | 20   |
|      |                        |           |         |           |        |          | _      | -        |      |
|      | <b>S</b>               | (a)       | 0       | 0         | 0      | 0        | 0      | 0        | 0    |
|      | 15                     | 15        | 15      | 15        | 15     | 15       | 15     | 15       | 15   |
| No   | 0                      | 0         | 0       | 0         | 0      | 0        | 0      | 0        | 0    |
| Yes  | _                      | 15        | 15      | 15        | 15     | 15       | 15     | 15       | 15   |
|      | 80                     | 30        |         |           |        |          |        |          |      |
|      |                        |           |         |           |        |          |        |          |      |
|      |                        |           | -       |           |        |          |        |          |      |
|      |                        |           |         |           |        |          |        |          |      |
|      | P.AY                   | SEIN!     |         |           |        |          |        |          |      |
|      | (B)                    | (T)/      |         |           |        |          |        |          |      |
|      | 18                     | 24: Low   | Risk; 2 | 5 - 44: N | ledium | Risk; 45 | or abo | ve: High | Risk |
|      | No<br>Yes<br>No<br>Yes | No        | No      | No        | No     | No       | No     | No       | No   |

|  |          |            | 102          | - | <del></del>                                      | _            |  |                |  | <del></del>   |
|--|----------|------------|--------------|---|--|--------------|--|----------------|--|---------------|
| INTERVENTIONS  | Date     | 10//       | 10/1/p       | 1 |  |              | }  |                |  |               |
| Tick as per the Risk Score   | Time     | · 11. c00  | 1/20         |   |  |              |  |                |  |               |
|  | Tillic   | · U        | 30           |   |  | ļ            |  |                |  |               |
| Low Risk Interventions (0 - 24)                                    |          |            |              |   |  |              |  | 4              |  |               |
| Familiarize the patient with the immediate surrounding             |          | <u>V</u> , |              |   |  |              |  |                |  |               |
| Remind the patient to use call bell before getting out             |          |            | ~            |   |  |              |  |                |  |               |
| Keep the two side rails in the raised position at all tir          | nes for  | . /        | ~            |   | 1  | Ì            | }  | Ì              | Ì '  |               |
| all patients regardless of age                                     |          | $\vee$     |              |   | <u> </u>   | ļ            |  |                | ļ  |               |
| Keep the call bell, bedside table, water, glasses with             | hin the  | <i>,</i> . |              |   |  | ŀ            |  |                |  | j<br>I        |
| patient's easy reach   |          |            |              |   | <u> </u>   |              |  |                |  |               |
| Remove excess equipment or furniture to make a                     | a clear  | x 1.       |              |   | ļ  |              |  |                |  |               |
| path   |          |            |              | • | <b></b> -  | ļ            |  | <u> </u>       |  |               |
| Keep the patient's bed in the low position at all times            | except   |            |              | , |  |              |  |                |  |               |
| during procedure   |          |            |              |   | <u> </u>   | -            | ļ  |                |  |               |
| Teach fall-prevention techniques, such as sitting u                | p for a  | . /        |              |   |  |              |  |                |  |               |
| moment before rising from the bed                                  |          | . —        |              |   |  | ļ            |  |                |  |               |
| Bed wheels should be locked  |          | t/         |              |   | <del> </del>                                     | <del> </del> | <del> </del>                                     |                |  |               |
| Encourage family participation in the patient's care               | 001      | -          |              |   | <b>├</b> ─                                       | 1            | <del> </del>                                     |                | <b> </b>   |               |
| Ensure that floor of the bathroom is dry and not slippe            | <u></u>  | /          |              |   | <del> </del>                                     | -            | -  |                |  |               |
| Review medications for potential side effects the<br>promote falls | ai can   | <u> </u>   |              |   |  |              | }  |                |  |               |
| Use safety belts during movement in wheelchair                     |          | . /        |              |   | <del> </del>                                     | <del> </del> | <del>                                     </del> | 1              | <del> </del>                                     | <del></del> - |
| The patients are not ambulated by themselves. They                 | , oro to |            |              |   | <u> </u>   | ļ            | <del>                                     </del> |                | <u> </u>   | <b> </b>      |
| be ambulated only with assistance                                  | y are to | , _        |              |   |  |              | [  | ł              |  |               |
| Medium risk interventions (25 - 44)                                |          |            |              |   |  |              |  |                |  |               |
| Apply all the low risk interventions                               |          | +/         |              |   |  |              |  |                |  |               |
| Tie yellow fall risk tag in the bed and Wheel chair / Str          | etcher   |            |              |   | <del>                                     </del> | <del> </del> |  |                | <del>                                     </del> |               |
| Make sure that proper transfer precautions are ins                 |          |            |              |   | <del></del>                                      |              | <del>                                     </del> |                | <del>                                     </del> |               |
| for heavy or debilitated patients in a bed or wheel or             |          | <b>\</b> / |              |   |  |              |  |                |  |               |
| on a toilet seat   | man or   | <i>-</i>   | _            |   |  | ļ            |  | ļ              |  |               |
| Use restraints and bed monitors as ordered by the do               | octor    |            |              |   |  |              | <del>                                     </del> |                |  |               |
| Allow the patient to ambulate only with assistance                 |          |            |              |   | <u> </u>   | <del> </del> |  | <b>;</b>       |  |               |
| Consider peak effects of the medications that effect               | ts level | /          |              |   |  |              | -  |                |  |               |
| of consciousness, gait and elimination when pla                    |          |            |              |   |  |              |  |                |  |               |
| patient's care   | _        |            |              |   |  |              |  | 1              |  |               |
| Do not leave patients unattended in diagnos                        | stic or  | 1/         |              |   |  |              |  |                | _  |               |
| treatment areas  |          |            |              |   |  |              |  | 1              | ]  |               |
| Accompany the patient while going to bathroom                      |          |            |              |   |  |              |  | ì              |  |               |
| Advice the patient to use grab bars near the toilet, ba            | athtub,  | . /        |              |   |  |              |  |                |  |               |
| and shower   |          |            |              |   |  |              |  |                |  |               |
| Make sure the family and other visitors understa                   | nd the   |            |              |   |  |              |  |                |  |               |
| restrictions mentioned above                                       |          | $\bigvee$  |              |   |  |              |  |                |  |               |
| High-risk interventions (45 or abovc)                              |          |            | ·            | _ | <del> </del>                                     | <u> </u>     |  | <u> </u><br>   |  |               |
| Apply all the low and medium risk interventions                    |          |            |              | _ | <u></u>  |              |  |                | ļ  |               |
| Tie red fall risk tag in the bed, wheel chair and stretch          |          | ļ          |              |   | <u> </u>   |              | ļ  |                |  |               |
| Locate the high-risk patients in a room close to the r             | nurses'  | l          | .            |   |  |              |  |                |  |               |
| station  |          | <b></b>    |              |   | <u> </u>   |              |  | ļ              |  | <u> </u>      |
| Answer these patients call bells as quickly as possible            | le       | <b> </b>   |              |   | <u> </u>   |              |  |                |  | ļ             |
| Provide a commode at bedside (if appropriate)                      |          | ļ          |              | , | <u> </u>   | <b> </b>     | <del>                                     </del> |                |  |               |
| Urinal/bedpan should be within easy reach (if approp               |          | ļ          |              |   | ļ  |              |  |                | ļ  |               |
| Encourage family members or other visitors to stathern             | ay with  |            |              |   |  |              |  |                |  | _             |
| If appropriate, consider using protection devices: belts           | safety   |            |              | 1 |  |              |  |                |  |               |
| Signature & Emp. No. o   | of RN    | (Dest      | DO CHI       |   |  |              |  | -              |  |               |
| Signature & Emp. No. of S  | r. RN    | (Z)        | (A)          |   |  |              |  |                | ì  |               |
|  |          | (V)        | <del>\</del> |   |  |              | I  | <del>' -</del> | L_   |               |
|  |          | 103        | , -0,        |   |  |              |  |                |  |               |



## Medway Hospitals®

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(A Unit of United Alliance Healthcare Pvt Ltd)



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



MHI/NUR/2022/046

| Variables   | Date | 11/1/24 | 11/20   | 10/1      | DA NA       | 12/1    | 135      | 13/1 | 3/1/                  | 13/1     |
|---|------|---------|---------|-----------|-------------|---------|----------|------|-----------------------|----------|
|   | Time | 14.20   | 200     | 21:40     | 13:00       | 20.00   | 8:00     | luig | 2000                  | 2,0      |
| History of falling  | No   | 9       | 0_      | (P)       | \documents  | 0       | _و_      | -07  |                       | -0       |
| (immediate or within 6 months)                                      | Yes  | 25      | 25      | 25        | 25          | 25      | 25       | 25   | 25                    | 25       |
| Secondary diagnosis   | No   | 0       | 0       | 0         | 0           | 0       | 0        | 0    | 0                     | 0        |
| (≥ 2 medical diagnosis)   | Yes  | ,18     | 15      | <b>15</b> | 15          | 15      | 15       | 157  | 15                    | -157     |
| Intravenous Therapy /   | No   | 0       | 0       | 0         | 0           | 0       | 0        | 0    | 0                     | 0        |
| Heparin Lock / Tubes insitu   | Yes  | 38      | 20      | (20)      | 20          | 30      | 20       | 20   | 20                    | 20       |
| AMBULATORY AID  |      |         |         |           |             |         |          | 7    | -<br>                 |          |
| None / Bed Rest / Nurse Assist                                      |      | 0       | ے       | (0)       | 9           | 9       | 0        | و    | 0                     | 7        |
| Crutches / Cane / Walker  |      | 15_     | 15      | 15        | 15          | 15      | 15       | 15⁄  | 15                    | 15       |
| Furniture   |      | 30      | 30      | 30        | 30          | 30      | 30       | 30   | 30                    | 30       |
| GAIT  |      |         | _       |           |             |         |          |      |                       |          |
| Normal / Bed Rest / Wheel Chair                                     |      | ,0      | 0       | (0)       | 0           | 8       | .8       | 107  | .0                    | -8-      |
| Weak  |      | 10      | 10      | 10        | 10          | 10      | 10       | 10   | 10                    | 10       |
| Impaired  |      | 20      | 20      | 20        | 20          | 20      | 20       | 20   | 20                    | 20       |
| MENTAL STATUS   |      |         |         |           |             |         |          |      |                       | <u> </u> |
| Oriented to own stability   |      | 0       | 0       | (O)       | 0           | 0       | 9        | 187  | 0                     | 0        |
| Overestimated or forgets limitations                                |      | 1/5     | 15      | 15'1      | X           | 15      | 15       | 15   | 15                    | 15       |
| MEDICATIONS   |      |         |         |           |             |         |          |      |                       |          |
| Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, | No   | 0       | 0       | 0         | 0           | o       | 0        | 0    | 0                     | 0        |
| immunosuppresent, anticonvulsants,                                  | Yes  | 15      | 15      | (15)      | 15          | 15      | 15       | 15   | 45                    | 15       |
| anti-hypertensives, hypoglycemics and psychotropics                 |      |         |         |           |             |         |          | - /  |                       |          |
| Total Score   |      | 65      | 65      | 50        | 60          | 20      | 50       | 150  | 20                    | 5        |
| Low Risk (0 - 24)   |      |         |         |           |             |         |          |      |                       |          |
| Medium Risk (25 - 44)   |      | X       |         |           |             | ĺ       |          |      |                       |          |
| High Risk (45 or above)   |      |         | ,       |           |             | 7       |          |      | -                     | 7        |
| Signature & Emp. No. of RN  |      | OU ZA   | our.    | Pelk      | CARON       | 2       |          | 7116 | 5. <b>D</b> ;         | 400      |
| Signature & Emp. No. of Sr. RN                                      |      | M ~38   | 8 csa   | Asa B     | RESOR       | ASA B   | 8,000    | 199  | (B)/                  | 9/       |
|   |      | - 0°    | 24: Low | Rick: 2   | <del></del> | /ledium | Diala 45 |      | ا <del>کی کر خب</del> | Diale    |

| INTERVENTIONS  | Date     | 1,[1]24     | עלוליו | च्यान | 12/1/24    | (2.).20    | 13/124 | BlI            | 131.  | ٠ ,   |
|--|----------|-------------|--------|-------|------------|------------|--------|----------------|-------|-------|
| Tick as per the Risk Score                                       | Time     | 14.20       | 20.04  | 041(5 | 13'0       | 70.00      | 3.00   | 100            | 20 EU | 2.    |
| Low Risk Interventions (0 - 24)                                  |          | *           |        |       |            |            |        |                | رط ه  |       |
| Familiarize the patient with the immediate surround              | inas     |             |        |       | /          |            |        |                |       |       |
| Remind the patient to use call bell before getting out           |          |             |        |       |            | <u> </u>   |        |                |       |       |
| Keep the two side rails in the raised position at all ti         |          |             |        |       |            |            |        |                |       |       |
| all patients regardless of age                                   |          |             |        |       |            |            |        |                |       |       |
| Keep the call bell, bedside table, water, glasses wi             | thin the | <u> </u>    |        |       |            |            | -      | /              |       |       |
| patient's easy reach   |          | /           |        |       | /          |            |        |                |       |       |
| Remove excess equipment or furniture to make                     | a clear  |             |        |       |            |            |        | <i>—</i>       |       |       |
| path   |          | /           |        |       | /          |            |        |                |       |       |
| Keep the patient's bed in the low position at all times          | except   |             |        |       |            |            |        |                |       |       |
| during procedure   |          | '           |        |       | ,          |            |        | _              |       |       |
| Teach fall-prevention techniques, such as sitting t              | 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 slipp           | pery     | 1           |        |       |            |            |        |                |       | -     |
| Review medications for potential side effects the                | hat can  |             |        |       | _          |            |        |                |       |       |
| promote falls  |          |             |        |       |            |            |        |                |       |       |
| Use safety belts during movement in wheelchair                   |          |             |        |       |            |            |        |                |       |       |
| The patients are not ambulated by themselves. The                | y are to | <b>∞</b> .  |        |       | ,          |            |        |                | /     | •     |
| be ambulated only with assistance                                |          |             |        |       | /          |            |        | -              |       |       |
| Medium risk interventions (25 - 44)                              |          | <del></del> |        |       |            |            |        | 1/             |       |       |
| Apply all the low risk interventions                             |          |             |        |       | //         |            |        |                |       |       |
| Tie yellow fall risk tag in the bed and Wheel chair / St         |          |             |        |       | /          |            |        |                |       |       |
| Make sure that proper transfer precautions are in                |          | /           |        |       |            |            |        |                |       |       |
| 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 o              | loctor   |             |        |       |            |            |        |                |       |       |
| Allow the patient to ambulate only with assistance               |          | <b> </b> -/ |        |       |            |            |        | <del></del>    | /     |       |
| Consider peak effects of the medications that effect             |          | /           |        |       |            |            |        |                |       |       |
| of consciousness, gait and elimination when p                    | lanning  | ~           |        |       |            |            |        |                |       |       |
| patient's care   |          |             |        |       |            |            |        | <del>  /</del> |       |       |
| Do not leave patients unattended in diagno                       | ostic or | -           |        |       | /          |            |        |                |       |       |
| treatment areas  | _        |             |        |       |            |            |        |                |       |       |
| Accompany the patient while going to bathroom                    |          | 0           |        |       |            | -          |        | $\vdash \neg$  |       |       |
| Advice the patient to use grab bars near the toilet, band shower | oainiub, |             |        |       |            |            |        | ′              |       | ,     |
| Make sure the family and other visitors understa                 | and the  | <b>-</b>    | -      |       | ,          |            |        | <del></del>    | •     | 1/    |
| restrictions mentioned above                                     | and the  |             | !      |       |            |            |        | [              |       |       |
| High-risk interventions (45 or above)                            |          | \           |        |       |            |            |        |                |       | 0     |
| Apply all the low and medium risk interventions                  |          |             |        |       |            |            |        |                |       |       |
| Tie red fall risk tag in the bed, wheel chair and stretch        | her      | <b>-</b>    |        |       |            | <u> </u>   | -      |                |       |       |
| Locate the high-risk patients in a room close to the             |          |             |        |       | -          |            |        |                |       | -     |
| station  | 1101000  |             |        |       | /          |            |        |                |       |       |
| Answer these patients call bells as quickly as possib            | ole      |             |        | NA    |            |            |        |                |       | 7     |
| Provide a commode at bedside (if appropriate)                    |          | No          | uly    | 719   | 1          | War        | N.A.   |                |       | 7     |
| Urinal/bedpan should be within easy reach (if appro              | priate)  | NP          | WH.    | NA    | 10         | War        | WA     | 7              |       |       |
| Encourage family members or other visitors to st                 | -        |             | _      |       | ,          | MA         |        | -/-            | //    |       |
| them   |          | NP          | wa     | NA    | No         |            | NO     |                |       | _ ′   |
| If appropriate, consider using protection devices                | : safety |             |        | , \/  |            |            |        | 1              |       |       |
| belts  |          | <b>L</b> a. | L      | الدير | 28         |            |        |                |       |       |
| . Signature & Emp. No.   | of RN (  | W A         | July . | 4     | New XA     | P          | 2514   | Zub            | 590   | 40x   |
| Signature & Emp. No. of S  | Sr. RN   | 8 1.9       | 2 60   | No e  | R. A       | 1          | 2000   | عويم           | Ž     | ريحر  |
|  |          | 1 M / 9 W   | A / XX | ハルバ   | vs / J./6\ | 1 X/ /3 () | 1 8 16 | 1 1 1 2 2      |       | / N.W |



# ·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 Nam

UHIC Dr.RAJESH.V 



MHI/NUR/2022/046

|  |        |         |           |          | · · · · · · · · · · · · · · · · · · · |         |            |             |          |         |
|--|--------|---------|-----------|----------|---------------------------------------|---------|------------|-------------|----------|---------|
| Variables  | Date   | 1811/20 | 12/1/2    | 15/01    | 10/1/2                                | (4)10   | 16/1/34    | 10 (1)      | 16/1/27  | CF/1/24 |
|  | Time ' | misson  | 2000      | 8,00     | (M)                                   | 20.00   | 8.00       | JU-00       | 30-00    | 8-00    |
| History of falling   | No     | 20      | 8         | رو ا     | 70                                    | ٠.      | 0          | سايہ ا      | 0        | 0_      |
| (immediate or within 6 months)   | Yes    | 25      | 25        | 25       | 25                                    | 25      | 25         | 25          | 25       | 25      |
| Secondary diagnosis  | No     | 0       | 0         | 0        | 0                                     | 9       | 0          | 0           | 0        | 0       |
| (≥ 2 medical diagnosis)  | Yes    | 15      | 15/       | 15       | 7 15                                  | 15      | 15         | <i>‡</i> 5′ | 15       | 115     |
| AMBULATORY AID   |        | _0_     | <u>o</u>  | 0_       | 8                                     | 9       | 9          | -0-         | 0        | 0_      |
| None / Bed Rest / Nurse Assist<br>Crutches / Cane / Walker                             |        | 15      | 15        | 15       | 15                                    | 15      | 15         | 15          | 15       | 15      |
| Furniture  |        | 30      | 30        | 30       | 30                                    | 30      | 30         | 30          | 30       | 30      |
| Intravenous Therapy /  | No     | 0       | 0         | 0        | 0                                     | 0       | 0          | 0           | 0        | 0       |
| Heparin Lock / Tubes Insitu  | Yes    | 126     | 20/       | _20_     | 20                                    | 28      | 20         | 207         | 20       | 20      |
| GAIT   |        | .0      | 0/        | _ و      | 0                                     | 0       | مو         | ہی۔         | 0/       | 0       |
| Normal / Bed Rest / Wheel Chair<br>Weak  |        | 10      | 10        | 10       | 10                                    | 10      | 10         | 10          | 10       | 10      |
| Impaired   |        | 20      | 20        | 20       | 20                                    | 20      | 20         | 20          | 20       | 20      |
| MENTAL STATUS  |        |         |           |          |                                       |         |            |             |          |         |
| Oriented to own stability  |        | -0      | 0         | 0_       | 0                                     | 0       | 49         | -0-         | 0        | · Q     |
| Overestimated or forgets limitations   |        | 15      | 15        | 15       | 15                                    | 15      | 15         | 15          | 15       | 15      |
| MEDICATIONS  |        |         |           |          |                                       | _       |            |             |          |         |
| Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives,                    | No     | 0       | 0         | 0_       | 0                                     | 0       | 0          | 0           | 0        | 0       |
| immunosuppresent, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics | Yes    | 15      | 15        | 115      | 45                                    | 15      | <b>Y</b> 5 | <b>45</b> 7 | 1,5      | 15      |
| Total Score  |        | 50      | 60        | 50       | 50                                    | 50      | 50         | \$          | 50       | 50      |
| Low Risk (0 - 24)  |        |         | 7)        |          |                                       |         |            |             |          |         |
| Medium Risk (25 - 44)  |        | V       |           |          |                                       |         |            |             |          |         |
| High Risk (above 45)   |        |         |           |          | <u> </u>                              |         | V          |             |          |         |
| Signature & Emp. No. of RN   |        | MY KN   | 833       | 7.C      | spolin'                               | (X757)  | 50%        | 7           | 855      | 200     |
| Signature & Emp. No. of Sr. RN   |        | (B)     |           | <b>®</b> | (D)                                   | (De     | TOP _      | (De/        | 000      | De la   |
|  |        | (       | 0 - 24:\L | ow Risk  | ; 25 - 44                             | : Mediu | m Risk;    | Above       | 45: High | ı Risk  |

|  |            | 100  | 11/5          | 77           | 10       | 8.139       |               | 1.0           |             |          |
|--|------------|--|---------------|--------------|----------|-------------|---------------|---------------|-------------|----------|
| INTERVENTIONS  | Date       | 11/16  | 12/1          | 15/0/29      | POIL.    | 12/12       | 16/1/24       | 16/1/24       |             | •        |
| Tick as per the Risk Score   | Time       | 3  | 20,00         | 8.00         | 12/20    | 20,00       | 8.00          | 14.00         |             | _        |
| · · · · · · · · · · · · · · · · · · ·  | 11111C     | 1h/m   | 10            | 8.00         | (817     | 20          | 8.00          | 19 -          | 30.00       |          |
| Low Risk Interventions (0 - 24)  |            |  |               |              | <b>/</b> |             | 1             | <u></u>       |             | •        |
| Familiarize the patient with the immediate surround  |            |  | 4             | _            |          |             |               |               | •           | <u> </u> |
| Remind the patient to use call bell before getting ou  |            |  |               |              | <u> </u> |             | <u>\</u>      |               |             | 9        |
| Keep the two side rails in the raised position at all t  | imes for   |  |               |              |          |             |               |               |             | ~        |
| all patients regardless of age   | *N-1 - AI  | <u> </u>   |               |              |          |             | V             | ,             | •           |          |
| Keep the call bell, bedside table, water, glasses w  | ıtının tne | ~  |               | ·            |          |             | V             | /             |             |          |
| patient's easy reach   | - o olo    |  | /             | ,            | _        |             |               |               |             | V.       |
| Remove excess equipment or furniture to make path  | a clear    |  |               |              |          |             | V             | ~             | /           | _        |
| Keep the patient's bed in the low position at all times  | coveent    |  |               |              |          |             | -             |               |             |          |
| during procedure   | s except   |  |               |              |          |             |               | _             |             | . ^      |
| Teach fall-prevention techniques, such as sitting  | un for a   | <u> </u>   | <del></del>   |              |          |             | <u> </u>      |               |             |          |
| moment before rising from the bed  | up ioi a   |  |               |              |          |             | <b>√</b>      |               |             | ~        |
| Bed wheels should be locked  |            |  |               |              |          |             | ~             |               |             |          |
| Encourage family participation in the patient's care   | -          |  |               |              |          |             | ~             |               | -           | _        |
| Ensure that floor of the bathroom is dry and not slip  | nerv       |  | <b>—</b>      | -            |          |             |               |               |             |          |
| Review medications for potential side effects t  |            | 0  |               |              |          |             | <b>-√</b>     |               |             |          |
| promote falls  | nat oan    |  |               | ا مر ہ       | /        |             |               | _             |             | ~        |
| Use safety belts during movement in wheelchair   |            |  |               |              |          |             |               |               |             |          |
| The patients are not ambulated by themselves. The  | ev are to  |  |               |              |          |             |               |               | -           |          |
| be ambulated only with assistance  | -,···      |  | /             |              |          |             | <b>✓</b>      |               |             | <u>~</u> |
| Medium risk interventions (25 - 44)  | ς,         |  |               |              |          |             |               |               |             |          |
| Apply all the low risk interventions   | <u> </u>   | /  |               |              | /        |             |               | _             | / /         | ~        |
| Tie yellow fall risk tag in the bed and Wheel chair / S  | tretcher   |  |               |              |          |             | V             |               |             |          |
| Make sure that proper transfer precautions are in  |            |  |               |              |          | -           |               |               |             |          |
| for heavy or debilitated patients in a bed or wheel  |            |  |               |              |          |             |               |               | /           |          |
| on a toilet seat   |            |  |               |              |          | _           | ~             | -             |             | ~        |
| Use restraints and bed monitors as ordered by the  | doctor     |  |               |              |          |             | ~             | 7             |             |          |
| Allow the patient to ambulate only with assistance   |            |  | /             |              |          |             |               |               |             | ~        |
| Consider peak effects of the medications that effe   | cts level  | 7  |               |              |          |             |               | -             |             |          |
| of consciousness, gait and elimination when p  | planning   |  |               |              |          |             | ~             |               | //          | ·        |
| patient's care   |            |  |               | ٠.           |          |             |               |               |             |          |
| Do not leave patients unattended in diagno   | ostic or   |  |               | )            |          |             | \ <u></u>     | /             | /           |          |
| treatment areas  |            |  |               |              |          |             |               |               | _           |          |
| Accompany the patient while going to bathroom  |            |  |               |              |          |             |               |               | /           | - V      |
| Advice the patient to use grab bars near the toilet, t   | bathtub,   | 1  |               |              |          |             |               | _             |             |          |
| and shower   |            |  |               | 7            |          |             |               |               |             |          |
| Make sure the family and other visitors underst  | and the    | _  |               |              |          |             | ~             | _             |             | _        |
| restrictions mentioned above   |            |  |               |              | /        |             |               |               |             | V        |
| High-risk interventions (above 45)   |            |  |               | ٠/           |          |             |               |               |             | ~        |
| Apply all the low and medium risk interventions  |            |  |               |              |          |             | <u> </u>      | 1             |             |          |
| Tie red fall risk tag in the bed, wheel chair and stretc   |            |  |               |              |          |             |               | 7             | <b></b> _   | <u>~</u> |
| Locate the high-risk patients in a room close to the   | nurses'    |  |               |              |          |             | ~             | 7             |             |          |
| station  |            |  |               |              | /_       |             |               |               |             |          |
| Answer these patients call bells as quickly as possil  | nie        | /  | /             |              | //       |             | ~             | 7_            | <del></del> |          |
| Provide a commode at bedside (if appropriate)  | oprioto)   | <del>-</del> -                                   | <del>-/</del> |              | /        | <del></del> | ·             |               |             | <u> </u> |
| Urinal/bedpan should be within easy reach (if appro<br>Encourage family members or other visitors to s |            |  | <u> </u>      |              | <u> </u> |             |               |               | $\vdash$    | ~        |
| them   | tay willi  |  | //            |              | /        |             | ~             |               |             | $\sim$   |
| If appropriate, consider using protection devices  | s safety   | <del>                                     </del> |               |              | -        |             | <del></del> - | _             |             |          |
| belts  | . Jaiety   |  |               |              | /        |             |               |               |             | <b>~</b> |
|  | -472       | 1 milan  | (3)           | - 5 -        | المراها  | 8           | Sty.          | مستعوك        | (7/         | AN       |
|  | OI HN      | W/W "  | 1 (365)       | (قدر 12)     | owan     | 753         | 009           |               | 1           | ees      |
| Signature & Emp. No.   |            | F (2 ~ -   |               | <b>⊘</b> ∩≺∵ | V 7 V    |             |               |               | U 'U !_     |          |
| Signature & Emp. No. of  | Sr. RN     | (V)  | (8)           |              | 100      | (D)         | 100°          | $\mathcal{D}$ | CO.         | (DE)     |



## Medway Hospitals

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

Mr.RAMESH S

Palit 56/Male/MHI202481637

Nam: 10/01/2024/19H2024000086

UHID Dr.RAJESH.V

DOB:



|  | Date | 15 7,24      |       |    | _  |    |    | Į. |    |    |
|--|------|--------------|-------|----|----|----|----|----|----|----|
| Variables  | Time | 14.00        | <br>[ |    |    |    |    |    |    |    |
| History of falling   | No   | 0            | 0     | 0  | 0  | 0  | 0  | 0  | 0  | 0  |
| (immediate or within 6 months)   | Yes  | 25           | 25    | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| Secondary diagnosis  | No   | 0            | 0     | 0  | 0  | 0  | 0  | 0  | 0  | 0  |
| (≥ 2 medical diagnosis)  | Yes  | 15           | 15    | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| AMBULATORY AID   |      | سور          | 0     | 0  | 0  | 0  | 0  | 0  | 0  | 0  |
| None / Bed Rest / Nurse Assist<br>Crutches / Cane / Walker                             |      | 15           | 15    | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Furniture  |      | 30           | 30    | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| Intravenous Therapy /  | No   | 0            | 0     | 0  | 0  | 0  | 0  | 0  | 0  | 0  |
| Heparin Lock / Tubes Insitu  | Yes  | 207          | 20    | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| GAIT   |      | .8           | 0     | 0  | 0  | 0  | 0  | 0  | 0  | 0  |
| Normal / Bed Rest / Wheel Chair<br>Weak  |      | 10           | 10    | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| Impaired   |      | 20           | 20    | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| MENTAL STATUS  |      |              |       |    | _  | _  | _  |    |    |    |
| Oriented to own stability Overestimated or forgets limitations                         |      | <b>19</b> -1 | 0     | 0  | 0  | 0  | 0  | 0  | 0  | 0  |
| Overesimated of lorgets inflitations   |      | 15           | 15    | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| MEDICATIONS  |      |              |       |    |    |    |    |    |    |    |
| Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives,                    | No   | 0            | 0     | 0  | 0  | 0  | 0  | 0  | 0  | 0  |
| immunosuppresent, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics | Yes  | -157         | 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   |      | I ar         |       |    |    |    |    |    |    |    |
|  |      |              |       |    |    |    |    |    |    |    |

| INTERVENTIONS   | Date       | 17.124   | - |          |   |  |           |   |  | <i>'</i> |
|---|------------|----------|---|----------|---|--|-----------|---|--|----------|
| Tick as per the Risk Score  | Time       | 14.00    |   | <u> </u> |   |  |           |   | <del> </del>                                     | -        |
|   | , me       |          |   |          |   |  |           |   |  | ·        |
| Low Risk Interventions (0 - 24)  Familiarize the patient with the immediate surround                      | in an      | <u></u>  |   |          |   |  |           |   |  |          |
| Remind the patient to use call bell before getting ou   |            |          |   |          |   | <u> </u>   |           |   | <u> </u>   | -        |
| Keep the two side rails in the raised position at all t   |            |          |   |          | _ |  |           | 1 |  |          |
| all patients regardless of age  |            | 1        |   |          |   | 1  | ]         |   |  |          |
| Keep the call bell, bedside table, water, glasses w   | ithin the  |          |   |          |   |  | ĺ         |   |  |          |
| patient's easy reach  |            | 1        |   |          |   |  |           |   |  | <u> </u> |
| Remove excess equipment or furniture to make  | a clear    | 1        |   | •        |   |  |           |   |  |          |
| path  |            |          |   |          |   | -  |           |   | <u> </u>   |          |
| Keep the patient's bed in the low position at all times during procedure                                  | sexcept    | <i>—</i> |   |          |   |  |           |   |  |          |
| Teach fall-prevention techniques, such as sitting   | un for a   | <b>-</b> |   |          |   | <del>                                       </del> |           |   |  | <u></u>  |
| moment before rising from the bed   |            | 7        |   |          |   |  |           |   |  | ŀ        |
| Bed wheels should be locked   |            | 7        |   |          |   | -  |           |   |  |          |
| Encourage family participation in the patient's care  |            | 1        |   |          |   |  |           |   |  |          |
| Ensure that floor of the bathroom is dry and not slip   |            |          |   |          |   |  |           |   |  |          |
| Review medications for potential side effects the   | hat can    |          |   |          |   |  |           |   |  |          |
| promote falls   |            | ļļ       |   |          |   |  |           |   | _  | <u> </u> |
| Use safety belts during movement in wheelchair  |            | 1        |   |          |   |  |           |   |  | -        |
| The patients are not ambulated by themselves. The be ambulated only with assistance                       | ey are to  | 1        |   |          |   |  |           |   |  | 1        |
| Medium risk interventions (25 - 4.4)  | 73         |          |   | _        |   |  |           |   |  |          |
| Apply all the low risk interventions  |            |          |   |          |   |  |           |   |  | İ        |
| Tie yellow fall risk tag in the bed and Wheel chair / Si  | tretcher   |          |   |          |   |  |           |   |  |          |
| Make sure that proper transfer precautions are in   | stituted   |          |   |          |   |  |           |   |  |          |
| for heavy or debilitated patients in a bed or wheel   | chair or   | 1        |   |          |   |  |           |   |  |          |
| on a toilet seat  |            | <u> </u> |   |          |   | <del>                                     </del>   | · <u></u> |   |  | -        |
| Use restraints and bed monitors as ordered by the c   | doctor     |          |   |          |   |  |           |   |  |          |
| Allow the patient to ambulate only with assistance  Consider peak effects of the medications that effects | oto lovol  | 7        |   |          |   |  | _         |   |  |          |
| of consciousness, gait and elimination when p   |            |          |   |          |   |  |           |   |  |          |
| patient's care  | //ariining |          |   |          |   | <u> </u>   |           |   |  |          |
| Do not leave patients unattended in diagno  | ostic or   |          |   |          | _ |  |           |   |  |          |
| treatment areas   |            | 7        |   |          |   | ]  |           |   |  |          |
| Accompany the patient while going to bathroom   |            | 1        |   |          |   |  |           |   |  |          |
| Advice the patient to use grab bars near the toilet, t  | oathtub,   |          |   |          |   | ŀ  |           |   |  |          |
| and shower  |            | 1        |   |          |   |  | <u> </u>  |   |  |          |
| Make sure the family and other visitors underst restrictions mentioned above                              | and the    | 7        |   |          |   |  |           |   |  | }        |
| High-risk interventions (above 45)  |            |          |   |          |   |  |           |   |  | _        |
| Apply all the low and medium risk interventions   |            |          |   |          |   |  |           |   |  |          |
| Tie red fall risk tag in the bed, wheel chair and stretc  | her        |          |   |          |   |  |           |   |  | <u> </u> |
| Locate the high-risk patients in a room close to the  |            |          |   |          |   |  |           |   |  |          |
| station   |            |          |   |          |   | <u> </u>   |           |   |  |          |
| Answer these patients call bells as quickly as possil   | ole        |          |   |          |   |  |           |   | <u> </u>   | -        |
| Provide a commode at bedside (if appropriate)   | anrieta)   |          |   | _        |   |  |           |   | <u> </u>   |          |
| Urinal/bedpan should be within easy reach (if appro<br>Encourage family members or other visitors to s    |            |          |   |          |   |  |           |   | <del></del>                                      |          |
| them  | iay willi  |          |   |          |   |  |           |   |  |          |
| If appropriate, consider using protection devices   | s: safety  |          |   |          |   |  |           |   | <del>                                     </del> | -        |
| belts   |            | 1        |   |          |   |  |           |   |  |          |
| Signature & Emp. No.  | of RN      | Jen S    |   |          |   |  |           |   |  |          |
| Signature & Emp. No. of   |            | 20.      |   |          | _ |  |           |   |  |          |
| Signature & Emp. No. of   | or un      | 13       |   |          |   |  |           |   | <u></u>  |          |
|   |            | 107      |   |          |   |  |           |   |  |          |







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



#### PATIENT AND FAMILY EDUCATION RECORD

| Assessment To be f   | illed by c    |          |       |                     |          |           |                              |       |   |        |        |       | ,        |                |
|--|---------------|----------|-------|---------------------|----------|-----------|------------------------------|-------|---|--------|--------|-------|----------|----------------|
| Barriers to  | Learni        | ng       |       |                     |          |           |                              |       |   | Plan t | o A    | ddr   | ess      | s Factors      |
| Nøne   | ☐ Vis         | ion /    | Hea   | aring               | j lin    | nitations | ;                            |       |   | Use    | of lr  | iterp | rete     | er .           |
| Limited Reading Abilities                                    | Phy           | /sica    | ıl ba | rrie                | rs       |           |                              |       |   | Edu    | cate   | fam   | ily      |                |
| Religious / Cultural Factors                                 | Lai           | ngua     | ge b  | oarri               | ers      |           |                              |       | e |        |        |       |          |                |
| Congnitive Limitations - unable to                           | Lov           | v ma     | tiva  | tion                | / de     | esire to  | to learn Written Instuctions |       |   |        |        |       |          |                |
| understand and follow directions                             |               |          |       |                     |          |           |                              |       |   |        |        |       |          |                |
| Completed By : Date 10 12 Time 13 00 Nurse Signature :       |               |          |       |                     |          |           |                              |       |   |        |        |       |          |                |
| Learning Record  |               |          |       |                     |          |           |                              |       |   | Φ.     |        |       | 7        |                |
| Need   | Da            | te       | ٧     | 'isit               | 1        | Date      | \<br>                        | /isit | 2 | Date   | \<br>\ | /isit | 3        | Signature      |
|  | (c)           | <b>\</b> | L     | Р                   | 0        |           | L                            | P     | 0 |        | L      | Р     | 0        |                |
| Disease  | , ,           | 一        | T     |                     |          |           |                              |       |   |        |        |       |          | Doctor         |
| Information on Disease 1 Diagnostics                         |               |          | 2     | XV                  | V        |           |                              |       |   |        | _      |       |          | (Rose)         |
| Treatment  | -             | T.       | 5     | op                  | 7        |           | <del> </del>                 |       |   | -      | H      | ┝     | $\vdash$ | 100            |
| Medications  | $\neg \vdash$ | <b>-</b> | 1     | <i>)</i>   <i>r</i> | <u> </u> |           |                              |       |   | _      |        | -     | H        | Doctor / Nurse |
| ☐ Information on Safe and                                    | _             | 十        |       |                     | -        |           | _                            |       |   |        |        | 一     |          | 00             |
| Effective use of medicines                                   |               | ŀ        | 2/    | (A)                 | V        |           |                              |       |   |        |        |       |          | K-01340        |
| ☐ Information on drug / drug and drug / food interactions    |               | Ď        |       | CD.                 | V        | 1         |                              |       |   |        |        |       |          | (Fig. D)       |
| ☐ Discharge Medications                                      |               | 1        |       |                     |          |           |                              |       |   |        |        |       | П        |                |
| Surgical Instructions  |               |          |       |                     |          | -         |                              |       |   |        |        |       |          | Nurse          |
| Pre - Operative Instructions                                 |               | Ă        | 2 (   | OD.                 | V        |           |                              |       |   |        |        |       |          |                |
| Post - Operative Instructions                                |               | 7        |       | ,                   |          |           |                              |       |   |        |        |       | П        |                |
| (Wound / Dressing Care)                                      | _             |          |       |                     |          |           | ,                            |       |   |        |        |       |          |                |
| Pain Management  |               |          |       |                     |          |           |                              |       |   |        |        |       |          | Nurse          |
| Reporting of pain  |               |          | P     | ଫ                   | ン        |           |                              |       |   |        |        |       |          |                |
| Pain Management  |               |          | ple   | D D                 |          |           |                              |       |   |        |        |       |          | 1005<br>8024   |
| Safe and effective use of medical<br>Equipment (if required) |               |          |       |                     |          | _         |                              |       |   |        |        |       |          | Doctor / Nurse |
| Name of Equipment Rehabilitation Techniques                  |               | Ť        |       |                     |          |           |                              |       |   |        |        |       |          | N DOGO         |

| Need  | Date              | Visit 1           |                  | 1                | Date     | Visit 2 |      | Date      | Visit 3 |    | 3   | Signature |                    |
|---|-------------------|-------------------|------------------|------------------|----------|---------|------|-----------|---------|----|-----|-----------|--------------------|
|   |                   | L                 | Р                | 0                |          | L       | Р    | 0         | L.      | L, | Р   | 0         |                    |
| Nutritional Guidance  |                   |                   |                  |                  |          |         |      |           |         |    |     |           | Dietician `        |
| Diet Instruction for patients at<br>Nutritional risk                    |                   | r                 | jn.              | 2                |          | Œ       | b    | 2         |         |    |     | M         | ria Cather Quet DV |
| ☐ Diet advice for home  |                   |                   |                  |                  | 1        | 1       |      | $[\cdot]$ |         |    |     |           | Nurse              |
| Discharge Planning  |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| Self care   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| Follow up   | <b>-</b>          | ļ                 |                  | Щ                |          |         |      | L         |         |    |     | Щ         |                    |
| Reporting Concerns Immunizations  |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| Parenting education   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| ☐ Others  |                   |                   |                  |                  |          |         |      |           |         | ,  |     |           |                    |
| Risk Factor Reduction   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| ☐ Smoking Cessation   |                   |                   |                  |                  |          |         |      |           |         |    |     |           | Doctor             |
| ☐ Weight Control  |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| ☐ Exercise  |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| Hypertension  |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| Other Risks   |                   |                   |                  |                  | <u>'</u> |         |      | L,        |         |    |     |           |                    |
| LEARNER (L) - P-Patient, M - Mothe<br>PROCESS (P)- OD - Oral Discussion |                   |                   |                  |                  |          |         | ı Ma | ter       | ial     |    | (;  | Sta       | te Relationship    |
| OUTCOME (O) - RD - Return Demonstration, V - Verbalized Understanding   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
|   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| Written Material given and explaine                                     | d (If any)        |                   |                  |                  | •        |         |      |           |         |    |     |           |                    |
|   | •                 |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| ,   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
|   |                   |                   |                  |                  | •        |         |      |           |         |    |     |           |                    |
|   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
|   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
|   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| ]   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
| Reports Given :   |                   |                   |                  |                  |          |         |      |           |         |    |     |           |                    |
|   |                   |                   | •                | -,,              |          |         |      | _         |         |    | _   |           |                    |
| Given Pend  | ing N             | A                 |                  |                  |          |         |      |           | Giver   | 1  | Per | ıaır      | ng NA              |
| Discharge Summary   | <del>{-</del>     |                   |                  | _ Diet Advice    |          |         |      |           |         |    | _   |           |                    |
| ECG Report  | $\rightarrow$ $-$ |                   |                  | _ CT Scan Report |          |         |      |           |         | _  | _   |           | <del>-</del>       |
| Doppler Report  | \-                | CT Scan Film      |                  |                  |          |         |      |           |         |    |     |           |                    |
| X-Ray Report  | <i>}</i>          | ECHO Report       |                  |                  |          |         |      |           |         | _  |     |           |                    |
| X-Ray Film  |                   | Ultrasound Report |                  |                  |          |         |      |           |         |    |     |           |                    |
| Compact Disk  |                   | ·                 | Any Other Report |                  |          |         |      |           |         |    |     |           |                    |
|   |                   | +                 | $-\!\!\!/$       |                  |          |         |      | _         |         |    |     |           |                    |
| Name of Attendant / Patient :   | <i></i>           | <u> </u>          |                  |                  |          |         | Sig  | nati      | ure :   |    |     |           |                    |
| Name of Discharge Nurse   |                   | Signature :       |                  |                  |          |         |      |           |         |    |     |           |                    |







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

Dr.RAJESH.V



# PATIENT AND FAMILY EDUCATION RECORD

| To be filled by concerned disciplines. Use key below  Barriers to Learning Plan to Address Factors |  |        |          |       |          |           |                  |       |              |      |       |          |          |                  |  |
|--|--|--------|----------|-------|----------|-----------|------------------|-------|--------------|------|-------|----------|----------|------------------|--|
|  |  |        |          |       |          |           |                  |       |              |      |       |          |          |                  |  |
| None   |  | Vision | / He     | arin  | g lin    | nitations | ;                |       | $\mathbb{Z}$ | Use  | of lr | ıterp    | rete     | er               |  |
| Limited Reading Abilities  |  | Physic | al b     | arrie | rs       |           |                  |       | otag         | Edu  | cate  | fam      | ily      |                  |  |
| Religious / Cultural Factors   |  | Langu  | age      | barri | iers     |           |                  |       | L            | Sim  | ple L | ang      | uag      | e                |  |
| Congnitive Limitations - unable to   |  | Low m  | otiv     | ation | 1 / de   | esire to  | lear             | ı     |              | Writ | ten l | nstu     | ctio     | ons              |  |
| understand and follow directions   |  |        |          |       |          |           |                  |       |              |      |       |          | ı        |                  |  |
| Completed By : Date 11 124 Tin   | ne                                       | 18'0   | 0        |       | lurs     | e Signa   | ture             | :     |              | R/M  | Of d  | જ્યા     | a        | ) <del>1</del> 4 |  |
|  |  |        |          |       |          |           |                  | -     |              | · ·  | Ť     |          |          |                  |  |
| Learning Record  |  |        | <u> </u> |       |          | ,         | _                |       |              |      |       |          |          | 1                |  |
| Need   |  |        |          |       |          |           |                  |       |              |      |       |          |          |                  |  |
|  | 1/1/2A L P O 12/1/1/2 P O 13/1/1/2 L P O |        |          |       |          |           |                  |       |              |      |       |          |          |                  |  |
| Disease  |  |        |          |       |          |           |                  |       |              |      |       |          |          | Doctor           |  |
| ☐ Information on   |  |        |          |       |          |           |                  |       |              |      |       |          |          | . 0              |  |
| Disease / Diagnostics  |  |        | S        | OD    | V        |           | 8                | OD    | V            |      | 50    | on       | u        | 1-50 550         |  |
| ☐ Treatment  |  |        | 3        | oD    | /        |           |                  | 92    | V            |      | S     | N        | 7        | . 13 Mg          |  |
| Medications  |  |        | _        | OD    |          |           |                  | 20    | \<br> <br>   |      | S     | מט       | 7        | Doctor / Nurse   |  |
| ☐ Information on Safe and  |  |        |          |       |          |           |                  |       |              |      |       |          | Г        |                  |  |
| Effective use of medicines   |  |        | _        |       | <u> </u> |           |                  | ┞╌┤   | -            |      |       |          |          |                  |  |
| ☐ Information on drug / drug and   |  |        |          |       |          |           |                  |       |              |      |       |          |          |                  |  |
| drug / food interactions   |  |        | -        | ├—    | -        |           | -                |       |              |      |       |          |          |                  |  |
| ☐ Discharge Medications  |  |        |          |       |          |           |                  |       |              | 1    |       |          |          | llor             |  |
| Surgical Instructions  |  |        | -        |       | -        | _         |                  |       |              |      |       |          |          | Nurse            |  |
| Pre - Operative Instructions   |  |        |          |       |          |           |                  |       |              |      |       |          |          |                  |  |
| Post - Operative Instructions  |  |        |          |       |          |           |                  |       |              |      |       |          |          | -                |  |
| (Wound / Dressing Care)  |  |        | ß        | 0     | $\vee$   |           | 80               | DD    | $\mathbf{v}$ |      | ß     | оb       | 5        | 181101           |  |
| Pain Management  |  |        |          | -D    |          |           |                  | නව    | V            |      | S     | υŊ       |          | Nurse            |  |
| Reporting of pain  |  |        | -        |       |          |           | _                | ~ · I | V            |      | 7     | OŊ       | 1        |                  |  |
| Pain Management  |  |        | 9        | DD)   | V        |           | <b>Se</b>        | OD    |              |      | S     | <u>U</u> | 7        | 24               |  |
| Safe and effective use of medica   | ıI                                       |        |          |       |          | •         | 7                |       | ,            |      |       |          | $\prod$  | Doctor / Nurse   |  |
| Equipment (if required)  |  |        | 8        | DD.   | V        |           | P                | OP    | V            |      | P     | oŋ       | 9        |                  |  |
| Name of Equipment  |  |        |          |       |          |           | .0               | \     | ,            |      | ı     |          |          |                  |  |
| Rehabilitation Techniques  |  | ļ      | þ        | กก    | 1/       |           | \ <sup>1</sup> / | ועץ   | V            |      | P     | b        | <i>[</i> | -                |  |

| Need   | Date   |              | ∕isit | 1             | Date     | \<br>\ | /isit | 2        | Date   | 1                | /isit     | 3    | Signature      |
|--|--|--------------|-------|---------------|----------|--------|-------|----------|--------|------------------|-----------|------|----------------|
|  | ln)1   | ī            | Р     | 0             |          | L      | Р     | 0        |        | L                | Р         | 0    | •              |
| Nutritional Guidance                                 | <del>                                     </del> |              |       |               |          |        |       |          |        |                  |           |      | Dietician      |
| Diet Instruction for patients at<br>Nutritional risk |  | S            | DD    | V             |          | مٰ     | ø,    | <u>ာ</u> |        | ( <sub>S</sub> ) | <i>هم</i> | 0    | 2000           |
| ☐ Diet advice for home                               |  | _            |       |               |          | l      |       |          | -      | 4                |           |      | Nurse          |
| Discharge Planning                                   |  |              |       |               |          |        |       |          |        |                  |           |      |                |
| ☐ Self care  | ĺ  |              |       |               |          |        |       |          |        |                  |           |      |                |
| Follow up  |  |              |       |               |          |        |       |          |        |                  |           |      |                |
| Reporting Concerns Immunizations                     |  |              |       |               |          |        |       |          |        |                  |           |      |                |
| Parenting education                                  |  |              |       |               |          |        |       |          |        |                  |           | П    |                |
| Others   |  |              |       |               |          |        |       |          |        |                  |           |      |                |
| Risk Factor Reduction                                |  |              |       |               |          |        |       |          |        |                  |           |      | _              |
| ☐ Smoking Cessation                                  |  |              |       |               |          |        |       |          | •      | ;                |           | П    | Doctor         |
| ☐ Weight Control                                     |  | Г            |       |               |          |        |       |          |        |                  |           | П    | _              |
| Exercise   |  |              |       |               |          |        |       |          |        |                  |           | П    | _              |
| Hypertension   |  |              |       |               |          |        |       |          |        |                  |           |      |                |
| Other Risks  |  |              |       |               |          |        |       |          |        |                  |           | П    |                |
| LEARNER (L) - P-Patient, M - Mother,                 | F-Fathe  | er S         | 45p   | ous           | e Othe   | r      |       |          |        |                  | (3        | Staf | e Relationship |
| Written Material given and explained                 | (if any)   |              |       |               |          |        |       |          |        |                  |           |      |                |
| Reports Given :                                      |  |              | 7     |               |          |        |       |          |        |                  |           |      |                |
| Given Pendir   | na I   | NA.          |       | $\overline{}$ |          |        |       |          | Giver  | <u> </u>         | Per       | ndir | ng NA          |
| Discharge Summary                                    | ٠ .  | <del>-</del> | T     | موزر          | Advice   |        |       |          | ,2.001 | -                |           |      |                |
|  |  |              |       |               | Scan Re  |        | •     |          |        | _                |           |      | <u> </u>       |
| ECG Report   |  |              |       |               | Scan Fil | -      | •     |          |        | _                |           |      |                |
| Doppler Report                                       |  |              | _     |               | \        |        |       |          |        | _                |           |      |                |
| X-Ray Report   | · <del></del>                                    |              |       |               | IO Repo  |        |       |          |        | _                |           |      | <del></del>    |
| X-Ray Film   |  |              |       |               | sound    | \      |       |          |        |                  |           |      |                |
| Compact Disk   |  |              | _ ′   | Any           | Other F  | Repo   | rt    |          |        |                  |           |      |                |
| -  |  |              |       |               |          |        |       |          |        |                  |           |      |                |
| Name of Attendant / Patient :                        |  |              |       |               |          |        | Sig   | nat      | ure :  |                  |           |      |                |
| Name of Discharge Nurse                              |  |              |       |               |          |        | Sign  | nati     | ıre :  |                  |           |      |                |





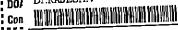


#### Patient. Mr.RAMESH S Nar

56/Malc/MHI202481637

10/01/2024/IPH2024000086

DOE DO! Dr.RAJESH.V





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| Assessment PAILNI A                |     | ID FA      |           |          |       |           |       |          |          |        | OH                       | KD    | 4     |                |
|------------------------------------|-----|------------|-----------|----------|-------|-----------|-------|----------|----------|--------|--------------------------|-------|-------|----------------|
| Barriers to                        | Le  | arning     |           |          |       |           |       |          |          | Plan t | ю А                      | ddı   | res   | s Factors      |
| None                               |     | Vision     | / He      | earin    | g lin | nitations | ;     |          | E        | Use    | of l                     | nterp | rete  | er             |
| Limited Reading Abilities          |     | Physic     | al b      | arrie    | rs    |           |       |          |          | Edu    | cate                     | fam   | ily   |                |
| Religious / Cultural Factors       |     | Langu      | age       | barr     | iers  |           |       |          |          | ] Sim  | ple l                    | ang   | uag   | e              |
| Congnitive Limitations - unable to |     | Low m      | otiv      | atior    | 1 / d | esire to  | lear  | n        | Ī        | Writ   | ten                      | Instu | ıctic | ns             |
| understand and follow directions   |     |            |           |          |       |           |       |          |          | 1      |                          |       |       |                |
| Completed By : Date 1711 2 Tin     | ne_ | 4,0        | ₹ <u></u> |          | lurs  | se Signa  | iture | ·:_      | . (      | pu p   | -                        |       |       |                |
| Learning Record                    |     |            |           |          |       |           |       |          |          |        |                          |       |       |                |
| Need                               |     | Date       |           | Visit    | : 1   | Date      | ,     | Visit    |          | Date   |                          | Visit | : 3   | Signature      |
|                                    |     | 17/1/2     | L         | Р        | 0     | 15 01 24  | L     | Р        | 0        | 16/124 | L                        | Р     | 0     |                |
| Disease                            |     | _          |           |          |       | , ,       |       |          |          |        |                          |       |       | Doctor         |
| Information on                     |     |            |           |          |       |           |       |          |          |        | ٦                        |       | J     |                |
| Disease / Diagnostics              |     |            | P         | 00       | Y     |           | 10    | DD<br>DD | ./       |        | $ \widehat{\mathcal{P}}$ | ] œ   | V     | # 0 1 5 5 5 S  |
| ✓ Treatment                        |     |            |           |          |       |           | Ţ     |          |          | -      |                          |       |       | •              |
| Medications                        | •   |            |           |          |       |           |       |          |          |        |                          |       |       | Doctor / Nurse |
| ☐ Information on Safe and          |     |            | 12        | 50       | y     |           |       |          |          |        | ۵                        |       | V     |                |
| Effective use of medicines         |     |            | ۲         | $\Gamma$ | '     |           | P     | OD       | Į√       |        | P                        | DD    | '     |                |
| ☐ Information on drug / drug and   |     |            |           |          | Г     |           |       |          |          |        |                          |       |       |                |
| drug / food interactions           |     |            |           | 1        |       |           |       |          |          |        | ĺ                        |       |       |                |
| ☐ Discharge Medications            |     |            |           |          | Г     |           |       |          |          |        |                          |       |       | -              |
| Surgical Instructions              |     |            |           |          | Γ     |           |       |          |          |        |                          |       |       | Nurse          |
| ☐ Pre - Operative Instructions     |     |            |           |          |       |           |       | Г        |          |        |                          |       |       | 0010           |
| Post - Operative Instructions      | -   |            |           | 00       | V     |           |       |          |          |        |                          |       |       |                |
| (Wound / Dressing Care)            |     |            | 3         |          | /     |           | þ     | Ö        | /        |        | p,                       | DD.   | V     |                |
| Pain Management                    |     |            |           |          |       |           |       | <u> </u> |          |        |                          |       |       | Nurse          |
| Reporting of pain                  |     |            | 7         | PD       | ン     |           | D     | מט       | <b>√</b> |        | R                        | 00    | ν     | 0600           |
| Pain Management                    |     |            | R         | 90       | v     | -         | П     | 09       |          |        | -                        | 01)   | V     | · ·            |
| Safe and effective use of medica   | ıſ  |            | 7         |          |       |           | ľ     |          |          |        | _                        |       |       | Doctor / Nurse |
| Equipment (if required)            |     |            |           |          |       |           |       |          |          |        |                          |       |       |                |
| Name of Equipment                  |     |            |           |          | П     |           |       |          |          |        |                          |       |       | -              |
| Rehabilitation Techniques          |     | <b>j</b> [ |           |          |       |           |       |          |          |        |                          |       |       |                |

| Need  | Date     | `        | /isit | 1     | Date         | ١          | /isit | 2   | Date      | \     | /isit | 3    | Signature   |
|---|----------|----------|-------|-------|--------------|------------|-------|-----|-----------|-------|-------|------|-------------|
|   |          | L        | Р     | 0     |              | L          | Р     | 0   |           | L     | P     | 0    |             |
| Nutritional Guidance                                |          |          |       |       |              |            |       |     |           |       |       |      | Dietician   |
| ☐ Diet Instruction for patients at Nutritional risk |          |          |       |       |              |            |       |     |           |       |       |      |             |
| Diet advice for home                                |          |          |       |       |              |            |       |     |           |       |       |      | Nurse       |
| Discharge Planning                                  |          |          |       |       |              |            |       |     |           |       |       |      | ,           |
| ☐ Self care   |          |          |       |       |              |            |       |     |           |       |       |      |             |
| Follow up   | <u> </u> |          |       |       | _            |            |       |     |           |       |       |      |             |
| Reporting Concerns Immunizations                    | ı        |          |       |       |              |            |       |     |           |       |       |      |             |
| Parenting education                                 |          |          |       |       |              |            |       |     |           |       |       |      |             |
| Others  |          |          |       |       |              |            |       |     |           | -     |       |      |             |
| Risk Factor Reduction                               |          |          |       |       |              |            |       |     |           |       |       |      |             |
| Smoking Cessation                                   |          |          |       |       |              |            |       |     |           | , •   |       |      | Doctor      |
| ☐ Weight Control                                    |          |          |       |       |              |            |       |     |           |       |       |      |             |
| ☐ Exercise  |          |          |       |       |              |            |       |     |           |       |       |      |             |
| ☐ Hypertension                                      |          |          |       |       |              |            |       |     |           |       |       |      |             |
| Other Risks   |          |          |       |       |              |            |       |     |           |       |       |      |             |
| Written Material given and explained                | (if any) |          |       |       |              |            |       |     | i         |       |       |      | -           |
|   |          |          |       |       | •            |            |       |     |           |       |       |      |             |
| Given Pendin Discharge Summary                      | -        | NA<br>—— | _ [   | Diet  | ).<br>Advice |            |       |     | Give      | n<br> | Per   | ndir | ng NA<br>   |
| ECG Report  |          |          | _ (   | CT S  | Scan√Re      | port       | t     |     |           |       |       |      |             |
| Doppler Report                                      |          |          | _ (   | CT S  | Scan Kil     | m          |       |     |           |       |       |      |             |
| X-Ray Report  |          |          | E     | ECH   | O Repo       | <b>yrt</b> |       |     |           |       |       |      |             |
| X-Ray Film  |          |          | _ ι   | Jitra | sound        | Ręp        | ort   |     |           |       |       |      |             |
| Compact Disk  |          |          | _     |       | Other F      | Ι.         |       | ,   |           |       |       |      |             |
| Name of Attendant / Patient :                       |          |          |       |       |              |            | Sig   | nat | ure :     |       |       |      |             |
| Name of Discharge Nurse                             |          | ·, _     |       |       |              |            | _     |     | <br>are : |       |       |      | <del></del> |



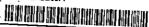




# Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





# PATIENT AND FAMILY EDUCATION RECORD

| Assessment To be f                                    |          |             |                |          |       | plines. U |       |              |           |        |          |           | ,      |                |
|---|----------|-------------|----------------|----------|-------|-----------|-------|--------------|-----------|--------|----------|-----------|--------|----------------|
| Barriers to   | Lea      | rning       |                |          |       |           |       |              |           | Plan t | o A      | ddr       | es     | s Factors      |
| None  |          | Vision      | / He           | arin     | g lin | nitations |       |              |           | ] Use  | of Ir    | iterp     | rete   | er             |
| Limited Reading Abilities                             |          |             |                |          |       |           |       |              |           |        |          |           | ily    |                |
| Religious / Cultural Factors                          |          | Langu       | age            | barri    | iers  |           |       |              |           | Sim    | ple L    | .ang      | uag    | e              |
| Congnitive Limitations - unable to                    |          | Low m       | otiv           | atior    | 1 / d | esire to  | learr | 1            |           | Writ   | ten l    | nstu      | ctio   | ns             |
| understand and follow directions                      |          |             |                |          |       |           |       |              |           |        |          |           |        |                |
| Completed By : Date 17 01 24 Tim                      | 1e       | <u>5,80</u> |                | <u> </u> | lurs  | e Signa   | ture  | .: -         | <u>E.</u> | Cato   | 0,2      | <u>57</u> |        |                |
| Learning Record                                       |          |             |                |          |       |           |       |              |           |        |          |           |        |                |
| Need Date Visit 1 Date Visit 2 Date Visit 3 Signature |          |             |                |          |       |           |       |              |           |        |          |           |        |                |
|   |          |             |                |          |       |           |       |              |           |        |          |           |        |                |
| Disease LPO LPO LPO Doctor                            |          |             |                |          |       |           |       |              |           |        |          |           | Doctor |                |
| Information on  | $\dashv$ |             |                |          |       |           |       | <del> </del> | $\vdash$  |        | $\vdash$ |           |        | Doctor         |
| Disease / Diagnostics                                 | 1        |             | Þ              | 020      | ١, ٢  |           |       |              | ]         |        |          |           |        |                |
| Treatment   | $\dashv$ |             | 1              | (D)      | ۲     | _         |       | _            |           |        |          |           |        | · ·            |
| Medications   |          |             | <del>7</del>   |          | _     |           |       | _            | Н         |        | ├─       |           |        | Doctor / Nurse |
| ☐ Information on Safe and                             | $\dashv$ |             | ۲              | <u> </u> | ۲     |           |       |              | Н         |        |          |           |        | Doctor / Hurse |
| Effective use of medicines                            |          |             | 100            | 00       |       |           |       |              |           |        |          |           |        |                |
| Information on drug / drug and                        |          |             | t <sup>r</sup> | F/3/     |       |           |       |              |           |        |          |           |        |                |
| drug / food interactions                              |          |             |                | , ,      |       |           |       |              |           |        |          |           |        | f-cato         |
| Discharge Medications                                 | 7        |             |                |          |       |           |       |              |           |        |          |           |        | 0207           |
| Surgical instructions                                 |          |             |                |          | Г     |           |       |              | П         |        |          |           |        | Nurse          |
| Pre - Operative Instructions                          |          |             |                |          |       |           |       |              |           |        |          |           |        |                |
| Post - Operative Instructions                         |          |             |                |          |       |           |       | _            |           |        |          |           |        |                |
| (Wound / Dressing Care)                               |          |             |                |          |       |           |       |              |           |        |          |           |        |                |
| Pain Management                                       |          |             |                |          |       |           |       |              |           |        |          |           |        | Nurse          |
| Reporting of pain                                     |          |             |                |          |       |           |       |              |           |        |          |           |        |                |
| Pain Management                                       |          |             |                |          |       |           |       |              |           |        |          |           |        |                |
| Safe and effective use of medical                     |          |             |                |          |       |           |       |              |           |        |          |           |        | Doctor / Nurse |
| Equipment (if required)                               |          |             |                |          |       |           |       |              |           |        |          |           |        |                |
| Name of Equipment                                     |          |             |                |          | ]     |           |       |              |           |        |          |           |        |                |
| Rehabilitation Techniques                             |          |             |                |          | ` '   |           |       |              |           |        |          |           |        |                |

| Need   | Date | \   | /isit        | 1    | Date     | \    | /isit   | 2    | Date           | \        | /isit    | 3        | Signature       |
|--|------|-----|--------------|------|----------|------|---------|------|----------------|----------|----------|----------|-----------------|
|  |      | L   | Р            | 0    |          | L    | Р       | 0    |                | L        | P        | 0        |                 |
| Nutritional Guidance   |      |     |              |      |          |      |         |      |                |          |          |          | Dietician       |
| ☐ Diet Instruction for patients at Nutritional risk                    |      |     |              |      |          |      |         |      | -              |          |          |          |                 |
| ☐ Diet advice for home   |      |     |              |      |          |      |         |      |                |          |          |          | Nurse           |
| Discharge Planning   |      |     |              |      |          |      |         |      |                |          |          |          |                 |
| ☐ Self care  |      |     |              |      |          |      |         |      |                |          |          |          |                 |
| ☐ Follow up  |      |     |              |      |          |      |         |      |                |          |          |          |                 |
| Reporting Concerns Immunizations                                       |      |     |              |      |          |      |         |      |                |          |          |          | •               |
| Parenting education  |      |     |              |      |          |      |         |      |                |          |          | П        |                 |
| ☐ Others   |      |     |              |      |          |      |         |      |                |          |          | Г        |                 |
| Risk Factor Reduction  |      |     |              |      |          |      |         |      |                |          |          |          |                 |
| ☐ Smoking Cessation  |      |     |              |      |          |      |         |      | •              | .644     |          |          | Doctor          |
| ☐ Weight Control   |      |     |              |      |          |      |         |      |                |          |          |          |                 |
| ☐ Exercise   |      |     |              |      |          |      |         |      |                |          |          |          |                 |
| ☐ Hypertension   |      |     |              |      |          |      |         |      |                |          |          |          |                 |
| Other Risks  |      |     |              |      |          |      |         |      |                |          |          |          |                 |
| OUTCOME (O) - RD - Return Demonstration Material given and explained ( |      |     | •            |      |          |      |         |      |                |          |          |          |                 |
| Reports Given :  |      |     |              |      |          |      |         |      |                |          |          |          |                 |
| Given Pending Discharge Summary  | g N  | AA  | г            | )jet | Advice   |      | _       |      | Giver          | <b>,</b> | Per      | ndir     | ng NA           |
| ECG Report   |      |     | _            |      | Scan Re  |      | ,       | •    |                |          |          |          |                 |
| _ <del> </del>   |      |     |              |      | Scan Fil | _    | •       |      |                |          |          |          | <u> </u>        |
| Doppler Report   |      |     | _            |      |          |      |         |      |                | _        |          | _        | <del></del> -   |
| X-Ray Report   |      |     |              |      | IO Repo  |      | 4       |      | $\rightarrow$  | _        |          |          |                 |
| X-Ray Film   |      |     |              |      | sound    | -    |         |      |                | _        |          |          | — <del></del> - |
| Compact Disk   |      |     |              | ۹ny  | Other F  | Repo | ort<br> |      |                |          |          | _        |                 |
| Name of Attendant / Patient: 5.  | R. 6 | K   | 9 <i>5</i> t | )    |          |      | Sig     | nat  | ure : <u> </u> | S        | <b>₽</b> | <u> </u> | <i>9</i> ?      |
| Name of Attendant / Patient: 5.  Name of Discharge Nurse Stal M        | ای ر | She | U.           |      | ھ        |      | Sig     | natı | ıre :          | هک       | Ø.       | 5/h      | ıU              |



Mr.RAMESH S

N 56/Malc/MHI202481637
U 10/01/2024/IPH2024000086

DI Dr.RAJESH.V



# Inter Disciplinary Team Rounds (IDTR) Checklist

|  | •             |       | <u>,                                    </u> |                                      |                 |         |       |
|--|---------------|-------|--|--------------------------------------|-----------------|---------|-------|
| Date: [0 [1]24   | Time:         | 5-00  |  |                                      |                 |         |       |
| Checklist  | Yes           | No    | NA   | Ad                                   | tion / Remarks  | _       |       |
| MEDICAL  |               |       |  |                                      |                 |         |       |
| Daily Consultant Visit                                     |               |       |  |                                      |                 |         |       |
| Plan of care discussed                                     | 1             |       |  |                                      |                 |         |       |
| Discharge Planning   | X             |       |  |                                      | _               |         |       |
| Others if any  | K             |       |  |                                      |                 |         | _     |
| NURSING  | ,             |       |  |                                      |                 |         |       |
| Safety Precautions Ensured                                 |               |       |  | -                                    |                 |         | _     |
| Care of Lines and Tubes                                    | 1/            |       | ,  |                                      |                 | _       |       |
| Infection Control Measures                                 |               |       |  |                                      |                 |         |       |
| Skin Care  |               |       |  |                                      |                 |         |       |
| Response to assistance                                     |               |       |  |                                      |                 |         |       |
| Others if any  |               |       |  |                                      |                 |         |       |
| DIETICIAN  |               |       |  |                                      |                 |         |       |
| Diet Adequate  |               |       |  |                                      |                 |         |       |
| Special Request  |               |       |  |                                      | _               | _       |       |
| PHYSIOTHERAPIST  |               |       |  |                                      |                 |         |       |
| Available for Assistance for<br>Activities of Daily Living |               | y     |  |                                      |                 |         |       |
| Others if any  |               |       |  |                                      |                 |         |       |
| PATIENT CARE SERVICES                                      | 1             |       |  | •                                    |                 |         |       |
| Room Cleaning satisfactory                                 |               |       |  |                                      |                 |         |       |
| Room Amenities Adequate                                    |               |       |  |                                      | ·               |         |       |
| Billing Update available                                   |               |       |  |                                      |                 |         |       |
| Non-Availability of any service                            |               |       |  |                                      |                 |         | -     |
| Spiritual Needs (if yes specify                            | )             |       | _  |                                      |                 |         |       |
| Others if any  |               |       |  |                                      | <u> </u>        |         | _     |
|  |               | 1r    | ter Dis                                      | sciplinary Team Members              |                 |         | ,     |
|  | Signatur      | ·e    |  | Name                                 | Reg. / Emp. No. | Date    | Time  |
| Doctor   | BO            |       |  | Dr. Syith, B                         | £72581          | 10/1/24 | 16100 |
| Nursing Staff  | $\frac{1}{4}$ | ANT-  |  | Hannaharace                          | 0105            | 10/1/24 | 1000  |
| Dietician  | <u> </u>      | Mu    | <u>1</u>                                     | Wiana Catherine John Senior Dietidan | Julot           | 10/1/14 | 15,00 |
| Physiotherapist  | (3, B.        | Alkal |  | DKASH-BI-B                           | 0256            | 11/1/20 | 16:∞  |
| Patient Care Service Staff                                 |               |       | <u> </u>                                     | _                                    |                 | i       |       |



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

# Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





# **IN-HOUSE TRANSFER FORM**

| Part       | Part A (to be filled by Nurses)  |                 |            |             |                   |  |                       |  |  |  |  |  |  |  |
|------------|--|-----------------|------------|-------------|-------------------|--|-----------------------|--|--|--|--|--|--|--|
| Date       | e of Transfer: 13-1.   | 14 Time:        | :30 Tra    | ansferred   | from:             | <u> 8                                   </u> | 104.                  |  |  |  |  |  |  |  |
| Diag       | mosis: CAD -   | TVD             |            |             | ,                 | <del></del>                                  |                       |  |  |  |  |  |  |  |
| Vital,     | Signs: Temp: 47.) (°F  | )   Pulse / HR: | lls-       | (beats/m    | niņ)   ΒΡ:   (η C | [g ] (mmHg)   Respi                          | ration: (breaths/min) |  |  |  |  |  |  |  |
| Part       | B (to be filled by Phy   | /sicians) p     | Any Critic | al Investig | ations:           | <del>-</del>                                 | ,                     |  |  |  |  |  |  |  |
|            | Check for  |                 |            | Trar        | sferring Docto    | or   | Receiving Doctor      |  |  |  |  |  |  |  |
| Resp       | iratory (Breath sounds)  | Clear           | Crepitat   | ion 🔲 R     | honchi O          | thers:                                       | Yes No                |  |  |  |  |  |  |  |
| Abdo       | men  | Soft [          | Tender     |             | istended 🔲 O      | thers:                                       | Yes No                |  |  |  |  |  |  |  |
| Heart      | Sound  | Normal [        | Feeble     | Loud        | Others:_          |  | Yes No                |  |  |  |  |  |  |  |
| CNS        | For Consider I Politicate 2  |                 |            |             |                   |  |                       |  |  |  |  |  |  |  |
|            | For Surgical Patients (if applicable)  Surgical Site: Healthy Soakage Others: Yes No |                 |            |             |                   |  |                       |  |  |  |  |  |  |  |
| <u> </u>   | Present Medication (for Medication Reconciliation)                                   |                 |            |             |                   |  |                       |  |  |  |  |  |  |  |
| S.<br>No.  | S. Current Medication Dose Route Frequency Date & Time To be continued during        |                 |            |             |                   |  |                       |  |  |  |  |  |  |  |
| 1.         | Sup- Sucre   | LPASC           | LOM        | Plo         | 9811              | 13/124 @ 7130                                | ) ☑Yes ☐ No           |  |  |  |  |  |  |  |
| <b>A</b> . | ALCUS. LEVOL   | 4               | 0-634      |             | 9617              | 13/1/24/2010:00                              | Yes □ No              |  |  |  |  |  |  |  |
| 3.         | J. TRUSEMIN  | <i>(</i>        | , 24 Duc   | Plu         | 1-1-0             | 13/124/08:34                                 | ✓ Yes □ No            |  |  |  |  |  |  |  |
| Ч.         | J. Epinanto  | LACTON 1.       | 25mg       | Rlo         | 1-1-0             | 13/1/24 010:0                                | ງ ∐Yes □No            |  |  |  |  |  |  |  |
| <u>r.</u>  | T- neprox 7  |                 | 17A B      | Plo         | 1-0-0             | 13/1/24 @8:30                                | Yes □ No              |  |  |  |  |  |  |  |
| δ,         | T. CLOPINGE  |                 | 75/745     | p)6         | 0-1-0             | 12 1/24 D C4:04                              | )                     |  |  |  |  |  |  |  |
| 7          | 1 : RUBUVA   | , i             | aum        | <u>P</u> /0 | 0-0-              | 12/12/02/20                                  | ) ☐ Yes ☐ No          |  |  |  |  |  |  |  |
| 8.         | T. PARACOTA  |                 | 6502       | 19/2        | 1-1-1             | 13/1/24/08:0                                 | ) ☐ Yes ☐ No          |  |  |  |  |  |  |  |
| 9,         | Syp-cram   | AFFIL           | 15m        | P1 c        | 0-07              | 12/1/24 @21:00                               | )                     |  |  |  |  |  |  |  |
| 10         | T. DUL XEM   | NEW             | 30mg       | 1/0         | 1-1-1             | 13/1/24 08:30                                | <b>Ves</b> □ No       |  |  |  |  |  |  |  |
| 11         | J. METONA  | Lo Co L         | Dow        | plo         | 1-0-1             | 13/1/24/209:00                               | ✓ Yes □ No            |  |  |  |  |  |  |  |
| 12:        | T-MOSA PRID  | )[              | 5000       | plo         | 1-0-1             | 13/1/24/209:00                               | ☐ Yes ☐ No            |  |  |  |  |  |  |  |
| 13.        | T-ANAIT.   |                 | Osma       | Plo         | 0-0-1             | · - ·  | Yes □ No              |  |  |  |  |  |  |  |
| 14-        |  |                 |            |             | ·<br>             |  | ☐ Yes ☐ No            |  |  |  |  |  |  |  |
| 35         |  |                 |            |             |                   |  | ☐ Yes ☐ No            |  |  |  |  |  |  |  |

| Additional Det               | tails (i | if any):                     |  |                   |                   |          |          |               |
|------------------------------|----------|------------------------------|--|-------------------|-------------------|----------|----------|---------------|
|                              |          |                              |  |                   |                   |          |          | †             |
|                              |          |                              |  |                   |                   |          |          |               |
|                              |          |                              |  |                   |                   |          |          |               |
|                              |          |                              |  |                   |                   |          |          |               |
|                              |          |                              |  |                   |                   |          |          |               |
| Patient Condi                | tion     | Stable                       | Sick-need urgen                              | t care            | ers:              | -        |          |               |
| -                            | Sign     |                              | Name   |                   | Reg. No.          | Date     |          | Time          |
| Transferring<br>Doctor       |          | 8                            | Dr.1   | Toween            | 112236            | 13       | 1,124    | 10.30         |
| Receiving<br>Doctor          |          | 1ch                          | DR · ANUSC                                   | 149               | 134559            | 13/      | 1/24     | 16.30         |
| Part C (to be f              | filled l | by Nurses)                   |  |                   |                   |          |          |               |
| Check for                    |          |                              | Trans  | sferring Nurse    |                   |          | Receivir | ng Nurse      |
| Drains                       | _        | Chest A                      | bdominal Other                               | rs:               | <del></del>       |          | Yes      | ☐ No          |
| Respiratory                  | i        | Air Way Type: Oxygen Therapy | Patent Trache                                | ostomy Others     | s:li/m            | —<br>iin | Yes      | □ No          |
| NG Tube / Oral               |          | Yes No                       | For Feeding                                  | Gastric Suction [ | Fluid Restriction |          | Yes      | ☐ No          |
| Foley's Catheter             | r        | Yes No                       |  |                   |                   |          | Yes      | ☐ No          |
| Intravenous Acc              | ess ,    | Peripheral Lij               | ne Central Venou                             | is Line Others:   |                   |          | Yes      | ☐ No          |
| Pressure Injury              |          | Yes No                       | If Yes, give details:                        |                   |                   |          | Yes      | ☐ No          |
| Score                        |          | Fall Risk:                   | WELLS: // N                                  | IEWS / PEWS:      |                   |          | Yes      | No            |
| Patient Belongir             | ngs      | Yes No                       | If Yes, give details:_                       |                   |                   |          | Yes      | . □ No        |
| Handover Detail              | ls       |                              | inistration Record ex<br>c Reports handed ov | · / —_ ·          | No                | ,        | ☑ Yes    | □ No          |
| Patient Attendar<br>Informed | nt       | Yes No                       | If No, give details:_                        |                   |                   | ·<br>——  | Yes      | □ No          |
| Additional De                | tails (  | if any):                     | ·  | r                 |                   |          |          |               |
|                              | ·        |                              |  |                   |                   |          |          | . [           |
|                              |          |                              | -  |                   |                   |          |          | . ·           |
|                              |          | . , ,                        |  |                   |                   |          | •        | }             |
|                              |          |                              | <del>-</del> -                               | · ·               |                   |          |          |               |
|                              |          |                              | •  |                   | · ·               |          |          |               |
|                              | Sign     | ,                            | Name '                                       |                   | Emp. No.          | Date     | , ,      | Time          |
| Transferring<br>Nurse        | (A)      | <i>``</i>                    | MAHACAL                                      | SHMIM             | 049               | 13/      | ilre     | <i>1</i> 0:30 |
| Receiving<br>Nurse           | 7        | by                           | l.   | herace            | 0105              | 13\      | ((24)    | 11:30         |









# **FAMILY COUNSELLING FORM**

| CONSU | LTANT- PR           | · RAJESH          | DIAGNOSIS- CAD-IVD   |                     |                     |                |
|-------|---------------------|-------------------|--|---------------------|---------------------|----------------|
| DATE  | HOSPITAL<br>MEMBERS | FAMILY<br>MEMBERS | MEDICAL UPDATE   | FINANCIAL<br>UPDATE | PATIENT<br>REP-SIGN | DOCTOR<br>SIGN |
| 1/100 | 2/2)<br>200°24      | Axan. s. 2.       | Exploined about the condition. Need of 100 others, nedected alupports and visitors policy.   |                     | J. S.R.             |                |
| Ashe  | [4]9<br>AR-8099     | L30HJ<br>L30HJ    | explained about the acceptation. Need of ice of the Association of the acceptation of the | (                   | D. 5 R              | 12236          |
|       |                     |                   |  |                     |                     |                |
|       | ,                   |                   |  |                     |                     |                |

MHI/HOSP/2022/110



(A Unit of United Alliance Healthcare Pvt Ltd)

Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V





Every heart beat counts

# **WOUND ASSESSMENT CHART**

| DATE                                  | 15/1/24         | 16/1/24 | 17/01/24 |         |   |   |   |              |
|---------------------------------------|-----------------|---------|----------|---------|---|---|---|--------------|
| SITE OF WOUND                         | <u> </u>        |         |          |         |   |   |   |              |
| CHEST                                 | <b>/</b>        | ~       |          | 1       |   |   |   |              |
| LEG L/R                               |                 |         |          |         |   |   |   |              |
| ABDOMEN                               |                 |         |          |         |   |   |   |              |
| SACRAL REGION                         |                 |         |          |         |   |   |   |              |
| HEEL                                  |                 |         |          |         |   | ļ |   | ·            |
| OTHERS                                |                 |         |          |         |   |   |   |              |
| SIZE OF THE WOUND                     |                 |         |          |         |   |   |   |              |
| SUPERFICIAL / DEEP IN NATURE          | Deep<br>N NATOR | DEEPIN  |          |         | _ |   |   |              |
| PRESSURE<br>Specify system used :     |                 |         |          |         |   |   |   |              |
| RISK FACTORS<br>Specify system used : | DM              | нти     | Age      | Obesity |   |   |   |              |
| WOUND TISSUE TYPE(S) PRESENT          |                 |         |          |         |   |   |   |              |
| necrotic                              |                 |         |          |         |   |   |   |              |
| slough                                |                 |         |          |         |   |   |   |              |
| undermining                           |                 |         |          |         |   |   |   |              |
| granulation                           |                 |         |          |         |   |   |   |              |
| overgranulation                       |                 |         |          |         |   |   |   | <sub> </sub> |
| epithelialisation                     |                 |         |          |         |   |   |   |              |
| other_                                |                 |         |          |         |   |   |   |              |
| SURROUNDING SKIN TISSUE TYPE(S)       |                 |         | ,        |         |   |   | ļ |              |
| macerated                             |                 |         |          |         |   |   |   |              |
| erythema                              |                 |         |          |         |   |   |   |              |
| oedematous                            |                 |         |          |         |   |   |   |              |
| cellulitis                            |                 |         |          |         |   |   |   |              |
| blistered                             |                 |         |          |         |   |   |   |              |
| bruising                              |                 |         |          |         |   |   |   |              |
| dry / scaling<br>healthy              |                 |         |          |         |   |   |   |              |

# **WOUND ASSESSMENT CHART**



| EXUDATE AMOUNT   |          |                   | *              |           |              |  |              |            |
|--|----------|-------------------|----------------|-----------|--------------|--|--------------|------------|
| none .   | 4        | <b>D</b>          |                |           |              |  |              |            |
| evidence of some moisture                              |          |                   |                |           |              |  |              |            |
| evidence of significant flow                           |          |                   |                |           |              |  |              |            |
| EXUDATE  |          |                   |                |           |              |  |              |            |
| serous   |          |                   |                |           |              |  |              |            |
| sero - sanguinous                                      |          | · 🖒               |                |           |              |  |              |            |
| Purulent   | <b>U</b> |                   | # <u></u>      |           |              |  |              |            |
| ODOUR  |          |                   |                |           |              |  |              |            |
| none   | 4        |                   |                |           |              |  |              |            |
| some evidence of odour                                 |          |                   |                |           |              |  | - 🗆          | _ '        |
| significantly malodorous                               |          |                   |                |           |              |  |              |            |
| PAIN AT WOUND SITE                                     |          |                   |                |           |              |  |              | i          |
| (nil) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (max) |          | ,                 | •              |           |              |  |              |            |
| INFECTION SUSPECTED*                                   |          |                   |                |           |              |  |              |            |
|  |          |                   |                |           |              |  |              |            |
| SWAB SENT  |          |                   |                |           |              |  |              |            |
|  |          |                   |                |           |              |  |              |            |
| ANTIBIOTIC THERAPHY                                    |          |                   |                |           |              |  | _            |            |
|  |          |                   |                |           |              |  |              |            |
| BLOOD GLUCOSE / URINE ANALYSIS                         |          |                   |                |           |              |  |              |            |
|  |          |                   | <br>           |           |              |  |              |            |
| PATIENT / CARER TO DO DRESSING                         |          |                   |                | · 🗖       |              |  |              |            |
|  | de J     | def               | \$20 T         | ,         | <del> </del> |  |              |            |
| SIGNATURE  | 00/86    | 0088              | 26804          |           |              |  |              |            |
|  |          | , er <del>,</del> | <u>.</u>       |           | ,            | ^                                      | e Grant No.  |            |
| *SIGNS & SYMPTOMS OF WOUND INFECT  Pytexia  excess e   |          | Sust              | ECT WOUN       | ID INFECT | ON IF        | ************************************** |              |            |
| • licalised pain • pus                                 | Audulo . | . 1               | nulation tiss  |           | * **         | healing is s                           | lower than a | nticipated |
| erythema offensive                                     | odour    |                   | gjie bridge of |           |              | t fat i fik                            |              |            |
| localoedema  |          | `● ~ odd          | our increas    |           |              |  | SHEET STATE  |            |







Every heart beat counts

# **VIP SCALE (VISUAL INFUSION PHLEBITIS)**

PATIENT NAME MI.RAMESH S

56/Mulc/MHI202481637

10/01/2024/IPH202400086

AGE / SEX:

Dr.RAJESH.V HARRI BATUM BATUM BATUM NO DATA KATUM BATUM NA IP No. / UHID No

Ward / Bed No. Olw - 3

### ANY SCORE>O SHOULD BE MONITORED IN EVERY SHIFT

| DATE                                   | TIME  | SITE                | SCORE | DESCRIPTION     | ACTION    | FOLLOW UP         | S / N<br>EMP No. |
|--|-------|---------------------|-------|-----------------|-----------|-------------------|------------------|
|  |       | _                   |       |                 |           |                   |                  |
| 1,12A                                  | 14.25 | ROBOAL              | 0/5   | IV to perhat    | Hudial    | NO YOU'S OF PHIER | us phistoon      |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 20.00 | (A) CUMTAL<br>RICHT | 0/5   | IV LING PATRIT  | FLUSHED   |                   | is whorn         |
|  | 21:15 | •                   | 0/5   | PATSNT HEDUTH   | FLUSHEN   | DE HIBBITS        | Sill my          |
| 12/1/24                                | 13.00 | (B) rubita          | QF    | IV 1940 proford | A leulast | NO SHARE OF PHYE  | BIGUS Pauls OUT  |
| •                                      | 50.00 | (D) CUBI THE        | 0/2   | IV LIND MATERIT | FLUSHED   |                   | Lyons            |
| 11                                     | 8:00  | R CUBITAL           | 05    | DATENT SHEACTON | 100 PM    | No slins of       | Dies             |
| 121124                                 | 14.00 | vital               | 017-  | Dutant          | Luch      | NO 19408          | 206              |
|  | 20:00 | Rt. 1               | 0/5   | patent          | Clushed   | obsociation       | 50:              |
|  | 9.00  | of Her              | 070   | patent          | fusid     | Martins of        | \$110            |
| 14/1/201                               | 1 120 | oc who ful          | 9/6   | putent          | flushed   |                   | THE MI           |
|  | 20.50 | ו גפון              | olg   | partent         | flutra    |                   | ( )              |
|  | 8.00  | Rtolal              | 05    | patent          | flushed   | <u> </u>          | 0807             |
| 15/01/24                               | MUDD  | Rt Conity           | 0/5   | purtent         | Hushal    |                   | Walk 1           |
|  | 20.00 | Robida              | 0/5   | Patent          | floghed   |                   | 2223             |
| J                                      | 8.00  | Ptbilal             | 0/5   | Patent          | flushes   | -                 | 2018             |
| 16(1)24                                | ∫4.00 | Pt                  | 710   | Patent          | thished   |                   | Jen ,            |
|  | !     |                     | Ju    | line po         | mone      | /                 |                  |
|  |       |                     |       | BN (a) 17.0     | 0         |                   | •                |
|  |       |                     |       |                 |           |                   |                  |
|  |       |                     |       |                 |           |                   |                  |





NJ.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V



MHI/PHARM/2022/028



Every heart beat counts

# **MEDICATION ADMINISTRATION RECORD**

|     | Drug                                 | ) Chart                            | :                          | of   | <u> </u>  |   | Heig    | ht (cms):       | (66           | Weigh      | Weight (kg): <u>らんりと</u> |             |  |  |  |  |
|-----|--------------------------------------|------------------------------------|----------------------------|--|---|---|---------|-----------------|---------------|------------|--------------------------|-------------|--|--|--|--|
|     |                                      |                                    | KNO                        | WN MEDICINE  |   |   |         | onfirmed,       | write NKDA ii |            |                          |             |  |  |  |  |
|     | Drug De                              | etails                             |                            |  | Descri  | ption of a  | Allergy |                 |               | D          | or's Sign:               |             |  |  |  |  |
|     |                                      | 1                                  | IKDA                       |  |   |   |         |                 |               | سندن ا     | e: Dr. Molu<br>by dwo    | med         |  |  |  |  |
|     |                                      |                                    |                            |  |   | ,   |         | ,<br>* (* ), (* | •             | Reg.       | No. NO.                  | m           |  |  |  |  |
|     | D                                    | ОСТО                               | R INSTRU                   | CTIONS   | . ]   | NURSING STAFF INSTRUCTIONS  |         |                 |               |            |                          |             |  |  |  |  |
|     | 2. Write i<br>3. Sign a<br>4. No pre | n BLOCK<br>.nd enter<br>escription | LETTERS, o<br>MCI registra | escribing drug<br>clearly and legibly<br>tion no. or apply sea<br>altered / overwritten<br>riting time | 2. Nurse<br>3. For ne<br>follow<br>4. Stand<br>Q8hrly | <ol> <li>Check entries in every section to avoid omissions</li> <li>Nurse in-charge should verify drug chart on daily basis</li> <li>For new prescription, follow the timings of doctor's prescription on Day 1 only, and follow standard timings</li> <li>Standard Timings: Q24hrly: 10:00hrs, Q12hrly: 10:00hrs, 22:00hrs or 06:00hrs, 18:00hr Q8hrly: 06:00hrs, 14:00hrs, 22:00hrs or 09:00hrs, 14:00hrs, 21:00hrs, Q6hrly: 05:00hrs, 11:00hrs, 17:00hrs, 23:00hrs, Q4hrly: 02:00hrs, 06:00hrs, 10:00hrs, 14:00hrs, 18:00hrs, 2</li> </ol> |         |                 |               |            |                          |             |  |  |  |  |
|     |                                      |                                    |                            | Stat /   | Once O  | nly / P   | remed   | ication         | Drugs         | •          |                          |             |  |  |  |  |
|     | Date                                 | Time                               |                            | Drug   |   | Dose  | Route-  |                 | Ooctor        |            | Administere              | <del></del> |  |  |  |  |
|     | ١                                    | Date Time Drug                     |                            |  |   |   |         | Sign.           | Reg. No.      | Sign.      | Emp. No.                 | Time        |  |  |  |  |
| 10[ | 1/24                                 | 21-00                              | <u>T.</u>                  | PAN  |   | Homu  | P/b_    | Cto             | 131669        | (D)        | Oly                      | 21/20       |  |  |  |  |
| 10  | 1/24                                 | 21.00                              | T. 1                       | ALPRAX   |   | D. FMI  | 1 P/0   | 1cm             | 134569        | <b>M</b> / | olhl                     | 21/2        |  |  |  |  |
| 1   | 24                                   | 9-10                               | ENT.                       | MORPHINI   | <u> </u>  | <b>FM</b> U   | 2m      | icto.           | 134569        | Din        | 2000                     | 9-10        |  |  |  |  |
| 11  | 1/24                                 | 9.10                               | Antj.                      | <b>SHEWESPIL</b>   | <del>-</del> -0                                       | 12 <sub>5</sub> 1   | HIM.    | K.go            | 134559        | <b>%</b> % | 0182                     | 9.00        |  |  |  |  |
|     |                                      |                                    |                            | · · · · · · · · · · · · · · · · · · ·  |   |   |         |                 |               |            |                          |             |  |  |  |  |
| i.  |                                      |                                    |                            |  |   |   |         | _               | - <del></del> |            |                          |             |  |  |  |  |
|     |                                      |                                    |                            |  |   |   |         |                 |               |            |                          |             |  |  |  |  |
|     |                                      |                                    |                            | <del></del>  |   |   |         |                 |               |            |                          |             |  |  |  |  |
|     |                                      |                                    |                            |  | <del></del>   |   |         |                 |               |            |                          |             |  |  |  |  |
| 1   |                                      |                                    |                            |  | <del></del>   |   |         |                 |               |            |                          |             |  |  |  |  |
|     | -                                    |                                    |                            | -  |   |   | -       |                 | <del></del>   |            |                          |             |  |  |  |  |

To be filled by Nursing Staff only. Sign and time given Date → **REGULAR PRESCRIPTIONS** To be filled in by Doctors only DRUG NAME 7. Nitro Contin g. 00 Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal 16.00 **Q** OR USBOY Stop Date & Time Additional Info: DRUG NAME T- PAN 7.00 Frequency Dose Start Date & Time Dr. Sign & Reg. No. / Seal 49:00 Px Oc 1657m Stop Date & Time Additional Info: **DRUG NAME** 1. Artorvas Route Dose Frequency Lang Start Date & Time Dr. Sign & Reg. No. / Seal De mesus Stop Date & Time go. 00 Additional Info: **DRUG NAME** T. MET XL 8. 00 Route Dose Frequency 2.5mg Start Date & Time Dr. Sign & Reg. No. / Seal Delbs mo Stop Date & Time Additional Info: DRUG NAME Route Frequency Dose Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: Area In-charge Nurse Signature:

Clinical Pharmacist Medway Heart institute

Clinical Pharmacist Q Medway Heart Institute

inical Pharmacist Sdway Heart Institute

|        |         |                | DIET ORDERS | (to be pre | scribe   | d by Doctors | s only) |           |          |
|--------|---------|----------------|-------------|------------|----------|--------------|---------|-----------|----------|
| Date   | Time    | Diet           | Signature   | Reg. No.   | Date     | Time         | Diet    | Signature | Reg. No. |
| 9110   | , 15.00 | Lowelt, Low Go | t KD        | 134559     |          |              |         |           |          |
| loliba | * &·00  | NPO            | Tx. D       | 13456      | <u>}</u> |              |         |           |          |
|        |         | X              |             |            |          |              |         |           |          |
|        |         |                |             |            |          |              |         |           |          |
|        |         | ÷              |             |            |          |              |         | ,         |          |
|        |         |                | ,           |            |          |              |         |           |          |

# 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 |               |          |            |
| وداراه  | Evening | tennah.       | ાંકર્જી  | Her      |      | Evening |               |          |            |
| 10/1/24 | 1       | Jeni Briga    | .0284    | Jun      |      | Night   |               |          |            |
| ווווא   | Morning | 4. Devila     | 06       | De       |      | Morning |               |          |            |
|         | Evening |               |          |          |      | Evening |               |          |            |
|         | Night   |               |          |          |      | Night   |               |          |            |
| ·       | Morning |               |          |          |      | Morning |               |          | <i>i</i> , |
|         | Evening |               |          |          |      | Evening |               |          |            |
|         | Night   |               |          |          |      | Night   |               |          |            |
|         | Morning |               |          |          |      | Morning |               |          |            |
|         | Evening |               |          |          |      | Evening |               |          |            |
| ļ       | Night   |               |          |          |      | Night   |               |          | 0.         |







# Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V



MHI/PHARM/2022/028



Every heart beat counts

# **MEDICATION ADMINISTRATION RECORD**

| , — <u> </u>   | of  <br>MEDICINE AL                          | LERGIE  | S (if NO   |   | ht (cms): <u>I&amp;&amp;CM</u>                                 | 0  |
|--|--|---|--|---|--|--|
| Drug Details   | •  | Descri  | ption of a   | Allergy   |  | Doctor's Sign:   |
| NKDA   |  |   | N  | lL ,  | <u>.</u>   | SOUND OF THE PARTY |
| DOCTOR INSTRUCTI   | ONS  |   |  | NU  | RSING STAFF INSTR  | IUCTIONS I Lott 508  |
| Use generic name when prescrib     Write in BLOCK LETTERS, clearly     Sign and enter MCI registration n     No prescription should be altered     Use 24-hour format when writing | and legibly o. or apply seal d / overwritten | 2. Nurse<br>3. For ne<br>follow<br>4. Stand<br>Q8hrly | in-charge<br>w prescrip<br>standard<br>ard Timing<br>: 06:00hrs, | should ve<br>otion, follow<br>timings<br>gs: Q24hrly<br>14:00hrs, 2 | : 10:00hrs, Q12hrly: 10:00hrs<br>22:00hrs or 09:00hrs, 14:00hr | is<br>escription on Day 1 only, and then<br>s, 22:00hrs or 06:00hrs, 18:00hrs,<br>rs, 21:00hrs, Q6hrly: 05:00hrs,<br>10:00hrs, 14:00hrs, 18:00hrs, 22:00hrs  |
|  | Stat / C                                     | Once O  | nly / P  | remed   | ication Drugs  | _  |
|  | <del></del>                                  |   |  | _   | Danta.   | Administrated  |

| Date     | Time  | D                   | Dana    | Route  | l  | Doctor         | /              | Administered |      |
|----------|-------|---------------------|---------|--------|--|----------------|----------------|--------------|------|
| Date     | Time  | Drug                | Dose    | noute  | Sign.  | Reg. No. 🦮     | ₁ſ.Sign: ˈ     | Emp. No.     | Time |
| 11/1/24  | 15°0  | BURRENDRAHINE PRICH | innog k | Y [10] | 8  | 112236         | Pinis<br>Pinis | <i>0</i> 0₹4 | מיפו |
| 11111    | 19.00 | J. ECOSPIRIAL       | 75mg    | ρο     | 8  | 112-2-16       | Dans           | DD 73.4      | 9000 |
| - 2/1/20 | 13,00 | TOUT LENESET        | HMU     | IV     | 10 m   | _ 134009       | 600            | 0271         | 14.2 |
|          | 4     |                     | 104     | Tu     | Dh   | 18333          | (B)            | 027)         | 1609 |
| 13/1/24  | 16:00 | 2. laux<br>Supporty | 2 fat   | PR     | (h   | 183073         | 4.             | ohr          | 18.0 |
|          |       |                     | _       |        |  | r <sup>i</sup> | 2236           | י מאי עס י   |      |
|          |       |                     |         |        |  |                |                |              |      |
|          |       |                     |         |        |  |                |                | -            |      |
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|          |       |                     |         |        |  |                |                | ,            | -    |
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| -        | . 1   | · ,                 | 1       |        | <del>                                     </del> | <del>  -</del> |                |              |      |

Clinical Pharmacist

Clinical Pharmacist

Quedaray Heart Institute

Clinical Pharmacist frethay Heart Institute

Clinical Pharmacist

Clinical Pharmacist

A Clinical Pharmacist Medway Heart Institute

Olinical Pharmacist Medway Heart Institute CIV Cit Francisco

Clinical Pharmacist A

| REGUI   | AR PRESCRI  | DIIGSIS I   | Date →        | To be             | e filled b   | y Nurs                   | ing Sta              | iff only.            | Sign a         | nd tíme    | given      |
|---|---|---|---------------|-------------------|--------------|--------------------------|----------------------|----------------------|----------------|------------|------------|
|   | filled in by Docto  |   | Time <b>↓</b> | u-1-2             | 123          | 3                        | 44,                  | 1                    | 121            | 47         | -          |
| DRUG NAME   | UE_M  |   | 08.00,        | ļ                 |              | 95.20                    | 70.7<br>20.7<br>20.7 | 1-00<br>1-00<br>1-00 | OKA.           | 964<br>300 |            |
| Dose<br>Song                                      | Route   | Frequency t - t - 1                               | 12-00         |                   | 14.20        | 35                       | ph's                 | Lay                  | lh or<br>gen   |            |            |
|   | lo. / Seal<br>N JEYAKUMAR<br>No:112236  | Start Date & Time U.1.24 21.30.  Stop Date & Time | 70-09         | gr83              | 20 30<br>DH  | 9030<br>S <del>D</del> X | 95.5°                | 10 9<br>Q            | 5-9<br>S       |            |            |
| Additional Info:                                  |   |   |               | ]<br>  <b>-</b> - |              |                          |                      | ·<br>  ·             |                |            |            |
| DRUG NAME   | T. METOPROLOL (BETALOL)   |   |               |                   |              |                          |                      |                      |                |            |            |
| Dose<br>25 mg                                     | Route   | Frequency<br>1-0-1                                |               |                   |              |                          |                      | ν: <sup>γ</sup>      | ~~~            | <b>-</b>   |            |
| Dr. Sign & Reg. N<br>Dr. PRAVEEI<br>どいいから Reg. No | Start Date & Time 12 1 24 08:50  Stop Date & Time 13 1 24 @ 3:30                                | 21100   |               | 21.00<br>1-X      |              | - 1,                     |                      |                      |                |            |            |
| Additional Info:                                  |   | 11 stured for \$ =30                              |               |                   |              |                          |                      |                      |                |            |            |
| DRUG NAME<br>न- सहित                              | OPROLOL (BET  | moc)  | 9:00          |                   | <del>}</del> | 0:00                     | <b>3,5</b>           | 7                    |                |            |            |
| Dose 50 mg  | Route<br>೪೦   | Frequency   |               |                   |              |                          |                      | /-,                  | 1 Pe           | 18         |            |
| Dr. Sign & Reg. N<br>Dr. PRAVEEN J<br>Reg. No:1   | EYAKUMAR  | Start Date & Time 13]   24 9 co                   | 21:00         |                   |              | 24 <u>00</u><br>,5,\$0;  | <u>-</u>             | Z                    |                |            |            |
| Additional Info:                                  |   | 14/124@ 2000                                      |               | l                 | <b></b>      |                          |                      |                      |                |            | <b>-</b>   |
| DRUG NAME /                                       | OSA PRIDE   |   | <b>1</b> ,30  | £                 | )            | 0:00                     | 7:00                 | 7.00<br>-9.          | 7.∞<br>≤\$}⁄   |            |            |
| Dose<br>5mg                                       | Route .   | Frequency   | 4:            |                   |              |                          | 611                  | 300                  | <u>ੂੰ ਹੰਸ਼</u> | <u>Z∯</u>  |            |
| Dr. Sign & Reg. No. PRAVEEN Reg. No.              |   | Start Date & Time 13 1 24 9.06  Stop Date & Time  | <b>19:</b> 00 |                   | )            | 19:30<br>Agos            | 4428                 | 219:39               | (10°           |            |            |
|   |   | Joop Balo a Timo                                  |               |                   |              |                          | •••••                |                      |                |            | <b>-</b> - |
| Additional Info:  DRUG NAME て、がい                  | BF<br>*\T   | <del>-</del>                                      |               |                   |              |                          |                      |                      |                |            |            |
| Dose<br>O∵≤ mg                                    | Route<br>Po   | Frequency   |               |                   |              |                          |                      |                      |                |            |            |
| : -   | Dr. Sign & Reg. No. / Seal  Start Date & Time 13/1/24, 21.00  Stop Date & Time  Reg. No. 112236 |   |               |                   |              | 2700<br>927              | 2/.60                | 92.0                 | 30:99<br>O/    | y          |            |
| Additional Info:                                  |   |   |               |                   |              |                          |                      |                      |                |            |            |
| Area In-charge<br>Nurse Signature                 |   | ⟨;<br>⟨opo⟩                                       | 12 Ones       | NOS               | X pel        | None                     | Mel                  |                      |                |            |            |

To be filled by Nursing Staff only. Sign and time given Date -> **REGULAR PRESCRIPTIONS** Time **↓** To be filled in by Doctors only 9.00 PM DRUG NAME Clinical Pharmacist SALT. CAPSOLE 8.00 Route Frequency Dose Po 1-(-1 Start Date & Time Dr. Sign & Reg. No. / Seal 14.00 13/1/24@ 10.00 Stop Date & Time *გე. თ* Additional Info: **DRUG NAME** II. LESURIDE Route Frequency Dose ψ*ο, ε*γ 1-0-1 Start Date & Time Dr. Sign & Reg. No. / Seal 14)2)14 10-00 <u>0 P</u> Ştop Date & Time 212236 14/1/24 @ 20.34 20.00 Additional Info: x 2 duses: DRUG NAME METOPROLOC 8.00 Route Dose Frequency 1-0 7. Start Date & Time Dr. Sign & Reg. No. / Seal (4/01/24 20.00 Stop Date & Time Additional Info: **DRUG NAME** ື ີ າse Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Dr. Sign & Reg. No. / Seal Start Date & Time Stop Date & Time Additional Info: Area In-charge Nurse Signature:

Clinical Pharmacist
Medway Heart Institute

| 1               | ANTIMICROBIA                       | ALS I             | Date →        | To be    | filled by Nurs   | ing Sta | ff only.  | Sign ár | nd time | , given |
|-----------------|------------------------------------|-------------------|---------------|----------|------------------|---------|-----------|---------|---------|---------|
| То              | be filled in by Doct               |                   | Time <b>↓</b> | 11/24    | 12.12            |         |           |         |         | -       |
| DRUG NAME       |                                    |                   | 6.15          |          | 0p-w             |         |           |         |         | _ 1     |
| IN. CEI         | FUROXIME                           | SODIUM            | 6, 1,         | <u> </u> | CONT.            |         |           |         |         | -       |
| Dose ·          | Route                              | Frequency         |               | DI       | D2   9           | Lens    |           |         |         |         |
| 1:59m           | 20                                 | a lathholy        |               |          | 5                | 16/2-   |           |         |         |         |
| Dr. Sign & Reg  | <del></del>                        | Start Date & Time |               | 18.15    | 18.30            |         |           |         |         |         |
| Dr. PRAVEEN     | I JEYAKUMAR 🛒 .                    | 111124 at In      | 18·15         | Sur?     | Anis             |         | <br>      |         |         |         |
| 🞸 Reg. No       | :112236                            | Stop Date & Time  | ,,,           |          |                  | -       |           |         |         |         |
| Additional Info | •                                  | 12/124 at 19.15   |               | h        |                  |         |           |         |         |         |
| DRUG NAME       | ·                                  |                   |               | $\vdash$ | _                |         |           |         |         |         |
| DRUG NAME       |                                    |                   |               | <u> </u> |                  |         |           | L       |         |         |
| Dose            | Route                              | Frequency         |               |          |                  |         |           |         |         |         |
| Dr. Sign & Reg  | . No. / Seal                       | Start Date & Time |               |          |                  |         |           |         |         |         |
|                 |                                    | Stop Date & Time  |               |          |                  |         |           |         |         | ├ ,     |
| A_1_();;        |                                    | <u> </u>          | , a           | }        |                  |         |           |         |         |         |
| Additional Info | <del>:</del>                       | <u>-</u>          |               |          |                  |         |           |         | -       |         |
| DRUG NAME       |                                    |                   |               |          |                  | ,7:1    |           |         | -,      |         |
| Dose            | Route                              | Frequency         |               |          |                  |         | ·         | e.gr \  |         | <b></b> |
| Dr. Sign & Reg  | ı. No. / Seal                      | Start Date & Time |               |          | ·,               |         |           |         |         |         |
|                 |                                    | Stop Date & Time  |               |          |                  |         |           | 1.      | ·       |         |
| Additional Info | :                                  |                   |               |          | _                |         |           |         |         |         |
| DRUG NAME       |                                    |                   |               |          |                  |         |           |         |         |         |
| Dose            | Route                              | Frequency         |               | ļļ       |                  |         |           |         |         | <br>    |
| Dr. Sign & Reg  | . No. / Seai                       | Start Date & Time |               |          |                  |         |           |         |         |         |
|                 |                                    | Stop Date & Time  |               |          |                  |         |           |         |         |         |
| Additional Info | :                                  |                   |               |          |                  |         |           |         |         |         |
| DRUG NAME       |                                    |                   |               |          |                  |         |           |         |         |         |
| Dose            | Route                              | Frequency         |               | ļ        |                  |         |           |         |         |         |
| Dr. Sign & Reg  | . No. / Seal                       | Start Date & Time |               |          |                  |         | ·         |         |         |         |
|                 | Stop Date & Time                   |                   |               |          | <del>-   -</del> |         |           |         |         |         |
| Additional Info | Additional Info:                   |                   |               |          |                  |         | . <b></b> |         |         |         |
| Area in-charg   | Area In-charge                     |                   |               |          | A                |         |           |         |         |         |
|                 | Area In-charge<br>Iurse Signature: |                   |               |          | الم              |         | ,         |         |         |         |

# PARENTERAL INFUSION PRESCRIPTION AND ADMINISTRATION RECORD

|       | <b>T:</b> | Intravenous  | Value  | Rate /    |       | Additive Drug |      | <del></del> | Do       | ctor     | Adn        | ninistration       | n        |
|-------|-----------|--------------|--------|-----------|-------|---------------|------|-------------|----------|----------|------------|--------------------|----------|
| Date  | Time      | Fluid        | Volume | Duration  | Route | Name          | Dose | Range       | Sign.    | Reg. No. | Start Time | End Time           | Sign.    |
| րիե   | 14:20     | Kabilyić     | Booul  | 10000 Phr | ĮV.   |               |      |             | ۶        | 112-2-36 | 14:20      | ( <del>11.30</del> | bis look |
| <br>  | 17:30     | KABILYTE     | 50014  | local ha  | V     |               |      | -           | e        | عدداا    | 17.30      | 21730              | 00.14    |
|       | 21.30     | 1LABILY F    | 500m   | (oumly    | IV    |               |      |             | 8        | 112236   | al:30      | 02-30              | 24       |
| 12/12 | olis      | ) leasily th | 5000   | 1 soulh   | īν    | ·             | -    | -           | 8        | 1122-36  | 02-30      | 05.30              | dy       |
|       |           |              |        |           |       |               |      |             |          |          |            |                    |          |
|       |           |              |        |           |       |               |      |             |          |          |            |                    |          |
|       |           |              |        |           |       |               |      |             | _        |          |            |                    |          |
|       |           |              |        |           |       |               |      |             | <u>.</u> |          |            |                    |          |
|       | -         |              |        |           |       |               |      |             |          |          |            |                    |          |
|       |           | ·            |        |           |       |               | -    |             |          |          |            |                    |          |
|       |           |              |        |           |       | <u>-</u>      |      |             |          |          |            |                    |          |
|       |           |              |        |           |       |               |      |             | <u> </u> |          |            |                    | <b>8</b> |
|       |           |              |        | <u>-</u>  |       |               |      | _           |          |          |            | 6                  | i.       |

| PARENTERAL INI SION PRESCRIPTION AND ADMINISTRATION RECORD |         |             |        |                |            |                          |       |            |            |          |            |              |              |
|--|---------|-------------|--------|----------------|------------|--------------------------|-------|------------|------------|----------|------------|--------------|--------------|
| Date ·   | .,Time  | Intravenous | Volume | Rate /         |            | Additive Drug            |       |            | Do         | ctor     | Adn        | ninistration |              |
| Date   | -,11116 | Fluid       | Volume | Duration       | Route      | Name                     | Dose  | Range      | Sign.      | Reg. No. | Start Time | End Time     | Sign.        |
| 11/24  | 14.20   | N80.97.     | 254    | Auothr         | W_         | INJ. MOROGLYCERINE       | & SMg |            | <b>e</b> - | 11226    | 14.20      | 00.08        | 8183<br>0014 |
| ci li la   | 16:A0   | N30.9 Y     | AONL   | Aullhr         | iv_        | INV. HIMMAN ACTRAPED     | 40 TU | _          | e-         | 112236   | 15:40      | 06:30        | 2008         |
| 111, 1,  | 06.30   | V80-4XF     | tonl   | 25m//w         | <u>5</u> v | JAIJ. POTASSIOM CHLORIDE | (*    |            | 6          | 112251   | 06.30      | 08.90        | 1            |
| ,  |         | ~ ~         |        | ,<br>,         |            |                          | *     | ٠,         |            |          |            |              |              |
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| <u>.</u>   |         |             |        |                |            |                          |       |            |            |          |            |              | -            |
| P  | •       | • ,         |        |                |            |                          |       |            |            |          |            |              |              |
| , , ,  |         | <del></del> | -      | _ <del>_</del> |            |                          |       | - <b>-</b> |            | _        |            |              |              |
| <u>·</u>   |         | <u> </u>    |        |                |            |                          |       |            | , :        |          | :          |              |              |
| ·.   | ·       |             |        |                |            |                          |       | , ,        |            |          |            | , ,          | ٠.           |
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|              | DIE          | ET ORDERS | (to be pr | escribe | d by Do        | ctors only) |           |          |
|--------------|--------------|-----------|-----------|---------|----------------|-------------|-----------|----------|
| Date Tim     | e Diet       | Signature | Reg. No.  | Date    | Time           | Diet        | Signature | Reg. No. |
| 11 121 14.2  | n NPO        | S         | 112236    | 10/1    | (Lon, <b>3</b> | Lof Adua    | 8hi       | १६३७३    |
| 11/1/20      |              | Q         | 10236     | 161     | 81.00          | (oft do     | (h)       | 183847   |
| 12/12/90     |              | 8         |           | Flipre  | هدر 9          | Mormal Diet | · Koff    | 131659   |
| 12.1.24 21.  | DO SOFT DIET | . r       | 1122-16   | ,<br>   |                |             |           |          |
| 13/1/24/8 23 | O BOPT DIET  | 8         | 11221.4   |         |                |             |           |          |

# **NURSE IDENTIFICATION RECORD**

182013

8:00

(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. rathrine     | 0207     | F·C      |
| 11/24   | Evening | COMP FLORANCE'S | 00F4     | Maria.       | Wilzy    | Evening | Hannah Grace    | 0105     | Hay      |
| 11/124  | Night   | Suryalam - S.P  | 0232     | Defin        | 15/1/2   | Night   | Dougnersui      | 233)     | ~        |
| 12/1/24 | Morning | Sugary p. Ce.   | 0223     | Suff         | 16/1/24  | Morning | A. ABINUS       | 0080     | Q        |
| 12/1/24 | Evening | Maria Almanas   | 0074:    | Objet.       | تنداناكا | Evening | Jan on ya       | 0284     | Ju.      |
| 12-1-20 | Night   | SURVIAICANA-STO | 023 1    | dy           | 16/124   | Night   | pengine el vien | 2333     | N.       |
| 13/129  | Morning | Mahalajeshmi.M  | balg     | 92           | 17/1/24  | Morning | A ALBINUS       | 0088     | 10-      |
| 12/1/24 | Evening | Agastaja,       | 10160    | 5            |          | Evening |                 |          | • •      |
| 19/1/20 | Night   | Douradhaicheni  | 02/2     | 4            |          | Night   |                 | 4        |          |
| MILE    | Morning | R. Surline      | Ma       | $\mathbb{Q}$ |          | Morning |                 |          |          |
| 011/24  | Evening | A-MJONIShe.     | 3/41     | h            |          | Evening |                 |          | •        |
| 4/1/24  | Night   | Danghelmen      | 2377     | N'           |          | Night   | /2              |          |          |

OPCABX & GRAFTS.

PINA 74D OVG -> PDA

RAD -> OM

Medway Hospitals

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





|             | Mr.RAMESH S<br>56/Mulc/MHI202481637 | <u>-</u> | M:    | HI/ICU/2022/076 |
|-------------|-------------------------------------|----------|-------|-----------------|
| Name        | 10/01/2024/IPH2024000086            |          |       | Sheet No.       |
| UHID No.    | Dirajesh.v                          | ge       | Sex   | 1               |
| Blood Group | 0 -VE Height                        | Weight   | BSA 7 | A               |
|             | • •                                 | - //     |       |                 |

| SURG     | SICAL PR | ROCEDU | JRE: |                  |               |        |               | DA     | re of si | URGERY | : ŋ  | 01 04 | <b>1</b> | PC   | OST-OP I        | DAY: DO          | S.   |   |
|----------|----------|--------|------|------------------|---------------|--------|---------------|--------|----------|--------|------|-------|----------|------|-----------------|------------------|------|---|
| 5.475    | 71145    |        |      | 1                |               | VENTIL | ATORS P       | ARAMET | ERS      |        |      | .4 !  |          | 1    | BLOOD           | GAS              |      |   |
| DATE     | TIME     | MODE   | RATE | PRESS<br>SUPPORT | PEAK<br>PRESS | PEEP   | MEAN<br>PRESS | MV     | ITV      | ETV    | FiO₂ |       | рН       | PCO, | PO <sub>2</sub> | HCO <sub>2</sub> | SAT% | BE  |
| 11/11/24 | 14:20    | ļ<br>  | OH   | 0,               | Mr            | ls lo  |               |        |          |        | 429  |       | 4.296    | 62.6 | 93.6            | 86.0             | 96.7 | (.6   |
|          |          |        |      |                  |               |        |               |        |          |        |      |       |          |      |                 |                  |      | ı<br>   |
|          | 16.30    |        | ON   | No               | AL (          | RONG   |               |        |          |        | Alik |       |          |      |                 |                  |      | I<br>   |
|          |          |        |      |                  |               |        |               |        |          |        |      |       |          |      |                 | _                |      |   |
|          |          |        |      |                  |               |        |               |        |          |        |      |       |          |      |                 |                  |      | , <u>,                                   </u> |
|          |          |        |      |                  |               |        |               |        |          |        |      |       |          |      |                 |                  |      |   |
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|          |          |        |      |                  |               |        |               |        |          |        |      |       |          |      |                 |                  |      |   |
|          |          |        |      |                  |               |        |               |        |          |        |      |       |          |      |                 |                  |      |   |
|          | ₹:       |        |      |                  |               |        | <del></del>   |        |          |        |      |       |          |      |                 |                  |      |   |
|          |          | 1.2    |      |                  |               |        |               |        |          |        |      |       |          |      |                 |                  |      |   |
|          |          |        |      |                  |               | ] .    |               |        |          |        |      |       |          |      |                 |                  |      |   |

RECEIVED THE PATIENT FROM OT AT: 14:2

OT URME: FOO M

## **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

Br-Brisk

SI-Sluggish

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

**CAPILLARY REFILL** 

# **MOTOR ARMS/LEGS**

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

# **PUPILS SCALE (mm)**

| • |   |     |
|---|---|-----|
| 1 | 2 | 3 4 |
|   |   |     |
|   | 5 | 6   |
|   |   |     |
|   | 7 | 8   |

# **PUPILS REACTION**

Br-Brisk SI-Sluggish O-Absent

# **CARDIOVASCULAR**

**D-Dependent** 

G-Generalised

**EDEMA** 

| O-Absent         |
|------------------|
| HEART SOUNDS     |
| S1 S2            |
| M-Murmur         |
| Rb-Rub           |
| G-Gallop         |
| SM-Sound muffled |

# NECK VEINS

O-Absent

JVP N-Normal In-Increased

# VALVE CLICK/ SHUNT NUMBER

**D-Distented** 

**LIVERSIZE** 

N-Normal

E-Enlarged

Valve Replaced / Shunt +Present O-Absent

# **PULMONARY**

1 3 1

| WORK OF BREATHING   | SUCTION        |
|---------------------|----------------|
| Ab-Abdominal        | ET-Endotrachea |
| TA-Thoraco-abdomial | N-Nasal        |
| L-Laboured          | Or-Oral        |

| BREATH SOUNDS   | SECRETIONS   | CHARACTER   |
|---|--|---|
| CL-Clear<br>Ro-Ronchi<br>Wh-Wheezes<br>CR-Crackles<br>BECL-Bilat<br>equal & clear | COLOUR<br>CL-Clear<br>Y-Yellow<br>W-White<br>Pk-Pink | M-Moderate<br>Sc-Scanty<br>Th-Thin<br>Tk-Thick<br>Cs-Copious<br>R-Red |

# **GASTROINTESTINAL**

| BOWEL SOUNDS   | NGT POSITION                  |
|----------------|-------------------------------|
| +Present       | Air injected                  |
| O-Absent       | +Heard in Abd                 |
|                | O-Absent                      |
|                | GA-Gastric contents aspirated |
|                | Dr-Dependent Drainage         |
| ABDOMINAL TONE |                               |

| ADDOMINAL TONE | OACTRIC RECIPITAL                    |                 |  |  |  |
|----------------|--------------------------------------|-----------------|--|--|--|
| So-Soft        | GASTRIC RESIDUAL  G-Green B-Bleeding |                 |  |  |  |
| F-Firm         | G-Green                              | B-Bleeding      |  |  |  |
| Tn-Tender      | Y-Yellow                             | C-Coffee ground |  |  |  |
| Ob-Obese       |                                      |                 |  |  |  |

OPCABX SCIRAGIS

LIMA -> LAD SVQ-> PDA

RAD-> OM

Heart

Mr.RAMESH S

Medway Hospitals® The way to better health



|            | 56/Mu            | le/MHI202481637             |             |              | N          | IHI/ICU/2022/076 |
|------------|------------------|-----------------------------|-------------|--------------|------------|------------------|
| Name       | 10/01/<br>Dr.RAJ | /2024/เทH20240000<br>JESH.V | 986         |              |            | Sheet No.        |
| UHID No.   |                  |                             |             | Age          | Sex        | 2_               |
| Blood Grou | p                | 0-16                        | Height MCCO | Weight Adula | BSA<br>BSA | Α                |

SURGICAL PROCEDURE:

(A Unit of United Alliance Healthcare Pvt Ltd)

POST-OP DAY: DATE OF SURGERY: | 11 01 04 **VENTILATORS PARAMETERS BLOOD GAS** DATE TIME MEAN PRESS PRESS PEAK HCO, PEEP RATE ΜV JTV ETV FiO, PCO<sub>2</sub> PO, SAT% BE MODE SUPPORT PRESS NA BAL 1 6h neorlas 12-1-24 00-30 0~ CRITICAL CARE FLOWCHART 05.00 ROOM AIR 49 67.4 28.6 7.46 40.5

## **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**

Br-Brisk

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

**CAPILLARY REFILL** 

# **MOTOR ARMS/LEGS**

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

# **PUPILS SCALE (mm)**

| • | • |     |
|---|---|-----|
| 1 | 2 | 3 4 |
|   |   |     |
|   | 5 | 6   |
|   |   |     |
|   | 7 | 8   |

# **PUPILS REACTION**

| Br-Brisk    |
|-------------|
| SI-Sluggish |
| O-Absent    |

# **CARDIOVASCULAR**

| SI-Sluggish<br>O-Absent |
|-------------------------|
| HEART SOUNDS            |
| S1 S2                   |
| M-Murmur                |
| Rb-Rub                  |
| G-Gallop                |
| SM-Sound muffled        |

# **EDEMA**

**D-Dependent** G-Generalised O-Absent

In-Increased

#### **VALVE CLICK/ NECK VEINS** SHUNT NUMBER JVP Valve Replaced / N-Normal

Shunt +Present O-Absent

# **PULMONARY**

| WORK OF BREATHING   | SUCTION         |
|---------------------|-----------------|
| Ab-Abdominal        | ET-Endotracheal |
| TA-Thoraco-abdomial | N-Nasal         |
| L-Laboured          | Or-Oral         |

| BREATH SOUNDS   | SECRETIONS   | CHARACTER   |
|---|--|---|
| CL-Clear<br>Ro-Ronchi<br>Wh-Wheezes<br>CR-Crackles<br>BECL-Bilat<br>equal & clear | COLOUR<br>CL-Clear<br>Y-Yellow<br>W-White<br>Pk-Pink | M-Moderate<br>Sc-Scanty<br>Th-Thin<br>Tk-Thick<br>Cs-Copious<br>R-Red |

# **GASTROINTESTINAL**

| BOWEL SOUNDS |  |
|--------------|--|
| +Present     |  |
| ∩-Aheant     |  |

# **ABDOMINAL TONE**

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

# LIVERSIZE N-Normal

E-Enlarged

# **NGT POSITION**

Air injected +Heard in Abd O-Absent

GA-Gastric contents aspirated Dr-Dependent Drainage

# **GASTRIC RESIDUAL**

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

ORLABX 3 GRAFTS
LINA -7 LAI) Sug-7 PDA
RAD-7 OM

Medway Hospitals

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



|             | Mr.RAMESH S<br>56/Malc/MHI202481637 |        | 7_     | M                   | HI/ICU/2022/076 |
|-------------|-------------------------------------|--------|--------|---------------------|-----------------|
| Name        | 10/01/2024/IPH20240000              | 086    |        | •                   | Sheet No.       |
| UHID No.    | Dr.Rajesh.v                         |        |        | Sex                 | 3               |
| Blood Group | 0-16                                | Height | Weight | 1.69 m <sup>2</sup> | Α               |
|             | <u>-</u>                            |        | ~~77   |                     |                 |

| SURG       | ICAL PR            | OCEDU | RE:  |                  |               |        |               | DA | TE OF SI | URGERY   | : 11/1           | 04           |    | PC   | ST-OP I | DAY: P | I- 00 | _ • |                |
|------------|--------------------|-------|------|------------------|---------------|--------|---------------|----|----------|----------|------------------|--------------|----|------|---------|--------|-------|-----|----------------|
|            |                    |       |      |                  |               | VENTIL | ATORS P       |    |          |          |                  |              |    |      | BLOOD   | GAS    |       |     | ]              |
| DATE       | TIME               | MODE  | RATE | PRESS<br>SUPPORT | PEAK<br>PRESS | PEEP   | MEAN<br>PRESS | MV | . mv     | ETV      | FiO <sub>2</sub> |              | рН | PCO₂ | PO₂     | HCO₂   | SAT%  | BE  |                |
| العلم الحا | 0 <del>7</del> 100 | On    | R    | 90M              | J. (1-        | 2      |               |    |          |          |                  | <del>-</del> |    |      |         |        |       |     | -              |
|            |                    |       |      |                  |               |        |               |    |          |          |                  |              |    |      | <br>    |        |       |     |                |
|            |                    |       |      |                  |               |        |               |    |          |          |                  |              |    |      |         |        |       |     | 유              |
|            |                    |       |      |                  |               |        | -             |    |          |          |                  |              |    |      |         |        |       |     | CRITICAL       |
| -          |                    |       |      |                  |               |        |               |    |          |          |                  |              |    |      |         |        |       |     | L CA           |
|            |                    |       |      |                  |               |        |               |    |          |          |                  |              |    |      |         |        |       |     | REFI           |
|            |                    |       |      |                  |               |        |               |    | <u> </u> |          |                  |              |    |      |         |        |       |     | OWC            |
|            |                    |       |      |                  |               |        |               |    |          | <u> </u> |                  |              |    |      |         |        |       |     | CARE FLOWCHART |
|            |                    |       |      |                  |               |        |               |    |          |          |                  |              |    |      |         |        |       |     |                |
|            |                    |       |      |                  |               |        |               |    |          |          |                  |              |    |      |         |        |       |     | 1              |
|            |                    |       |      |                  |               |        |               |    |          |          |                  |              |    | -    |         | -      |       | _   |                |

# **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

Br-Brisk

SI-Sluggish

O-Absent

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

**CAPILLARY REFILL** 

# **MOTOR ARMS/LEGS**

S-Strong Wk-Weak O-Absent A-Anasthesia **CP-Chemical paralysis** 

# **PUPILS SCALE (mm)**

| • | • |          |
|---|---|----------|
| 1 | 2 | 3 4      |
|   |   |          |
|   | 5 | <u>6</u> |
|   |   |          |
|   | 7 | 8        |

# **PUPILS REACTION**

Br-Brisk SI-Sluggish O-Absent

# **CARDIOVASCULAR**

**EDEMA** 

O-Absent

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

# **NECK VEINS**

**D-Dependent** 

G-Generalised

JVP N-Normal In-Increased

# VALVE CLICK/ SHUNT NUMBER

Valve Replaced / Shunt +Present O-Absent

# **PULMONARY**

| WORK OF BREATHING   | SUCTION         |
|---------------------|-----------------|
| Ab-Abdominal        | ET-Endotracheal |
| TA-Thoraco-abdomial | N-Nasal         |
| L-Laboured          | Or-Oral         |

**CHARACTER** 

M-Moderate

Sc-Scanty

Th-Thin

Tk-Thick Cs-Copious R-Red

**NGT POSITION** 

| BREATH SOUNDS   | SECRETIONS   |
|---|--|
| CL-Clear<br>Ro-Ronchi<br>Wh-Wheezes<br>CR-Crackles<br>BECL-Bilat<br>equal & clear | COLOUR<br>CL-Clear<br>Y-Yellow<br>W-White<br>Pk-Pink |

**BOWEL SOUNDS** 

**LIVERSIZE** 

N-Normal

E-Enlarged

# **GASTROINTESTINAL**

| +Present<br>O-Absent   | Air injected<br>+Heard in Abd<br>O-Absent<br>GA-Gastric contents aspirated<br>Dr-Dependent Drainage |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| ABDOMINAL TONE So-Soft F-Firm Tn-Tender Ob-Obese D-Distented | GASTRIC RESIDUAL G-Green B-Bleeding Y-Yellow C-Coffee ground  |  |  |  |  |  |  |

Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Name Dr.RAJESH.V

Blood Group

Sheet No.

В

UHID No.

0-15

Height

Age Sex

Weight BSA





MHI/ICU/2022/076



|       |       |      |     | ВІОСНІ   | EMISTRY     |       |          |       |                  | VITA  | L PARA | METER:   | S      |        |        | CARDIA | AC ASSIST | DEVICE   |           |
|-------|-------|------|-----|----------|-------------|-------|----------|-------|------------------|-------|--------|----------|--------|--------|--------|--------|-----------|----------|-----------|
| DATE  | TIME  | НЬ   | Na  | к        | Ca<br>SUGAR | BLOOD | TIME     | ETCO, | BREATH<br>SOUNDS | Sao₂  | RR/MT  | N.RP     | TEMP°F | Ahda⊪G | TIME   | IABP   |           | PACEMAKE | R SETTING |
|       |       |      | 140 | <u> </u> |             |       | 111012   | L1002 | SOUNDS           | 0802  |        | <u> </u> |        |        | 111111 | RATIO  | DURATION  | RATE     | MODE      |
| nlibu | 15.3h | 11.7 | 130 | 33A      | 1.00        |       | 14:20    |       | d                | 1001  | 12 mt  |          | 21.66  |        |        |        |           |          |           |
|       |       | •    |     |          |             |       | 16.39    |       | d                | 93%   | المامد | <u> </u> |        |        |        |        |           |          |           |
|       |       |      |     |          |             |       | 16.20    |       | cl               | 100%  | Mut    |          |        |        |        |        |           |          |           |
|       |       |      |     |          |             |       | 17.39    |       | c/               | 100%  | 16/MF  |          | q6°F   |        |        |        |           |          |           |
|       |       |      |     |          |             |       | 18.30    |       | c\               |       | gi/vik |          |        |        |        |        |           |          | Xed T     |
| _     |       |      |     |          |             |       | 19-31    |       | cl               | 100%  | 14/m)  | ļ<br>    | 98.2   | Ŀ      |        |        |           |          |           |
| _     |       |      |     |          |             |       | 20.30    |       | c                | 100%  | 16/1   |          |        |        |        |        |           |          |           |
| _     |       |      |     |          |             |       | A   · 30 |       | cl               | 1007. | 16 Jul |          |        |        |        |        |           |          |           |
|       |       |      |     |          |             |       | 22.30    |       | d                | (00×. | 12/mf  |          |        |        |        |        |           |          |           |
|       |       |      |     |          |             |       | 23.30    |       |                  |       |        |          |        |        |        |        |           |          | \<br>     |
|       |       |      |     |          |             |       |          |       |                  |       | _      |          |        |        |        |        |           |          |           |
|       |       |      |     |          |             |       |          |       |                  |       |        |          |        |        |        |        |           |          |           |

|                   | SHIFT             | D | AY | EVE         | NING           | NIC | SHT |
|-------------------|-------------------|---|----|-------------|----------------|-----|-----|
|                   | TIME              |   |    | by!20       | Q0:00          |     |     |
|                   | EYES              |   |    | 2           | c <sub>0</sub> |     |     |
| NEURO             | VERBAL            |   |    | 2           | 8              |     |     |
| N.                | MOTOR             |   |    | 5           | · <b>\</b>     |     |     |
|                   | ARMS R/L          |   |    | St          | st             |     |     |
| ı                 | LEGS R/L          |   |    | 24          | 84             | _   |     |
| PUPILS            | R.SIZE/REACTIION  |   |    | 2/2         | 3/W            | -   |     |
| PUF               | L.SIZE/REACTION   |   |    | 3 Par       | 3/W            |     |     |
| 4R                | HEART SOUNDS      |   |    | 9,52        | 511~           |     |     |
| CARDIO-VASCULAR   | VALVE CLICK       |   |    |             |                |     |     |
|                   | CAPILLARY REFILL  |   |    | 8           | <b>124</b>     |     |     |
|                   | EDEMA             |   |    | O           | 0              |     |     |
| ა                 | NECK VEINS        |   |    | 74          | 4              |     |     |
| IARY              | WORK OF BREATHING |   |    | 74          | TA             |     |     |
| PULMONARY         | SUCTION           |   |    |             |                |     |     |
| P. I              | SECREATIONS       |   |    |             |                |     |     |
| AL                | BOWEL SOUNDS      |   |    | +           | +              |     |     |
| STIN              | ABDOMINAL TONE    |   |    | COFF        | Gg             |     |     |
| INTE              | N/G POSITION      |   |    | ļ. <u>.</u> | -              |     |     |
| GASTRO INTESTINAL | GASTRIC RESIDUAL  |   |    |             |                |     |     |
| GAS               | LIVER             |   |    | ~           | H              |     |     |

.

|         | SHIFT              | D. | AY | EVE    | NING    | NIC   | 3HT |
|---------|--------------------|----|----|--------|---------|-------|-----|
|         | DESCRIP.OF URINE   |    |    | cf     | دا      |       |     |
| G.U.    | PD - FUNCTION      |    |    | -      | )       |       |     |
|         | DRAINAGE           |    |    |        | 1       |       |     |
|         | PD - SITE          |    |    |        | ì       |       |     |
|         | COLOUR             |    |    |        | ~       |       |     |
|         | Sx WOUND-CHEST     |    |    | c      | 0       |       |     |
|         | LEG                |    |    | cf     | d       |       |     |
| SKN     | DRESSING           |    |    | 07     | 6       |       |     |
|         | PRESSURE SORE-SITE |    |    | Wil    | 1       |       |     |
|         | AREA               |    |    | -      | 1       |       |     |
|         | DRESSING CONDITION |    |    |        | 1       |       |     |
| <br>    | POSITION CHANGE    |    |    | Q2 tt  | 9214    |       |     |
| MISCELL | CHEST-PHYSIO       |    |    | Cploo  | 2 STING |       |     |
| ⊠<br>   | ACTIVITY           |    |    | ABP    | b.c.    |       |     |
|         |                    |    |    | aup    | 236     |       |     |
|         | S/N NAME           |    |    | Cathyg | fur     | Ŕ<br> |     |
|         | TIME               |    |    | 14,420 | 30.00   |       |     |
|         | SIGNATURE          |    |    | 1      | 3       |       |     |

Mr.RAMESH S

56/Male/MHI202481637

10/01/2024/IPH2024000086

Name Dr.RAJESH.V

Blood Group

Sheet No.

В

UHID No.

-vE

Age Sex

Height

Weight BSA





MHI/ICU/2022/076



|          |       | BIOCHEMISTRY |             |      |             |       |               |       |                  | VITA             | L PARAI | METERS | <br>3     |                     |       | CARDIAC ASSIST DEVICE |          |          |           |
|----------|-------|--------------|-------------|------|-------------|-------|---------------|-------|------------------|------------------|---------|--------|-----------|---------------------|-------|-----------------------|----------|----------|-----------|
| DATE     | TIME  | Hb           | Na          | К    | Ca<br>SUGAR | BLOOD | TIME          | ETCO, | BREATH<br>SOUNDS | Sao <sub>2</sub> | RR/MT   | N PD   | TEMP      | Abd <sup>c™</sup> G | TIME  | IABP                  |          | PACEMAKE | R SETTING |
|          |       |              | 140         |      | SUGAR       | BLOOD | THYIL         | 21002 | SOUNDS           | 3402             | TOWN    | 141DF  | I CIVIF I | 700 G               | THVIC | RATIO                 | DURATION | RATE     | MODE      |
|          |       |              |             |      |             |       |               |       |                  | InnY             | 41.1    | ļ      | ~ ~ .     |                     |       |                       |          |          |           |
| 121-24   |       |              |             |      |             |       | 66-30         |       | _ ପ              | 100%             | 16/LL   |        | 98.4      | r                   |       |                       |          |          |           |
| ,<br>    |       |              |             |      |             | _     | 01-30         | li.   | ر.               | 100%             | 14/4    |        |           | li .                |       | _                     |          |          |           |
|          |       |              |             |      |             |       | <i>⊙</i> 2-30 |       | ei               | (Doy             | 14/2    |        |           |                     |       |                       |          |          |           |
|          |       | <u> </u>     |             |      |             |       | 03-30         |       | a                | (007             | 20/4    |        |           |                     |       |                       |          |          |           |
| _        |       |              |             |      |             |       | 04-30         |       | 0                | (00%             | 16/Wh   |        | 47.6      | F                   |       |                       |          |          |           |
|          |       |              | <del></del> |      |             |       | 05-36         |       | વ.               | 44               | 16/nt   |        |           |                     |       |                       |          |          |           |
| <u>1</u> | 08.25 | 10-6         | 129         | 3.68 | 1.00        |       | <u>06-30</u>  |       | el               | 931.             | 22/h    |        |           |                     |       |                       |          |          |           |
|          |       | ii           |             |      | ,           |       |               | i     |                  |                  |         |        |           |                     |       |                       |          |          |           |
|          |       |              |             |      |             |       |               |       |                  |                  |         |        |           |                     |       |                       |          |          |           |
|          | _     |              | ,           |      |             |       |               |       |                  | _                |         |        |           |                     |       |                       |          |          | <b>\</b>  |
|          |       |              |             |      |             |       |               |       |                  |                  |         |        |           |                     |       |                       |          |          |           |
|          |       |              |             |      |             |       |               | -     |                  |                  |         |        |           |                     |       |                       |          |          |           |

**CRITICAL CARE FLOWCHART** 

|                   | SHIFT             | DAY | EVENING | NIGHT |
|-------------------|-------------------|-----|---------|-------|
|                   | TIME              |     |         |       |
| NEURO             | EYES              |     |         |       |
|                   | VERBAL            |     |         |       |
|                   | MOTOR             |     |         |       |
|                   | ARMS R/L          |     |         |       |
|                   | LEGS R/L          |     |         |       |
| ILS               | R.SIZE/REACTIION  |     |         |       |
| PUPILS            | L.SIZE/REACTION   |     |         |       |
| R                 | HEART SOUNDS      |     |         |       |
| CGLZ              | VALVE CLICK       |     |         |       |
| CARDIO-VASCULAR   | CAPILLARY REFILL  |     |         |       |
| RDIO              | EDEMA             |     |         |       |
| ర                 | NECK VEINS        |     |         |       |
| ARY               | WORK OF BREATHING |     |         |       |
| PULMONARY         | SUCTION           |     |         |       |
| PUL               | SECREATIONS       |     |         |       |
| <br>              | BOWEL SOUNDS      |     |         |       |
| STIN              | ABDOMINAL TONE    |     |         |       |
| NT I              | N/G POSITION      |     |         |       |
| GASTRO INTESTINAL | GASTRIC RESIDUAL  |     |         |       |
| GAS               | LIVER             |     |         |       |

|         | SHIFT              | D/ | ΨY          | EVE | NING | NIGHT |      |  |
|---------|--------------------|----|-------------|-----|------|-------|------|--|
|         | DESCRIP.OF URINE   |    |             |     |      |       |      |  |
| G.U.    | PD - FUNCTION      |    |             |     |      |       |      |  |
|         | DRAINAGE           |    |             |     |      |       |      |  |
|         | PD - SITE          |    |             |     |      |       |      |  |
|         | COLOUR             |    |             |     |      |       | il . |  |
|         | Sx WOUND-CHEST     |    |             | 1   |      |       |      |  |
|         | LEG                |    |             |     |      |       |      |  |
| SKN     | DRESSING           |    |             |     |      |       |      |  |
|         | PRESSURE SORE-SITE |    |             |     |      |       |      |  |
|         | AREA               |    |             |     |      |       |      |  |
|         | DRESSING CONDITION |    | DAY EVENING |     |      |       |      |  |
|         | POSITION CHANGE    |    |             |     |      |       |      |  |
| MISCELL | CHEST-PHYSIO       |    |             |     |      |       |      |  |
| MIS     | ACTIVITY           |    |             |     |      |       |      |  |
|         |                    |    |             |     |      |       |      |  |
|         | S/N NAME           |    |             |     |      |       |      |  |
|         | TIME               |    |             |     |      |       |      |  |
|         | SIGNATURE          |    |             |     |      |       |      |  |

Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

| Sheet No. | Name |
|-----------|------|
|           |      |

В

UHID No.

**Blood Group** 

Dr.RAJESH.V 

-16

Height

Sex Age

BSA Weight 1.69m 166cm 60.1kg

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



MHI/ICU/2022/076



|      | TIME     |      |       | ВІОСН | EMISTRY     |       |       | VITAL PARAMETERS |                  |                  |                   |                    |              |        |         | CARDIAC ASSIST DEVICE |          |          |           |
|------|----------|------|-------|-------|-------------|-------|-------|------------------|------------------|------------------|-------------------|--------------------|--------------|--------|---------|-----------------------|----------|----------|-----------|
| DATE |          | Hb   | Na    | к     | Ca<br>SUGAR | BLOOD | TIME  | ETCO,            | BREATH<br>SOUNDS | Sao,             | RR/MT             | N RP               | TEMP⁰F       | AbdenG | TIME    | IABP                  | ,        | PACEMAKE | R SETTING |
|      | <b>ļ</b> | 1.15 | I IVA |       | SUGAR       | BEOOD | TIME  |                  | SOUNDS           | GaO <sub>2</sub> | 100001            | IN <sub>1</sub> DF | I CIVIL I    | A00 0  | 1 IIVIE | RATIO                 | DURATION | RATE     | MODE      |
|      |          |      |       |       |             |       | 05!7O | _                | cl               | 941.             | <u>&amp;</u> 9 14 | ļ<br>              | 984F         |        |         |                       |          |          |           |
|      |          |      | ,     |       |             |       | 08:39 |                  | c                | 934.             | aslut             | <u></u>            |              |        |         |                       |          |          |           |
|      | ,        |      |       |       |             |       | 09130 |                  | 2                |                  | 24/2              |                    |              |        |         |                       |          |          | ,         |
|      |          |      |       |       |             |       | 10:30 | _                | cl               | 941.             | astml             | 10t (80            |              |        |         |                       |          |          |           |
|      |          |      |       |       |             |       | 11:30 |                  | d                | 924.             | arlm              | 113 (8             | 98°F         |        | <br>    |                       |          |          |           |
|      | 13:08    |      |       |       | 860         |       | 12130 | _                | d                | 90%              | 22 mt             |                    |              |        |         |                       |          |          |           |
|      |          |      |       |       |             |       | 13.30 | _                | را               | 90%              | 22/act            | 165                | (30 <i>)</i> |        |         |                       |          |          |           |
|      |          |      |       |       |             |       | 14.30 |                  | el               | 90%              | 9A \ut            | 119 (8             | 6            |        |         |                       |          |          |           |
|      |          |      |       |       |             |       | 15.30 |                  | cl               |                  | 21/art            | 113 68             | þ            |        |         |                       |          |          |           |
|      |          |      |       |       |             |       | 16:30 |                  | clear            | 921              | 31PW              | 123(8)             | )            |        |         |                       |          |          | i,        |
|      |          |      |       |       |             |       |       |                  |                  |                  |                   |                    |              |        |         |                       |          |          |           |
|      |          |      |       |       |             |       |       |                  |                  |                  |                   |                    |              |        |         |                       |          |          |           |

|                   | SHIFT             | D.         | AY     | EVE            | NING | NIC | GHT |
|-------------------|-------------------|------------|--------|----------------|------|-----|-----|
|                   | TIME              | 08,80      | 121,00 | 1600           |      |     |     |
|                   | EYES              | 4          | 44     | A              |      |     |     |
| NEURO             | VERBAL            | 5          | 5      | Б              |      |     |     |
| Ä                 | MOTOR             | 6          | وا     | 6              |      |     |     |
|                   | ARMS R/L          | str        | 848    | St.            |      | _   |     |
|                   | LEGS R/L          | ste        | 6/8    | 84             |      |     |     |
| PUPILS            | R.SIZE/REACTIION  | 3/8        | 3/18   | <u> </u> ઝ્રોઇ |      |     |     |
| PUF               | L.SIZE/REACTION   | 3/8        | 3/100  | 3/64           |      |     |     |
| 4R                | HEART SOUNDS      | 8152       | _      | 2192           |      |     |     |
| CULA              | VALVE CLICK       | ı          | [      | , (            |      |     |     |
| CARDIO-VASCULAR   | CAPILLARY REFILL  | Br         | Br     | R              |      |     |     |
| RDIC              | EDEMA             | 0          | 0      | b              |      |     |     |
| ర                 | NECK VEINS        | -          | 1      | 4              |      |     |     |
| ARY               | WORK OF BREATHING | TA         | TA     | Û              |      |     |     |
| PULMONARY         | SUCTION           | <u> </u>   | 1      | _              |      |     |     |
| P.                | SECREATIONS       |            | -      | _              |      |     |     |
| <br>              | BOWEL SOUNDS      | 4          | +      | +              |      | ı   |     |
| STIN              | ABDOMINAL TONE    | goff       | Soft   | ع              |      |     |     |
| INTE              | N/G POSITION      |            | _ `    | -              |      |     |     |
| GASTRO INTESTINAL | GASTRIC RESIDUAL  | l          | -      | _              |      |     |     |
| GAS               | LIVER             | <b>₽</b> √ | N      | N              |      |     |     |

|         | SHIFT              | D.           | AY           | EVE    | NING | NIC | 3HT |
|---------|--------------------|--------------|--------------|--------|------|-----|-----|
|         | DESCRIP.OF URINE   | 2            | 4            | cſ     |      |     |     |
| G.U.    | PD - FUNCTION      | 1            |              | 1      |      |     |     |
|         | DRAINAGE           | -            | )            | 1      |      |     |     |
|         | PD - SITE          | 1            | _            | 1      |      |     |     |
|         | COLOUR             | ļ            | -            | _      |      |     | 1   |
|         | Sx WOUND-CHEST     | cl           | 4            | cl     |      |     |     |
|         | LEG                | -            | ,            | 1      |      |     |     |
| SKN     | DRESSING           | 07           | σΤ           | 01     |      |     |     |
|         | PRESSURE SORE-SITE | <u>µ</u> —   | Nu           | Nil    |      |     |     |
|         | AREA               | 2            | 7            | 1:1    |      |     |     |
|         | DRESSING CONDITION | ~            | 1            | -      |      |     |     |
|         | POSITION CHANGE    | Cott         | Qall         | Ox Fx  |      |     |     |
| MISCELL | CHEST-PHYSIO       | NEB<br>SPIPO | NEB<br>CPIPO | 1000   |      |     |     |
| MIS     | ACTIVITY           | Pe           | PE           | p.6    | _    |     |     |
|         |                    | DBP<br>CVP   | NiBp         | NBP    | -    |     |     |
|         | S/N NAME           | Sugar        | Sugarti      | Xque 9 |      |     |     |
|         | TIME               | රුමු දිවව    | 12;00        | 16.00  | _    |     |     |
|         | SIGNATURE          | Sil          | SHI!         | Clavis |      |     |     |







|             | Mr.RAMESH S<br>56/Malc/MHI202481637 |        |                  | М            | HI/ICU/2022/076 |
|-------------|-------------------------------------|--------|------------------|--------------|-----------------|
| Name        | 10/01/2024/IPH20240000              | 186    | \[\]             | _            | Sheet No.       |
| UHID No.    | Dr.RAJESH.V                         |        | e                | Sex          | 1               |
| Blood Group | 0-VE                                | Height | Weight<br>601 kg | BSA<br>1.69m | 2 C             |
|             |                                     |        | 0                |              |                 |

|       | 1     | UR   | INE   |        | CH     | IEST DE | RAINAC | E          |      | GAS  | TRIC  | LAB S | AMPLE |                 | Volu          | ME           |       | USIONS |    |      |   |
|-------|-------|------|-------|--------|--------|---------|--------|------------|------|------|-------|-------|-------|-----------------|---------------|--------------|-------|--------|----|------|---|
| DATE  | TIME  | AMT  | TOTAL | RT.PL. | LT.PL. | MED/    | PERIC  | HR.T       | G.T. | AMT. | TOTAL | AMT.  | TOTAL | TOTAL<br>OUTPUT | DMI           | 901          | NIG   |        |    |      | ] |
| מלונו | 14:20 | ı    |       |        |        |         |        |            |      |      |       |       |       |                 |               |              | _<br> |        |    |      |   |
|       | 18730 | 250  | 0F0   |        |        | 150     |        | 160        | 150  |      |       | ずの    | ৰ্ন-০ | Ao≠             | V500<br>Kerit | NOO.         | A'O   | AO/AO  |    |      |   |
|       | 16.30 | . ~  | 310   |        |        |         |        |            | 1150 |      |       |       | 7.0   | 467             | 100           | 300          | 4.0   | A .D   |    | <br> | ┨ |
|       | 14.30 | 100  | Δίο   |        |        | 40      |        | Αo         | 190  |      |       |       | 4.0   | 67              | Noo           | 500          | 4.0   | 4.0    |    |      |   |
|       | 18:30 | 46   | 485   |        |        | do      |        | <i>3</i> 0 | 220  |      |       |       | 7.0   | <del>112</del>  | KABI<br>100   | 177E         | 4.0   | 4.0    | ۶, |      |   |
|       | 14.90 | 60   | 545   |        |        | 20      |        | 70         | 240  |      |       |       | 70    | 792             | 100           | 700          | 4.0   | 2.0    |    |      |   |
|       | 50. A | 75   | b 20  |        |        | 30      |        | 30         | 270  |      |       |       | 7.0   | 897             | 100           | 800          | 40    | 2.0    |    |      |   |
|       | 71.30 | 520  | የ ተር  |        |        | 20      | •      | 26         | २१०  |      |       |       | 70    | 1167            | 200           | 1000<br>Trus | 4.0   | 2:0    |    |      |   |
|       | 37.20 | 250. | (120) |        |        | lo      |        | (D         | 900  |      |       |       | 7-0   | 1427            |               | 1100         | 3.0   | 2-0    |    |      |   |
|       | 2330  | 001  | 1990  |        |        | 10      |        | 10         | 310  |      |       |       | 1.0   | 1337            | lov           | 1200         | 4.0   | ₫0     |    |      |   |

SPECIFIC OBSERVATIONS/PROBLEMS

| DATE | TIME |
|------|------|
|      |      |

des: 1100be at 15.35

### GENITOLIRINARY (GII)

| GI   | ENITOURINARY (GU)  |   |        |                                | SKIN                                    |   |
|--|--|---|--------|--------------------------------|---|---|
|  | PD   |   |        | COLOUR                         | SURGICAL (SX) WOUND                     |   |
| URINE  | FUNCTION   | DRAINAGE                                    |        | Pk-Pink<br>F-Flushed<br>P-Pale | C-Clean<br>Oz-Oozing<br>G-Gaping        | B-Betadine<br>Al-Antibiotic<br>Irrigation                               |
| CL-Clear<br>T-Turbid<br>Stained                            | Dr-Draining<br>B-Blocked                                 | CL-Clear<br>BS-Blood                        |        | Cy-Cyanotic<br>M-Mottled       | Op-Open<br>I-Infected                   | irigation   |
| HC-High Coloured   | SITE   |   |        | D-Dusky<br>J-Jaundice          |   | •   |
| BS-Blood Stained<br>HA-Haematuria .                        | C-Clean<br>R-Redness<br>BD-Block discoloration           |   |        | SITE                           | PRESSURE SORE                           | DRESSING / Rx   |
|  | MISCELLANEOUS  |   |        | S-Sacrum<br>Sc-Scapular        | R-Redness<br>BD-Black discoloration     | IR-Infra Red<br>DU-Dueodem  |
| OISITION CHANGE Su-Supine RL-Right lateral LL-Left Lateral | CHEST PHY V-Vibrator CP-Chest pe DC-Deep bro N-Nebulizer |   | ·.     | Oc-Occiput                     | BL-Blister<br>SP-Skin Peeling<br>D-Deep | E-Eptoin dressing B-Betadine dressing EU-Eusol sitz bath ST-Sofra Tulle |
| ACTIVITY   | TRANSDUC   | ER ZERO                                     |        | CONDITION H-Healing            |   |   |
| PE-Passive exercise<br>Am-Ambulated                        | PARAMETE<br>ABP-Arterial                                 | R   | \$ 10° | 22 21 6                        |   |   |
|  |  | orterial Pressure<br>Dary Arterial Pressure |        | LINES / TUBES                  | CONDITION                               |   |
|  | LAP-Left Art   | erial Pressure                              | 1 (AS) |                                |   | ··  |







|            | Mr.RAMESH S<br>56/Male/MHI202481637   |             | <br> L | М              | HI/ICU/2022/076 |
|------------|---------------------------------------|-------------|--------|----------------|-----------------|
| Name       | 10/01/2024/PH202400008<br>Dr.RAJESH.V |             |        | -              | Sheet No.       |
| UHID No.   |                                       | <u> </u>    | Age    | Sex            | 2               |
| Blood Grat | D-16                                  | Height      | Weight | BSA<br>I. HAM² | C               |
|            | <del></del> <del>_</del> -            | <del></del> | 7)     |                |                 |

|          |               | UR  | INE   |        | CI     | HEST DI | RAINAG | E    |      | GAS  | STRIC | LAB S | AMPLE |                 | VOL            | JAE   |               | USIONS |    |  |
|----------|---------------|-----|-------|--------|--------|---------|--------|------|------|------|-------|-------|-------|-----------------|----------------|-------|---------------|--------|----|--|
| DATE     | TIME          | AMT | TOTAL | RT.PL. | LT.PL. | MED     | PERIC  | HR.T | G.T. | AMT. | TOTAL | AMT.  | TOTAL | TOTAL<br>OUTPUT | AMi            | MIRE  | ולדו<br>עליכל | ACTAPA | ę. |  |
| 12-11-24 | 00-30         | 75  | 1305  |        |        | 30      |        | 30   | 340  |      |       |       | 7-0   | 1642            |                | 1300  |               | 1.0    |    |  |
|          | 69.30         | 70  | 1375  | -      |        | 40      |        | 40   | 370  |      |       |       | 70    | 1752            | 00).           | 14.0  | 4-0           | 1.0    |    |  |
|          | 07.20         | 100 | 47    |        |        | Įΰ      |        | เบ   | 380  |      |       |       | 7.0   | 1862            |                | 1200  | 1             | 1.0    |    |  |
|          | <u>የ</u> ን ን፡ | 90  | 1865  |        |        | 10      |        | 10   | 390  |      |       |       | 7.0   | 1962            | 100<br>100     | 1600  | 40            | 1.0    |    |  |
|          | 04.30         | 100 | ાહિ   |        |        | 10      |        | 10   | 400  |      |       |       | 7.0   | 2072            | (00)           | (4:00 | 40            | 1.0    |    |  |
|          | 05.30         | O P | 1745  |        |        | 30      |        | පිං  | 4 გი |      |       |       | 9:0   | 2181            | - 100          | 1800  | 2-0           | 1.0    |    |  |
|          | 06.30         | 70  | 1815  |        |        | W       |        | ٥    | 44 o |      |       | 1-0   | 8-0   | 2161            |                | _     | ŀ             | 1      |    |  |
|          |               |     |       |        |        |         |        |      |      |      |       |       |       |                 | - <del>-</del> |       |               |        |    |  |
|          |               |     | _     |        |        |         |        |      |      |      |       |       |       |                 |                |       |               |        |    |  |
|          |               |     |       |        |        |         |        |      |      |      |       |       |       |                 |                |       |               |        |    |  |

SPECIFIC OBSERVATIONS/PROBLEMS

| DATE | TIME |
|------|------|
|      |      |
|      |      |
|      |      |

### GENITOURINARY (GU)

| ·  | ENITOURINAR              | Y (GU)   | •  | SKIN   |   |  |  |  |  |  |
|--|--------------------------|--|--|--|---|--|--|--|--|--|
|  | PD                       |  |  | COLOUR   | SURGICAL (SX) WOUND                               | DRESSING   |  |  |  |  |
| URINE  | FUNCTION                 | I  | DRAINAGE                                 | Pk-Pink<br>F-Flushed<br>P-Pale   | C-Clean<br>Oz-Oozing<br>G-Gaping                  | B-Betadine<br>Al-Antibiotic<br>Irrigation                              |  |  |  |  |
| CL-Clear<br>T-Turbid                             | Dr-Draining<br>B-Blocked | )  | CL-Clear<br>BS-Blood                     | Cy-Cyanotic<br>M-Mottled   | Op-Open<br>I-Infected                             | migation   |  |  |  |  |
| Stained<br>HC-High Coloured                      | SITE                     |  |  | D-Dusky<br>J-Jaundice  |   |  |  |  |  |  |
| BS-Blood Stained<br>HA-Haematuria                | C-Clean<br>R-Redness     |  |  |  | PRESSURE SORE                                     |  |  |  |  |  |
|  | RD-RIOCK d               | iscoloration   |  | SITE   | AREA  | DRESSING / Rx  |  |  |  |  |
|  | MISCELLANE               | ous  |  | S-Sacrum<br>Sc-Scapular  | R-Redness<br>BD-Black discoloration<br>BL-Blister | IR-Infra Red<br>DU-Dueodem<br>E-Eptoin dressing<br>B-Betadine dressing |  |  |  |  |
| <b>OISITION CHANGE</b>                           |                          | CHEST PHYS   | SIO                                      | Oc-Occiput   | SP-Skin Peeling                                   |  |  |  |  |  |
| Su-Supine<br>RL-Right lateral<br>LL-Left Lateral | (<br>1                   | V-Vibrator<br>CP-Chest per<br>DC-Deep bre<br>N-Nebulizer |  |  | D-Deep  | EU-Eusol sitz bath<br>ST-Sofra Tulle                                   |  |  |  |  |
| ACTIVITY   |                          | N-Nebulizer  |  | CONDITION  |   |  |  |  |  |  |
| PE-Passive exercise                              | •                        | TRANSDUCE  | ER ZERO                                  | H-Healing  | •   |  |  |  |  |  |
| Am-Ambulated                                     |                          | PARAMETER<br>ABP-Arterial I                              |  | SCo-Status quo<br>S-Sloughing  |   |  |  |  |  |  |
|  | }<br>[                   | RAP-Right Ar<br>PAP-Pulmona                              | terial Pressure<br>ary Arterial Pressure | LINES / TUBES  | CONDITION   |  |  |  |  |  |
|  |                          | LAP-Left Arte  | rial Pressure                            | O-No redness, sw<br>R-Redness at site<br>Sw-Swelling at sit<br>Dr-Draining<br>D/c-Discontinued<br>P-Positional |   |  |  |  |  |  |

HL-Heparin Lock B-Blocked

| Medway Hospitals"                             |
|---|
| The way to better health                      |
| (A link of linked Allieuse Maskhaers Dec 144) |





|             | Mr.RAMESH S<br>56/Malc/MHI202481637 |        |        | M            | HI/ICU/2022/076 |
|-------------|-------------------------------------|--------|--------|--------------|-----------------|
| Name        | 10/01/2024/IPH2024000086            | 5      |        |              | Sheet No.       |
| UHID No.    | Dr.RAJESH.V                         |        | ige    | Sex          | M               |
| Blood Group | 0-VE                                | Height | Weight | BSA<br>1.69m | С               |
|             |                                     |        | J      |              | ,               |

| -      | }                | UR  | INE              |        | Cŀ     | EST DI | RAINAG | E    |           | GAS  | TRIC  | LAB S    | AMPLE | TOTAL            | VOLU | HE  | INF      | USIONS  | 3 |   | ] |
|--------|------------------|-----|------------------|--------|--------|--------|--------|------|-----------|------|-------|----------|-------|------------------|------|-----|----------|---------|---|---|---|
| DATE   | TIME             | АМТ | TOTAL            | RT.PL. | LT.PL. | MED    | PERIC  | HR.T | G.T.      | AMT. | TOTAL | AMT.     | TOTAL | TOTAL<br>OUTPUT  | PMI  | ĵoī | K615-    | ?       |   | ļ |   |
| بعارله | <u>তহ্</u> যদণ্ড | 7-0 | <del>र्ग ७</del> |        | <br>   | 10     |        | 0    | lo        |      |       | <u> </u> |       | 20               |      |     | 25.0     |         |   |   |   |
|        | 08130            | bo  | 130              |        |        | to     |        | 10   | مد        |      |       |          |       | 150              |      |     | 25.0     |         |   |   |   |
|        | 1791 <u>†</u> 30 | 110 | 240              |        |        | (O     |        | lο   | 30        |      |       | <u> </u> |       | 2 <del>4</del> 0 |      |     |          |         |   |   |   |
|        | 10!30            | 100 | 31-40            |        |        |        |        |      | 30        |      |       |          |       | 370              |      |     | <u> </u> |         |   |   |   |
|        | 11:30            | loo | भम०              |        |        |        |        |      | <u>30</u> |      |       |          |       | 470              |      |     |          |         |   |   |   |
|        | [2 <u>.</u> 130  | 100 | 540              |        |        | R      |        |      | 30        |      |       |          |       | 570              |      |     |          |         |   |   |   |
|        | 13.30            | 45  | 615              |        |        |        |        |      | 30        |      |       |          |       | 6A5              |      |     |          |         |   | - |   |
|        | 14:30            | 100 | द्भाप्त          | _      |        |        |        |      | 30        |      |       |          |       | 445              |      |     |          | Larilyt | € |   |   |
|        | 15.30            | 30  | 485              |        |        |        |        |      | 30        |      |       |          |       | 815              |      |     | Horgen   | TOTAL   |   |   |   |
|        | 19:30            | 60  | 845              |        | <br> i |        |        |      | 30        |      |       |          |       | 875              |      |     | 190      | 100     |   |   |   |

# SPECIFIC OBSERVATIONS/PROBLEMS

| <br>DATE | TIME     |                |          |        |              |                  |
|----------|----------|----------------|----------|--------|--------------|------------------|
| 12/01/24 | 09:H5 -  | , RIGHT RADIAL | ARTERIAL | UNE    | REMOVED      | (Blo De. RAJESH) |
| í        | 12:20 -> | mediastival D  | RAIN Rem | oven ( | Blo DR. RATS | 28#)             |

| GENITOURINARY (C | (UE |
|------------------|-----|
|------------------|-----|

| G  | ENITOURINARY (GU)                              |   |  | SKIN  |   |
|--|--|---|--|---|---|
|  | PD   |   | COLOUR   | SURGICAL (SX) WOUND                         | DRESSING                                  |
| URINE  | FUNCTION                                       | DRAINAGE                                    | Pk-Pink<br>F-Flushed<br>P-Pale   | C-Clean<br>Oz-Oozing<br>G-Gaping            | B-Betadine<br>Al-Antibiotic<br>Irrigation |
| CL-Clear<br>T-Turbid<br>Stained                  | Dr-Draining<br>B-Blocked                       | CL-Clear<br>BS-Blood                        | Cy-Cyanotic<br>M-Mottled   | Op-Open<br>I-Infected                       | ·   |
| HC-High Coloured                                 | SITE   |   | D-Dusky<br>J-Jaundice  |   |   |
| BS-Blood Stained<br>HA-Haematuria                | C-Clean<br>R-Redness<br>BD-Block discoloration |   | SITE   | PRESSURE SORE                               | DRESSING / Rx                             |
|  | MISCELLANEOUS                                  |   | S-Sacrum<br>Sc-Scapular<br>Oc-Occiput  | R-Redness BD-Black discoloration BL-Blister | IR-Infra Red DU-Dueodem E-Eptoin dressing |
| OISITION CHANGE                                  | CHEST PH                                       | YSIO  | Oc-Occiput   | SP-Skin Peeling                             | B-Betadine dressing                       |
| Su-Supine<br>RL-Right lateral<br>LL-Left Lateral | V-Vibrator<br>CP-Chest p<br>DC-Deep br         | eath & cough                                |  | D-Deep                                      | EU-Eusol sitz bath<br>ST-Sofra Tulle      |
| ACTIVITY   | N-Nebulizer                                    |   | CONDITION  |   |   |
| PE-Passive exercise<br>Am-Ambulated              | <b>TRANSDU</b><br>PARAMETE<br>ABP-Arteria      | R   | H-Healing<br>SCo-Status quo<br>S-Sloughing   |   |   |
|  |  | Arterial Pressure<br>nary Arterial Pressure | LINES / TUBES  | CONDITION                                   |   |
| ·  |  | terial Pressure                             | O-No redness, s<br>R-Redness at sit<br>Sw-Swelling at s<br>Dr-Draining<br>D/c-Discontinued<br>P-Positional<br>HL-Heparin Lock<br>B-Blocked | d   |   |

| Name UHID N |        |       | 56/Mal<br>10/01/<br>Dr.RAJ | 2024/IP<br>ESH.V | 02481637<br>H20240000 | Weight   | BSA I·   | amt      |           | et No.          | r                | he way                  | to bet | OSPi<br>ter hei |           | ®<br>F     | JCI ACCREDITED | NABH ACC    | REDITED       | (               | heart | Med<br>Hea<br>nstit | <sub>lway</sub><br>1rt |
|-------------|--------|-------|----------------------------|------------------|-----------------------|----------|----------|----------|-----------|-----------------|------------------|-------------------------|--------|-----------------|-----------|------------|----------------|-------------|---------------|-----------------|-------|---------------------|------------------------|
|             | Fl     | . מוט |                            |                  | IT (cont              | •        | J        |          |           | HAEN            | /IODYNA          | MICS                    | т      |                 | 1         |            | 1              | Blo         | od Gr         | oup:            | 0     | / <u> </u>          | <del></del> 1          |
| DATE        | TIME - |       | INFU                       | SIONS            | (contd.)              |          | TOTAL    | N/G/     | TOTAL     | TOTAL<br>INTAKE | TOTAL<br>BALANCE | HR/mt                   | RYTHYM | ST              | ABP       | MAP        | RAP            | LAP/<br>RAP | PERI          | PP<br>R/L       | со    | CI                  | SVR                    |
| 124         | 14:20  |       |                            |                  |                       | Mir      |          |          |           |                 |                  | 93                      | gyr    | ۸۰۵۱            | 76        | 601        | 3              |             | cost          | 4-1-            |       |                     |                        |
| ,           | 16.30  |       |                            |                  | -                     | d'0      | 60       |          |           | 0206            | 201              |                         | SINOS  |                 | 122       | 8 <i>A</i> | 2              |             | COOM          |                 |       |                     |                        |
| _           | 16.30  |       |                            |                  |                       | 8.0      | 10.0     |          |           | 316             | 151              |                         |        | 707             | 63        | <u> 경</u>  | 7              |             | DOYM          |                 |       |                     |                        |
|             | 17.30  |       |                            |                  |                       | 4.0      | 10.0     |          |           | F26             | 81               |                         |        | 505             | 1000      | 86         | 3              |             | (OOTM         |                 |       |                     |                        |
|             | 18.30  |       |                            |                  |                       | ٥٠٥      | 10.0     | 150      | 160       | 486             | +74              | '                       | SINUS  | 10%             | 1.80      | 24         | Ą              |             | <i>to</i> aim | <del>1</del> 11 |       | C                   | 00°                    |
|             | 19.80  |       |                            |                  |                       | 3.0      | \$-Q     |          |           | 994             | 七名               | 104                     | Ī      | 0.0 L           | 150       | 40         | 3              |             | LUBULA        | 4-4             |       |                     | W- 11                  |
|             | 20.30  |       |                            |                  |                       | 2 0      | 80       | 250      | 400       | 1052            | 155              | liz                     | Shir   | 0.00            | 160 70    | 96         | 4              |             | Weller        | 44              | 1-    |                     |                        |
| _           | 21.50  |       |                            | •                |                       | 2.0      | g ·D     |          | 400       | 1260            | 97               | 120                     | -Drym  | 6.01            | 166<br>76 | 104        | 6              |             | wan           | +4              |       |                     | _                      |
|             | 2a.30  |       |                            |                  |                       | 2.0      | 70       |          | 400       | 1367            | 60.              | 112                     | SILLY  | 0.00            | 152       | 90         | 5              |             | not w         | ++              |       |                     |                        |
|             | 23.30  |       |                            |                  |                       | 2.0      | 5.0      |          | 400       | 1473            | 64               | 109                     | sialus | 00)             | 153       | 94         | 4              | l           | wan           | +4.             |       |                     |                        |
|             | DRUGS  | 19.0  | 0 J. <u>B</u> C            | BPIRIA           | Temp                  | ) কি প্ৰ | ઈ લાખ્ટા | Y [DR-PI | Revisen : | JEYAKU          | DR.              | EVIOL<br>AINAC<br>INE : |        | Y×              |           | ΓΟΤΑ       | HRS<br>LINTAI  |             |               | •               | •     |                     |                        |

TOTAL BALANCE:

|                    | DAY | EVENING   | NIGHT |
|--------------------|-----|-----------|-------|
| PATIENT CARE       |     |           |       |
| BATH               |     |           |       |
| ORAL CARE          |     |           |       |
| EYE CARE           |     |           |       |
| BACK CARE          |     |           |       |
| DRESSING/EQUIPMENT |     |           |       |
| CHANGED            |     |           |       |
| WOUND              |     |           |       |
| CEN.LINE           |     |           |       |
| I.V.SET            |     |           | _     |
| TUBINGS            |     |           |       |
| HUMIDIFIER H2O     |     |           |       |
| ELECTRODES         |     |           |       |
| ALARMS VERIFIED    |     |           |       |
| VENT - HUMIDIFIER  |     |           |       |
| -SETTINGS          |     |           |       |
| HRT.RATE           |     | gz&m      | 7     |
| B.P.               | _   | 14-168(94 |       |
|                    |     | Hur.      |       |

| DATE | TIME | REMARKS / PLAN |
|------|------|----------------|
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| INFUSION PU | MPS      |   |          |                       |          |          |       |
|-------------|----------|---|----------|-----------------------|----------|----------|-------|
| LINES/TUBES | SITE     | INSERTION<br>DATE                                 | DAYS     | INFUSION/<br>DRAINAGE | DAY      | EVE      | NIGHT |
| O2 MACK     |          | nlilan  | \        |                       |          | Þ        | φ     |
| TIU         | 2+       | 11/1/29   |          |                       |          | P        | ρ     |
| ART LIME    | 44       | 11/124  | 1        |                       |          | P        | ļġ.   |
| PERILINE    | 잗        | 11/1/24   | ,        |                       |          | ₽        | þ     |
| MEDIA       |          | 11/1/24   | }        |                       |          | P        | 1     |
| U-CATH      |          | 40/1/11   | 1        |                       |          | 7        | P     |
| TR DOME     |          | 11/24   | 1        |                       | _        | P        | P     |
| IV EXTH     | <u> </u> | 11/1/24   | 1        |                       | <u> </u> | P        | Ď     |
| D. TURINGS  |          | <u>_n   1   24                               </u> | )        |                       |          | P_       | P     |
| N-PRONGS    |          | 11/124  | 1        |                       |          | ٩        | þ     |
| '           |          | <u> </u>  | ļ        |                       |          |          | 1     |
|             |          |   |          |                       |          |          |       |
|             |          |   |          |                       |          | <u> </u> |       |
|             |          |   | <u> </u> | ·                     |          |          |       |
|             |          |   |          |                       |          |          |       |
|             |          |   |          |                       |          |          |       |
|             |          |   |          |                       |          |          |       |
|             |          |   |          | <u> </u>              |          |          |       |
|             |          |   |          |                       |          |          |       |
|             |          |   |          |                       |          |          |       |
|             |          | _   |          |                       |          |          |       |
|             |          |   |          |                       |          |          |       |

|             | Mr.RAMESH S<br>56/Malc/MHI202481637     | ار           |            |
|-------------|---|--------------|------------|
| Name        | 10/01/2024/IPH2024000086<br>Dr.RAJESH.V |              | Sheet No.  |
| UHID No.    |   | j.           | . 2        |
| Blood Group | 0-VE Height Weight                      | BSA<br>ILG9m | . <b>D</b> |





MHI/ICU/2022/076



Every heart beat counts

#### FLUID ASSESSMENT (contd.)

#### **HAEMODYNAMICS**

#### **Blood Group:**

|        |          |   | 5 / 1002 | COMPI  | 11 (0011 | iu.) U |       |      |       | 11776-11    | TOD I NA | 111100  |           |        |           |     |      | <u> </u> | Ju Git | up. |    |      |      |
|--------|----------|---|----------|--------|----------|--------|-------|------|-------|-------------|----------|---------|-----------|--------|-----------|-----|------|----------|--------|-----|----|------|------|
|        |          |   | INF      | JSIONS | (contd.  | )      |       | N/G  | ORAL  | TOTAL       | TOTAL    | 110/4   | DVTI DALI |        |           |     | B. B | LAP/     | חבטי   | PP  | 00 | - Ci | 0,40 |
| DATE   | TIME     |   | _        |        |          | LISC   | TOTAL | AMT. | TOTAL | INTAKE      | BALANCE  | rik/int | RYTHYM    | 81     | ABP       |     |      | RAP      | PERI   | R/L | СО | Ci   | SVR  |
| 12·1·2 | \$ 00.31 |   |          |        |          | 20     | 50    |      | 400   | 1578        | 54       | III.    | Swlvs     | 0.00   | 154       | 92  | 3    |          | war    | FIF |    |      |      |
|        | ०१ - ३।  | p |          |        |          | 2.0    | 2.0   | 20   | 420   | t403        | 49       | 1/2     | sala      | 0 - 90 | 1 22      |     |      | ,        | wu,    | P/F |    | _    |      |
|        | 02.30    |   |          |        |          | 2-0    | 5.0   | c    | 420   | 1807        | 54       | 109     | Statu     | ଜ୍ଜା   | 145       | 86  | 7    | _        | Water  | ++  |    |      |      |
|        | o 3·30   | ) |          |        |          | 2-0    | 50    | 30   | 450   | 1948        | 19       | 110     | s into    | 0.02   | 133<br>54 | 80. | کہ   |          | warm   | ++  |    |      |      |
|        | 04.31    |   |          |        |          | 2.0.   | 5.0   |      | 450   | , r         | 24       | 104     | 8140      | 0.03   |           |     | 6    |          | wan    | tx  |    |      |      |
|        | 0530     |   |          |        |          | 2.0    | 2.0   | lov  | 220   | <b>33</b> £ | 7        | jo 2    | sirla     | 0.00   | 岩         | 76  | 4    |          | WILL   | +4  |    |      |      |
|        | 06.30    |   |          |        |          | 2-0    | 2.0   |      | \$70. | 2255        | 7.       | 100     | المام     | 0.00   | 130       | 78  | \$   |          | week   | 4   |    |      |      |
|        |          |   |          |        |          |        |       |      |       |             |          |         |           |        |           |     |      |          |        |     |    |      |      |
|        |          |   |          |        |          |        |       |      |       |             |          |         |           |        |           |     |      |          | 1      |     |    |      |      |
|        |          |   |          |        |          |        |       |      |       |             |          |         |           |        |           |     |      |          |        |     |    |      |      |

| STAT DRUGS | PREVIOUS DAYHRS        |      |
|------------|------------------------|------|
| TIME       | DRAINAGE: TOTAL INTAKE | Ε:   |
|            | URINE: TOTAL OUTPU     | T:   |
|            | TOTAL BALAN            | ICE: |

|                    | DAY | EVENING | NIGHT |
|--------------------|-----|---------|-------|
| PATIENT CARE       |     |         |       |
| BATH               |     |         |       |
| ORAL CARE          |     |         |       |
| EYE CARE           |     |         |       |
| BACK CARE          |     |         |       |
| DRESSING/EQUIPMENT |     |         |       |
| CHANGED            |     |         |       |
| WOUND              |     |         |       |
| CEN.LINE           |     |         |       |
| I.V.SET            |     |         |       |
| TUBINGS            |     |         |       |
| HUMIDIFIER H2O     |     |         |       |
| ELECTRODES         |     |         |       |
| ALARMS VERIFIED    |     |         |       |
| VENT - HUMIDIFIER  |     |         |       |
| -SETTINGS          |     |         |       |
| HRT.RATE           |     |         |       |
| B.P.               |     |         |       |

|      | <del></del> |                |
|------|-------------|----------------|
| DATE | TIME        | REMARKS / PLAN |
|      |             |                |
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|      |             | <u> </u>       |

| INFUSION PU | MPS            |                   |          |                       |     |          |            |
|-------------|----------------|-------------------|----------|-----------------------|-----|----------|------------|
| LINES/TUBES | SITE           | INSERTION<br>DATE | DAYS     | INFUSION/<br>DRAINAGE | DAY | EVE      | NIGHT      |
| Oz MILSIL   |                | 11/1/24           | \_       |                       |     |          |            |
| Tay         | RIGHT          | 11/1/24           |          |                       |     |          |            |
| ARTLINE     | TEEL           | 11/1/24           |          |                       |     |          | ļ          |
| PERI LING   | Pigit<br>CNUTE | 11/1/24           | <b> </b> |                       |     |          | ļ. <u></u> |
| mepia       |                | 11/1/24           | `        | 1                     | ļ   |          |            |
| U-CATH      |                | ulipa             |          |                       |     |          |            |
| TR. Dome    |                | 11/1/24           |          |                       |     |          |            |
| DV EXTY     |                | 11/124            | l L      |                       |     |          |            |
| 2 TURGNA    |                | 11/124            | \        |                       |     |          |            |
|             |                |                   |          | _                     |     |          |            |
|             |                |                   |          |                       |     |          | ļ          |
|             |                |                   |          |                       |     | ļ        | ļ          |
|             |                |                   |          | _                     |     |          | ļ          |
|             | -              |                   | L        | -                     |     | _        |            |
|             |                |                   |          |                       | ļ   |          |            |
|             |                |                   |          |                       |     |          |            |
|             |                |                   |          |                       |     |          |            |
|             |                |                   |          |                       | ļ   |          |            |
|             |                |                   |          |                       |     |          |            |
|             |                |                   | <u> </u> |                       |     |          |            |
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|             |                |                   |          |                       |     | <u> </u> |            |





MHI/ICU/2022/076



**Every heart beat counts** 

|       |        | FLUID | ASSESS   | SMENT (co  | ontd.) (    | 1 <u>8 (</u> 1   | 4-10    | au          | HAEN   | MODYNA                     | MICS   |         |       |          |         |      | Bloc | od Gre             | oup:               | 0  | VE<br>   |     | _         |
|-------|--------|-------|----------|------------|-------------|------------------|---------|-------------|--------|----------------------------|--------|---------|-------|----------|---------|------|------|--------------------|--------------------|----|----------|-----|-----------|
| DATE  | TIME   |       | INFUS    | IONS (conf | td.)        | TOTAL            | N/G/ORA |             | TOTAL  | TOTAL<br>BALANCE HR/mt RYT | BALHAN | ·eT     | ABP   | MAP      | RAP     | LAP/ |      | PP                 | SO                 | CI | SVR      |     |           |
| DATE  | TIME   |       |          |            | HIS         | TOTAL            | AMT.    | TOTAL       | INTAKE | BALANCE                    | HVIII  | KIKIIIM | 31    | ADP      | IVIAP   | KAP  | RAP  | FERI               | R/L                |    | - Ci     | SVK |           |
| واداع | ૭ન/ક્ર | 6     | <u> </u> |            | 2.0         | & <del>∏</del> D | 50      | 20          | 52     | 28                         | 110    | الإرس   | 10.01 | 128      | #4      | 3    |      | loan               | 44                 |    |          |     |           |
|       | O\$;30 | ن     |          |            | <b>₹.</b> 0 | 270              | 150     | <u>ට</u> ණ0 | 254    | 104                        | 102    | Siner   | වැත   | 194      | 88<br>8 | lο   |      | wow                | 44                 |    |          |     | 絽         |
|       | 09130  |       |          |            | 2.0         | کرہ              | 51)     | 250         | 306    | 4<br>36                    | 87     | Shru    | 0.01  | 100      |         | (0)  |      | Locum              | 4+                 |    |          |     | CRITICAL  |
|       | 10:30  | )     |          |            | d vo R      | 20               |         | 250         | £5b    | 14                         | 88     | Binei   | 6.00  |          |         |      |      | لنصيم              | n+++               |    |          |     | . CARE    |
|       | 11:38  |       | ļ.,      |            |             |                  | 50      | 300         | 406    | <u>-</u>                   | 94     | Bru     | იათ   |          |         |      |      | سعما               | n <del>+ 1 +</del> |    |          |     | ÆFI.      |
|       | 12:30  | >     |          |            |             |                  |         | 300         | 406    | 164                        | 90     | Benu    | 0.00  | <u> </u> |         |      |      | سصا                | n o∮-∮-            |    | <u> </u> |     | 8         |
|       | 13.30  | 2     |          |            |             |                  | 150     | 450         | 356    | 89                         | 92     | ろんしろ    | 0.00  |          |         | į    |      | Dann               | HH                 |    |          |     | FLOWCHART |
|       | A.30   |       | 1 1      |            |             |                  |         | 450         | 556    | 189                        | 96     | SINUS   | 0.02  |          |         |      |      | <i><b>Onim</b></i> | 44                 |    |          |     | ~         |
|       | B.30   |       |          |            |             |                  | 150     | F00         | 706    | 109                        | 97     | SINUS   | ውወር   |          |         |      |      | (DATM              | 44                 |    |          |     |           |
|       | 19.50  |       |          |            |             |                  | 100     | 900         | 906.   | t31                        | 100    | อเหน    | 0.00  |          |         |      |      | Mosum              | ++                 |    |          |     |           |

STAT DRUGS TIME

PREVIOUS DAY 15 HPS JOME HRS

DRAINAGE: 940W TOTAL INTAKE: 2255W

URINE: 1815 m)

TOTAL OUTPUT: 2262 M

TOTAL BALANCE: ( - 7)

|                    | DAY        | EVENING  | NIGHT    |
|--------------------|------------|----------|----------|
| PATIENT CARE       |            | -        |          |
| BATH               |            |          |          |
| ORAL CARE          |            |          |          |
| EYE CARE           |            |          |          |
| BACK CARE          |            |          |          |
| DRESSING/EQUIPMENT |            |          |          |
| CHANGED            |            |          |          |
| WOUND              |            |          |          |
| CEN.LINE           |            |          |          |
| I.V.SET            |            |          |          |
| TUBINGS            |            |          |          |
| HUMIDIFIER H2O     |            |          |          |
| ELECTRODES         |            |          |          |
| ALARMS VERIFIED    |            |          |          |
| VENT - HUMIDIFIER  |            |          |          |
| -SETTINGS          |            | 0/01     |          |
| HRT.RATE           | 107/mt     | 10/5/00  | )        |
| B.P.               | (28 52(20) | 11/65/80 | <u> </u> |
|                    | m(1)       | " 'MMH   | ) .      |

| DATE | TIME | REMARKS / PLAN |
|------|------|----------------|
|      |      |                |
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|             |            | <del></del>       | _        |                       |         |          |            |
|-------------|------------|-------------------|----------|-----------------------|---------|----------|------------|
| INFUSION PU | MPS        |                   |          |                       |         |          |            |
| LINES/TUBES | SITE       | INSERTION<br>DATE | DAYS     | INFUSION/<br>DRAINAGE | DAY     | EVE      | NIGHT      |
| 0, MASK     |            | 11.1.24           | 2        |                       | R       | R        |            |
| 777         | * LQ H     | 1 41.1-24         | 2        |                       | P       | P        |            |
| ART. LINE   | LC-FT.     | 11.1.24           | 1-       |                       | Р       | ₹_       |            |
| PERILLILE.  | RIGH       | 111-1-24          | 2        |                       | P       | P        |            |
| MeDIA       |            | 11.1.24           | 2        |                       | P       | R        |            |
| U-CATI).    |            | 11.1.24           | 2        |                       | P       | P        |            |
| TR-Dome-    |            | 11.1.24           | 2        | _                     | P       | _R       | ļ <u>.</u> |
| IV CXIN)    |            | 11.1.24           | 2        | _                     | P       | P        | -          |
| O2 TUMING   |            | 11-1-24           | 2        |                       | R       | R        |            |
|             | ļ<br>      |                   | <u> </u> |                       | ļ       | ļ        |            |
|             |            |                   |          |                       | <b></b> | ļ        | <u> </u>   |
|             |            |                   |          |                       |         |          |            |
|             |            |                   |          | I.                    |         |          |            |
|             |            |                   |          |                       |         |          |            |
|             | ļ <u>.</u> |                   |          |                       | ļ       |          |            |
|             |            |                   |          |                       | ļ       |          |            |
|             |            |                   |          |                       |         |          | ļ          |
|             | <u> </u>   |                   |          |                       |         |          | ļ          |
|             | <u> </u>   |                   |          |                       |         |          |            |
|             |            |                   |          |                       |         |          |            |
|             |            |                   |          |                       |         | <u> </u> |            |
|             |            |                   |          |                       |         |          |            |







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

### ERMEDIATE CARE FLOWCHART

Dr.RAJESH.V NAME: HIMMINIMANIMANIMANI

UHID NO : OPCAB X 3 GRAFTS [IMA >LAD, SV4->PDA, RAM-ON]

AGE:

SEX:

POSTOP DAY: POD

SURGICAL PROCEDURE:

FLUID REQUIREMENT: 1.8 2/day.

| DATE       | UR                            | INE    | CH   | IEST C      | RAIN         | AGE                | TOTAL    |            |                    |      |                        | √ R.T. | TOTAL | TOTAL  |           |
|------------|-------------------------------|--------|------|-------------|--------------|--------------------|----------|------------|--------------------|------|------------------------|--------|-------|--------|-----------|
| 8.<br>TIME | H.T.                          | G.T.   |      | AIR<br>LEAK | н.т.         | G.T.               | OUTPUT   |            |                    |      | KUB-MI<br>H.T.<br>TALE | EH.T.  | G.T.  | INTEKE | BALANCE   |
| 12/124     | 华.                            | 920    |      |             |              | 30                 | 950      |            |                    |      | 150                    | 50     | 650   | 1106   | 156       |
| ₩.3°       | 45                            | 995    | ,    |             |              | 30                 | 1025     |            |                    |      | ,                      |        | 650   | 1106   | 181       |
| ૄબે-ક્રેઇ  | 35                            | ०६०)   |      |             |              | 30                 | 1100     |            |                    |      |                        |        | 650   | 1106   | 7         |
| 20.36      | . Vo                          | 11.38  |      |             |              | 30                 | 1160     |            |                    |      |                        | 250    | 900   | 1356   | +<br>1.46 |
| 21.30      | 쿠 <b>0</b>                    | 1200   | ,    |             |              | 30                 | 1230     | , <u>-</u> |                    |      |                        | wa     | Loca  | 1450   | 226       |
| 22.30      | 2.F                           | 1275   |      |             |              | ઉદ                 | 1305     |            |                    |      |                        |        | (000  | 1456   | 151       |
| 25-3       | ) (૫૦                         | 1374   | -    |             |              | 30                 | 1405     | , –        |                    | too  | <b>X</b> 00.           |        | 1000  | 1556   | 121       |
| 00.90      | 75                            | 1450   |      |             | _            | ઉઠ                 | 1480     |            |                    | 100  | 310                    |        | 1000  | 1656   | 176       |
| 01.30      | 100                           | 1550   |      |             |              | 20                 | 1500     | _          |                    | וטט  | 450                    |        | 1000  | 1756   | 176       |
| 02.3       | ) & a                         | 1630   | ·    |             |              | <b>კ</b> ხ         | 1660     |            |                    | 100  | 2-J-6                  | )      | 1000  | 1856   | 14        |
| 03.30      | 70                            | 1700   |      |             |              | 30                 | 1730     |            |                    | 100. | 620                    |        | (૭૦૪) | 1956   | 216       |
| ७५ ४       | 70                            | offl   |      |             |              | ঠ৹                 | 1800     |            |                    |      |                        |        | १७७७  | १०१५   | 1         |
| 02.30      |                               | 183    |      |             |              | 3ō                 | 1860     |            |                    |      |                        |        | lo oi | 1953   |           |
| 06.80      |                               |        |      |             |              | 30                 | 18,00    |            |                    |      |                        | 600    | Flag  | 2050   | 196       |
|            |                               |        |      |             |              |                    |          | _          |                    |      |                        |        |       |        |           |
| SPECI      | SPECIFIC OBSERVATIONS/REMARKS |        |      |             |              |                    |          |            | MEDICATION / DRUGS |      |                        |        |       |        |           |
| 02         | Oyi                           | - URLI | laky | CATA        | <b>LCN</b> 0 | υ <b>ራρ</b><br>ወደ. | panveort |            |                    |      |                        |        |       |        |           |







Mr.RAMESH S

56/Male/MHI202481637 10/01/2024/JPH2024000086

Dr.RAJESH.V

## RMEDIATE CARE FLOWCHART

В

NAME: WWW. NAME: WARREST NAME : WARR

**UHID NO:** 

AGE:

SEX:

BLOOD GROUP:  $o^{-\sqrt{\varepsilon}}$ 

HEIGHT: 166 €~

WEIGHT: 62.1129

B.S.A: 1,69 m2

| 2 fuly     | ST.  5.00  5.00  0.00  | 1351<br>C\$2   |  |  | P.P.  | <u> </u>   | BREATH   | <b>SPO2</b><br>ବଟୀ:  | INVESTIGATIONS / OTHER DATA   |
|------------|--|--|--|--|---|--|--|--|---|
| 2 fuly     | 502  | (\$1)<br>157   |  |  |   | <u> </u>   | Clean.   | 961  |   |
| 2 fully    |  | 157  | L  | 1000 PA  | .M.   | l .  |  | ' '  |   |
| 2 fully    | 0 01   | 157  | _  |  | NOO   | 26 put   | 01   | 90%  | ON room air Of  |
| م الالاران |  | 80   | 101  | walm   | felt  | 26/  | c)   | 94%  |   |
| 1          |  | •  | 92   | Mar  | FF  | 294  | د ر -  | 807<br>42;   | - orlape 1670e  |
| To Stuly   | 6.00   | 1396   | વુર  | wan  | Flu   | 20h  | <b>}</b> d   | 9 4%   |   |
| ir biga    |  | 1  | 90   | WELL   | Flif  | 20/2   | el   | 941  |   |
| e silve    | ס יטט  | 120  | 76   | wa   | P/s   | 200  | ્  | 944  |   |
| 4 July     | ס יטס  | 127  | 74   | waa  | FIF   | 22/1   | cl   | 94%  |   |
| Stalu      | 000  | 129  | 76   | watu   | FIR   | 20/m   | . બ  | 9 24   |   |
| y Sluly    | 0.00   | i 1  |  | When   | F/F   | 144  | 0  | 94%  |   |
| ० शिपक     | 0.00   | 130  | 03   | wayin  | F/F   | 16/61  | c/   | 44×  |   |
| 2 Slaly    | 001  | 智节   | 83   | WAY  | F/P   | 17/1   | cj   | 94"  |   |
| f Sha      | 0.0  | <u> </u>   | 82   | walk   | F/P   | 16/4   | C).  | 94%  |   |
| g sinh     | 0-01   | 129  | #6   | wen  | HL  | 16/w   | L c  | 941  | : '   |
|            |  |  |  |  |   |  |  |  |   |
|            |  |  | ,  |  |   |  |  |  |   |
|            |  | •  |  |  |   | PF   | REVIOUS DAY  | ' - HOUR   | s   |
|            | FO SIMUS  PINI | 5 SINGS 0.00  2 SINGS 0.00  2 SINGS 0.00  3 SINGS 0.00  4 SINGS 0.00  5 SINGS 0.00  4 SINGS 0.00  5 SINGS 0.00 | 9 80101 001 74<br>10 80101 000 127<br>10 8010 000 127<br>10 8010 000 127<br>10 8010 000 127<br>10 8010 000 129<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 8010 000 130<br>10 801 | 9 86/01 001 74 92  10 51/01 000 127 70  1 51/01 000 127 70  1 51/01 000 130  1 51/01 000 130  1 51/01 000 130  1 51/01 000 130  1 51/01 000 130  1 51/01 000 130  1 51/01 000 100  1 51/01 000  1 51 | 9 Show 6.00 120 92 wan  1 Plato 0.00 120 90 wan  2 Show 0.00 127 74 wan  4 July 0.00 - 029 76 wan  5 Show 0.00 130 80 wan  2 Show 0.00 130 80 wan  5 Show 0.01 130 82 wan  4 Show 0.01 130 82 wan  4 Show 0.01 120 82 wan  4 Show 0.01 120 82 wan  4 Show 0.01 120 82 wan  4 Show 0.01 120 82 wan  4 Show 0.01 120 82 wan  4 Show 0.01 120 82 wan  4 Show 0.01 120 82 wan  4 Show 0.01 120 82 wan  4 Show 0.01 120 82 wan | 9 Salvi 001 74 92 wan F/F  10 Sintis 6.00 120 93 wan Flor  11 Pintis 0.00 120 90 wan F/F  12 Sintis 0.00 127 74 wan F/F  13 Sintis 0.00 130 80 wan F/F  1 Sintis 0.00 130 80 wan F/F  2 Sintis 0.00 130 80 wan F/F  2 Sintis 0.01 130 80 wan F/F  3 Sintis 0.01 130 82 wan F/F  4 Sintis 0.01 120 82 wan F/F  4 Sintis 0.01 120 82 wan F/F  4 Sintis 0.01 120 82 wan F/F  4 Sintis 0.01 120 82 wan F/F | 9 Show 6.00 74 92 wan F/F 20h 10 Show 6.00 70 93 wan F/F 20h 20h 20 127 90 wan F/F 20h 20h 20 127 74 wan F/F 20h 20h 20h 20h 20h 20h 20h 20h 20h 20h | 9 80 101 001 74 92 wan F/F 20h cl  10 81 h 0 00 129 90 wan F/F 20h cl  2 8h 100 0 00 60 70 40 wan F/F 20h cl  4 1 h 0 0 0 127 70 wan F/F 20h cl  51 h 0 00 129 76 wan F/F 20h cl  51 h 0 00 129 76 wan F/F 20h cl  9 81 h 0 0 00 130 80 wan F/F 16h cl  2 8 h 0 00 130 80 wan F/F 16h cl  2 8 h 0 0 0 130 80 wan F/F 16h cl  2 8 h 0 0 0 130 82 wan F/F 16h cl  4 5 h 0 0 0 130 82 wan F/F 16h cl  4 5 h 0 0 0 129 76 wan F/F 16h cl | 9 80101 001 74 92 wan F/F 20h cl 94?  10 811010 000 120 93 wan Flor 20h cl 94?  11 811010 000 60 70 wan Flor 20h cl 94?  12 811010 000 60 70 wan Flor 20h cl 94?  13 811010 000 127 74 wan Flor 20h cl 94?  13 811010 000 129 76 wan Flor 20h cl 94?  13 811010 000 129 76 wan Flor 20h cl 94?  14 811010 000 130 80 wan Flor 16h cl 94?  15 811010 000 130 80 wan Flor 16h cl 94?  15 811010 000 65 82 wan Flor 16h cl 94?  16 811010 000 65 82 wan Flor 16h cl 94?  17 811010 000 65 82 wan Flor 16h cl 94? |

DRAINAGE

TOTAL INTAKE

TOTAL OUTPUT

BALANCE







#### Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

# ERMEDIATE CARE FLOWCHART



**UHID NO:** 

AGE:

SEX:

SURGICAL PROCEDURE: OPCABX 3 GRAFTS [LIMA-7LA], SVG-7 PDA, RAD-OM]

POSTOP DAY : TOO

FLUID REQUIREMENT: 1. 80 Hay.

| ſ        | DATE                 | UR     | INE   | CH       | IEST [      | RAIN  | AGE         | TOTAL        |      | I.V. FI | LUIDS  |             | ORAL     | _/ R.T.    | TOTAL  | TOTAL<br>BALANCE    |
|----------|----------------------|--------|-------|----------|-------------|-------|-------------|--------------|------|---------|--------|-------------|----------|------------|--------|---------------------|
| •        | &<br>TIME<br>\ \ \ \ | Н.т.   | G.T.  | ١        | AIR<br>LEAK | H.T.  | G.T.        | OUTPUT       |      |         |        | Н.Т.        | н.т.     | G.T.       | INTEKE |                     |
|          | 1124<br>130          |        |       |          |             |       |             |              |      |         |        |             | 60       | bo         | +60    | 60                  |
|          | (30                  |        |       |          |             |       |             |              |      |         |        |             |          |            | 210    | to10                |
|          |                      |        |       |          |             |       |             |              |      |         |        | -           |          |            |        | †<br>3(0            |
| H        | <u>ঠৈও</u>           |        |       |          |             |       | <del></del> |              | _    |         |        |             |          | <u>3(0</u> |        | <del>        </del> |
| 10       | 130                  | 150    | 150   |          | _           |       |             | 150          |      |         |        |             | 50       | 360        | 360    | 310                 |
|          |                      |        |       |          |             |       |             |              |      |         |        |             | <u> </u> |            |        |                     |
|          |                      |        |       |          |             |       |             |              |      |         |        |             |          |            |        |                     |
|          |                      |        |       | -        |             | _     |             |              |      |         |        |             |          |            |        |                     |
| $\vdash$ |                      |        |       |          | 1           |       |             |              |      |         |        |             |          |            |        |                     |
| $\vdash$ |                      | -      |       |          |             |       |             |              |      |         |        |             |          |            |        |                     |
| $\vdash$ |                      |        |       |          |             | -     |             |              |      |         |        |             |          |            |        |                     |
|          |                      |        |       |          |             |       |             |              |      |         |        |             |          |            |        |                     |
|          |                      |        |       |          |             |       |             |              |      |         |        |             | <br> .   |            |        |                     |
|          | _                    |        |       |          |             | -     |             |              |      |         |        |             |          |            |        |                     |
|          |                      |        |       |          |             |       |             |              |      |         |        |             |          |            | _      |                     |
| $\vdash$ |                      | _      |       |          |             | <br>i |             |              |      |         |        |             |          |            |        |                     |
| -        |                      |        |       |          |             |       |             |              |      |         |        | <del></del> |          |            |        | <u> </u>            |
|          |                      |        |       | ļ<br>——— |             |       |             |              |      |         |        | -           |          |            |        |                     |
|          |                      |        |       |          |             |       |             |              |      | L       |        |             |          |            |        |                     |
|          | SPEC                 | IFIC O | SERVA | TIONS/   | REMAR       | KS    |             | i            | MEDI | CATION  | / DRUG | SS          |          |            |        |                     |
|          |                      |        |       |          | <           |       |             | <del>,</del> |      | _       |        | <b></b> -   |          |            |        |                     |
|          |                      |        |       |          |             |       |             | 1            |      |         |        |             |          |            |        |                     |







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

Mr.RAMESH S

56/Malc/MHI202481637 10/01/2024/IPH2024000086

Dr.RAJESH.V

**ERMEDIATE CARE FLOWCHART** 

**UHID NO:** 

AGE:

SEX:

blood group :  $\mathcal{O}^{-V\mathcal{E}}$ 

HEIGHT: 166 CM

WEIGHT: 62.1kg

B.S.A: 1.69m2

|       |      | НА           | EMOD             | YNAN     | IICS   | •     |      | RESI  | P. PARAMET | TERS     | INIVESTICATIONS /              |
|-------|------|--------------|------------------|----------|--------|-------|------|-------|------------|----------|--------------------------------|
| TEMP  | H.R. | RHY.         | ST.              | B.P.     | R.A.P. | PERI. | P.P. | RR    | BREATH     | SPO2     |                                |
| 97-8F | Z'y  | Sinua        | D-01             | 121      | 74     | Masm  | H    | 13lma | ıl         | 95%      | NASAL 02 EZLIZ<br>ON RABAY ANG |
| !     | 115  | Sing         | D-0)             | 119      | 76     | cuaun | 1-1- | 20(n+ | <u> </u>   | 967      |                                |
|       | lay  | sinu         | <u>-</u><br>0∙01 | 126      | प्र    | wash  | +    | [8/m1 | 4          | 947      |                                |
|       | 117  | <u>sinus</u> | 0.0)             | 118-     | 96     | arism | 1+   | adm   | r 4        | 967      |                                |
|       |      | -            |                  |          |        |       |      |       | -          | <u> </u> |                                |
|       |      | -            |                  |          | _      | _     | _    |       |            |          |                                |
|       |      |              |                  | <u> </u> |        |       |      |       |            | _        |                                |
|       |      |              |                  |          |        |       |      |       |            |          |                                |
|       |      | ı            | <u> </u>         | ·        |        |       |      |       |            |          |                                |
|       |      |              | <b> </b><br>     |          |        |       |      |       |            |          |                                |
|       |      |              |                  |          |        |       |      |       |            |          |                                |
|       |      |              |                  |          |        |       |      |       |            |          |                                |
|       |      |              |                  |          |        |       |      |       |            |          |                                |
|       |      |              |                  |          | _      |       |      |       |            |          |                                |
| <br>  |      |              |                  |          |        |       |      |       |            |          |                                |
|       |      |              |                  |          |        |       |      |       |            |          |                                |

PREVIOUS DAY HOURS 24 LOUIS

TOTAL INTAKE - 205 OM

30m) DRAINAGE

18 30ml URINE

TOTAL OUTPUT - 1860 m/

BALANCE + 19bm)