



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



Medway Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Mr. THANDAPANI P
Pat 60/Male/MHI202381543
Na 09/01/2024/IPH2024000072
UH
DC Dr. RAJESH.V
DI
Co

MHI/IPD/2022/002



every heart beat counts

ADMISSION SLIP

Admitting Doctor: Dr. Rajesh.V Speciality: Cardiothoracic and vascular Surgery

Advised Date & Time: 09/01/2024 @ 08:54 A.M

Provisional Diagnosis:

Severe AS, 1 CA - Minimal CAD,
(F) AVR.

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):

AS + AVR

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

Expected Duration of Stay: 1-7 days

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

Payer: ☐ Self ☐ Insurance ☒ Others: ESI

Instructions to Nurse (if any):

Investigations
vitals monitoring

Any other Instructions (if any):

Doctor's Signature

Name

Reg. No.

Date

Time

DR. Rajesh.V

02794

09/01/24 09:00

For admission desk staff only:

Room Category: ☒ General Ward

☐ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☐ Others GTW

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

09/01/2024

08:54 A.M

09/01/2024

08:54 A.M

Source: ☒ OPD

☐ ER

☐ Direct

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

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

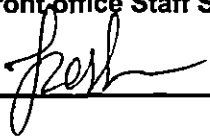
Front office Staff Signature

Name

Emp. No.

Date

Time



Peshma Banu

MHI 0264

09/01/24

08:51 A.M



Medway Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Mr. THANDAPANI P
60/Male/MHI202381543
09/01/2024/IPH2024000072
Dr. RAJESH.V

MHI/HOSP/2022/129



ADMISSION FORM

Marital Status <u>M</u>	Full Address No: 18 Alamelu Street, Sri Ambal Nagar, mangadu		Telephone Number 8754106672
Occupation <u>MLU</u>			
Referred from Dr. Rajesh.V	Date of Time of Admission 09/01/2024 08:54 AM	Date & Time of Discharge 15/01/2024	Total No. of Days 7 days.
UNIT cardio-thoracic	<input checked="" type="checkbox"/> MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No.:		
FINAL DIAGNOSIS			ICD Code
Severe Calcific Aortic Stenosis.			I35.0
Bicuspid Aortic Valve,			I35.8
CAH - Minimal Coronary artery disease (30/12/23)			I25.8
Class II dyspnoea, Normal LV Systolic function 62%			I50.1
Type II diabetes mellitus.			E11.9
Systemic Hypertension.			I10
DATE	OPERATION / PROCEDURES		ICPM Code
10/01/24	Aortic Valve Replacement using 23mm St Jude Regent Mechanical valve done on 10/01/2024		35.05 99.00
DATE	TYPE OF ANESTHESIA		
10/01/24	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL		
DISCHARGE STATUS			
<input checked="" type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to			
Dr. V. RAJESH Reg No: 62794 Signature of the Consultant		S. Adnan Signature of Medical Records Officer	

AUTHORISATION FOR TREATMENT I PAYMENT

I hereby authorise the Administration, Medical and Nursing and Paramedical, Staff of the Hospital Investigate treat and administer such drugs as may be necessary and to perform such operation under anaesthesia or other wise as may be deemed necessary and / or advisable in the diagnosis and treatment of my illness / patient.....THANUOLAPPA who is myFATHER..... (Relationship).

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்


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

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.


செவிவியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date

04/01/2024


எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

உறவுமுறை 80n

Nature of Relationship

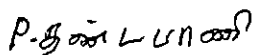

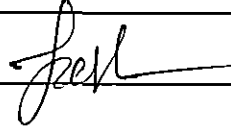
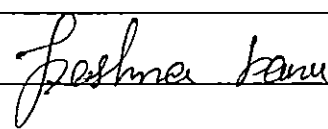
GENERAL CONSENT FOR ADMISSION

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

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

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

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

	Signature / Thumb Impression*	Name	Date	Time
Patient		P. Thandapani	09/01/24	08:54 A.M
Surrogate/Guardian (if applicable #)		T. ASHOK (Write name and relationship with patient)	09/01/24	08:54 A.M
Reason for surrogate consent	Patient is unable to give consent because:			
Witness			09/01/24	08:54 A.M
Interpreter (if applicable)				

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



ADMISSION CRITERIA FOR INTENSIVE CARE UNIT

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE	
1	Hemodynamic instability defined as		
	Pulse less than 40 or more than 150 beats/minute		
	Systolic arterial pressure less than 80 mm Hg or 20 mm Hg below the patient's usual pressure		
	Mean arterial pressure less than 60 mm Hg		
	Diastolic arterial pressure more than 120 mm Hg		
	Respiratory rate more than 35 breaths/minute		
2	Cardio-vascular System		
	Acute myocardial infarction		
	Cardiogenic shock		
	Complex arrhythmias requiring close monitoring and intervention		
	Acute congestive heart failure with respiratory failure and / or requiring hemodynamic support		
	Hypertensive emergencies		
	Unstable angina, particularly with dysrhythmias, hemodynamic instability, or persistent chest pain		
	Post cardiac arrest		
	Cardiac tamponade or constriction with hemodynamic instability		
3	Miscellaneous Conditions		
	Septic shock with hemodynamic instability		
	Hemodynamic monitoring		
	Clinical conditions requiring ICU level nursing care		
4	Post procedure elective admission		
	Post Coronary Angioplasty		
	Post Cardio-vascular Surgery	✓	
5	Following angiographic procedure		
	Complication resulting from the angiographic procedure including any significant change in pulse in the affected extremity, neurologic changes, persistent bleeding, or persistent nausea and vomiting post-procedure		
	Significant findings on diagnostic angiography warranting further therapy that would necessitate inpatient admission is also a reasonable indication for admission		
	Admission at the time of the study is encouraged if problems are suspected or arise		
6	Pulmonary System		
	Acute respiratory failure requiring ventilatory support (Invasive / Non-Invasive)		
	Pulmonary emboli with hemodynamic instability		
	Patients in an intermediate care unit (HDU / Recovery room) who are demonstrating respiratory deterioration		
	Need for nursing / respiratory care not available in such intermediate care units		
	Massive hemoptysis		
7	Renal failure		
	Oliguria or anuria for more than 12 hours		
	Metabolic acidosis (pH < 7.1)		
	Patients requiring hemodialysis can be performed in ICU when the blood pressure is borderline		

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

Doctor	Signature	Name	Reg. No.	Date	Time
	<i>[Signature]</i>	Dr. Praveen	112236	10/11/24	17:00

DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

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

Doctor	Signature	Name	Reg. No.	Date	Time
	<i>[Signature]</i>	Dr. Praveen	112236	12/11/24	10:45



JCI ACCREDITED



NABH ACCREDITED



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DISCHARGE SUMMARY

IP No.	: IPH2024000072	D.O.A	: 09/01/2024
UHID	: MHI202381543	D.O.D	: 15/01/2024
Name	: Mr. THANDAPANI.P	Room No.	: GW
Age / Gender	: 60Years / MALE		
Consultant	: Dr. V. Rajesh, MS, M.Ch (CTVS) Senior Consultant Cardiothoracic and Vascular Surgery		

D.O.S: 10.01.2024

DIAGNOSIS:

SEVERE CALCIFIC AORTIC STENOSIS
BICUSPID AORTIC VALVE
CAG - MINIMAL CORONARY ARTERY DISEASE – 30.12.2023
CLASS II DYSPNOEA
NORMAL LV SYSTOLIC FUNCTION – EF: 62%
TYPE II DIABETES MELLITUS
SYSTEMIC HYPERTENSION

SURGERY:

AORTIC VALVE REPLACEMENT USING 23MM ST.JUDE REGENT MECHANICAL VALVE
DGNE ON 10.01.2024

BRIEF HISTORY:

Mr. Thandapani.P, 60 years old male, a known case of Type II diabetes mellitus, Systemic hypertension, class II dyspnoea, Bicuspid aortic valve, Severe calcific aortic stenosis, Mild pulmonary artery hypertension, CAG - Minimal coronary artery disease, Normal LV systolic function, has come for Aortic valve replacement. Patient was apparently normal till 2 months ago when he developed breathlessness on exertion NYHA class II. H/o chest pain on exertion on and off. H/o fever and cough (+). Initially, he went to ESI Hospital where his echo showed Bicuspid aortic valve with Severe calcific aortic stenosis. He was referred from ESI Hospital to Medway Heart Institute on 28.12.2023 and his TEE showed Bicuspid aortic valve, Severe calcific aortic stenosis with normal biventricular systolic function. He was advised coronary angiogram → Aortic valve replacement. He underwent coronary angiogram on 30.12.2023 which showed Minimal coronary artery disease. He was advised early Aortic valve replacement. Patient and attenders

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

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PATIENT
HELPLINE
94557 94557
1800 572 3003

Medway Group of Hospitals

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

Medway Centre of Excellence (Chennai)

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



JCI Accredited NABH Accredited

UHID : MH202381543



IPNO: IPH2024000072

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were explained about the nature of disease, risks and the need for valve surgery. On 04.09.2024, he was admitted for the same. No H/O Palpitations, Syncope or Swelling of Legs.

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

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

TEMP	-	98.6° F
HR	-	72bpm
BP	-	130/80mmHg
SPO ₂	-	96% in room air
CVS	-	S1S2 (+), ESM (+) over pulmonary and aortic area
RS	-	BAE (+)
Abdomen	-	Soft,
CNS	-	NFND

BLOOD INVESTIGATIONS:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	13.3	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
HAEMATOCRIT	40.1	39-52	%
TWBC	7,480	4000 - 10000	Cells/Cumm
NEUTROPHILS	76.3	40-70	%
LYMPHOCYTES	16.6	20 - 40	%
EOSINOPHILS	0.8	0 - 6	%
MONOCYTES	5.6	0 - 6	%
BASOPHILS	0.3	0 - 2	%
PLATELET	223000	Male : 1.5 - 3.5 Female : 1.5 - 3.7	Cells/Cumm
Urea	15.13	14 - 40	mgs/dl
Creatinine	0.71	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
Sodium (Na ⁺)	142	135 - 145	mmol/l
Potassium (K ⁺)	4.09	3.4 - 5.5	mmol/l
T. Bilirubin	0.634	0.2-1.0	mg/dl
D. Bilirubin	0.192	0.00 - 0.4	mg/dl
I. Bilirubin	0.442	0.4-0.6	mg/dl
S.G.O.T	28	<38	U/L
S.G.P.T	32	<41	U/L

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94557 94557
1800 572 3003

Medway Group of Hospitals

Kodambakkam | Mogappair | Chengalpattu | Villupuram | Kumbakonam | Kakinada
044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-233367

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

Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/118



JCI ACCREDITED : NABH ACCREDITED

UHID : MHI202381543



IPNO: IPH2024000072

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PROTHROMBIN TIME	12.2	Normal : 0.9 - 1.5 INR Therapeutic Level Myocardial Infarction : 2.0 - 3.0 Deep Vein Thrombosis : 2.0 - 3.0 Pulmonary Embolism : 2.0 - 3.0 Artificial Cardiac Value : 3.0 -4.5 Recur.Systemic Embolism: 3.0 - 4.5 INR	
INR	1.1		
HBA1C	7.1	Normal: Below 6.0 Good control: 6.1-7.0 Fair Control : 7.1-8.0 Unsatisfactory: 8.1-10.0 Above 10 : poor control (GHB is an index of your blood Sugar control for the past (3 months)	%
T.S.H	1.430	Adult: 0.25 - 5.0 New born-4days: 1.0-39.0 Child upto 14yrs: 1.0-9.0	uIU/ml
T4	1.05	"Adult : 4.6 - 9.3 New born - 4 days : 11.0 - 21.3 1 - 11 months: 5.8 - 16.1 1 - 9 yrs : 6.3 - 13.16	ug/dl

ECG: HR – 80 bpm, sinus rhythm, LVH (+).

ECHO: THICKENED AND CALCIFIED BICUSPID AORTIC VALVE, SEVERE AS, TRIVIAL AR, DILATED AORTIC SINUS AND ASCENDING AORTA, CONCENTRIC LVH, CHAMBERS NORMAL SIZED, NO REGIONAL WALL MOTION ABNORMALITY, NORMAL LV SYSTOLIC FUNCTION, EF: 62%, GRADE I DIASTOLIC DYSFUNCTION, NORMAL RV SYSTOLIC FUNCTION, OTHER VALVES ARE NORMAL, IAS/IVS INTACT, TRIVIAL TR, MILD PAH, AORTIC GRADIENT – MAX GRADIENT – 90MMHG, MEAN GRADIENT – 60MMHG, NO CLOT/VEGETATION/ EFFUSION.

AORTIC DIMENSIONS:

AORTIC ANNULUS: 26MM

AORTIC SINUS: 38MM

ST JUNCTION: 33MM

ASCENDING AORTA: 38MM

ARCH OF AORTA: 29MM

DESCENDING AORTA: 17MM

ABDOMINAL AORTA: 17MM

TEE: THICKENED AND CALCIFIED BICUSPID AORTIC VALVE, SEVERE AS, AVA BY PLANIMETRY: 0.8SQCM, NO AR, DILATED AORTIC SINUS AND ASCENDING AORTA, NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.

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Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED NAME: MR. THANDAPANI.P

UHID : MH1202381543



IPNO: IPH/2024000072

Every heart beat counts
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AORTIC DIMENSIONS:

AORTIC ANNULUS: 23MM

AORTIC SINUS: 38MM

ST JUNCTION: 31MM

ASCENDING AORTA: 38MM

DOPPLER PARAMETERS:

AV VMAX: 4.91M/S

PEAK PG: 96MMHG

MEAN PG: 67MMHG

CXR: PA film, BVM (+), lung fields clear.

COURSE IN THE HOSPITAL:

Mr. Thandapani.P, 60 years old male, was admitted with above mentioned complaints. He underwent **AORTIC VALVE REPLACEMENT USING 23MM ST. JUDE MECHANICAL VALVE ON 10.01.2024**. He was shifted to SICU with stable hemodynamics and Inj. Nor - adrenaline 0.02µg/kg/min supports. He was extubated on the same day (10/01/2024) at 20:50 hours. Drains were removed on POD1 (11/01/2024). He was shifted to ward on POD 2 (12/01/2024). Suture removal was done on POD3 (13/01/2024). Patient course in the hospital was uneventful. His medications are optimized and he is being discharged in a stable clinical status.

CONDITION ON DISCHARGE:

HR - 98/min BP - 90/60mmHg
SPO2 - 94% in room air

POST OP INVESTIGATIONS:

BLOOD:

(11.01.2024)

PROTHROMBIN TIME	12.6	Normal : 0.9 - 1.5 INR Therapeutic Level Myocardial Infarction : 2.0 - 3.0 Deep Vein Thrombosis : 2.0 - 3.0 Pulmonary Embolism : 2.0 - 3.0 Artificial Cardiac Value : 3.0 - 4.5	
INR	1.0	Recur. Systemic Embolism: 3.0 - 4.5 INR	

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MHI/HOSP/2022/118



NAME: MR. THIANDAPANI.P

UHID : MHI202381543



IPNO: IPP/2024008072

(13.01.2024)

Every heart beat counts
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PROTHROMBIN TIME	15.0	Normal : 0.9 - 1.5 INR Therapeutic Level Myocardial Infarction : 2.0 - 3.0 Deep Vein Thrombosis : 2.0 - 3.0 Pulmonary Embolism : 2.0 - 3.0 Artificial Cardiac Value : 3.0 - 4.5	
INR	1.2	Recur.Systmic Embolism: 3.0 - 4.5 INR	

ECG: HR: 78 bpm, sinus rhythm, LVH (+), no fresh ST – T changes.

ECHO : S/P AVR WITH 23MM SJM REGENT MECHANICAL VALVE, CONCENTRIC LVH, ALL CHAMBERS NORMAL SIZED, NO REGIONAL WALL MOTION ABNORMALITY, ADEQUATE LV SYSTOLIC FUNCTION, EF: 54%, NORMAL RV SYSTOLIC FUNCTION. RV TDI: 10CM/S, TAPSE: 17MM, OTHER VALVES STRUCTURALLY NORMAL, IAS/IVS INTACT, AORTIC GRADIENT – MAX GRADIENT – 13MMHG, MEAN GRADIENT – 7MMHG, NORMAL FUNCTION OF AORTIC PROSTHESIS, TRIVIAL VALVULAR LEAK, NO PARAVALVULAR LEAK, TRIVIAL TR, NO PAH, IVC NORMAL IN SIZE AND COLLAPSING, MILD TO MODERATE LEFT, MILD RIGHT PLEURAL EFFUSION, NO CLOT/ VEGETATION/ PERICARDIAL EFFUSION.

CXR: PA film, sternal wires seen, aortic prosthesis in position, BVM (+), lung fields clear, no effusion.

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MHI/HOSP/2022/118



NAME : MR. R. HANDEPANIP

UHID : MH202381543

ADVICE MEDICATIONS:

Sl. NO.	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. ACITROM (NICOUMALONE)	1 TABLET	3MG	0	0	1	ORAL	AFTER FOOD	AT 7 PM
2	TAB. ECOSPRIN (ASPIRIN)	1 TABLET	75MG	0	1	0	ORAL	AFTER FOOD	TO CONTINUE
3	TAB. ATORVAS (ATORVASTATIN)	1 TABLET	40MG	0	0	1	ORAL	AFTER FOOD	TO CONTINUE
4	TAB. BETALOC (METOPROLOL)	1 TABLET	12.5MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
5	TAB. IVABRAD (IVABRADINE)	1 TABLET	5MG	1	0	1	ORAL	AFTER FOOD	X 1 WEEK
6	TAB. LASILACTONE (FURSEMIDE + SPIRONOLACTONE)	1 TABLET	50MG/20MG	1/2	0	0	ORAL	AFTER FOOD	X 2 WEEKS
7	TAB. PARACIP (PARACETAMOL)	1 TABLET	500MG	1	0	1	ORAL	AFTER FOOD	SOS (IF PAIN OR FEVER)
8	SYP. CREMAFFIN (SODIUM PICOSULFATE+ LIQUID PARAFFIN + MILK OF MAGNESIA)	15ML		0	0	1	ORAL	AFTER FOOD	BED TIME (IF CONSTIPATION)
9	CAP. BEPLEX FORTE (ANTIOXIDANTS + MULTIVITAMINS + MULTIMINERALS)	1 CAPSULE		1	0	0	ORAL	AFTER FOOD	1 MONTH
10	SYP ALEX PLUS (DEXTROMETHORPHAN HYDROBROMIDE + GUAIFENESIN + PHENYLEPHRINE + CHLORPHENIRAMINE MALEATE)	10ML		0	0	1	ORAL	AFTER FOOD	BED TIME (1 WEEK)
11	TAB. ANXIT (ALPRAZOLAM)	1 TABLET	0.25MG	0	0	1	ORAL	AFTER FOOD	X 5 DAYS

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MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED NAME: MR. CHANDAPANI.P

UHID : MHI202381543



IPNO: IPH2024008072

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DIABETIC MEDICATIONS:

SL. NO	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
1	TAB. METFORMIN	1 TABLET	500MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE

To report: If fever > 101 °F / Difficulty in breathing / Headache / Giddiness/chest pain/

DISCHARGE ADVICE	
DIET	1. VITAMIN K RESTRICTED DIET 2. HIGH PROTEIN, LOW SALT, LOW FAT AND DIABETIC DIET
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION	NIL
REVIEW	TO DO PT/INR, FBS, PPBS, HB, UREA, CREATININE, SODIUM, POTASSIUM, CHEST X RAY IN ESI HOSPITAL ON 23/01/2024 AND REVIEW WITH REPORTS

Groin swelling/ bleeding / discharge at operated site/ Any other significant symptoms.

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

Typed by: S.Hari

CONSULTANT SIGNATURE

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

Senior Consultant Cardiothoracic and Vascular Surgery

Dr. V. RAJESH

Reg No : 62794

"I understood the Content of the discharge summary."

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MHI/HOSP/2022/118



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



Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/PH2024000072

Dr. RAJESH.V



MHI/IP/2022/107



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INPATIENT INITIAL ASSESSMENT

Date: 09/1/24 Time of arrival in ward: 10am

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 97 (°F) | Pulse / HR: 72 (beats/min) | BP: 130/80 (mmHg)

Respiration: 18 (breaths/min) | SpO₂: 97 (%) | Height: 167 (cms) | Weight: 545 (kgs) | BMI: 19.5 kg/m²

Pain: ☐ Yes ☒ No. If Yes, Score: 9/10

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

Duration: Location:

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

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

60yrs old male K/clo T2DM came with
Complaints of Breathlessness on exertion. (Grade-II NYHA)
for 1 month.
- H/o (R) Sided chest pain x 3 days.
- no H/o Palpitation, Loss of Consciousness
- no H/o fever, Vomiting, loose stools, giddiness,

PAST MEDICAL HISTORY (with duration of illness):

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

Others:

Not known case of Bronchial Asthma / COPD
Pulmonary TB / chronic kidney disease

Past Surgical History:

S/p (L) Sided Cataract Surgery at 2022
(Aravind Hospital)

Present Medication (for Medication Reconciliation):

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1.	T. Atorva	10mg	Pb	0-01	7/1/24	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	T. Envas	20mg	Pb	1-01	6/1/24	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	T. Pan	4mg	Pb	1-00	7/1/24	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	T. metformin...	500mg	Pb	1-00	7/1/24	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	T. MVR	1Tab	Pb	1-00	7/1/24	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Family History:

Nil

Personal / Social History (Tick whichever is applicable)

Lifestyle: ☐ Sedentary ☒ Active Occupation: _____
 Smoking: ☐ Yes ☒ No Alcohol: ☐ Yes ☒ No Recreational Drug Use: ☐ Yes ☒ No
 Others: _____

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

General Physical Examination:

Pallor: ☐ Yes ☒ No Icterus: ☐ Yes ☒ No Clubbing: ☐ Yes ☒ No
 Edema: ☐ Yes ☒ No Lymphadenopathy: ☐ Yes ☒ No

SYSTEMIC EXAMINATION

CVS:

~~S1~~ S₁ S₂ ⊕ ; ~~ESM~~ ESM ⊕ over Pulmonary and aortic area.

Respiratory System:

BAE ⊕, no added sounds

Gastrointestinal System:

Sft, NT

Central Nervous System:

NO focal neurological deficit.

Urinary / Reproductive / Locomotor System:

(N)

Skin / Ophthalmic / ENT

(N)

Suspected of contagious disease: ☐ Yes ☒ No

Immuno compromised status: ☐ Yes ☒ No

Isolation required:

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

Psychological Evaluation:

☒ Normal ☐ Anxious ☐ Depressed ☐ Others: _____

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

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

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

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

Is the BMI < 20.5? ☐ Yes ☒ No

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

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

Provisional Diagnosis:

Calcific severe Aortic stenosis / Bicuspid Aortic valve / (N) LV function. / T2DM

Plan of Care:

- Plan: Aortic Valve Replacement Tomorrow.
- Monitor vitals.
- To follow drug chart
- To get Anaesthetic fitness.
- Consult, Parts & Preparation

Investigations Advised:

Reports enclosed

Diet Advice:


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

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

PFE: Patient Family Education

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

Others:

	Signature	Name	Reg. No.	Date	Time
Resident Doctor		Dr. V. Rajesh	165807	9/1/24	10Am
Consultant	M.S., M.Ch(CTVS) Senior Consultant	DR. RAJESH	62794	09/01/24	12:30
Patient Attendant	Relationship MR: ASHOK (SON)			9/1/24	9.40



Mr. THANDAPANI P
60/Male/MH1202381543
09/01/2024/IPH2024000072
Dr. RAJESH.V



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DATE _____

NOTES

9/1/24

3:20 PM

NOTES

S.B. Mr. Singh. B: (DMD)

Case of Calcific Severe Aortic Stenosis /
Bicuspid Aortic valve / \rightarrow dysfunction /

72 AM.

BP-130 20cm

BP-15
HA-72

plan: AVR tomorrow

Sp2-951-JRA

st. reulever

no specific complaint

g/12 - consonant
overlaid,
Aphib

8/R - Cus + S, (4)
R - RAR (P)

Ad

- vital notation
- follow by doctor
- I have ear

~~183572~~

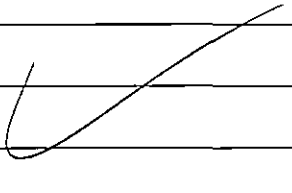
DATE	NOTES
9/01/24	Screening Carotid doppler
5.10pm	
	- Increased Intima media thickness
	- Calcific plaque noted in both carotid bulbs
	- No Flow limiting Disease
	- Normal Bilateral vertebral doppler study
	- Done by NLS. Peralky (Cardiac Tech)
	MHI 10098/CARDIO.

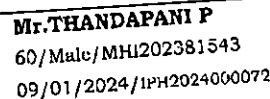


DOCTOR'S PROGRESS NOTES

DATE	NOTES
09/11/24	S/B Dr. Anusuya
23.50	Patient reviewed
	clo' Chest pain on Q 556
O/S	Patient conscious, oriented,
S/S	CNS - S152⊕
	RS - BAF⊕
	CNS - NFMD
Vitals stable	Advice
	- monitor vitals
	- continue the drugs as per chart
	- Plotted for AVR tomorrow 1 PM
	- NPO from 5 am tomorrow
	- Consent
	- parts preparation
	- Pre-medication
	- Check Pre-op CBG
	- Shift to OT on call

K. J. J.
134669

DATE	NOTES
10/1/24 @17.20	Mr. Thandapani boy hrs underwent AVR and he was shifted to ICU & following hemodynamics. HR - 82 Bpm CVP - 8 mmHg BP - 101/42 mmHg SpO ₂ - 100% Ventilator: mode: VCV Flow: 60% PEEP: 5 mmHg Supports: inj. Adrenaline 0.02 µg/kg/min plan: Wash sy / extubate <div style="text-align: right;">for Dr. Rajesh S.R. Dr. Kautika (M.Hosle)</div> <div style="text-align: center;"></div>



DATE



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DATE	NOTES
11/01/2024	S/B: Dr. Anbarasee / Dr. Rajesh / Dr. Praveen
@ 8.20	
	S/P: AVR
POD#11	• Patient comfortable
Hb - 11.0	• DE: conscious, oriented, Afebrile
U - 23	• BP - 120/54 mmHg
Cr - 0.7	• HR - 88 bpm
Na - 133	• SpO ₂ - 98% on room air
K - 3.87	• I/O - 1545 mL / 1792 mL ; Bal (-) 247 mL
RBS - 174 mg/dL	• on ucath
POB - 1.0	• Adequate urine output
DB4	• tolerating feeds.
pH - 7.472	• peripheries warm (+)
pO ₂ - 36.5	Supports 2 mL
pO ₂ - 83	total drains 170 mL
HCO ₂ - 26.1	plan
BE - 2.5	• RF - 2.4 litres/day
	• Unod chest physio
	• Remove drains & artery line
	• mobilize
	• reevaluation of spirometry
	• TAB. Metoprolol 12.5mg BD
	• TD Testast OHA 15. Metformin 500mg
	• T. Acidome 3mg. OD (at 6pm) ^{BD}
	Praveen 11/22/26

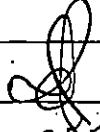

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DOCTOR'S PROGRESS NOTES

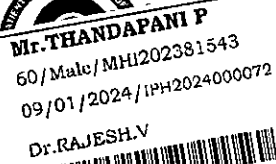
DATE	NOTES
12/1/24. 9:30 AM	Dr. Dr. Sujith. B. (CNO)
	AD-2 -
	Dr. - AUR.
	Dr. reviewed.
	- NO complaints
BP - 110/70 mm HR - 92 bpm SpO2 - 97% on RA	Dr. - Lt. conscious, oriented, Able to.
Dr. - 208 mm Dr. - 210 g	Dr. - 208 mm Dr. - 210 g
	Adm.
	- vitals monitoring
	- FR 24 L/min
	- Chest physio
	- mobilise
	- nebulisation
	- Spinal cath.
	- up & down
	- Rf 50
	Dr.
	12/3/24

DATE	NOTES
13/11/24	S/S Dr. Mohamed Hydoos
10pm	
	Post OP case of AVR.
	POD - III
	Patient Status
	Oriented
	Afebrile
Vitals	WSS & S2 ⊕
Stable	PO2 94 ⊕
	T/A → Ept, NT
	ADW
	- Monitor vitals
	- Follow day chart
	- F.R 2.4 litre/day
	- Chest Physio/Spironolactone
	- Mobilize the Patient
	ADW Jester

DOCTOR'S PROGRESS NOTES

DATE	NOTES
14/1/24: 10:40AM	S/B Dr. Anbarasu & team. Pt reviewed. No new complaints plan d/c tomorrow. to do PT/2NR/Hb/urea/co/AaT/kt tomorrow morning.
	 122068.
14/1/24: 10:40AM	S/B Dr. G. Lakshmi. Pt. reviewed. No new complaints. o/e. Conscious oriented vitals stable afebrile S/E US-S ₁ S ₂ + RS - BAE + PA Soft. CNS - NFD Adv Plan d/c tomorrow
	 122068

DATE	NOTES
	S/S Dr. Mohamed Hydross
14/1/24	
10pm	Post OP care of AVR.
	POD-IV.
	Patient Grooming
	annexed
	off bed
	CUS, Si S2 ⊕
	RS → DAE ⊕
	P/A → Soft, NT
Vitals	Off
PR- 82/min	- monitor vitals
RR- 20/min	- To follow drug chart
BP- 110/80mm Hg	- F.R- 2.4 litres/day
Spo- 98%	- Chest Physio/
Patient on T. Acidom	Symmetry
Sing	- mobilize the Patient
	- Plan P/K tomorrow
	- To do PT, INR,
	Hb, Ur, Na ⁺ ,
	(Worm) K ⁺
	tomorrow morning



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- monitor vitals Q4H
- plan Hc today
- Inform sos.

122068

DATE	NOTES
<u>15/1/24</u>	S/B Dr. Anbalasu
11AM	pt reviewed.
	Dlc today
	122068



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

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

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

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

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



E-OPERATIVE CHECKLIST

Name :	Age : 60 yrs Gender : M		UHID No. : 2002381543	
Ward :	Bed No. :		B.S.	A.S.
Clinical Diagnosis :				
CALCIFIC SEVERE AORTIC STENOSIS, BICUSPID AORTIC VALVE			✓	✓
Proposed Procedure :				
AORTIC VALVE REPLACEMENT			✓	✓
CHECKLIST				
1.	Identification Band on Hand Checked ?		✓	✓
2.	Surgical consent Signed? a. Special Consent signed if required.		✓	✓
3.	Anesthetist Consultation (If required?)		✓	✓
4.	History AND Physical Onchart? a. Height..... 167 CM..... b. Weight..... 55 Kg.....		✓	✓
5.	Allergic to drugs ? NOT KNOWN		✓	✓
6.	Surgical Preparation done ?		✓	✓
7.	Nill by Mouth From 5.00		✓	✓
8.	Blood Grouping & Rh Typing 'O' POSITIVE		✓	✓
9.	Investigation <input checked="" type="checkbox"/> X-Ray <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> LAB		✓	✓
10.	Blood Sugar..... 133 mg/dL..... Time..... 6.30		✓	✓
11.	TPR Chart Pulse..... 74 b/m..... Temp..... 98.2°F..... BP 116/80 mmHg RR..... 20 b/m.....		✓	✓
12.	Time Voided a. Retention <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		✓	✓
13.	Enema <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		✓	✓

14.	a. Prosthesis Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable b. Plates present Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable c. Contract Lenses Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable d. Dentures Removed <input type="checkbox"/> Yes <input type="checkbox"/> No / <input checked="" type="checkbox"/> Not Applicable	✓	✓
15.	Valuables and Jewellery Removed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	✓	✓
16.	Pre-Operative Medication Administered <u>T. PAN 40 MG, T. ANXIT 0.25 mg</u> a. Time <u>21.00</u> b. Nurse <u>E. CATHERINE</u>	✓	✓
17.	Blood Transfusion requisition Onchart	✓	✓
18.	X-Ray <u>1</u> No <u>(AG - (D) - (I))</u>	✓	✓
	ECG / ECHO <u>1/1</u>	✓	✓
	Ultra Sound		✓
	C.T. Scan.....		
	MRI Scan		
	TMT		
	Medication		
9/01/24	T. PAN 40 MG } given @ 21.00	✓	✓
	T. ANXIT 0.25 MG }		✓
10/01/24	T. ANXIT 0.25 mg } given @ 5.00	✓	
	Others		

E. Cat
0807
Nurse Signature

MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name **MR. THANDAPANI - P** Age **60 Y / M** UHID

Diagnosis **severe AS CAD - minimal CAD / wood 4 V Plan AVR**
Function EF - 60%.

Serology **negative**

EURO Score / STS Score **0.67%**

PRE OP DRUGS (ACE/ARB/ANTIPLATELETS):

T. Envas stopped from 6/1/24

Diabetes Mellitus (Hb1AC) **- 7.0**

Associated Illness **T2 DM**

Carotid Doppler

Normal B/C vertebral

Thyroid Enzymes

T4 - 1.05

doppler study

TSH - 1.43

Sr. Creatinine

0.71

Any other illness of concern

Allen's Test

Myocardial viability if needed

Varicose Veins

Pulmonologist Clearance

Nephro Clearance:

Neurology Clearance :

Dental Clearance:

Mitral Regurgitation Assessment

Nursing:

Billing Clearance:


Physiotherapy

Spirometry taught

Concerns from Surgical Team :

SIGNATURE

Bunny

Mr. THANDAPANI P
 Patn 60/Male/MHI202381543
 Nam: 09/01/2024/IPH2024000072
 UHID Dr. RAJESH.V
 DOB: 

CONSENT FOR SURGERY

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

☒ Read

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

☒ Been explained this consent form in English, which I fully understand and understood the information provided about the disease Severe AS, Minimal CAD, T.D.M., Normal LV and about the procedure Aortic valve Replacement (full name of operation / procedure given below in this consent form)

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

- Possible risks & complications ①. Bleeding ②. Infection
③. Arrhythmias ④. Stroke ⑤. prolonged ICU stay/
ventilation ⑥. mild risk to life
- Benefits Relief from symptoms
- Alternatives medical management
- The likelihood of success of the surgery (Percentage / Other comments) 97%
- Possible results of non-treatment cardiac failure
- I declare that I have received and fully understand the information provided in this consent form, that I have been given an opportunity to ask questions relating to my ailment, the operation / procedure being performed, its risks, consequences alternatives, potential complications and intended benefits and recovery and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my sign this form.

DETAILS	PATIENT / RELATIVES	WITNESS
Name (in BLOCK LETTER)	Thandapani.	T. ASHOK
Relationship	SELF	Son
Signature	P. B. [Signature]	T. Ashok [Signature]
Date & Time	9/11/24 / at 12:00	9/11/24 at 12:00
Name & Signature of Doctor with Registration No.:		[Signature] 55476

Doctor Seal

நோயாளி விவரங்கள்: (Affix Label here)

பெயர் :

UHID :

பிறந்த தேதி : பாலினம் :

அறுவை சிகிச்சை ஒப்புதல் படிவம்

நான்நோயாளி அல்லது நோயாளியின் பிரதிநிதி தயவுசெய்து மேலேயும் கீழேயும் பொருத்தமானதைத் தீர்வு செய்யவும்

☐ படியுங்கள்

☐ எனது / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளன.

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

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

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

- மருத்துவரால் தேவையான செயல்பாடு / நடைமுறையின் போது அல்லது அதற்குப் பிறகு இரத்த மற்றும் / அல்லது இரத்த தயாரிப்புகளை எனக்கு நிர்வாகம் தேவைப்படலாம் என்பதை நான் அறிவேன் (ஒரு தனி ஒப்புதல் பெறப்பட வேண்டும்).
- இந்த அறுவை சிகிச்சை / நடைமுறையின் போது மருத்துவர் மற்றும் துணை மருத்துவக் குழுவால் உதவப்படுவார் என்பதையும், தேவை ஏற்பட்டால் தொடர்புடைய நிபுணர்களிடமிருந்து மருத்துவர் ஆலோசனை / உதவியை நாடுலாம் என்பதையும் நான் இப்போது அறிவேன்.

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

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

CONSENT FOR ANAESTHESIA SERVICES

I, MR. THANDAPANI P. ☒ the patient or ☐ the representative of patient have,
(please tick the correct option above and below)

☒ Read

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

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

AORTIC VALVE REPLACEMENT

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

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

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

- ☐ Central Venous catheter ☒ Arterial Line ☐ Lumbar Puncture ☐ Tracheostomy
☒ Transesophageal ☐ Blood & Blood product Transfusion ☐ ICU Admission / Recovery ☐ Others

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

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

PRENATAL / EARLY CHILDHOOD ANAESTHESIA

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

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

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

	Signature / Thumb Impression*	Name	Date	Time
Patient		Thandapani	9/1/24	18:00
Surrogate/Guardian (if applicable #)		Son (Write name and relationship with patient)	9/1/24	18:00
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		R. Sushma	9/1/24	18:00
Interpreter (if applicable)				

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

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

	Signature	Name	Reg. No.	Date	Time
Consent obtained by		Dr. P. PRAVEEN Reg. No: 80510	86510	9/1/24	18:00

மயக்க மருந்து சேவைகளுக்கான ஒப்புதல்

1. ☐ நோயாளிஅல்லது ☐ நோயாளியின் பிரதிநிதி,

மேலேயும் கீழேயும் சரியான விருப்பத்தைத் தேர்ந்தெடுங்கள்) படித்தல்

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

இந்த ஒப்புதல் படிவத்தின் கீழே கொடுக்கப்பட்ட செயல்பாட்டு நடைமுறையின் முழு பெயர்)

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

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

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

விற்புக்கு முந்தைய / ஆரம்பகால குழந்தை பருவ மயக்க மருந்து

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

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

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

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

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

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

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

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

	கையொப்பம்	பெயர்	பதிவு எண்	தேதி	நேரம்
பெறப்பட்ட ஒப்புதல்					



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




ANAESTHESIA RECORD

MHI/OT/2022/094



Every heart beat counts

Pat **Mr. THANDAPANI P**
Nat 60/Male/MHI202381543
UH 09/01/2024/IPH2024000072
DO Dr. RAJESH.V
DO 
Co.

Type of Surgery : ☐ Day Care ☒ Elective ☐ Emergency

Blood Group : O+ Height : 167 cm Weight : 77 Kgs

Pre-Operative Diagnosis: BCA / SEV AS / L

Proposed Surgery:

AVR

Anaesthetic Plan

ETRA / C.V

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

History of Present Illness:

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

Previous Surgery :

COMORBIDITY

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

Present Medication :

Anti Platelet Stopped on :

Physical Examination :

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

SYSTEMIC EXAMINATION

CVS : 1 2 3 4 5 6 7 8 9 10 CNS : 1
RS : 1 Others : 1

HR : 72 NIBP : 130/80 SPO2 : 97% TEMP : -

INVESTIGATION

HB : 13.3 T.BILIRUBIN : 0.6 T3 : - SEROLOGY ve
PLAT : 2.22 I.D. : 0.4 T4 : 1.05 Urine: 2
TC : 7480 D. : 0.1 TSH : 1.43
UREA : 15 T-PROTEINS : - HBA1C : 7.1
CREAT : 0.71 S.ALBUMIN : - Others:
Na+ : 142 PTT / INR 12.2 / 1.1 RBS : 157
K+ : 4.05 APTT : 30.0

ANGIO minimal CAD

ECG LH / MSR

CXR 2

ECHO BCA
Sev. cal. AS
2 L

AIRWAY

Teeth 2
Mallampatti class 2
Mouth Opening 2
Neck Movement 2
TM Distance 2

CAROTID DOPPLER

Other Opinions: Dental opinion - obtained

TO do,
C.V doppler

Pre OP Instruction :

NPO From: 8 MN

Pre Medication : T. 7mg As my
T. Anxit 0.25mg 15
Night Before Surgery :
Day of Surgery T. Anxit 0.25mg
Special Instruction :

Blood Reservation

PCV : 10 Platelet :
FFP : CRYO :
Whole Blood:

Remarks:

Anaesthetist Name with Reg.No. :

Dr. P. PRAVEEN
Reg. No: 86510

Signature : 

10-1-24

Date: Anaesthetist <u>SS / PRAVEEN</u>		Surgeon <u>RN / PJK</u>		Anaesthesia Technique <input checked="" type="checkbox"/> GA <input type="checkbox"/> Regional <input type="checkbox"/> Others					
PRE INDUCTION ANAESTHESIA RECORD		MONITORS AND EQUIPMENTS		GENERAL ANAESTHESIA					
Pulse: <u>82</u> BP: <u>156/72</u> RR: <u>18</u> Sensorium: <u>Alert</u> Sign-in Completed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Equipment Checked: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sign: <u>Dr. PRAVEEN</u> Name: <u>PRAVEEN</u> Reg. No: <u>86510</u> Time: <u>12:20</u>		<input type="checkbox"/> NIBP <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> ECG <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> End Tidal CO ₂ <input checked="" type="checkbox"/> Gas Analyzer <input checked="" type="checkbox"/> Oxygen Sensor <input type="checkbox"/> Disconnect <input checked="" type="checkbox"/> Temperature Probe <input checked="" type="checkbox"/> Foley Catheter <input type="checkbox"/> Nerve Stimulator <input checked="" type="checkbox"/> TEE <input type="checkbox"/> Others: <input checked="" type="checkbox"/> CVC Type: <u>8.5 F/AL</u> Site: <u>(R) IN</u> <input checked="" type="checkbox"/> Standard Asepsis <input type="checkbox"/> USG Guidance <input type="checkbox"/> Complications: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, details: <input checked="" type="checkbox"/> Arterial Line - Type: <u>20A</u> Site: <u>(L) RA</u> <input type="checkbox"/> PVC Type: <u>(6h)</u> Site: <u>(R) lower</u> <input type="checkbox"/> PVC Type: Site: <input type="checkbox"/> Others:		INDUCTION: <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> Rapid Sequence <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhalation - Agent used: Mode of Ventilation: <input type="checkbox"/> Spontaneous <input checked="" type="checkbox"/> Controlled AIRWAY MANAGEMENT: Intubation: Oral / Nasal ETT Size: <u>8.5</u> Type: <u>WETT</u> CL Grade: <u>I</u> / II / III / IV Secured at: <u>cm</u> Any difficulties and accessories: Throat Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Removed NG / OG Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OTHER AIRWAY DEVICES: <input type="checkbox"/> LMA Type & Size: <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Face Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Others: Antibiotic / Dose / Time <u>2M. CEFTRAXIME 1.5 gm @ 13.15</u> Reversal of Anaesthesia					
PATIENT SAFETY									
Position on Table: <u>Supine</u> Pressure points checked & Padded: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eye Care: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Safety Belt: <input type="checkbox"/> Yes <input type="checkbox"/> No Warming Blanket: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fluid Warmer: <input type="checkbox"/> Yes <input type="checkbox"/> No TED Stockings: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sequential Compression / Decompression: <input type="checkbox"/> Yes <input type="checkbox"/> No									
DRUGS	PROPOFOL	<u>40</u>							
	MIDAZOLAM	<u>2</u>							
	FENTANYL	<u>125</u>	<u>125</u>	<u>75</u>	<u>75</u>	<u>50</u>	<u>50</u>	<u>50</u>	<u>50</u>
	MORPHINE								
	VECURONIUM	<u>6</u>		<u>2</u>		<u>1</u>		<u>1</u>	
	ETOMIDATE								
	KETAMINE								
	SUXA/ROCURONIUM								
	CISATRACURIUM/ATRACURIUM								
	SEVOFLOURANE								
Air/O ₂	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
VITAL SIGNS	Time	<u>12:30</u>	<u>12:35</u>	<u>13:00</u>	<u>14:30</u>	<u>15:30</u>	<u>16:30</u>	<u>17:30</u>	
Systolic V	<u>200</u>								
Diastolic A	<u>180</u>								
Pulse	<u>160</u>								
	<u>140</u>								
	<u>120</u>								
Resp. ★	<u>100</u>								
Operation ○	<u>80</u>								
	<u>60</u>								
	<u>40</u>								
Temp X	<u>20</u>								
	<u>0</u>								
MONITOR	SpO ₂	<u>100</u>	<u>100</u>	<u>100</u>			<u>100</u>	<u>100</u>	<u>100</u>
CVP	<u>6</u>	<u>6</u>	<u>4</u>				<u>6</u>	<u>8</u>	<u>7</u>
PAP									
ETCO ₂	<u>28</u>	<u>30</u>	<u>28</u>				<u>28</u>	<u>27</u>	<u>28</u>
Urine Output	<u>25 ml</u>	<u>25 ml</u>	<u>35 ml</u>				<u>250 ml</u>	<u>250 ml</u>	<u>250 ml</u>
ABG	PH	<u>7.48</u>					<u>7.42</u>		
PCO ₂	<u>41.8</u>						<u>40.2</u>		
PO ₂	<u>96.2</u>						<u>93.4</u>		
Na ⁺	<u>140</u>						<u>135</u>		
K ⁺	<u>3.64</u>						<u>3.49</u>		
HCT	<u>41</u>						<u>36</u>		
RBS	<u>8.3</u>						<u>22.6</u>		
LAC									
BE	<u>4.15</u>						<u>1.7</u>		
HCO ₃	<u>28.5</u>						<u>28.0</u>		

	START	STOP	FLUID TRANFUSED		BLOOD PRODUCTS		
ANAESTHESIA	12.50	17.15	CRYSTALOID	COLLOID	nil		
PROCEDURE	13.45	16.45	KLX4	WFL			
CPB 14.05 - 16.05 (20mls)							
AXC 14.15 - 15.41 (86mls)							
CUF: - MUF: -							
HEPARIN			PRESSURE MONITOR				
DOSE	TIME	ACT	PRE OP				
200 mg	13.59	560	PA	RV	PCWP		
			ABP				
PROTAMINE			POST OP				
DOSE	TIME	ACT	PA	RV	PCWP		
275 mg	16.30	120					
			ABP				
INOTROPES & INFUSIONS							
DRUG DILUTION	DOSE (RANGE)	START TIME	END TIME	DRUG DILUTION	DOSE (RANGE)	START TIME	END TIME
ADRE (6mg/50ml)	0.05 mg	→ 1.5 ml/hr		TRANEXAMIC ACID (1.5g/20cc)	1 mg/kg/hr	13.15	→ ICU
		15.40	→ ICU				
NTG (25mg/25ml)	1 mg	→ 3.3 ml/hr		HUMAN ACTRAPID (40IU/40cc)	120-4 IU/hr	16.30	→ ICU
		15.40	16.50				
REGIONAL ANAESTHESIA YES NO				IABP: -			
DETAILS: BIC ESPR 0.2% Ropivacaine				ECMO: -			
60ml + 100 mg Dexmed.				TEE: PER OP: BICV / sev. AS / mild AR /			
				NO MR, TR / Good LV / EF-58% / Good RV			
				CANC. HT (As. Annulus - 24mm)			
REMARKS / CRITICAL EVENTS				POST OP:			
ANAESTHESIOLOGIST NAME: REG.NO.				PRAVEEN Reg. No: 86510 SIGNATURE			

POST OPERATIVE PLAN

Transfer to: ☒ SICU ☐ Others, specify: _____

Arrival in Recovery / ICU Time: 17:20

SpO₂: 100 % HR: 72 beats/min Rhythm: NSR RR: 14 breaths/min

ABP: 101/43 mmHg CVP: 7 mmHg PAP: _____ mmHg C.O: _____ L/min

Conscious state: Sedated Pain score: _____

VENTILATOR SETTINGS:

VCV
T.V - 400
RR - 12
PEEP - 5
I:E = 1:2
FiO₂ - 0.4

IONOTROPES:

- All supports -
* ADRENALINE - 0.05 mcg/kg/min

POST OP ORDERS:

- ABG / ACT / CxR
- Vitals monitoring
- Review xps

MODIFIED ALDRETE'S SCORE (Score against each criteria)

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

Total Score : 10

Patient fit for discharge:

☒ YES ☐ NO

Anaesthetist Name & Reg.No. :

PRAVEEN
Reg. No: 86510

Signature

OPERATION NOTES

Pre-Operative Diagnosis : BAV / Severe AS / Good LV function

Post-Operative Diagnosis : BAV / Severe AS / Good LV function

Operation Procedure AVR - 23mm SJM Regent Mechanical Valve

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



D.O. Operation

1 0 0 1 2 0 2 4

Please tick the type of procedure :

Closed ☐

Open ☒

Operation

Commenced : 13.45

Operation

Completed : 17.5

Nature of

Anaesthetic : General

Surgeons Dr. Rajesh / Dr. Praveen J

Perfusionist Mr. Nave / Ms. Divya

Anaesthetist Dr. Sylvester / Dr. Praveen

Nurse Ms. Radhika / Ms. Devi

Incision Middle sternotomy

Cannulation Aorta - RA

Arterial 22 Fr

Venous 32/40 Two stage

Oxygenator

Median sternotomy - Thymus dissected - Vertical

Total CPB Time 120 min Pericardotomy - Systemic heparinization - 3 min - Aortic cannulation -

Total ACC Time 86 min RA cannulation - Aorta checked - CPB on - Cooling to 32°C - CPB

Total TCA Time

Findings and Relevant Details :

Cannulation - Aorta - Antegrade cold blood root cardioplegia (Admide).

Repr vent on - Heart arrested in diastole - Pericardotomy - Aorta exposed -

Decalcification - Sizing done - 23 mm SJM regent valve fixed with

2-0.17mm pledgeted ticion sutures - Valve tested - Aorta

closed in two layers - Hot shot - Decussing - Aorta off -

Root vent on - Repr vent off - pacing wire - CPB gradually

weaned off - Root vent off - Venous decannulation - Protamine -

Aortic decannulation - Hemostasis - Drains placed - Sternum closed

Hypertrophic LV

Aorta mildly dilated

Bicuspid Aov.

Severe type I Aoe-NCC

Severe calcification @

Cusps thickened.

POST-BY PASS HAEMODYNAMICS

RA

LA

Cardiac Output

RV

LA

CI

SVS

SYS

PA

MEAN

BP

MEAN

DIAS

DIAS

PACW

Support:

Isoprin

Adrenaline

0.02 µg/kg/min

Dopamine

I A B P

Dobutrex

Others

POST-OPERATIVE INSTRUCTIONS :

with No. 6 steel wire - Wound closed in layers

To do - ABG, Hct, chest Xray

Watch for:-

1. Bleeding

2. Hypotension

Blood loss - 500 ml

Blood transfusion - Nil

Drains:

Chest

Mediastinal - ②

Pericardial - ①

Others

Sponge Count : Correct-

Dr. V. RAJESH

M.S., M.Ch(CTVS)

Senior Consultant

Cardiothoracic and Vascular Surgery

Reg No: 62794

Surgeon : Dr. V. RAJESH

Date : 10-01-2024



JCI ACCREDITED



NABH ACCREDITED

**OPERATION NOTES**

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

NAME: Mr. THANDAPANI.P	AGE/GENDER: 60Years / MALE
UHID NO: MHI202381543	IP NO: IPH2024000072
DOA: 09/01/2024	DOS: 10/01/2024
SURGEON: DR. RAJESH	ANESTHETIST: DR. SAMUEL SYLVESTER/DR. PRAVEEN
ASSISTED BY: DR. PRAVEEN JEYAKUMAR	PERFUTIONIST: MR. HARIHARAN
	SCRUB NURSE: MS. RADHIKA/MS. DEVIKALA

DIAGNOSIS:

SEVERE CALCIFIC AORTIC STENOSIS
BICUSPID AORTIC VALVE
GOOD LEFT VENTRICULAR FUNCTION (EF – 62%)
MINIMAL CORONARY ARTERY DISEASE
MILD PULMONARY ARTERY HYPERTENSION
TRIVIAL AORTIC REGURGITATION
TYPE II DIABETES MELLITUS
SYSTEMIC HYPERTENSION
SINUS RHYTHM
ANGINA ON EXERTION – CLASS II
NYHA CLASS II DYSPNOEA

SURGERY DONE:

AORTIC VALVE REPLACEMENT, USING 23MM ST. JUDE REGENT
MECHANICAL VALVE

FINDINGS:

Mildly dilated Aorta
Left ventricular hypertrophy
Aortic valve – Bicuspid, Sievers type I RCC – NCC, Severe calcified leaflets, Commissures fused, Severe stenotic aortic annulus calcified, Cusps thickened,

PROCEDURE:

Median sternotomy. Pericardium marsupialised. Systemic heparinisation. Cardiopulmonary bypass established by aortic and double staged single venous cannulation.

Aorta cross clamped. Antegrade hypothermic delnido cardioplegia given through aortic root. Left ventricle vented through right superior pulmonary vein. Transverse aortotomy done.

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

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



JCI ACCREDITED



NABH ACCREDITED

**Every heart beat counts**

(A Unit of United Alliance Healthcare Pvt Ltd)

Native aortic valve inspected and excised. Calcium debrided from the annulus. 23mm St. Jude Regent mechanical valve replaced in aortic position with 2-0 Ticon interrupted mattress sutures. Aortotomy closed in two layers. Hot shot given for 3mins. Left atrial vent site closed. Heart deaired with aortic root vent.

Aortic cross clamp released. Heart picked up in sinus rhythm with pacing. Rewarmed fully. Weaned off bypass gradually. TEE showed no paravalvar leak with good prosthesis function. Protamine administered. Heart decannulated. Hemostasis secured. Pericardium reapproximated partially. Routine chest closure done with two drain tubes and one RV pacing wire insitu.

CPB – 120mins

ACC – 86mins

Supports:

He was shifted to ICU with inj. Adrenaline 0.02µg/kg/min support.

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

Dr. V. RAJESH
Reg No : 62794

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Medway Group of Hospitals

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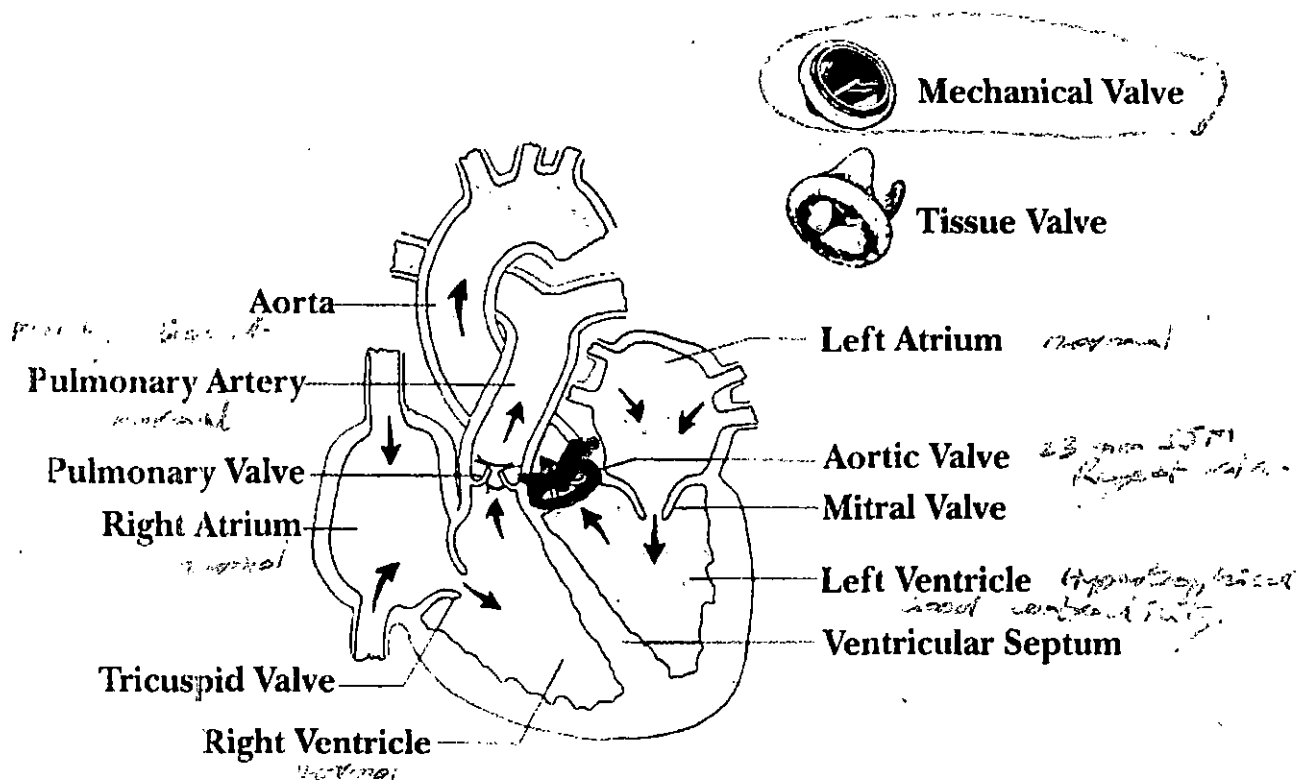
Medway Centre of Excellence (Chennai)

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

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

1. Bi-atrial bypass using double cannula - 70cc/min
2. Aortic regurgitation
3. Aortic stenosis
4. Aortic aneurysm
5. Aortic dissection
6. Aortic valve disease
7. Aortic valve stenosis
8. Aortic valve regurgitation
9. Aortic valve calcification
10. Aortic valve sclerosis



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4. Aortic aneurysm
5. Aortic dissection
6. Aortic valve disease
7. Aortic valve stenosis
8. Aortic valve regurgitation
9. Aortic valve calcification
10. Aortic valve sclerosis

Name: Mr. P. [unclear] UHID. No. MHI 200351573

Operation Performed: Open Heart Surgery, Aortic valve Replacement using
mechanical valve

[Signature]
1-6-2024

SAFETY FIRST

MHI/ICU/2022/092



Mr. THANDAPANI P
60/Male/MHI202381543
09/01/2024/IPH2024000072

'S INFORMATION SHEET

Dr. RAJESH.V

NAME	AGE / SEX	UHID NO
------	-----------	---------

CONSULTANT	SURGEON	ANAESTHETIST
DR. RAJESH	DR. RAJESH	DR. SYLVESTER

DIAGNOSIS (In Capital Letters)	1.	MINIMAL CAD
	2.	THICKENED AND CALCIFIED BICUSPID
	3.	AORTIC VALVE, SEVERE AS, TRICUSPID AR
	4.	CONCENTRIC LHH
	5.	NORMAL RV/LV SYSTOLIC FUNCTION
	6.	GRADE I DIASTOLIC FUNCTION
	7.	EF - 62.1.
	8.	T2DM
PRESENT PROCEDURE/ SURGERY	AORTIC VALVE REPLACEMENT USING 23mm SJM REGENT MECHANICAL VALVE 10/1/2024 -	
PREVIOUS PROCEDURE/ SURGERY	SP LE CATARACT, SURGERY 2022	
CONTACT NO. & RELATIONSHIP	1. MR. ASHOK (SON) 8754106672	2. MR. ANAND (SON) 7904880675

N/No : 15/15

CAT : EST

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	09/01/24	T. ATORVAST	10mg	plb	0-0-1	}
2	09/01/24	T. PAN	40mg	plb	1-0-0	
3	09/01/24	T. met	1tab	plb	1-0-0	
4						continue
5						
6						
7						
8						
9						
10						

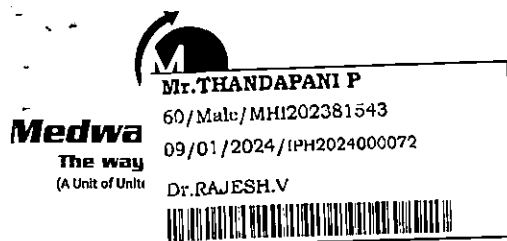
S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	10/1/24	SUSPENSION SUCRALFATE	10 ml	plb	1-1-1	}
2	10/1/24	NEB. LEVOSALBUTAMOL	0.63 mg	INH	1-1-1	
3	11/1/24	T. FROSEMIDE	40g	po	1-1-0	
4	11/1/24	T. SPIRONOLACTONE	25mg	plb	1-1-0	}
5	11/1/24	T. BEPLEX FURTE	1tab	plb	1-0-0	
6	11/1/24	T. ASPIRIN	75mg	plb	0-1-0	
7	11/1/24	T. ATORVASTATIN	20mg	plb	0-0-1	}
8	11/1/24	T. PARACETAMOL	650 mg	plb	1-1-1	
9	11/1/24	Syr. CREMAFIN PLUS	15ml	plb	0-0-1	
10	11/1/24	T. METOPROLOL	12.5 mg	plb	1-0-1	

ANY RELEVANT INFORMATION:

Admission / OT Receival Date and Time : 10/01/2024 (at 12.20) From : OT To : ICU	Condition of the Patient : 1. Stable / Unstable on Vent 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer Out Date and Time : 11/11/2024 AT 12:10 From : ICU To : SDPA	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer In Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
1) Known Case of Diabetic Mellitus 2) Known Case of Hypertension 3) Known Case of Bronchial Asthma/COPD	Year 6 months	Months	Days
4) Known Case Of Others			
Denture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent		
Allergic Reaction : Drugs/Food	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Drug / Food Name :		
Pressure Ulcer Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Grade : 1 / 2 / 3 / 4 & Site:		

ANY RELEVANT INFORMATION:

				Sign With Date
Peripheral Cannulation	1. Site: RT DORSUM 2. Site: 3. Site:	1. Inserted Date and Time 10/01/24 @ 12.50 2. Inserted Date and Time 3. Inserted Date and Time	1. Removed on : 2. Removed on : 3. Removed on :	
Neck Line : JL / EJL	Site: RT IJU	Inserted Date and Time 10/01/24 @ 13.00	Removed on 12/1/24 AT 9:30	mgm 02/26
Arterial Line : Right/Left	Site: LT RADIAL	Inserted Date and Time 10/01/24 @ 12.55	Removed on 11/1/24 @ 11:00	L.
Sheath Arterial / Venous:	Site:	Inserted Date and Time	Removed on	
Pressure Bandage	Site:	Inserted Date and Time	Removed on	
Drain Site	1. Mediastinal : Inserted Date and Time 10/01/2024 @ 17.00 2. Pleural Right / Left : Inserted Date and Time	Removed on 11/1/24 @ 10:40 Removed on		L.
Urinary Catheterization	Inserted Date and Time 10/01/2024 @ 13.10	Removed on 12/1/24 @ 4.30		g 22/26
Nasal / Oral Gastric Tube	Inserted Date and Time 10/01/2024 @ 13.15	Removed on 10/1/24 AT 20.45		Paul on.
Intubation Date and Time 10/01/2024 @ 17.20	Extubation Date And Time 10/1/24 AT 20.50	Reintubation Date And Time		
Other Information	<p>patient also breathlessness on exertion + RT sided chest pain S. Echo done on 28/12/2023 CAG done on 30/12/2023 ECG done on 4/01/24 (HR - 81 Bpm)</p>			mgm 02/24



PATIENT'S INFORMATION SHEET

NAME	AGE / SEX 60YRS M	UHID NO 202381543
CONSULTANT	SURGEON	ANAESTHETIST
DR. RAJESH	DR. RAJESH	DR. PRAVEEN
DIAGNOSIS (In Capital Letters)	1. CAD - MINIMAL CAD LEFT DOMINANT SYSTEM, T2 DIABETIC MELLITUS 2. GOOD LV FUNCTION - EF - 62% 3. THICKENED & CALCIFIED BICUSPID AORTIC VALVE 4. SEVERE AS / TRIVIAL AR 5. CONCENTRIC LVH 6. TRIVIAL TR / MILD PAH 7. - 8. -	
PRESENT PROCEDURE/ SURGERY	AVR	
PREVIOUS PROCEDURE/ SURGERY	① Sided eye cataract surgery done on 2022 on Aravind hospital H/O CABG done on 30.12.23	
CONTACT NO. & RELATIONSHIP	1. MR. ASHOK (SON) 8754106672	

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	30.12.23	T. ENVAS	2.5MG	P/O	C-0-1	6/1/24
2	"	T. ATORVAS	10MG	P/O	0-0-1	}
3	"	T. PANI	40MG	P/O	1-0-0	
4	"	T. METFORMIN	500MG	P/O	1-0-0	
5	"	T. MVT	1TAB	P/O	1-0-0	
6						continue
7						
8						
9						
10						

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	09.1.24	T. ATORVAS	10MG	P/O	0-0-1	}
2	"	T. PANI	40MG	P/O	1-0-0	
3	"	T. METFORMIN	500MG	P/O	1-0-0	
4	"	T. MVT	1TAB	P/O	1-0-0	
5						continue
6						
7						
8						
9						
10						

ANY RELEVANT INFORMATION:

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

ANY RELEVANT INFORMATION:

				Sign With Date
Peripheral Cannulation	1. Site:	1. Inserted Date and Time	1. Removed on :	
	2. Site:	2. Inserted Date and Time	2. Removed on :	
	3. Site:	3. Inserted Date and Time	3. Removed on :	
Neck Line : IJL / EJL	Site:	Inserted Date and Time	Removed on	
Arterial Line : Right/Left	Site:	Inserted Date and Time	Removed on	
Sheath Arterial / Venous:	Site:	Inserted Date and Time	Removed on	
Pressure Bandage	Site:	Inserted Date and Time	Removed on	
Drain Site	1. Mediastinal : Inserted Date and Time		Removed on	
	2. Pleural Right / Left : Inserted Date and Time		Removed on	
Urinary Catheterization	Inserted Date and Time		Removed on	
Nasal / Oral Gastric Tube	Inserted Date and Time		Removed on	
Intubation Date and Time	Extubation Date And Time		Reintubation Date And Time	
Other Information	<p>10 pul resorption done</p> <p>confirmed with Mx</p>			<p>9/1/24</p> <p>Gib</p>

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

MHI/OT/2022/086

Every heart beat counts

Mr. THANDAPANI P

60 / Male / MHI202381543

09/01/2024 / IIPH2024000072

Dr. RAJESH.V



Name of the Procedure : AVR OPEN HEART Location : CT-OT-II Date & Time : 10/1/24

Does the Procedure involve Procedural Sedation : ☒ Yes ☐ No

SIGN IN : <u>12.45</u> Before Induction of Procedural Sedation		TIME OUT : <u>13.45</u> After procedural Sedation and before procedure		SIGN OUT : <u>17.15</u> When Doctor indicates that the Procedure is completed	
(Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure)		(Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure)			
Patient Confirmation		All team members introduce themselves by Name and Role		To be done for each procedure in case of multiple procedures	
Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Name of the Procedure done written down	<input checked="" type="checkbox"/> Yes
Procedure	<input checked="" type="checkbox"/> Yes	Procedures	<input checked="" type="checkbox"/> Yes	Name and site of all specimens / investigations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA
Side	<input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA <u>Chest</u>	Side	<input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA <u>Chest</u>	confirms labeling and sent to lab	
Consent	<input checked="" type="checkbox"/> Yes	Position	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Supine</u>	Any recovery concerns : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Known Allergy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not known If yes, please specify	Consent	<input checked="" type="checkbox"/> Yes	If Yes, Pls. specify :	
Difficult airway / aspiration risk / dentures	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, equipment and assistance available	Required equipment and implants available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Possibility of hypothermia	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, warmer in place	Essential Imaging displayed	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input checked="" type="checkbox"/> X-ray		
All concerned anesthesia equipment and medication check complete	<input checked="" type="checkbox"/> SpO2 <input checked="" type="checkbox"/> NBP <input type="checkbox"/> Others pls. specify	Antibiotic prophylaxis within last 60 minutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Pre OP medication taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name of the Antibiotic given	<u>Ty-cefuraxime 1.5g @ 13.15</u>	Any Equipment / instrument problem that needs to be addressed : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Required equipment for procedure available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	Venous Thromboembolism Prophylaxis Provided	<input type="checkbox"/> Yes <input type="checkbox"/> NA	If Yes, Pls. specify :	
		Anticipated duration briefed	<input checked="" type="checkbox"/> Yes	instruments, Sponge, gauze and Needle counts are correct.	
		Anticipated blood loss briefed	<input type="checkbox"/> Yes <input type="checkbox"/> NA	Corrective action :	
		Adequate fluids and blood available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Team briefed on any critical or unexpected steps	<input checked="" type="checkbox"/> Yes		
		For procedural sedation cases			
		Any patient specific concerns :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
		Intra procedure glycemic control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Any concerns about sterility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		

Anaesthetist / Doctor giving Procedural Sedation <u>DR. S. PRAVEEN</u> Date : <u>10/01/2024</u> Time : <u>17.15</u>	Doctor performing the Procedure : <u>DR. RAJESH</u> Date : <u>10/01/2024</u> Time : <u>17.15</u>	Nurse : <u>SK</u> <u>80031</u> <u>R.N. ABITHA</u> Date : <u>10/01/2024</u> Time : <u>17.15</u>	Technician : <u>AT. SATHYA / PMC</u> <u>4006</u> Date : <u>10/01/2024</u> Time : <u>17.15</u>	Others Please Specify : <u>OT-INC. CHRISTINA</u> <u>10036</u> Date : <u>10/01/2024</u> Time : <u>17.15</u>
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CONSENT FOR BLOOD / BLOOD COMPONENTS

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

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

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

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

Witness.....
Doctor.....
Time.....
Date.....

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

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

Time: 18.00 Date: 9/1/24

Doctors signature.....

Dr. P. PRAVEEN
Reg. No: 86510

ஒப்புதல்:இரத்தம் / இரத்தத்தின் பாகங்களை செலுத்துதல்

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

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

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

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

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

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

நேரம்:
 நோயாளியின் பெயர்..... மருத்துவரின் கையொப்பம்.....
 தேதி:



CONSENT FORM - PHYSIOTHERAPY

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

☐ Read

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

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

POST OPERATIVE CARDIO

PULMONARY REHABILITATION

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

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

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

TO IMPROVE ABOM, TO IMPROVE CHEST EXPANSION,

TO CLEAR OUT LUNG SECRETIONS, TO IMPROVE ADL

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

Pain

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

Nil

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

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

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

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

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

	Signature / Thumb Impression*	Name	Date	Time
Patient				
Surrogate/Guardian (if applicable #)		<u>Pranvi</u> (Write name and relationship with patient)	12/11/24	11:00
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		<u>B. Kanishk</u>	12/11/24	11:00
Interpreter (if applicable)				

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

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

	Signature	Name	Reg. No.	Date	Time
Consent obtained by		AKASH G.E	0256	12/11/24	11:00
Procedure performed by		AKASH G.E	0256	12/11/24	11:00

IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

Chief Complaints:

It c/o Breathlessness on Exertion (Grade - II NYHA)
H/o @ Sided Chest pain x 3 days.
x 1 month.

Occupation: ☐ Heavy Activity ☒ Moderate Activity ☐ Light Activity

Past Medical / Surgical History:

K/c/o Dm x 6 months.
S/H -> @ Sided Abdominal Surgery @ 2022

On Observation:

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

On Palpation:

☐ INSIGNIFICANT

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

FALL RISK SCREENING

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

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

Fall Risk Screening for Pediatrics:

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

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

Respiratory Status:

☒ Room Air ☐ O₂ Support ☐ Ventilatory Support ☐ BIPAP
☐ Tracheal Mask ☐ Nasal Prongs ☐ Face Mask
Intubated: ☐ Yes ☐ No
Tracheostomy: ☐ Yes ☐ No

Brain Injury (if applicable):

☐ Traumatic ☐ Non Traumatic
☐ Mild ☐ Moderate ☐ Severe
☐ Conscious ☐ Unconscious

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

Spine Injury: ☐ Present ☒ Absent

AIS/ISNCSCI SCALE: —

☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx

Associated Injuries: Speech impaired: ☐ Yes ☒ No

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

ASHWORTH SCALE: —

☐ 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): Present

Dyspnoea Grading Scale: Grade II (NYHA)

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

Abnormal Breathing Pattern: —

Pain Assessment: Pain: ☒ Yes ☐ No

Pain Score: 6/10

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

☐ Pain Scale ☐ Critical Care Pain Observation Tool ☐ FLACC

Location: Chest Duration: 1 month Frequency: on & off Character: Compressive

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

☐ Sharp ☐ Cramping ☐ Stabbing ☐ Crushing

Aggravating Factors:

on Exertion

Relieving Factors:

on Rest

Examination (Please tick and mention abnormal findings only):

☐ Range of Motion:

Normal

☐ Muscle Strength:

Normal

☐ Reflexes:

Normal

Plantar Response: ☒ Diminished ☐ Brisk ☐ Clonus

Biceps: ☒ Diminished ☐ Brisk ☐ Clonus

Triceps: ☒ Diminished ☐ Brisk ☐ Clonus

Supinators: ☒ Diminished ☐ Brisk ☐ Clonus

Knee: ☒ Diminished ☐ Brisk ☐ Clonus

Ankle: ☒ Diminished ☐ Brisk ☐ Clonus


Sensation: Good

Investigation & Findings:

Calcific severe Aortic Stenosis | Bicuspid Aortic Valve
② LV | T2DM

Physiotherapy Management Plan:

- DBE's
- Chest Percussion
- AROM Ex's
- Spirometry Ex's
- Mobilization

	Signature	Name	Emp. No.	Date	Time
Physiotherapist		Pamanathan - p	0260	19/1/24	2:00

RE-ASSESSMENT FORM

Date &
Time

Fall Risk Score:

Pain Score: 3/10

12/1/24

8

11:00

- DBE's encouraged
- Chest percussion to BL chest wall
- AROM G's to BL UL & CL
- Spirometry G's encouraged
In: 600 cc Exp: 600 cc
- Mobilization
- TO Improve From
- TO Improve Chest Expansion
- TO Clear out Lung Secretions
- TO Improve ADL

Post Intervention Pain Score: 2/10

Treatment Care & Plan:

Post operative Cardiac Pulmonary Rehabilitation

Signature

Name

Emp. No.

Physiotherapist

G. E. Arab

AKASH - G.B

0256



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Mr. THANDAPANI P

60/Male/MH1202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
10/1/24	20:50	<p>S/B <u>Ramanathan</u></p> <ul style="list-style-type: none"> - PT extubated - ET (oral / Nasal) suctioning done yielded thick white secretion - PT voice deeper / audible - PT Nebulized - PT Connected to Nasal prong (O₂: 4 litres) - Spirometry encouraged Ins: boice exp: boice 	<p>G.B. <u>Rajesh</u> MH120256</p>
11/1/24	6:00	<p>S/B ARASH <u>Ramanathan</u></p> <ul style="list-style-type: none"> - Dors encouraged - Spirometry encouraged Ins. boice exp: boice - Chest percussion to BL Chest wall - From to BL U/L 	<p>G.B. <u>Rajesh</u> MH120256</p>
11/1/24	9:00	<p>S/B <u>ARASH</u></p> <ul style="list-style-type: none"> - Dors encouraged - Spirometry encouraged Ins: boice exp: boice - Chest percussion to BL 	<p>G.B. <u>Rajesh</u> MH120256</p>



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60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
11/1/24	16:00	<p>Chest wall</p> <p>- Arm to BL UL & LL</p> <p>S/B <u>AKASH</u></p> <p>- DBE's encouraged</p> <p>- Spirometry 90's encouraged</p> <p>In: 600cc Exp: 600cc</p> <p>- Chest percussion to BL</p> <p>Chest wall</p> <p>- Arm to BL UL & LL</p> <p>- PT mobilized inside</p> <p>ice</p> <p>- PT chair mobilized</p>	<p>G.E. Akash</p> <p>MHI0256</p>
11/1/24	20:00	<p>S/B <u>Ramanathan P</u></p> <p>- DBE's encouraged</p> <p>- Chest percussion to BL - Chest wall</p> <p>- Arm to BL to BL UL & LL</p> <p>- Spirometry 60's encouraged</p> <p>In: 600cc Exp: 600cc</p>	<p>D.H.P</p> <p>MHI0260</p>
12/1/24	6:00	<p>S/B <u>Ramanathan P</u></p> <p>- DBE's encouraged</p> <p>- Chest percussion to BL - Chest wall</p> <p>- Arm to BL to BL UL & LL</p> <p>- Spirometry 60's encouraged</p> <p>In: 600cc Exp: 600cc</p> <p>- PT chair mobilized</p>	<p>D.H.P</p> <p>MHI0260</p>



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60/Male/MH1202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



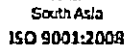
PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
12/1/24	9:00	<p>Slb ARASH</p> <ul style="list-style-type: none"> - Dbr encouraged - Sprometry & encouraged Ins: booe exp. booe - Chest percussion bble Chest wall - AROM to Bk u & l 	<p>G.E. Arash</p> <p>MH10256</p>
12/1/24	16:00	<p>Slb ARASH</p> <ul style="list-style-type: none"> - Dbr encouraged - Sprometry & encouraged Ins: booe exp: booe - Chest percussion to Bk Chest wall - AROM to Bk u & l - PT Mobilized 	<p>G.E. Arash</p> <p>MH10256</p>
13/1/24	16:00	<p>Slb ARASH</p> <ul style="list-style-type: none"> - Dbr encouraged - Sprometry & encouraged Ins: booe exp: booe - Chest percussion to Bk Chest wall - AROM to Bk u & l - PT Mobilized 	<p>G.E. Arash</p> <p>MH10256</p>



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
13/1/24	14:00	<p><u>Sh. Arash</u></p> <ul style="list-style-type: none"> - Bre encouraged - Symmetry & encouraged Ins: Boce Exp: Boce - Chest percussion to Bl Chest wall - Arm to Bl & side - PT Mobilized - PT stair limb encouraged 	<p>G. E. Arash</p> <p>MHI256</p>
14/1/24	10:00	<p><u>Sh. Arash</u></p> <ul style="list-style-type: none"> - Bre encouraged - Symmetry & encouraged Ins: Boce Exp: Boce - Chest percussion to Bl Chest wall - Arm to Bl & side - PT stair limb encouraged 	<p>G. E. Arash</p> <p>MHI256</p>
15/1/24	10:00	<p><u>Sh. Arash</u></p> <ul style="list-style-type: none"> - Bre encouraged - Symmetry & encouraged Ins: Boce Exp: Boce - Chest percussion to Bl Chest wall 	<p>G. E. Arash</p> <p>MHI256</p>



Abstract

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
		<ul style="list-style-type: none"> - Aron to Bk u4lc - pt Mobilized 	

000001 000002 000003 000004 000005 000006 000007 000008 000009 000010 000011 000012 000013 000014 000015 000016 000017 000018 000019 000020 000021 000022 000023 000024 000025 000026 000027 000028 000029 000030 000031 000032 000033 000034 000035 000036 000037 000038 000039 000040 000041 000042 000043 000044 000045 000046 000047 000048 000049 000050 000051 000052 000053 000054 000055 000056 000057 000058 000059 000060 000061 000062 000063 000064 000065 000066 000067 000068 000069 000070 000071 000072 000073 000074 000075 000076 000077 000078 000079 000080 000081 000082 000083 000084 000085 000086 000087 000088 000089 000090 000091 000092 000093 000094 000095 000096 000097 000098 000099 000100 000101 000102 000103 000104 000105 000106 000107 000108 000109 000110 000111 000112 000113 000114 000115 000116 000117 000118 000119 000120 000121 000122 000123 000124 000125 000126 000127 000128 000129 000130 000131 000132 000133 000134 000135 000136 000137 000138 000139 000140 000141 000142 000143 000144 000145 000146 000147 000148 000149 000150 000151 000152 000153 000154 000155 000156 000157 000158 000159 000160 000161 000162 000163 000164 000165 000166 000167 000168 000169 000170 000171 000172 000173 000174 000175 000176 000177 000178 000179 000180 000181 000182 000183 000184 000185 000186 000187 000188 000189 000190 000191 000192 000193 000194 000195 000196 000197 000198 000199 000200 000201 000202 000203 000204 000205 000206 000207 000208 000209 000210 000211 000212 000213 000214 000215 000216 000217 000218 000219 000220 000221 000222 000223 000224 000225 000226 000227 000228 000229 000230 000231 000232 000233 000234 000235 000236 000237 000238 000239 000240 000241 000242 000243 000244 000245 000246 000247 000248 000249 000250 000251 000252 000253 000254 000255 000256 000257 000258 000259 000260 000261 000262 000263 000264 000265 000266 000267 000268 000269 000270 000271 000272 000273 000274 000275 000276 000277 000278 000279 000280 000281 000282 000283 000284 000285 000286 000287 000288 000289 000290 000291 000292 000293 000294 000295 000296 000297 000298 000299 000300 000301 000302 000303 000304 000305 000306 000307 000308 000309 000310 000311 000312 000313 000314 000315 000316 000317 000318 000319 000320 000321 000322 000323 000324 000325 000326 000327 000328 000329 000330 000331 000332 000333 000334 000335 000336 000337 000338 000339 000340 000341 000342 000343 000344 000345 000346 000347 000348 000349 000350 000351 000352 000353 000354 000355 000356 000357 000358 000359 000360 000361 000362 000363 000364 000365 000366 000367 000368 000369 000370 000371 000372 000373 000374 000375 000376 000377 000378 000379 000380 000381 000382 000383 000384 000385 000386 000387 000388 000389 000390 000391 000392 000393 000394 000395 000396 000397 000398 000399 000400 000401 000402 000403 000404 000405 000406 000407 000408 000409 000410 000411 000412 000413 000414 000415 000416 000417 000418 000419 000420 000421 000422 000423 000424 000425 000426 000427 000428 000429 000430 000431 000432 000433 000434 000435 000436 000437 000438 000439 000440 000441 000442 000443 000444 000445 000446 000447 000448 000449 000450 000451 000452 000453 000454 000455 000456 000457 000458 000459 000460 000461 000462 000463 000464 000465 000466 000467 000468 000469 000470 000471 000472 000473 000474 000475 000476 000477 000478 000479 000480 000481 000482 000483 000484 000485 000486 000487 000488 000489 000490 000491 000492 000493 000494 000495 000496 000497 000498 000499 000500 000501 000502 000503 000504 000505 000506 000507 000508 000509 000510 000511 000512 000513 000514 000515 000516 000517 000518 000519 000520 000521 000522 000523 000524 000525 000526 000527 000528 000529 000530 000531 000532 000533 000534 000535 000536 000537 000538 000539 000540 000541 000542 000543 000544 000545 000546 000547 000548 000549 000550 000551 000552 000553 000554 000555 000556 000557 000558 000559 000560 000561 000562 000563 000564 000565 000566 000567 000568 000569 000570 000571 000572 000573 000574 000575 000576 000577 000578 000579 000580 000581 000582 000583 000584 000585 0

MICROBIOLOGY SHEET

DATE	4/1/24		
COLOUR	1.010		
REACTION			
SPECIFIC GRAVITY			
APPEARANCE			
ALBUMIN			
SUGAR			
ACETONE			
BILE SALT			
BILE PIGMENT			
UROBILINOGEN			
PUS CELLS			
EPITHELIAL CELLS			
RBC	WIL		
CASTS			
CRYSTALS			
OTHERS			

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

heart beat counts

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/1PH2024000072

Dr. RAJESH.V



DIABETIC CHART

ACTUAL WEIGHT 54.5 kg HbA_{1c} 7.07.

PREVIOUS DIABETIC MEDICATIONS T. Metformin 850mg bid (AR)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
01/1/24	9.30	225 mg/dL	—	5.0/2021	Dr. J. Kumar
	12.30	175 mg/dL	—	5.0/2021	Dr. J. Kumar
	18.30	130 mg/dL	—	5.0/2021	Dr. J. Kumar
10/01/24	6.30	188 mg/dL	NPO	5.0/2021	Dr. J. Kumar
	11.45	117 mg/dL	NPO	5.0/2021	Dr. J. Kumar

INSTRUCTIONS FOR INSULIN INFUSIONS

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

BLOOD SUGAR
mg / dl

INSULIN INFUSION

< 100

Stop Infusion for 30 mins, recheck Glucose level, if B.S. is still <100 give Glucose and recheck B.S. every 30 mins, until the level is above 150. Then restart infusion with rate 1 u / hour.

150-200

Adjust Infusion rate to 2u / hr.

201-250

Adjust Infusion rate to 4u / hr.

251-300

Adjust Infusion rate to 6u / hr.

301-350

Adjust Infusion rate to 8u / hr.

351-400

Adjust Infusion rate to 10u / hr.

>400

Adjust Infusion rate to 20u / hr.

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



DIABETIC CHART

ACTUAL WEIGHT 55kg HbA_{1c} 7.1%.

PREVIOUS DIABETIC MEDICATIONS A. METFORMIN 500mg 1-0-0 (AF)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
10/01/24	17.25	204 mg/dl	Ins. Human Actrapid 40u	17.00.00	DR. SYLVESTER
11/01/24	20.30	119 mg/dl	INS. HUMAN ACTRAPID INFUSION STOPPED	20.01.05	DR. AJEETHA
11/01/24	24.00	163 mg/dl	-	24.01.31	DR. AJEETHA
11/01/24	6.30	174 mg/dl	T. METFORMIN 500mg P/O Given at 8.30	06.01.24	DR. PRAVEEN
11/01/24	12.30	210 mg/dl	Ins. H. Actrapid 8 units 2 times	mean 02.24	DR. PRAVEEN
11/01/24	19.30	224 mg/dl	TAB. METFORMIN 500mg P/O	19.00.00	DR. PRAVEEN
12/01/24	6.00	160 mg/dl	T. METFORMIN 500mg	mean 02.26	DR. PRAVEEN
	12.30	95 mg/dl	ROCHECK at 8 PM		DR. PRAVEEN
	18.30	124 mg/dl			
	18.30	119 mg/dl	T. Metformin 500mg		
10/01/24	6.30	118 mg/dl	T. metformin 500mg		DR. PRAVEEN
	12.30	159 mg/dl	-		

INSTRUCTIONS FOR INSULIN INFUSIONS






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

DIABETIC CHART

Mr. THANDAPANI P
60 / Male / MHI202381543
09/01/2024 / IPH2024000072
Dr. RAJESH.V

ACTUAL WEIGHT 55 Kg HbA_{1c} 7.1

PREVIOUS DIABETIC MEDICATIONS T. Metformin 500mg 1-0-1 (a/e)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
13/1/24	1830	141 mg/dl	T. Metformin 500mg BR		Dr. Praveen
14/1/24	6.30	157 mg/dl	T. Metformin 500mg		Dr. Praveen
	12.30	176 mg/dl	-		Dr. Praveen
	18.30	171 mg/dl	T. Metformin 500mg		Dr. Praveen
15/1/24	6.30	189 mg/dl	T. Metformin 500mg		Dr. Praveen

INSTRUCTIONS FOR INSULIN INFUSIONS

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


Medway Hospitals®

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


Every heart beat counts

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



BLOOD GROUP

"O" POSITIVE

INVESTIGATION SHEET

Date	4/1/24					
HAEMATOLOGY						
Hb	13.3					
P.C.V	40.1					
Platelets	223000					
TLC	7480					
Polymorphs						
Lymphocytes	16.6					
Eosinophils	0.8					
Mono / Basophils	5.6 / 0.3					
E.S.R						
BIO-CHEMISTRY						
Urea	15.13					
Creatinine	0.71					
Sodium	142					
Potassium	4.09					
Bicarbonate						
Chloride						
Magnesium						
Calcium						
Phosphorus						
LFT						
T.Bilirubin	0.634					
D.Bilirubin	0.192					
I.Bilirubin	0.442					
S.G.O.T	28					
S.G.P.T	32					
ALP						
GGT						
Total Protein						
S.Albumin						
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp						

[illegible]

BLOOD GROUP

O+ve

INVESTIGATION SHEET

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



Date	9/01/24	11/01/24	12/01/24	15/01/24		
HAEMATOLOGY						
Hb	13.3	11.0	10.6	10.9		
P.C.V	40.1					
Platelets	223000					
TLC	7480					
Polymorphs						
Lymphocytes	16.6					
Eosinophils	0.8					
Mono / Basophils	5.6/0.3					
E.S.R						
BIO-CHEMISTRY						
Urea	15.13	23	27	27		
Creatinine	0.71	0.70	0.82	0.73		
Sodium	142		132	129		
Potassium	4.09		3.72	3.91		
Bicarbonate						
Chloride						
Magnesium						
Calcium						
Phosphorus						
LFT						
T.Bilirubin	0.634					
D.Bilirubin	0.192					
I.Bilirubin						
S.G.O.T						
S.G.P.T						
ALP						
GGT						
Total Protein						
S.Albumin						
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp						

[illegible]

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/1PH2024000072

Dr. RAJESH.V



VITAL INFORMATION SHEET

BLOOD GROUP O⁺ POSITIVE

ON ADMISSION

Height in CM

Weight in Kg.

167 cms

54.5 kgs

Diagnosis: Calcific severe Aortic stenosis Procedure :

NO. OF DAYS	DOA-0 DAY-1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
DATE	9/1/24 10/01/24																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
HOUR	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	

ANTI HYPERTENSIVE STOPPED ON 7/01/24





Medway
Heart
Institute

BSA - 1.6m

2. BLOOD GROUP <u>O⁺</u>	
ON ADMISSION	
Height in CM	Weight in Kg.
167cm	55kg

Procedure: Air under 23mm sim reagent

NO. OF DAYS	Doe	I-pod	II-POD	POD-III	POD-IV	POD-V
DATE	10/01/24	11/01/24	12/01/24	18/01/24	14/01/24	15/1/24
HOUR	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10
40.5°						
40°						
39.5°						
39°						
38.5°						
38°						
37.5°						
37°						
36.5°						
36°						
PULSE	84ml/81ml	82b/81b	98 92	80 82	88	
RESP	100/12	22/12	24/12	20 20	20 20	
B.P.	149/91	120/52	97/12	100/60	110/40	100/80
SPO2	100%	97% 97%	98% 97%	94 96%	94 95	97
DAILY WEIGHT	Bed rest	Bed rest	BTDFAST			
24 HRS INTAKE	1545 ml	2055 ml	1100 ml	1100 ml	1550 ml	
24HRS OUTPUT	1792 ml	2110 ml	1700 ml	1350 ml	1850 ml	
BALANCE	-247 ml	-55 ml	600 ml	200 ml	-300 ml	
MOTION	x x x xv	v	x	x		

EARLY WARNING SCORE MONITORING CHART

Name: _____ **Age/Sex:** _____ **Patient Id No:** _____

NEWS key		DATE	DATE
0	1	2	3
A+B	Respirations	TIME	TIME
Breath/ min	>25		
	21-24		
	18-20		
	15-17		
	12-14		
	9-11		
	<8		
A+B	SpO2 Scale 1		
Oxygen Saturation (%)	>96		
	94-95		
	92-93		
	<91		
	>96 on oxygen		
	95-96 on O2		
	93-94 on O2		
	>93 on air		
	88-92		
	86-87		
	84-85		
	<83%		
Air or Oxygen ?	A= Air		
	O2litre/ min		
	Device		
C	Blood Pressure		
	>220		
	201-219		
	181-200		
	161-180		
	141-160		
	121-140		
	111-120		
	91-100		
	81-90		
	71-80		
	61-70		
	51-60		
	<50		
Diastolic BP	mmHg		
C	>131		
Pulse	121-130		
beats / min	111-120		
	101-110		
	91-100		
	81-90		
	71-80		
	61-70		
	51-60		
	41-50		
	31-40		
	<30		
D	Consciousness		
Score for New onset of confusion	Alert		
(no score if chronic)	Confusion		
	V		
	P		
	U		
E	>39.1 degree Celsius		
Temperature	38.1-39.0		
Degree Celsius	37.1-38.0		
	36.1-37.0		
	35.1-36.0		
	< 35.0		
NEWS Total			
Monitoring Frequency			
Escalation of Care Y/N			
Initials by RN			
Initials by Sr. RN			

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

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



MR. THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



Medway
Heart
Institute

Heart beat counts

EARLY WARNING SCORE MONITORING CHART

Name: _____ Age/Sex: _____ Patient Id, No: _____

NEWS key				DATE	TIME	DATE	TIME
0	1	2	3				
AB Respirations Breath/ min							
B SpO2 Scale 1 Oxygen Saturation (%)							
SpO2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % eg: in hypercapnic respiratory failure only ie 2 under the min of qualified							
Air or Oxygen ? A= Air O2litre/ min Device							
C Blood Pressure							
Diastolic BP mmHg							
Beats / min							
D Consciousness Score for New onset of confusion (no score if chronic)							
E Temperature Degree Celsius							
NEWS Total Monitoring Frequency Escalation of Care Y/N Initials by RN Initials by Sr. RN							

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

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



EARLY WARNING SCORE MONITORING CHART

Name: Ms. Chandapane

Age/Sex: 604 / m

Patient Id No: mH: 2023 81543.

NEWS key		DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
0	1	2	3						
A+B		TIME	14/11	15/11	15/11	15/11	15/11	15/11	15/11
Respirations		>25	28-32	12-20	4-20	10-20			
Breath/ min		21-24							
		18-20							
		15-17							
		12-14							
		9-11							
		<8							
A+B		>96							
SpO2 Scale 1		94-95							
Oxygen Saturation (%)		92-93							
		<91							
SpO2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % eg: in hypercapnic respiratory failure only scale 2 under the direction of qualified clinician		>96 on oxygen							
		95-96 on O2							
		93-94 on O2							
		>93 on air							
		88-92							
		86-87							
		84-85							
		<83%							
Air or Oxygen ?		A= Air							
		O2litre/ min							
		Device							
C		>220							
Blood Pressure		201-219							
		181-200							
		161-180							
		141-160							
		121-140							
		111-120							
		91-100							
		81-90							
		71-80							
		61-70							
		51-60							
		<50							
Diastolic BP		mmHg	70	70	70	80			
		>131							
		121-130							
		111-120							
		101-110							
		91-100							
		81-90							
		71-80							
		61-70							
		51-60							
		41-50							
		31-40							
		<30							
D		Alert							
Consciousness		Confusion							
		V							
		P							
		U							
E		>39.1 degree Celsius							
Temperature		38.1-39.0							
Degree Celsius		37.1-38.0							
		36.1-37.0							
		35.1-36.0							
		< 35.0							
NEWS Total			0	0	0	0			
Monitoring Frequency			4th	4th					

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

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

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Mr. THANDAPANI P
60/Male/MHI202381543
09/01/2024/IPH2024000072
Dr. RAJESH.V



Diagnosis: DM / SEVERE AS / AVR / RF-62%

Height: 167 cms Weight: 54.5 Kgs Food allergies: Yes/ No, if yes, specify: _____

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

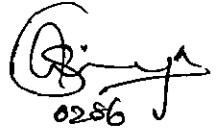
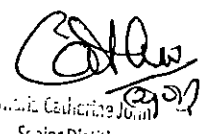
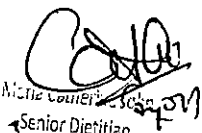
Diet Prescription: 1000 calories, low fat, low salt, Diabetic diet, high protein.

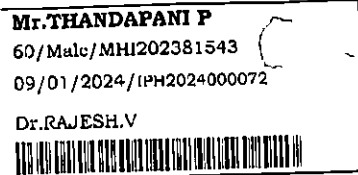
SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

(A) Patient's related Medical History				
1) Weight Change (overall change in past 6 months)				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No weight change/gain	<5%	5-10%	10-15%	>15%
2) Dietary Intake				
Duration: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
Oral	No change	Sub-optimal solid diet	Full liquid diet/moderate overall decrease	Hypo-caloric liquid diet
Enteral/Parenteral Nutrition	Adequate/Excessive	Sub-optimal	Inadequate	Typo-caloric feeds
3) Gastrointestinal Symptoms Duration:				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No symptoms	Nausea	Vomiting/moderate GI symptoms	Diarrhoea	severe anorexia
4) Functional Capacity (Nutrition related functional impairment) Duration:				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
None/improved	Difficulty with ambulation	Difficulty with normal activity	Light activity	Bed/chair-ridden with no or little activity
5) Co-morbidity (Disease and its relationship to nutrition requirements)				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
Healthy	Mild co-morbidity	Moderate co-morbidity/age >75 years	Severe co-morbidity	Very severe multiple co-morbidity
6) Physical examination				
1) Decreased fat stores or loss of subcutaneous fat				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Normal	Mild	Moderate		Severe
2) Sign of muscle wasting				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Normal	Mild	Moderate		Severe
Total Score = Sum of above 7 components				
Nutritional Status : Based on this patient is				
Well Nourished		<input checked="" type="checkbox"/> (17 to 14) 10		
Moderately Malnourished		<input type="checkbox"/> (15 to 18)		
Severely Malnourished		<input type="checkbox"/> (19 to 35)		
Nutrition Intervention:				
<input type="checkbox"/> Oral		<input type="checkbox"/> Enteral		<input type="checkbox"/> Parenteral
Diet counselling provided: <input type="checkbox"/> Yes		<input type="checkbox"/> No		
Frequency of re-assessment: <input type="checkbox"/> Weekly		<input type="checkbox"/> Fort-night		<input type="checkbox"/> Monthly
Enteral / Parenteral <input type="checkbox"/> Daily		Calorie count: <input type="checkbox"/> Yes		<input type="checkbox"/> No

Dietitian Signature / Name / Date / Time:

Rajesh V
9/1/24 10:40

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>9/1/24 10:40.</p>	<p>A 60 years old gentleman came to C/O health services center. was assessed to be well-nourished as evident by SGA K/C/O - T2DM</p> <p>Educated the patient & family on 1600 calories, low fat, low salt, high protein diabetic diet. Emphasized on small frequent meals & low glycemic control.</p>	 0286
<p>10/1/24 18:00</p>	<p>Patient <u>stuffed</u> to OT for surgery (AVR) and kept in NRE. Patient <u>void</u> to sup. will initiate a diabetic, high protein diet as per doctor's advice.</p>	 Nicole Courtenay-John Senior Dietitian
<p>11/1/24 14:00</p>	<p>Patient <u>void</u> to step down w.o. NRE over. Patient <u>benched</u> diabetic; high protein, soft solid diet. Can initiate a diabetic, high protein, soft solid diet. (Avoid <u>ulcer</u> diet).</p>	 Nicole Courtenay-John Senior Dietitian



Medway
Heart
Institute

Every heart beat counts

Date	From:	To:	Bed No:												
9/1/24	9.30	7.00	CVE-2												
INTAKE & OUTPUT CHART															
NPO Started at :		NPO Over at :													
SHIFT	Morning	Afternoon	Night												
INTAKE	150 ml	400 ml	800 ml.												
OUTPUT	200 ml	500 ml	400 ml												
Total Intake:	850 ml	Total Output:	1100 ml												
		Difference: 350 ml													
INTAKE (ml)						OUTPUT (ml)									
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
10.00	150					150	11.00	200					200		
11.30	150					300	12.30	300					500		
14.10	100					400	13.10	200					700		
17.30	150					550	22.00	200					900		
20.00	100					650	5.30	200					1100		
2.00	100					750									
4.30	100					850									
TOTAL INTAKE - 850 ml															
TOTAL OUTPUT - 1100 ml															
BALANCE - 350 ml															



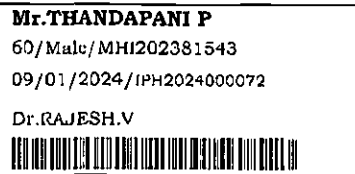
Mr. THANDA IP
60/Male/MH12022031543
09/01/2024/1PH2024000072
Dr. RAJESH.V



Date		From: 13/01/24		To: 14/01/24		Bed No: GW-2		INTAKE & OUTPUT CHART								
24 Hrs : Started Time : 7-00		Ended Time : 7-00														
NPO Started at :				NPO Over at :												
SHIFT		Morning		Afternoon		Night		Restricted Fluid (RF)								
INTAKE		200ml		280		650 ml										
OUTPUT		250ml		800		600 ml										
Total Intake: 1100ml				Total Output: 1350 ml				Difference: 200 ml								
INTAKE (ml)								OUTPUT (ml)								
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomitus	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by	
			Type of Fluid	Additions	Amount											
7-00	50					50	12-00	250					250			
9-00	50					100	14-00	100					350			
9-30	100					200	16-30	200					550			
12-30	125					325	18-30	200					750			
14-00	100					425	20-30	200					950			
18-00	25					450	3-30	200					1150			
20-20	100					550	6-30	200					1350			
22-00	100					650										
23-40	100					750										
2-00	100					850										
4-30	150					1000										
6-30	100					1100										
							TOTAL INTAKE - 1100 ml									
							TOTAL OUTPUT - 1350 ml									
							BALANCE - 200 ml									



Date		From: 14/01/24		To: 15/01/24		Bed No: GW-2		INTAKE & OUTPUT CHART							
24 Hrs : Started Time : 7:00		Ended Time : 7:00													
NPO Started at :				NPO Over at :											
SHIFT		Morning		Afternoon		Night									
INTAKE		250 ml		800 ml				Restricted Fluid (RF)							
OUTPUT		450 ml		900 ml				2.4 ltrs /day							
Total Intake:				Total Output:				Difference:							
INTAKE (ml)								OUTPUT (ml)							
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
8:00	100					100	8:00	200					200		
10:00	100					200	11:30	250					450		
12:00	50					250	12:30	200					650		
13:00	50					300	14:00	200					850		
16:00	200					600	17:00	100					950		
18:30	100					700	20:00	300					1250		
19:00	100					800	23:00	300					1550		
20:00	200					1000	6:30	300					1850		
21:00	200					1200									
23:00	200					1400									
6:30	150					1550									
						TOTAL INTAKE : 1550 ml						 005			
						TOTAL OUTPUT : 1850 ml									
						BALANCE : -300 ml									



Medway
Heart
Institute

Every heart beat counts

[illegible]



Mr. THANDAPANI P
60/Male/MHI202381543
09/01/2024/IPH2024000072
Dr. RAJESH.V

MHI/IP/2022/068
 **Medway
Heart
Institute**
 Every heart beat counts

Date	From:	To:	Bed No:
12/01/2026	13/1/24	Ce01	
24 Hrs : Started Time :		Ended Time :	
7.00		9.00	
NPO Started at :		NPO Over at :	
SHIFT	Morning	Afternoon	Night
INTAKE	300ml	400 ml	400ml
OUTPUT	200ml	700ml	800ml.
Total Intake:	Total Output:		Difference: 600
INTAKE & OUTPUT CHART			
Restricted Fluid (RF)			
At 2.4 liter.			
INTAKE (ml)		OUTPUT (ml)	
Time	Oral	Tube Feeding	Intravenous Infusion
Type of Fluid	Additions	Amount	Total
Time	Urine	Vomit	N/G Aspirate
Drain Tube	Others	Total	R/N Sign
Endorsed by			
TOTAL INTAKE: 200 ml			
TOTAL OUTPUT : 200 ml			
Balance : +50ml			
12.00	50		300
14.30	200ml		450ml
15.30	150ml		450ml
17.15	100ml		550ml
17.30	300ml		700ml
18.30	150 ml		850
20.00	(150ml)		950
23.00	(100ml)		1100
1.00	100		1200
TOTAL INTAKE - 1100			
TOTAL OUTPUT - 1500			
BALANCE - 600			

Oral Anticoagulation Chart

Name	Mr. THANDAPANI P
UHID / IP No.	60/Malc/MHI202381543 09/01/2024/1PH2024000072
Consultant	Dr. RAJESH.V

Age / Sex :
Ward Unit : SICU
Diagnosis : MINOR CAD

Date : 11/1/24

Time :

Name of Surgery: AVIC



Date of Surgery : 10/1/24

[illegible]



Department of Dietetics

①
CARE PLAN FORM - A

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
13/1/24, 10:00	Diet intake is good. Diet modification and clarification done. Motivated to eat well.	 Catherine John Senior Dietitian
14/1/24, 10:00	Diet intake is good. Educated the patient & family on 1600 calories, low fat, low salt, Avoid vitamin K, ^{high protein,} Diabetic diet on discharge. Emphasized on small frequent meals & low glycaemic control. Diet modifications & clarifications done. <u>Diet chart given on discharge.</u>	 6286

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



Diagnosis: 2DM / SEVERE AS / AVR / RF-62%.

Height: 1.67 cms Weight: 54.5 Kgs Food allergies: Yes/ No, if yes, specify: _____

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

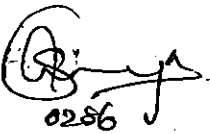


Diet Prescription: 1000 calories, low fat, low salt, Diabetic diet, high protein.

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)


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

Dietitian Signature / Name / Date / Time:

9/1/24 10:40

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>9/1/24 10:40</p>	<p>A 60 years old gentleman came to c/o health services was assessed to be well-nourished as evident by SGA K/CLO-T2DM</p> <p>Educated the patient & family on 1600 calories, low fat, low salt, high protein diabetic diet. Emphasized on small frequent meals & low glycemic control.</p>	 0286
<p>10/1/24 18:00</p>	<p>Patient stayed to OT for surgery (AVR) and kept in room. Patient <u>void</u> to sno. Will initiate a diabetic, <u>high</u> diet as per doctor's advice.</p>	 Maria Catherine Johnson Senior Dietitian
<p>11/1/24, 14:00</p>	<p>Patient <u>void</u> to step down w.o. room over. Patient <u>presented</u> diabetic; <u>high</u> diet. Can initiate a diabetic, <u>high</u> protein, soft solid diet. (Avoid <u>vitamin</u> K diet).</p>	 Maria Catherine Johnson Senior Dietitian

INTRAOPERATIVE NURSING RECORD

Patient Details (Affix Label here)		Mr. THANDAPANI P
Name:	60 / Male / MHI202381543	
UHID:	09/01/2024 / IPH2024000072	
DOB:	Sex:	Dr. RAJESH.V
		

Date of Surgery : 10/1/24

Name of Surgery : AVR COT

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

Anaesthesia Type : ☐ Epidural ☐ Spiral ☐ LOC ☐ MAC

☒ GEN ☐ Regional

Position : ☐ Lithotomy ☐ Prone ☒ Supine ☐ Right Down ☐ Left down
☐ Lateral ☐ Other ☐

Pressure Protection Pad : ☒ Headrest ☐ Sand Bag ☐ Pillow ☐ Axillary roll

☐ Shoulder roll ☒ Eye protection ☐ Chest roll ☐ Cysto/Gyn

☐ Sling ☐ Boot ☐ Stirrups/Leg Holder

☐ L arm rest padded / Secured ☒ Arms tucked / padded

☐ Nil ☐ R ☐ L ☐ Other (Specify) -----

Skin preparation in OT ☒ Chlorhexidine Prep ☒ Providone Iodine ☐ Lodophor scrub

☐ Alcohol Prep ☐ Others (specify) -----

Electrocautery : ☒ Monopolar ☐ Pad Location Right upper arm ☐ Bipolar

Tourniquet

☐ Location -----

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

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

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

Other equipment used :

Personal

☒ Surgeon Dr. Rajesh ☒ Asst. Dr. Pooja

☒ Anaesthetist Dr. Pooja ☐ Asst. -----

Type of Specimen :

Lab

☐ Pathology ☐ Permanent ☐ Frozen ☐ Time sent -----

☐ Cytology ☐ Time of report -----

☐ Microbiology ☐ Time sent -----

☐ Biochemistry -----

Racking / Drains / Catheters

Type	Size	Site	Type	Size	Amount	Sign
Romson	28Fr	Pericardium	—	—	—	J. Alp 0204
Romsons	28Fr	Mediastinum				

Urinary Catheterization done by RN Sasikumar using 14Fr Foley's Catheter.
Sponge Count Record

Count	Raytex Sponges	Gauze Lined	Gauze Unlined	Neuro Patties	Tonsil cotton balls	Vein Canula	Bulldog clamp	Needle	Circ. Nurse sign	Scrub Nurse Sign
Pre-op	Correct Count	Correct Count						Correct Count	J. Alp 0204	J. Alp 0204
Change over count	Correct Count	Correct Count						Correct Count	J. Alp 0204	J. Alp 0204
First closure count	Correct Count	Correct Count						Correct Count	SK 0238	Radhika 0238
Final closure count	Correct Count	Correct Count						Correct Count	SK 0238	Radhika 0238

☒ Count Correct

Corrective action taken

Surgeon informed

Done with sterile measure

~~One Dressing / Cast Immobilizer~~

Condition of patient at end of surgery : ☒ Stable

☐ Fair

☐ Critical

Transferred to : SDU

☐ Patient Room ☐ CCU

☐ Recovery Room

Scrub Nurse Signature

Name : RN Radhika 0238

Date & Time : 10/1/24 @ 17-15

Circulating Nurse Signature

Name : RN Abitha 0104

Date & Time : 10/1/24 @ 17-15



NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 9/1/24 Time of Arrival: 9.30 Mode of Admission: ☒ Walking ☐ Wheelchair ☐ Stretcher

Accompanied by Relative: ☐ Yes ☐ No If Yes, Name of the Relative: Mr. Ashok

Relationship with Patient: SON Contact Person's Name: MR. Ashok Relationship: SON

Contact No.: 8754106672 Primary language spoken: ☒ Tamil ☐ English ☒ Indian ☐ International

Interpreter needed: ☐ Yes ☒ No

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

Menstrual History: LMP: — Menopause: —

Medical History: DM / HTN / Co - Morbidity: 6 month Yes If yes specify

Drugs History: Antiplatelet 7/1/24 (Specify)

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

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

If Yes, specify details: —

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

Vital Signs: Temp: 96.8 (°F) | Pulse / HR: 72 (beats/min) | BP: 139/80 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 95 (%) | CBG: 225 (mg/dl) | Height: 167 (cms) | Weight: 54.5 (kgs)

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

If Yes, specify: —

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

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

Duration: — Location: —

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

Nutritional Screening:

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

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

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

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: Mrs. Catherine Time: 9.45

Orient Patient if: ☒ Conscious

Orient Patient Attendant if: ☐ Unconscious ☐ Disoriented

☒ Room ☐ Side Rails ☐ Toilet Bell ☐ Patient Information Board ☒ Bathroom ☐ Bed Controls

☐ End of Footstool ☒ Grab Bars ☐ Nurses Call Bell ☐ Television ☐ Light Controls ☐ Telephone

Functional Assessment:

	Assessment	Remarks	Outcome
Balance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Lt side contract (2024)</u>	
Transfer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Walking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Self-care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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

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

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

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

Witnessed by: _____ Signature: _____ Relationship: _____

MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)		
Fall Risk Assessment (Modified Morse Scale):		
Variables		Numeric Value
History of falling (immediate or within 6 months)	No	0
	Yes	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0
	Yes	15
Ambulatory Aid		
None / Bed Rest / Nurse Assist		0
Crutches / Cane / Walker		15
Furniture		30
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0
	Yes	20
Gait		
Normal / Bed Rest / Wheel Chair		0
Weak		10
Impaired		20
Mental Status		
Oriented to own stability		
Overestimated or forgets limitations		
Medications		
Includes PCA / opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, hypoglycemics, sedatives, immunosuppressant and psychotropics	No	
	Yes	
Score Interpretation: 0-24: Low-risk; 25-44: Medium Risk; Above 45: High Risk		Total Score

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk interventions (25 - 44)

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

High-risk interventions (above 45)

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

Initial Assessment to Special Needs and Vulnerability of Patient:

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

DVT RISK ASSESSMENT

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

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

Risk Score Interpretation (Probability of DVT):

Final Score

Tick the score obtained (✓)

		✓	Action Taken	Date	Time
Low Risk	-2 to 0	0	low	9/1/24	9.30
Moderate Risk	1 to 2				
High Risk	3 to 8				

Personal Belongings / Valuables:

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

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

Patient / Patient's Attendant	Sign.	Name	Emp. No.	Date	Time
	T.A	T. ASHOK	Relationship SON	9/1/24	9.30
Nurse	S. Di	S. Dhandhachini	0212	9/1/24	9.20
Unit In-Charge		Dhandhachini	005	09/01/24	10.30



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: Sev AS

NEWS / PEWS Score: ---

Ventilator day: ---

Peripheral line day: Right: --- Left: ---

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: ---

Day: ---

Day: ---

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

GCS: 15/15

POD: ---

Central line days: ---

VIP Score: ---

B

BACKGROUND

Type of surgery: ---

Allergies if any: N/A

On room air / oxygen: RA

Complaints / New Symptoms in last shift: ---

Date of surgery: ---

IV fluids on flow: ---

A

ASSESSMENT

Vital Signs: Temp: 97 (°F) | Pulse / HR: 72 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 95 (%) | Height: 167 (cms) | Weight: 54.5 (kgs) | BMI: 19.5 kg/m²

Others: ---

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

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

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

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

Current diet: DM Diet

Drains: ---

R

RECOMMENDATION

Referral doctors: ---

Pending medications: ---

Pending medication indent: ---

Pending lab reports / Investigations: ---

Critical value alert and its corrections: ---

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

Pending follow-up orders: ---

Special instructions if any: ---

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>S. Di</u>	<u>S. Dhandarashini</u>	<u>0211</u>	<u>9/1/24</u>	<u>12:30</u>
Handover taken by	<u>[Signature]</u>	<u>R. Sathya</u>	<u>0201</u>	<u>9/1/24</u>	<u>12:30</u>
Document endorsed	<u>[Signature]</u>	<u>Dhandarashini</u>	<u>005</u>	<u>09/01/24</u>	<u>10:00</u>

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/1/24 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: Low AS

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left:

Day:

Day:

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0/5

B

BACKGROUND

Type of surgery:

Allergies if any: NKDA

On room air / oxygen: PA

Complaints / New Symptoms in last shift:

Date of surgery:

IV fluids on flow:

A

ASSESSMENT

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 24 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 99 (%) | Height: 167 (cms) | Weight: 54.5 (kgs) | BMI: 19.7 kg/m²

Others:

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet:

DM diet

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		R. Subma	0201	9/1/24	19:00
Handover taken by	E. Cathrine	E. Cathrine	0207	9/1/24	19:30
Document endorsed		Dr. Rajesh V.	005	10/01/24	10:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: SEVERE AS

NEWS / PEWS Score: 0

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: —

B

BACKGROUND

Type of surgery: —

Allergies if any: NKDA

On room air / oxygen: —

Complaints / New Symptoms in last shift: —

Date of surgery: —

IV fluids on flow: —

A

ASSESSMENT

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

BP: 120/80 (mmHg) | SpO₂: 99 (%) | Height: 167 (cms) | Weight: 54.5 (kgs) | BMI: 19.5 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Diabetic diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: Tomorrow plan DNR

	Signature	Name	Emp. No.	Date	Time
Handover given by	E. Caty	E. Catrine	0207	10/01/24	7-30
Handover taken by	S. D.	S. Dwarthashekar	0212	10/01/24	7-30
Document endorsed	(Signature)	Dwarthashekar	005	10/01/24	08:00

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: SOB AS

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: —

Day: —

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: —

B

BACKGROUND

Type of surgery: —

Allergies if any: NKA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: —

Date of surgery: —

IV fluids on flow: —

A

ASSESSMENT

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

BP: 110/70 (mmHg) | SpO₂: 98 (%) | Height: 167 (cms) | Weight: 54.5 (kgs) | BMI: 19.5 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: DM Diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: Today plan AVR, NPO 5 AM

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>S. Di</u>	<u>S. Douradhareshini</u>	<u>0212</u>	<u>10/1/24</u>	<u>12:30</u>
Handover taken by	<u>—</u>	<u>shifted to OT</u>	<u>—</u>	<u>—</u>	<u>—</u>
Document endorsed	<u>DD</u>	<u>Dhareshini</u>	<u>005</u>	<u>10/01/24</u>	<u>14:00</u>

NURSES PROGRESS NOTES					
Date & Time	Observations / Action			Signature with Emp. No.	
10/1/24, 7.30	Morning Duty staff. ⇒ pt handing over taken from Night duty staff.				
	⇒ pt conscious & Oriented.			S.D. 8216	
	⇒ pt VLS & vital chart checked & recorded.				
	⇒ pt also medication Npo 5PM				
8.00	⇒ pt AVR Plan.				
	⇒ pt VLS & output monitored				
	⇒ pt shifted to CTOT.			S.D. 8216	
	⇒ pt CD (CAG), handing over given pt attenda.				
50 11.30	⇒ pt handing over given to CTOT staff.			S.D. 8216	
	⇒ pt Chest - Xray (1) given CTOT Staff. Remain 2 X-ray film handover given to pt attenda.				
	⇒ pt present age 60yrs old. But Report changed age 58 yrs is wrong.			S.D. 8216	
Document endorsed by	Signature	Name	Emp. No.	Date	Time
	(Signature)	Dhanasekaran	005	10/01/24	

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



MHI/NUR/2022/048

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp No.			
	CTOT RECEIVAL REPORT				
10/1/24 @	Patient Received From _____ To _____ With Blue Op File And Case Sheet				
	ECG: 01 ECHO: 01 X-RAY: 01 ANGIO CD: NIL				
	CT FILE: NIL				
	Patient Posted For Procedure:				
	Under Anesthesia: AVR (OH) ↓ G1A				
	Allergy Status: Not known				
	Known Case Of: DM x 6 months				
	Past Surgical History: (L) Eye (Cataract surgery done on 2022)				
	VITAL SIGN: TEMP: _____ HR: _____ SPO2: _____ BP: _____				
	CTOT SHIFTING REPORT				
10/1/24 @ 17-15	Patient Shifted From CT-01 To S1W With Blue Op File And Case Sheet Along With				
	*Surgery Safety Check List 01				
	*Intra Operative Record 01				
	*Nurses' Record 01				
	* Screening				
	ECG: 01 ECHO: 01 X-RAY: 01 ANGIO CD: NIL				
	CT FILE: NIL				
	Patient Posted And Underwent For Procedure: AVRTOW				
	Under Anesthesia: GA				
	Procedure: AVR				
	Drain tube size and placement: 28Fr → Mediastinum				
	Pacing wire placement: Present/Absent Site: Pericardium				
	Implants: 23MM STM Regent Aortic valve used				
	Cautery burn/skin peeling/towel clip mark: Present/Absent Site: _____				
	VITAL SIGN: TEMP: 37°C HR: 88bpm SPO2: 98% BP: 134/76 mmHg				
	Notes:				
Document endorsed by	Signature: SK 0031	Name: M. SARDHUMAR	Emp. No.: MHS0031	Date: 10/1/24	Time: 17-15

SAFETY FIRST



Mr. THANDAPANI P
60/Male/MHI202381543
09/01/2024/IPH2024000072
Dr. RAJESH.V



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 10/01/2024

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: MINIMAL CAD, SEVERE AS.

NEWS / PEWS Score: —

Ventilator day: 01

Peripheral line day: Right: 01, Left: 01

Ryle's Tube: ☒ Yes ☐ No Day: 01

Urinary Catheter: ☒ Yes ☐ No Day: 01

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

GCS: 3E/1S

POD: 003

Central line days: 01

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Date of surgery: 10/01/2024

Allergies if any: NKDA

On room air / oxygen: ON Ventilator

IV fluids on flow: KARBURE

Complaints / New Symptoms in last shift: None

A

ASSESSMENT

Vital Signs: Temp: 95 (°F) | Pulse / HR: 85 (beats/min) | Respiration: 16-18 (breaths/min)

BP: 126/59 (mmHg) | SpO₂: 100% | Height: 169 (cms) | Weight: 55 (kgs) | BMI: 19.7 kg/m²

Others: BSA - 1.6m², Crp - 10mmHg

Pain Score: 0/8 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 80 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Current diet: Npo

Drains: Mediastinal

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		V. Deepalakshmi	0001	10/01/24	19.30
Handover taken by		D. RAMEEN	0141	10/1/24	19.30
Document endorsed		Dr. Rajesh V.	10025	11/1/24	9.00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 10/11/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: MINIMAL CAD, SEVERE T2S
NEWS / PEWS Score: -

Ventilator day: D₁

Peripheral line day: Right: WBT Left: D₁

Ryle's Tube: ☒ Yes ☐ No Day: D₁

Urinary Catheter: ☒ Yes ☐ No Day: D₁

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

GCS: E4VETM5

POD: D₀₅

Central line days: D₁

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR USING 23mm 35mm

Date of surgery: 10/11/24

Allergies if any: NKDA

On room air / oxygen: ON VENT

IV, fluids on flow: KABIYTE

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 96 (°F) | Pulse / HR: 84/min (beats/min) | Respiration: 18/min (breaths/min)

BP: 114/52/74 (mmHg) | SpO₂: 100 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 19.7 kg/m²

Others: CNP 7mmHg, BSA 1.6m²

Pain Score: 0/8 Pain Scale used: PIRPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 5 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: NPO

Drains: MEDIASTINAL +

PERICARDIUM

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		D. DAVEEM	0171	11/11/24	7:30
Handover taken by		Sathya Vani M	0265	11/11/24	7:30
Document endorsed		Sathya Vani M	0265	11/11/24	9:00

NURSES PROGRESS NOTES

NURSES PROGRESS NOTES					
Date & Time		Observations / Action		Signature with Emp. No.	
10/1/24		NIGHT DUTY REPORT			
19:30				P/N PAVEEN 017	
		* Patient had taken over from Evening duty Staff. Vital signs are haemodynamically stable. on Ventilator Support working.			
20:50		* PS-ABU - Admin - Extubation. Patient had Extubated followed by Suctioning and Nebulized gas.			
21:00		* on Nasal prongs - ABU. Vital signs are haemodynamically stable.			
21:30		* Neb. Synchrony had done. Possibility due. Due medications are given as per drug ch.		Donny 017	
22:00		* PEU - Admin - Nasal prongs ABU on flow.			
24:00		* Vital Signs are haemodynamically stable. Patient was Sleeping comfortably.			
2:00		* Patient was Sleeping comfortably. NO Complaints.			
4:30		* Blood Investigations had sent and care given.			
5:00		* Bed Bath given - Skin Intact. Back care Chest Physio & Positioning done. ITL drawing & U-cath care and line care had given.		Donny 017	
6:00		* Neb & Synchrony had given. NO Complaints.			
6:30		* ABU - Admin - continue the same.			
7:30		* Patient details handed over to the morning duty Staff.			
Document endorsed by		Signature		Name	
		Emp. No.		Date	
		Time			
		0003		11/1/24 2:00	



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: MINIMAL CAD

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: DORSUM Left: D2

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☒ Yes ☐ No Day: D2

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

GCS: 15/15

POD: I

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVE

Allergies if any: NKDA

On room air / oxygen: ON room air

Complaints / New Symptoms in last shift: —

Date of surgery: 10/1/24

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 98.2 (°F) | Pulse / HR: 87 (beats/min) | Respiration: 30 (breaths/min)

BP: 118/53 (mmHg) | SpO₂: 98 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 19.7 kg/m²

Others: BSA 1.6 m²

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

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

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

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

Current diet: Liquid diet

Drains: Mediastinal + Pericardium

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

NIL

NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		Sathya Veni-m	0265	11/1/24	12.30
Handover taken by	Meena	Meena Selvam	0276	11/1/24	12.30
Document endorsed		Dr. Rajesh V	0003	11/1/24	9.00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
11/1/24 7:30	Took over the patient in haemodynamically stable condition with nil supple. Patient is conscious and oriented.	Sathya 0265
7:40	Patient had cup of coffee orally and well tolerated.	
8:10	Patient had food orally and well tolerated.	
8:30	Medicines are given as per orders.	
9:20	Breathing exercise and nebulization given for patient.	Sathya 0265
10:10	Patient spoke with attendees through video call.	
10:40	Removed mediastinal drain	
11:00	Removed left arterial radial line By Dr. Praveen.	Sathya 0265
11:30	Shifted the patient to EDICU in stable condition.	
12:00	GCS assessment done for patient.	
12:30	Handed over the patient to evening duty staff.	Sathya 0265
Document endorsed by	Signature A	Name Annam. Emp. No. 0005 Date 11/1/24 Time 1:00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 11/1/2024

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: SEVERE AS.

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: METACARPAL D2 Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☒ Yes ☐ No Day: -

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

GCS: 15/15

POD: D1

Central line days: P2

VIP Score: 011

B

BACKGROUND

Type of surgery: AVR USING 23mm SJM R agent machine valve

Date of surgery: 10/1/2024

Allergies if any: NKDA

On room air / oxygen: -

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 98.2 (°F) | Pulse / HR: 87 (beats/min) | Respiration: 24 (breaths/min)

BP: 98/62 (mmHg) | SpO₂: 98 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 19.7 kg/m²

Others: BSA - 1.6 m²

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

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

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

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

Current diet: Soft Diet

Drains: Removed

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

3
S. N. S. 4.

	Signature	Name	Emp. No.	Date	Time
Handover given by	S. Meena	Meena Rewam	0276	11/1/24	19.20
Handover taken by	S. K. T.	D. Shreeba	0270	11/1/24	19.35
Document endorsed	S. K. T.	S. K. T.	0005	12/1/24	9.00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: **Severe AS**
NEWS / PEWS Score: **15/15**
Ventilator day: **POD - 1**
Peripheral line day: Right: **D2** Left: **D2**
Ryle's Tube: ☐ Yes ☒ No Day: **D2**
Urinary Catheter: ☒ Yes ☐ No Day: **D2**
Barrier nursing: ☒ Yes ☐ No MDR: ☐ Yes ☒ No. If Yes, specify organism: **015**

B

BACKGROUND

Type of surgery: **AVR** Date of surgery: **10/1/24**
Allergies if any: **MDA**
On room air / oxygen: **ON RA** IV fluids on flow: **10/1/24**
Complaints / New Symptoms in last shift: **10/1/24**

A

ASSESSMENT

Vital Signs: Temp: **98.7°F** | Pulse / HR: **98b/min** (beats/min) | Respiration: **18b/min** (breaths/min)
BP: **100/60** (mmHg) | SpO₂: **99%** | Height: **161** (cms) | Weight: **55** (kgs) | BMI: **19.7 kg/m²**
Others: **BGA - 1.6 m²**
Pain Score: **1/10** Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker / FACES Pain Rating Scale / NRS / CPOT
Fall Risk Score: **10** Fall Risk Protocol: ☐ Low ☐ Medium ☒ High
Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☒ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☒ NA
Current diet: **Soft diet** Drains: **10/1/24**

R

RECOMMENDATION

Referral doctors: **10/1/24**
Pending medications: **10/1/24**
Pending medication indent: **10/1/24**
Pending lab reports / Investigations: **10/1/24**
Critical value alert and its corrections: **10/1/24**
Changes in nursing care plan: ☐ Yes ☐ No. If Yes, modified care plan date: **10/1/24**
Pending follow-up orders: **10/1/24**
Special instructions if any: **10/1/24**

	Signature	Name	Emp. No.	Date	Time
Handover given by		D. Sheeba	0250	12/1/24	7:00
Handover taken by		Meera Swam	0286	12/1/24	7:00
Document endorsed		D. Sheeba	0250	12/1/24	9:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 12/01/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: SEVERE AR

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right: DORSUM D3 Left:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☒ Yes ☐ No

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

GCS: 15/15

POD: D2

Central line days: D3

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Date of surgery: 10/1/2024

Allergies if any: NKA

On room air / oxygen:

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 98.4 (°F) | Pulse / HR: 98 (beats/min) | Respiration: 20 (breaths/min)

BP: 103/64 (mmHg) | SpO₂: 99 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 19.7 kg/m²

Others: BSA - 1.6 m²

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

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

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

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

Current diet: SOFT DIET

Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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


Pending follow-up orders:

Special instructions if any:

Nil.

	Signature	Name	Emp. No.	Date	Time
Handover given by	S. Meena	Meena Sehom	0276	12/1/24	07:15
Handover taken by	Ch. Vijay	B. Varian	0195	12/1/24	08:05
Document endorsed			0003	12/1/24	09:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
12/1/24	Patient band over taken	
07:00	Vitality stable. On Room Air.	
	Abdomen soft. Bowel sounds heard. Peripheries warm.	
	Wound Intact. Skin Intact	Meena 0276
08:00	Breakfast given	Meena 0276
08:30	Medication given	
09:00	DR. Anubasu. DR. Rajesh seen	
	The patient advised to shift to Room.	Meena 0276
09:30	Central line removed.	Meena 0276
10:00	Patient vitals stable.	Meena 0276
10:45	Patient bandages given to assigned staff.	Meena 0276
	<u>Receiving Notes</u>	
10:45	<p>⇒ pt Tx in From SDICU in QW-2</p> <p>pt case of my replacement. post-IP</p> <p>in line (4) R-F 2.4 lit/day.</p> <p>⇒ pt is conscious & oriented vitals are checked & recorded.</p> <p>⇒ pt T-Acrom 3 mg. Tmr to do INR.</p> <p>⇒ pt condition stable.</p>	<p>Ad/olaf</p> <p>Ad/olaf</p>
12:00	<p>⇒ pt CBL checked. D lo chart maintained.</p> <p>⇒ pt Details Handing over to Evening duty staff.</p>	<p>Ad/olaf</p>
Document endorsed by.	Signature	Name
		Meena
		Emp. No.
		13/1/24
		QW



Medway Hospitals
to better health
Alliance Healthcare Pvt Ltd)



Mr. THANDAPANI P

60/Male/MH/2023/1543

09/01/2024/IPH2024000072

Dr. RAJESH.V



MHI/NUR/2022/048



Every heart beat counts

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 12/1/24

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: SEVERE AB

NEWS / PEWS Score: 0

Ventilator day: ☒

Peripheral line day: Right: D3 Left: D3

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0/8

B

BACKGROUND

Type of surgery: AVR

Date of surgery: 10/1

Allergies if any: N/A

On room air / oxygen: on room air

IV fluids on flow:

Complaints / New Symptoms in last shift: N/A

A

ASSESSMENT

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 76 (beats/min) | Respiration: 24 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 97 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 19.7 kg/m²

Others:

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

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

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

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

Current diet: Soft diet

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>A. Suresh</u>	<u>0201</u>	<u>12/1/24</u>	<u>19:30</u>
Handover taken by	<u>E. Cathrine</u>	<u>E. Cathrine</u>	<u>0207</u>	<u>12/1/24</u>	<u>19:30</u>
Document endorsed	<u>[Signature]</u>	<u>[Signature]</u>	<u>0005</u>	<u>13/1/24</u>	<u>9:00</u>

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 12/01/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: SEVERE AS.

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Yes ☐ No

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: ☒ Yes ☐ No

Day:

Day:

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

GCS: 15/15

POD:

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: NVR

Allergies if any: NKDA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: —

Date of surgery: 10/1/24

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 100/60 (mmHg) | SpO₂: 97 (%) | Height: 167 (cms) | Weight: 85 (kgs) | BMI: 19.7 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☐ NA

Current diet: soft diet.

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by	Sen	Sen	0224	12.1.24	09:50
Handover taken by	Dr. Rajesh V	B. Vanish	0105	12.1.24	9:50
Document endorsed			2203	12/1/24	9:50

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: SEVERE AS

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: 06 Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

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

GCS: -

POD: -

Central line days: -

VIP Score: -

B

BACKGROUND

Type of surgery: NVR

Allergies if any: NKA

On room air / oxygen: on room air

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 76 (beats/min) | Respiration: 24 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 97 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 11.79 /m²

Others: -

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

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

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

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

Current diet: Soft diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		B. Varian	0195	13/1/24	13.30
Handover taken by		Rajesh V	0201	13/1/24	13.30
Document endorsed		Dr. Thandapani P	005	13/1/24	15.30

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: low AS

NEWS / PEWS Score: AS

Ventilator day: -

Peripheral line day: Right: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: -

Day: -

Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: MVR + CABG

Allergies if any: -

On room air / oxygen: PA

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97.7 (°F) | Pulse / HR: 72 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 99 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 19.7

Others: -

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

Fall Risk Score: 9 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Wound Dressing done: ☐ Yes ☒ No ☒ NA

Current diet: soft diet

Drains: -

R

RECOMMENDATION

Referral doctors: 2

Pending medications: 2

Pending medication indent: 2

Pending lab reports / Investigations: 2

Critical value alert and its corrections: 2

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>R. Sushma</u>	<u>0201</u>	<u>13/1/24</u>	<u>19:00</u>
Handover taken by	<u>[Signature]</u>	<u>M. Revathi</u>	<u>0225</u>	<u>13/1/24</u>	<u>19:30</u>
Document endorsed	<u>[Signature]</u>	<u>Dhanarani</u>	<u>0005</u>	<u>14/01/24</u>	<u>08:00</u>

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 18/1/24 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: SEY AS

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left:

Day:

Day:

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

GCS: 15/15

POD: 11

Central line days: -

VIP Score: 0

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NRDA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: -

Date of surgery: 10/1/24

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 96.4 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 21 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 98 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 11.7 kg/m²

Others: 0/10

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Acute diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>M. Roy</u>	<u>M. Royathi</u>	<u>0225</u>	<u>14/1/24</u>	<u>7:30</u>
Handover taken by	<u>Dr. Rajesh V</u>	<u>M. Devika</u>	<u>002</u>	<u>14/1/24</u>	<u>7:50</u>
Document endorsed	<u>Dr. Rajesh V</u>	<u>Dr. Rajesh V</u>	<u>005</u>	<u>14/01/24</u>	<u>08:00</u>

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: SURG

NEWS / PEWS Score: 0

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☐ Yes ☒ No Day: —

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

GCS: 15/15

POD: —

Central line days: 0

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NONE

On room air / oxygen: RA

Complaints / New Symptoms in last shift: nil

Date of surgery: 10/1/24

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 71 (beats/min) | Respiration: 24 (breaths/min)

BP: 120/80 (mmHg) | SpO₂: 98 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 19.8 kg/m²

Others: —

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

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

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

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

Current diet: Ad libitum diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by		R. Sushma	0281	14/1/24	12:00
Handover taken by		Jeyapriya	0284	14/1/24	12:30
Document endorsed		Dharmaraj	005	14/01/24	14:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: SEPS

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NKDA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: Nil

Date of surgery: 10/1/24

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 97 (°F) | Pulse / HR: 70 (beats/min) | Respiration: 24 (breaths/min)

BP: 90/60 (mmHg) | SpO₂: 97 (%) | Height: 164 (cms) | Weight: 50 (kgs) | BMI: 11.9/1m²

Others: -

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

Fall Risk Score: 00 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: Feitrom diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

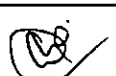
Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>Jeni</u>	<u>Jenipriya</u>	<u>0284</u>	<u>14.1.24</u>	<u>10.30</u>
Handover taken by	<u>Mohy</u>	<u>M. Ravathi</u>	<u>0225</u>	<u>14/1/24</u>	<u>10.30</u>
Document endorsed	<u>[Signature]</u>	<u>Dhananand</u>	<u>005</u>	<u>15/01/24</u>	<u>08.00</u>

Date & Time	Observations / Action	Signature with Emp. No.
	<u>EVENING DUTY NOTES</u>	
14.1.24 @ 18:30	=> Pt handing over taken from Morning duty staff. => Pt conscious and orientation.	Jen <u>on</u> .
19:00	=> Pt vitals checked and recorded. => Pt doc drugs are given as per drug chart.	Jen <u>on</u> .
16:00	=> Pt Mobilized well. => Nebulization was given. => Pt had on dt.	
18:00	=> Pt vitals checked. => doc Medication given to Pt. => Pt N/O Monitoring and Recorded. => Pt vitals monitoring.	Jen <u>on</u> .
19:30	=> Pt handing over given to Night duty staff.	Jen <u>on</u> .
Document endorsed by	Signature 	Name Dr. Hanuman Rao
		Emp. No. 005
		Date 15/01/24
		Time 08:10



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 14/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: SEV AS
NEWS / PEWS Score: 0
Ventilator day: -

Peripheral line day: Right: - Left: -
Ryle's Tube: ☐ Yes ☒ No
Urinary Catheter: ☐ Yes ☒ No
Barrier nursing: ☐ Yes ☒ No

Day: - VIP Score: 0
Day: -
MDR: ☐ Yes ☒ No - If Yes, specify organism: -

GCS: 15/15
POD: 15
Central line days: -

B

BACKGROUND

Type of surgery: AVR
Allergies if any: NKDA
On room air / oxygen: RA
Complaints / New Symptoms in last shift: -

Date of surgery: 10/1/24

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 96.4 (°F) | Pulse / HR: 81 (beats/min) | Respiration: 22 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 96 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 19.7 Kg/m²

Others: -

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

Fall Risk Score: 20 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High

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

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

Current diet:

Drains: -

Diabetic diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: Tomorrow to do Hb, Ur, Creatinine, Na⁺, K⁺
PTENR

	Signature	Name	Emp. No.	Date	Time
Handover given by		M. Revathi	0225	15/1/24	7.30
Handover taken by		A. Nandhini	0170	15/1/24	7.30
Document endorsed		Dr. Rajesh V.	005	15/1/24	08.00

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 15/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: SEV AS

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right: Left: -

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day:

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD: POD-V

Central line days: -

VIP Score: -

B

BACKGROUND

Type of surgery: AVR

Allergies if any: NIKDA

On room air / oxygen: on Room Air

Complaints / New Symptoms in last shift:

Date of surgery: 10/1/24

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98.6°F | Pulse / HR: 80 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/70 (mmHg) | SpO₂: 98 (%) | Height: 167 (cms) | Weight: 55 (kgs) | BMI: 19.7 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet:

Drains: -

on diabetic diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders: -

Special instructions if any:

Today plan discharge

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Manthini	0170	15/1/24	12.30
Handover taken by		Discharge			
Document endorsed		Discharge	005	15/01/24	14:00

NURSES PROGRESS NOTES

[illegible]


ADULT NURSING CARE PLAN

Mr. THANDAPANI P
60/Male/MHI202381543
09/01/2024/IPH2024000072
Dr. RAJESH.V

Initial Date: 9/1/24 Time: 9.30		Modified Date: Time:		
Reason for Modification:		Diagnosis: CALCIFIC SEV AS		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt had DM diet E pt had DM diet N pt had DM diet	S.D. S.D. P.C 0207
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M pt on Room air E pt SpO ₂ 98 N pt is on room air	S.D. 0211 S.D. 0207
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt I/O chart maintained E pt I/O chart maintained N pt I/O chart maintained	S.D. 0211 P.C 0207

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

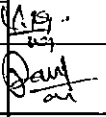
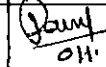
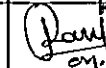
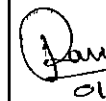


Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input checked="" type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt good hygiene maintained E pt good hygiene maintained N pt well groomed	5 D 0807 DC 0807
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M pt ID Band checked & secured E pt ID band checked & secured N pt ID Band	5 D 0807 DC 0807
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E — N —	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M pt V/S checked & recorded E pt V/S checked N pt V/S checked	S. Din DC 0807
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input checked="" type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M provide Psychological support E — N —	5 D 0807

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input checked="" type="checkbox"/> Encourage the use of call bell <input checked="" type="checkbox"/> Obtain interpreter if needed <input checked="" type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt communication well E pt communication well N pt well communicated	S.D. S.D. P.C. 0207
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M — E — N patient due drugs are given	P.C. 0207
Endorsed by	Signature	Name	Emp. ID	Date	Time
		D Hernandez	005	10/01/24	08:00

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 10/01/2024 Time: 17:20		Modified Date: — Time: —		
Reason for Modification: —		Diagnosis: Minimal CAD, Severe AS		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN <input type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input checked="" type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input checked="" type="checkbox"/> Non-Pharmacological therapy	M E Patient is on Ventilator N Patient had decreased level of pain - No	 V. K. G. 10/1 Paul 10/1
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input checked="" type="checkbox"/> Perform suctioning if needed <input checked="" type="checkbox"/> Ventilator settings as per physician orders <input checked="" type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M E Patient is comfortable on Ventilator support N Patient is on Nasal - 100% Humid - SpO2 - 100%	 V. K. G. 10/1 Paul 10/1
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M E NA N NA	 Paul 01/11
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input checked="" type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input checked="" type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M E Patient is on bed rest N Patient is on Bed rest	 V. K. G. 10/1 Paul 01/11

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M E patient is on IV fluids. I/O monitored N I/O chart maintained	 K. Dye 10/1 Dany 01/11
RISK OF INFECTION <input checked="" type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input checked="" type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input checked="" type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M E Aseptic precautions followed in all aspects of patient care N Aseptic precautions are followed	 K. Dye 10/1 Dany 01/11
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input checked="" type="checkbox"/> Dependent State	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization	<input type="checkbox"/> Keep bed on low position <input checked="" type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 48 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M E Safety precautions followed N Fall risk safety precautions are followed	 K. Dye 10/1 Dany 01/11
SKIN & WOUND CARE <input checked="" type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input checked="" type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input checked="" type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M E Surgical site intact N Skin - Intact	 K. Dye 10/1 Dany 01/11
DIET & NUTRITION <input checked="" type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M E Patient is on NPO liquid diet to be started N Patient is on NPO diet	 K. Dye 10/1 Dany 01/11







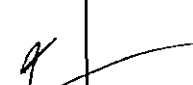
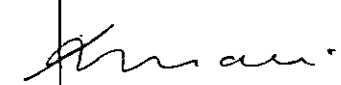
Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials	
CARE OF CATHETERS, DRAINS, ETC.		<input checked="" type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input checked="" type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M	 1/1/24	
				E		Maintained adequate cleaning & dressing
				N		on CBD, I/O Chart maintained
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M	 01/1/24	
				E		NA
				N		NA
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input checked="" type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input checked="" type="checkbox"/> Assess physically for any abnormality <input checked="" type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient	M	 01/1/24	
				E		Patient is hemodynamically stable & supports
				N		Vital Signs are hemodynamically stable
HEALTH EDUCATION <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input checked="" type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input checked="" type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M	 01/1/24	
				E		Educated patient and attenders regarding treatment process & follow up
				N		Patient gained knowledge regarding Post Extub
ANY OTHER NEEDS				M		
				E		
				N		
Endorsed by	Signature	Name	Emp. ID	Date	Time	
			0003	13/1/24	4:00	



ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 11/1/24 Time: 7:00		Modified Date: — Time: —		
Reason for Modification:		Diagnosis: MINOR CAD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN <input checked="" type="checkbox"/> Comfortable Position <input checked="" type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input checked="" type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Provided comfortable position for patient. E Patient is on comfortable position. N provide comfortable position	J. 01/01/24 S. 02/01/24 S. 03/01/24
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input checked="" type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input checked="" type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M Patient is on room air. E Patient is on Room Air. N ON Room Air SpO ₂ 98%	J. 01/01/24 S. 02/01/24 S. 03/01/24
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M NA E Psychological support given N —	J. 01/01/24 S. 02/01/24
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Provided safe environment. E mobilized to chair. N Safety measures followed	J. 01/01/24 S. 02/01/24 S. 03/01/24

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Monitored I/O every hour. E I/O chart monitored. N I/O chart was maintained.	J. 0265 meen 0276 J. 0270
RISK OF INFECTION <input checked="" type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M Followed aseptic techniques. E A septic technique followed. N used aseptic precaution also	J. 0265 meen 0276 J. 0270
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input checked="" type="checkbox"/> Dependent State	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 48 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M Followed risk fall prevention. E Bed is lowest and locked position. N kept in bed low position	J. 0265 meen 0276 J. 0270
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input checked="" type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M Skin is intact. E Wound is intact. N Skin is Intact	J. 0265 J. 0270
DIET & NUTRITION <input type="checkbox"/> NPO <input checked="" type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input checked="" type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M Encouraged the patient to take adequate nutrition. E Patient is on soft diet. N soft diet	J. 0265 meen 0276 J. 0270

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.	<input checked="" type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M Output is adequate on C&D	 02/05	
			E Patient is on Flochart monitoring		
			N maintained I/O chart		
DISTURBED BODY IMAGE	<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M N/A	 02/05	
			E NP		
			N NP		
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input checked="" type="checkbox"/> Inform doctor if there is any abnormality <input checked="" type="checkbox"/> Monitor GCS of patient	M Monitored vitals assessed for ACS.	 02/05	
			E Vitals, GCS monitored		 02/06
			N Monitored vitals doc		
HEALTH EDUCATION <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input checked="" type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:	<input type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M Educated regarding diet	 02/05	
			E Health Educaty given		 02/06
			N Explained about PT condition @ I/O stay		
ANY OTHER NEEDS			M		
			E		
			N		
Endorsed by	Signature	Name	Emp. ID	Date	Time
			00021	12/1/14	9.40



ADULT POST-OPERATIVE NURSING CARE PLAN


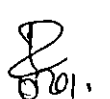
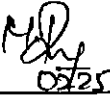

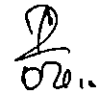
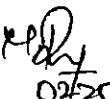



Initial Date: 12.1.24 Time: 8.00		Modified Date: Time:		
Reason for Modification:		Diagnosis: SEVERE AR		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN <input type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have less pain	<input checked="" type="checkbox"/> Evaluate location, character, quality and severity of pain <input checked="" type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Comfortable position given E pt had @ diet N pt had @ diet	meen 0226 D Ser
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input checked="" type="checkbox"/> Monitor rate, depth of respiration <input checked="" type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M Patient is on Room Air E pt SpO2 96% N pt is on room air	meen 0226 D Ser
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input checked="" type="checkbox"/> Help patient to cope with outcomes of surgery <input checked="" type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M Explained procedure before doing E N	serien 0226 - -
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M mobilized to chair E Mobilized to chair N Mobilize to chair	meen 0226 D Ser

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M D/O chart monitored.	new 02/26
			E D/O chart. Monitored	P
			N D/O chart monitored.	J
RISK OF INFECTION <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input checked="" type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M Aseptic technique followed	new 02/26
			E Aseptic technique followed	P
			N Aseptic technique followed	J
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M Bed is lowest locked position.	new 02/26
			E Bed is lowest locked position	P
			N Bed is lowest position	J
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input type="checkbox"/> Check all drains from the operation site more frequently <input checked="" type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M Wound is intact	new 02/26
			E Wound to intact	P
			N Wound integrity.	J
DIET & NUTRITION <input type="checkbox"/> NPO <input checked="" type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input checked="" type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M on Soft Diet	new 02/26
			E on Soft Diet	P
			N on soft diet.	J

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation		Sign & Initials	
CARE OF CATHETERS, DRAINS, ETC.		<input type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M	I/O chart monitored.	moev 0206	
				E	I/O chart monitored.	Jen	
				N	I/O chart monitored.	Jen	
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M	-		
				E	-		
				N	-		
OBSERVATION <input type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient	M	Vitals monitored.	moev 0206	
				E	V/S checked.	Jen	
				N	V/S checked.	Jen	
HEALTH EDUCATION <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input checked="" type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M	Health Education given	moev 0206	
				E	Health Education	Jen	
				N	Health education.	Jen	
ANY OTHER NEEDS				M	-		
				E	-		
				N	-		
Endorsed by	Signature	Name	Emp. ID		Date	Time	
		Amal	0003		13/1/24	9.00	

ADULT NURSING CARE PLAN

Initial Date: 13.1.24		Time: 8.00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: SEVERE AR			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
NUTRITION <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt had diet	[Signature]			
			E Pt @ diet	[Signature]			
			N Pt had DM diet	[Signature]			
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Pt on Room air	[Signature]			
			E Pt SpO ₂ 99%	[Signature]			
			N Pt is on room air	[Signature]			
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Pt take oral fluid	[Signature]			
			E Pt I/O chart maintained	[Signature]			
			N I/O chart monitored	[Signature]			

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Pt mobilized well.	
			E Pt Mobilized well	
			N Pt 4000 mobilized	
ELIMINATION <input checked="" type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as toley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenc / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Pt @ elimination pattern	
			E Pt @ Elimination pattern	
			N Normal Elimination Pattern	
SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M main @ skin integrity	
			E Norm @ skin Integrity	
			N Maintain normal skin intact	

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt good communication E pt good communication N pt good communication	[Signature] [Signature] [Signature]
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M morning medicine given E drug are given N The drug are given	[Signature] [Signature] [Signature]
Endorsed by	Signature	Name	Emp. ID	Date	Time
	[Signature]	Dhanan.	005	14/01/24	10:00


ADULT NURSING CARE PLAN

Mr. THANDAPANI P
60 / Male / MHJ202381543
09/01/2024 / IPH2024000072
Dr. RAJESH.V

Initial Date: 14/1/24		Time: 7.00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: sev AB			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt had N diet E pt had O diet N pt had DM diet	D Jan M 02/25			
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M pt spo2 99% E pt on Room air N pt is on room air	D Jan M 02/25			
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt I/O chart monitored E pt I/O chart monitored N I/O chart monitored	D Jan M 02/25			

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input checked="" type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Pt well mobilized E pt mobilized well N Pt 4000 mobilization	P Jem Mdy 02/25
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenc / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Pt @ pattern E pt @ elimination pattern N Normal Elimination pattern	P Jem Mdy 02/25
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M Pt skin @ Integrity E pt skin @ Integrity N Maintain normal skin intact	P Jem Mdy 02/25

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input checked="" type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt well groomed E pt groomed well N pt good hygiene	Jee Jen Ndy 02/25
SAFETY <input type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV <input checked="" type="checkbox"/> CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M pt ID band checked E pt ID band checked N ID Band present	D or Jen Ndy 02/25
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E — N —	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input checked="" type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M pt v/s checked E pt v/s checked N vital signs checked & recorded	D or Jen Ndy 02/25
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Copying Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E — N —	


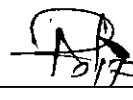

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input checked="" type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt well communication E pt well communication N pt good communication	<p>PR</p> <p>Sen</p> <p>MP</p>
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input checked="" type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M due drug are given E due drugs are given N Due drug are given	<p>PR</p> <p>Sen</p> <p>MP</p>
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Dhanan	005	15/01/24	09:00

ADULT NURSING CARE PLAN

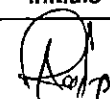


MR. THANDAPANI P
60/Male/MHI202381543
09/01/2024/UPH2024000072
Dr. RAJESH.V



Initial Date: 15/1/24 Time: 8.00		Modified Date: Time:		
Reason for Modification:		Diagnosis: SEVAS		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M patient had DM diet E N	P 15/1
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M patient is on Room Air E N	P 15/1
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M patient mobilized well E N	P 15/1

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

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M Good communication E N	
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M Medication given as per drug chart E N	
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Dhananand	005	15/01/24	12:00

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3	
					TOTAL SCORE	23	23	23
					Initial & Emp. No. of Staff Nurse:	5/21	5/21	5/21
					Initial & Emp. No. of Sr. Staff Nurse:	10/01	10/01	10/01

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

Date: 10/01/24
Time: M F N

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4		
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4		
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4		
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4		
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4		
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3		
				TOTAL SCORE	23		
				Initial & Emp. No. of Staff Nurse:	59/02		
				Initial & Emp. No. of Sr. Staff Nurse:	10/01		

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	1	1	2
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	1	1	2
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	1	1	1
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	1	1	2
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	1	1	2
FRICION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		1	1	2
				TOTAL SCORE	6	6	11
				Initial & Emp. No. of Staff Nurse:	Rajesh V	01/24	2265

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



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	2	2	2
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	2	2	2
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	2	2	2
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2	2	2
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	2	2	2
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		2	2	2
TOTAL SCORE					12	12	12
Initial & Emp. No. of Staff Nurse:					Mon 02/11/23	02/11/23	Mon 02/11/23
Initial & Emp. No. of Sr. Staff Nurse:					12/01/23	12/01/23	12/01/23

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

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

Date: 14 / 1 / 24
Time: 11 / 11 / AM

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3	
					TOTAL SCORE	23	23	23
					Initial & Emp. No. of Staff Nurse:	88	124	124
					Initial & Emp. No. of Sr. Staff Nurse:	100	100	100

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



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

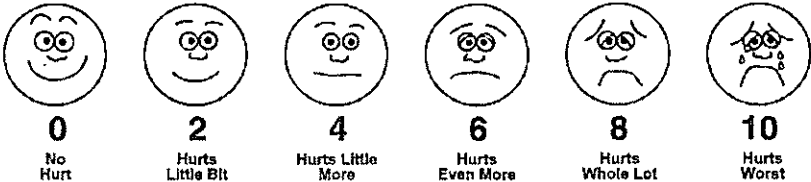
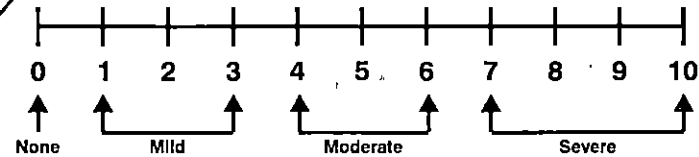
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
7/1/24 9.30	0/10	NO pain	—	—	—	S.D. 021	05
11.30	0/10	No pain	—	—	—	P. 021	05
1.30	0/10	No pain	—	—	—	P. 021	05
2.30	0/10	NO pain	—	—	—	P. 0207	05
10/01/24 2.00		PATIENT		IS SLEEPING			05
6.00	0/10	NO pain	—	—	—	P. 0207	05
10.00	0/10	NO pain	—	—	—	S.D. 021	05

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

PAIN SCALES

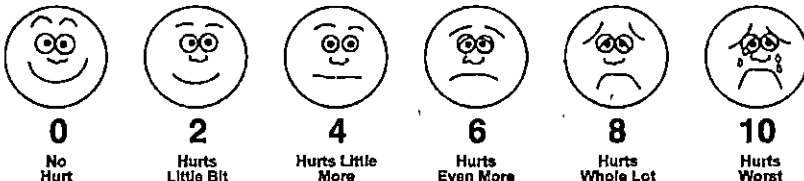
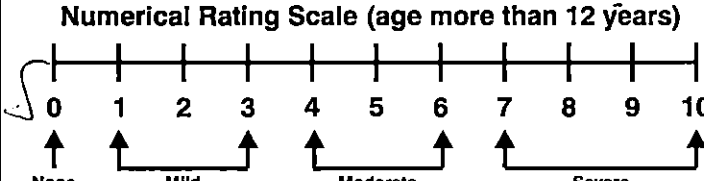
PIPPS (28 weeks to \leq 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures > 12 = Moderate to severe pain - Pharmacological intervention
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible.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

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
01/12/24 01.20	0/10	on Ventilator	By cpo1	—	—	V. Jey 101	2003
19.20	0/10	By cpo1	—	—	on Ventilator support	V. Jey 101	2003
21.30	0/10	By cpo1	—	—	—	Pamul 0171	2003
23.30	2/10	ACHY PAIN	210 - 15 sec	SURGICAL SITE	Pharmacological Intervention done.	Pamul 0171	2003
01/12/24 01.30	—	—	—	—	Patient was Sleeping	Pamul 0171	2003
3.30	—	—	—	—	Patient was Sleeping	Pamul 0171	2003
5.30	1/10	ACHY PAIN	210 sec	SURGICAL SITE	Pharmacological Intervention done	Pamul 0171	2003
7.30	2/10	DULL PAIN	210 sec	STERNUM	Non-Pharmacological Intervention done	Pamul 0171	2003
9.30	1/10	Dull ache	15 sec.	Surgical site	Provided Non-pharmacological intervention.	P. 0165	2003

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
11/1/24 11:30	1/10	Dull ache	20 sec.	Surgical site	Non-pharmacological intervention done.	[Signature]	[Signature]
12:00	4/10	Achy pain	45 sec.	Sternum	Non pharmacological pain management - given.	mev 0286	[Signature]
15:00	4/10	Achy pain	45 sec	Sternum	Non pharmacological pain management given.	mev 028	[Signature]
19:00	1/10	Achy pain	< 15 sec	Sternum	Non pharmacological pain management given	mev 0286	[Signature]

PAIN SCALES

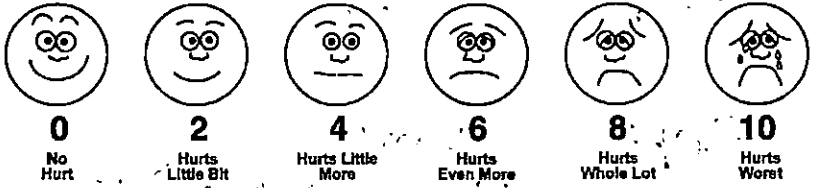
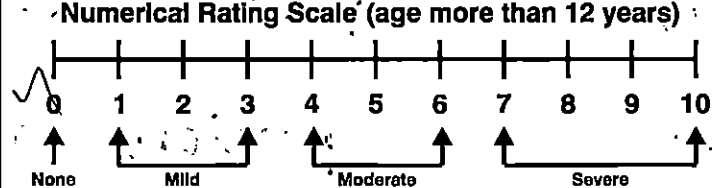
PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible.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

PAIN RE-ASSESSMENT & MONITORING CHART


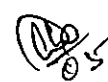



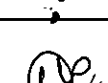

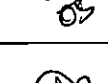



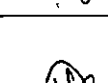

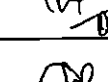


Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
11/1/24 19.00	1/10	Dull pain	<10 sec	Sternum	non-pharmacological Intervention done	SI 0276	K. Jeyaraj
21.00	1/10	Dull pain	<10 sec	Back	provide comfortable position	SI 0276	K. Jeyaraj
23.00	1/10	Dull pain	<15 sec	Sternum	non-pharmacological Intervention done	SI 0276	K. Jeyaraj
12/1/24 01.00		patient is slept well				SI 0276	K. Jeyaraj
03.00		Patient is slept well				SI 0276	K. Jeyaraj
05.00		patient is slept well				SI 0276	K. Jeyaraj
07.00	1/10	Dull pain	<10 sec	Sternum	non-pharmacological Intervention done	SI 0276	K. Jeyaraj
09.00	1/10	Dull pain	<15 sec	Sternum	Mobilized to chair on comfortable position.	SI 0276	K. Jeyaraj
11.00	1/10	Dull pain	<10 sec	Sternum	Non-pharmacological pain management given.	SI 0276	K. Jeyaraj

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
13/01/10	0/10	No pain	1	1		P. O'Brien	L. O'Connell
14/01/10	0/10	No pain	1	1		P. O'Brien	L. O'Connell
20/01/10	0/10	No pain	1	1		Seena	L. O'Connell
12/1/24 6.00	0/10	No pain	1	1		Seena	L. O'Connell

PAIN SCALES

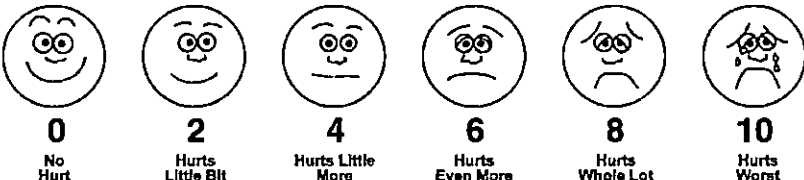
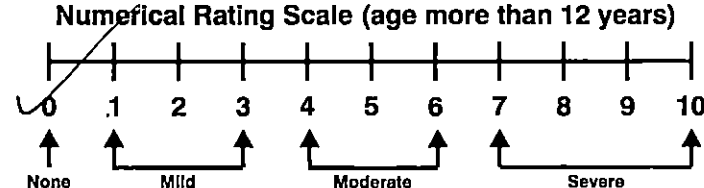
PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible.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

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
10.00	0/10	Dull pain	On & Off	Surgical Site	provided comfortable position	 01/05	 05
14.00	0/10	No Pain	—	—	—	 00/05	 05
18.00	0/10	No Pain	—	—	—	 00/05	 05
22.00	0/10	No Pain	—	—	—	 02/05	 05
14/1/24 2.00		Patient Sleeping Good					
6.00	0/10	No Pain	—	—	—	 02/05	 05
10.00	0/10	No Pain	—	—	—	 02/05	 05
14.00	0/10	No Pain	—	—	—	 02/05	 05
18.00	0/10	No Pain	—	—	—	 02/05	 05


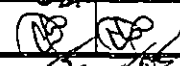
Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
14/04/22 00:00	0/10	NO Pain	-	-	-	Mah 02/25	AD 05
15/04/22 00:00				Patient good sleeping			
6:00	0/10	NO Pain	-	-	-	Mah 02/25	AD 05
10:00/10		No pain	-	-	-	AD 05	AD 05

PAIN SCALES

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

DVT RISK ASSESSMENT

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

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



DVT RISK ASSESSMENT

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

		Date	10/01/24	11/01/24	12/01/24	13/01/24	14/01/24	15/01/24
		Time	17:30	6:00	6:00	6:00	6:00	6:00
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0	0	0	0	0	
2	Bedridden recently >3 days or major surgery within four weeks	+1	+1	+1	+1	+1	+1	
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0	0	0	0	0	
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	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	0	0	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	0	0	0	0	
9	Previously documented DVT (Assess for both legs)	0	0	0	0	0	0	
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0	0	0	0	0	
FINAL SCORE		+1	+1	+1	+1	+1	+1	
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		MOD	MOD	MOD	MOD	MOD	MOD	
DVT prophylaxis started		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature & Emp. No. of RN		(Signature) 601	(Signature) 21	(Signature) 276	(Signature) 2	(Signature) 0525	(Signature) 0525	
Signature & Emp. No. of Sr. RN		(Signature) 0005	(Signature) 0025	(Signature) 0025	(Signature) 0025	(Signature) 05	(Signature) 05	

MODIFIED MORSE FALL RISK ASSESSMENT CHART



















Variables	Date	Time	9/1/24	9/1/24	9/1/24	10/1/24				
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		30	30	30	30					
Low Risk (0 - 24)										
Medium Risk (25 - 44)		✓	✓	✓	✓					
High Risk (45 or above)										
Signature & Emp. No. of RN		5207	5207	5207	5207					
Signature & Emp. No. of Sr. RN		5207	5207	5207	5207					

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

INTERVENTIONS <i>Tick as per the Risk Score</i>		Date	9/1/24	9/1/24	9/1/24	9/1/24			
		Time	9:30	14:30	20:00	8:00			
Low Risk Interventions (0 - 24)									
Familiarize the patient with the immediate surroundings			✓	✓	✓	✓			
Remind the patient to use call bell before getting out of bed			✓	✓	✓	✓			
Keep the two side rails in the raised position at all times for all patients regardless of age			✓	✓	✓	✓			
Keep the call bell, bedside table, water, glasses within the patient's easy reach			✓	✓	✓	✓			
Remove excess equipment or furniture to make a clear path			✓	✓	✓	✓			
Keep the patient's bed in the low position at all times except during procedure			✓	✓	✓	✓			
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed			✓	✓	✓	✓			
Bed wheels should be locked			✓	✓	✓	✓			
Encourage family participation in the patient's care			✓	✓	✓	✓			
Ensure that floor of the bathroom is dry and not slippery			✓	✓	✓	✓			
Review medications for potential side effects that can promote falls			✓	✓	✓	✓			
Use safety belts during movement in wheelchair			✓	✓	✓	✓			
The patients are not ambulated by themselves. They are to be ambulated only with assistance			✓	✓	✓	✓			
Medium risk interventions (25 - 44)									
Apply all the low risk interventions			✓	✓	✓	✓			
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher			✓	✓	✓	✓			
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat			✓	✓	✓	✓			
Use restraints and bed monitors as ordered by the doctor			✓	✓	✓	✓			
Allow the patient to ambulate only with assistance			✓	✓	✓	✓			
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care			✓	✓	✓	✓			
Do not leave patients unattended in diagnostic or treatment areas			✓	✓	✓	✓			
Accompany the patient while going to bathroom			✓	✓	✓	✓			
Advise the patient to use grab bars near the toilet, bathtub, and shower			✓	✓	✓	✓			
Make sure the family and other visitors understand the restrictions mentioned above			✓	✓	✓	✓			
High-risk interventions (45 or above)									
Apply all the low and medium risk interventions									
Tie red fall risk tag in the bed, wheel chair and stretcher									
Locate the high-risk patients in a room close to the nurses' station									
Answer these patients call bells as quickly as possible									
Provide a commode at bedside (if appropriate)									
Urinal/bedpan should be within easy reach (if appropriate)									
Encourage family members or other visitors to stay with them									
If appropriate, consider using protection devices: safety belts									
Signature & Emp. No. of RN			[Signature]	[Signature]	[Signature]	[Signature]			
Signature & Emp. No. of Sr. RN			[Signature]	[Signature]	[Signature]	[Signature]			



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	10/01/2024	10/1/24	11/1/24	11/1/24	11/1/24	12/1/24	12/1/24	12/1/24	13/1/24
	Time	17:30	20:00	8:00	12:00	22:00	07:00	14:00	20:00	8:00
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	45	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
Yes	15	15	45	15	15	15	15	15	15	15
Total Score		80	65	50	50	50	50	50	50	50
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)										
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

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

[illegible]



Medway Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Mr. THANDAPANI P

60/Malc/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V



MHI/NUR/2022/046



Where heart beat never stops...

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	13/1	13/124	14/124	14-124	14/124	15/1/24			
		Time	14:00	20:00	8:00	18:00	20:00	8:00		
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS										
Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		50	50	50	50	30	30			
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)										
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

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

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date									
	Time	13/1	13/1/24	14/1	14/1/24	14/1/24	15/1/24			
Low Risk Interventions (0 - 24)										
Familiarize the patient with the immediate surroundings		✓	✓	✓	✓	✓	✓			
Remind the patient to use call bell before getting out of bed		✓	✓	✓	✓	✓	✓			
Keep the two side rails in the raised position at all times for all patients regardless of age		✓	✓	✓	✓	✓	✓			
Keep the call bell, bedside table, water, glasses within the patient's easy reach		✓	✓	✓	✓	✓	✓			
Remove excess equipment or furniture to make a clear path		✓	✓	✓	✓	✓	✓			
Keep the patient's bed in the low position at all times except during procedure		✓	✓	✓	✓	✓	✓			
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed		✓	✓	✓	✓	✓	✓			
Bed wheels should be locked		✓	✓	✓	✓	✓	✓			
Encourage family participation in the patient's care		✓	✓	✓	✓	✓	✓			
Ensure that floor of the bathroom is dry and not slippery		✓	✓	✓	✓	✓	✓			
Review medications for potential side effects that can promote falls		✓	✓	✓	✓	✓	✓			
Use safety belts during movement in wheelchair		✓	✓	✓	✓	✓	✓			
The patients are not ambulated by themselves. They are to be ambulated only with assistance		✓	✓	✓	✓	✓	✓			
Medium risk interventions (25 - 44)										
Apply all the low risk interventions		✓	✓	✓	✓	✓	✓			
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher		✓	✓	✓	✓	✓	✓			
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat		✓	✓	✓	✓	✓	✓			
Use restraints and bed monitors as ordered by the doctor		✓	✓	✓	✓	✓	✓			
Allow the patient to ambulate only with assistance		✓	✓	✓	✓	✓	✓			
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care		✓	✓	✓	✓	✓	✓			
Do not leave patients unattended in diagnostic or treatment areas		✓	✓	✓	✓	✓	✓			
Accompany the patient while going to bathroom		✓	✓	✓	✓	✓	✓			
Advice the patient to use grab bars near the toilet, bathtub, and shower		✓	✓	✓	✓	✓	✓			
Make sure the family and other visitors understand the restrictions mentioned above		✓	✓	✓	✓	✓	✓			
High-risk interventions (45 or above)										
Apply all the low and medium risk interventions		✓	✓	✓	✓	✓	✓			
Tie red fall risk tag in the bed, wheel chair and stretcher		✓	✓	✓	✓	✓	✓			
Locate the high-risk patients in a room close to the nurses' station		✓	✓	✓	✓	✓	✓			
Answer these patients call bells as quickly as possible		✓	✓	✓	✓	✓	✓			
Provide a commode at bedside (if appropriate)		✓	✓	✓	✓	✓	✓			
Urinal/bedpan should be within easy reach (if appropriate)		✓	✓	✓	✓	✓	✓			
Encourage family members or other visitors to stay with them		✓	✓	✓	✓	✓	✓			
If appropriate, consider using protection devices: safety belts		✓	✓	✓	✓	✓	✓			
Signature & Emp. No. of RN		✓	✓	✓	✓	✓	✓			
Signature & Emp. No. of Sr. RN		✓	✓	✓	✓	✓	✓			



PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>9/1/24</u> Time <u>9.30</u>		Nurse Signature : <u>S. Rajesh</u>

Learning Record

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Disease	<u>9/1/24</u>				<u>10/01/24</u>								Doctor
<input checked="" type="checkbox"/> Information on Disease / Diagnostics			P	OD	J		P	OD	J				<u>[Signature]</u>
<input checked="" type="checkbox"/> Treatment Medications			P	OD	J		P	OD	J				Doctor / Nurse <u>[Signature]</u>
<input type="checkbox"/> Information on Safe and Effective use of medicines													
<input checked="" type="checkbox"/> Information on drug / drug and drug / food interactions			P	OD	J		P	OD	J				
<input type="checkbox"/> Discharge Medications													
Surgical Instructions													Nurse <u>[Signature]</u>
<input checked="" type="checkbox"/> Pre - Operative Instructions			P	OD	J		P	OD	J				<u>[Signature]</u>
<input type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care)													
Pain Management													Nurse
<input checked="" type="checkbox"/> Reporting of pain			P	OD	J		P	OD	J				<u>[Signature]</u>
<input checked="" type="checkbox"/> Pain Management			P	OD	J		P	OD	J				<u>[Signature]</u>
Safe and effective use of medical Equipment (if required)													Doctor / Nurse
Name of Equipment Rehabilitation Techniques													<u>[Signature]</u>

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance	9/11												Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk		P	P	V		P	P	O					M: <i>[Signature]</i> Senior Dietician
<input type="checkbox"/> Diet advice for home		-	-	-		-	-	-					Nurse
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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

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

Written Material given and explained (if any)

Reports Given :

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

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse

Signature :



MR. THANDAPANI P

60/Male/MH1202381543

09/01/2024/PH2024000072

Dr.RAJESH.V



MHI/IP/2022/055



Every heart beat counts

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>10/01/24</u> Time <u>18.00</u> Nurse Signature : <u>R/n H. Deepa Lakshmi</u>		

Learning Record

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Disease	10/1/24				10/1/24				12/1/24				Doctor
<input type="checkbox"/> Information on Disease / Diagnostics		—	—	—		—	—	—		P	OD	Y	
<input type="checkbox"/> Treatment		—	—	—		—	—	—					
Medications		—	—	—									Doctor / Nurse
<input type="checkbox"/> Information on Safe and Effective use of medicines		—	—	—		S	OD	V		P	OD	Y	
<input type="checkbox"/> Information on drug / drug and drug / food interactions		—	—	—		S	OD	V					
<input type="checkbox"/> Discharge Medications		—	—	—		—	—	—					
Surgical Instructions		—	—	—		—	—	—					Nurse
<input type="checkbox"/> Pre - Operative Instructions		—	—	—		—	—	—					IF
<input type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care)		S	OD	Y									R. Lynn
Pain Management		S	OD	Y		S	OD	V		P	OD	Y	Nurse
<input type="checkbox"/> Reporting of pain						—	—	—					
<input type="checkbox"/> Pain Management		S	OD	Y		S	OD	V		P	OD	Y	R. Lynn
Safe and effective use of medical Equipment (if required)		S	OD	Y		—	—	—		—	—	—	Doctor / Nurse
Name of Equipment													
Rehabilitation Techniques		S	OD	Y		—	—	—		—	—	—	R. Lynn

Need	Date 10/11	Visit 1			Date 11/11	Visit 2			Date 12/11	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance													Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk			S	O			S	O					Marie John Senior Dietician
<input type="checkbox"/> Diet advice for home													Nurse
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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

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

Written Material given and explained (if any)

Nil

Reports Given :

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

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse

Signature : _____



MR. THANDAPANI P

60/Male/MH1202381543

09/01/2024/1PH2024000072

Dr. RAJESH.V



MHI/IP/2022/055



Every heart beat counts

PATIENT AND FAMILY EDUCATION RECORD

Assessment

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Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>1/31/24</u> Time <u>7:30</u>		Nurse Signature : <u>[Signature]</u>

Learning Record

[illegible]

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

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

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

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

Written Material given and explained (if any)

Reports Given :

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

Name of Attendant / Patient : [Signature] Signature : [Signature]

Name of Discharge Nurse

A. Nardhini

Signature : [Signature]

Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 9/1/24 Time: 9.30

Checklist	Yes	No	NA	Action / Remarks
-----------	-----	----	----	------------------

MEDICAL

Daily Consultant Visit

Plan of care discussed

Discharge Planning

Others if any

NURSING

Safety Precautions Ensured

Care of Lines and Tubes

Infection Control Measures

Skin Care

Response to assistance

Others if any

DIETICIAN

Diet Adequate

Special Request

PHYSIOTHERAPIST

Available for Assistance for Activities of Daily Living

Others if any

PATIENT CARE SERVICES

Room Cleaning satisfactory

Room Amenities Adequate

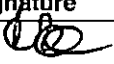

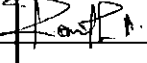
Billing Update available

Non-Availability of any service

Spiritual Needs (if yes specify)

Others if any

Inter Disciplinary Team Members

	Signature	Name	Reg. / Emp. No.	Date	Time
Doctor		Dr. Thandapani P	60308	9/1/24	11:00
Nursing Staff	S. D.	S. D. Dhanasekaran	0211	9/1/24	9:30
Dietician		S. D. Dhanasekaran Senior Dietitian	2401	9/1/24	10:45
Physiotherapist		P. Dhanasekaran	0260	9/1/24	18:00
Patient Care Service Staff					



IN-HOUSE TRANSFER FORM

Part A (to be filled by Nurses)

Date of Transfer: 12/1/24 Time: 10:45 Transferred from: SPIC To: GIW-2

Diagnosis: SEVERE AR

Vital Signs: Temp: 98.4 (°F) | Pulse / HR: 108 (beats/min) | BP: 110/60 (mmHg) | Respiration: 20 (breaths/min)

Part B (to be filled by Physicians)

Any Critical Investigations: _____

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

Present Medication (for Medication Reconciliation)

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1	SUSPENSION SUCRALFATE	10ml	P/O	1-1-1	12/1/2024 AT 08:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	HEB. LEVOSALBUTAMOL	0.62 mg	INH	Q6HRLY	12/1/2024 AT 10:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	T. PROUSEMIDE	40mg	P/O	1-1-0	12/1/2024 AT 08:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	T. SPIRONA LACTONE	20mg	P/O	1-1-0	12/1/2024 AT 08:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
	T. REPLEX FORTE	1mg	P/O	1-0-0	12/1/2024 AT 08:30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	T. ASPIRIN	75mg	P/O	0-1-0	11/1/2024 AT 14:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	T. ATORVASTATIN	20mg	P/O	0-0-1	11/1/2024 AT 21:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	T. PARACETAMOL	600mg	P/O	1-1-1	12/1/2024 AT 08:30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	SYP. CREMAFIN PLUS	15mg	P/O	0-0-1	11/1/2024 AT 22:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	T. METOPROLOL	125mg	P/O	1-0-1	12/1/2024 AT 08:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11	T. EVABRAD	5mg	P/O	1-0-1	12/1/2024 AT 10:00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details (if any):

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

	Sign.	Name	Reg. No.	Date	Time
Transferring Doctor	g	DR. PRAVEEN SETHAKUMAR.	112236	12/1/2024	11:00
Receiving Doctor	15m B. B. B.	DR. AMMALA	13455	12/1/24	11:00

Part C (to be filled by Nurses)

Check for	Transferring Nurse	Receiving Nurse
Drains	<input type="checkbox"/> Chest <input type="checkbox"/> Abdominal <input type="checkbox"/> Others: <u>None</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory	Air Way Type: <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: _____ Oxygen Therapy: <input type="checkbox"/> No <input type="checkbox"/> Yes via: _____ Rate: _____ l/min	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NG Tube / Oral	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> For Feeding <input type="checkbox"/> Gastric Suction <input type="checkbox"/> Fluid Restriction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foley's Catheter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intravenous Access	<input checked="" type="checkbox"/> Peripheral Line <input type="checkbox"/> Central Venous Line <input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pressure Injury	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: <u>NA</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Score	Fall Risk: <u>50</u> . WELLS: _____ NEWS / PEWS: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Belongings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details: <u>FLASK</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Handover Details	Medication Administration Record explained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Lab & Diagnostic Reports handed over: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Attendant Informed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details (if any):

	Sign.	Name	Emp. No.	Date	Time
Transferring Nurse	meena	meena sesham	0296	12/1/24	11:00
Receiving Nurse	Q	B. Varigiri	0195	12/1/24	11:00

FAMILY COUNSELLING FORM

CONSULTANT- DR. RAJESH.V.			DIAGNOSIS-			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
10/01/2024	Rm U. Deepa Lacchmi	—	Explained regarding hemodynamical stability, Inotropic, Ventilator support, Icu stay and Drains and Visiting hours. Plan: Extubation.	—	T.A. (T. ASHOK)	R 112234
11/1/24	Rm. S. Meen Q26,	—	Explained general condition of the patient. Present need of stay in ICU. Visitors Policy Explained.	—	T.A. (T. ASHOK)	R 112235

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V





HOME MEDICATION USAGE FORM

Allergies: NKDA

Diagnosis: Calcific severe aortic stenosis / T2DM

Prescribed drug name	Medication name brought by Patient/ Attender	Dose	Freq.	Qty.	Batch No. & Expiry date
T. Metformin	T. Metformin	500mg	OD	20	0026 4/25
T. Atorva	T. Atorva	10mg	HS	9	HARAD 7/25
T. MVT	T. MVT	1tab	1-00	7	DBT-2306/ 2/25

Temp
 42.5°C
 42.5°C
 42.5°C

	Signature	Name	Emp. No.	Date & Time
Doctor		Dr. K. Anusuya	134559	9/1/24 13:05
Clinical Pharmacist	V.P. 	V. Padmapriya	0224	9/1/24 13:05

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

	Signature/ Thumb impression	Name	Date	Time
Patient				
Guardian	T. AL	T. ASHOK (son) (Name and Relationship with the Patient)	9/1/24	12:30

Reason for Guardian consent:

	Signature/ Thumb impression	Name	Date	Time
Assigned Staff	S. Jy	S. Dhanachandran	9/1/24	12:30



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

Mr. THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr. RAJESH.V


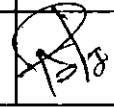



Every heart beat counts

WOUND ASSESSMENT CHART

DATE	13/1/24	14/1/24	15/1/24					
SITE OF WOUND								
CHEST	✓	✓	✓					
LEG L/R	Left	Left	Left					
ABDOMEN								
SACRAL REGION								
HEEL								
OTHERS								
SIZE OF THE WOUND								
SUPERFICIAL / DEEP IN NATURE								
PRESSURE Specify system used :								
RISK FACTORS Specify system used :	DM	HTN	Age	Obesity				
WOUND TISSUE TYPE(S) PRESENT								
necrotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
undermining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
granulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
overgranulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
epithelialisation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SURROUNDING SKIN TISSUE TYPE(S)								
macrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
erythema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oedematous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cellulitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
blistered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bruising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dry / scaling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
healthy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WOUND ASSESSMENT CHART

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


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

- Pyrexia
- localised pain
- erythema
- localoedema
- excess exudate
- pus
- offensive odour

***SUSPECT WOUND INFECTION IF :**

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

VIP SCALE (VISUAL INFUSION PHLEBITIS)

Mr. THANDAPANI P
PATIENT NAME : 60/Male/MHI202381543
09/01/2024/IPH2024000072
AGE / SEX : Dr. RAJESH.V


IP No. / UHID No

Ward / Bed No. 250 / 1

ANY SCORE>0 SHOULD BE MONITORED IN EVERY SHIFT

[illegible]



Medway
Heart
Institute

Every heart beat counts

[illegible]

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

9/11/24 10/11

DRUG NAME

T. ATORVA

Dose

10mg

Route

P/O

Frequency

Q-D

Dr. Sign & Reg. No. / Seal

Dr. 1653-8

Start Date & Time

9/11/24 @ 11:00

Stop Date & Time

20.00

20.00

Additional Info:

DRUG NAME

T. PAN

Dose

4mg

Route

P/b

Frequency

Q-D

Dr. Sign & Reg. No. / Seal

Dr. 1653-8

Start Date & Time

9/11/24 @ 11:00

Stop Date & Time

7.00

NPO

Additional Info:

DRUG NAME

T. MVT

Dose

1tab

Route

P/b

Frequency

Q-D

Dr. Sign & Reg. No. / Seal

Dr. 1653-8

Start Date & Time

9/11/24 @ 11:00

Stop Date & Time

8.00

NPO

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

DRUG NAME

Dose

Route

Frequency

Dr. Sign & Reg. No. / Seal

Start Date & Time

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

10/5



10/5

Clinical Pharmacist

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

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

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
9/1/24	10AM	Diabetic diet		16530					
10/1/24	8AM	NPO		Burns					

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			
9/1/24	Evening	Agar-taja	006	J		Evening			
10/1/24	Night	E. Cathrine	0207	E. C		Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			



Medway
Heart
Institute

[illegible]

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given					
			Time ↓	10/01/2024	11/1/24	12/1/24	13/1/24	14/1/24	15/1/24
DRUG NAME Inj. PARALLETAMOL			4.00						
Dose	Route	Frequency							
1gm	IV	Q8Thly							
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN Jeyakumar Reg. No: 112236		Start Date & Time 10/01/24 @ 20.00	20.00						
		Stop Date & Time 11/1/24 at 10.00							
Additional Info:									
DRUG NAME Cup. SUCRALFATE SUSPENSION			07.30						
Dose	Route	Frequency							
10ml	P.O.	1-1-1							
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 10/01/24 @ 22.30	13.30						
		Stop Date & Time							
Additional Info:			19.30						
DRUG NAME NEB. LEVOSALBUTAMOL			04.00						
Dose	Route	Frequency							
0.5mg	INH	Q6Thly							
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 10/01/24 @ 21.00	16.00						
		Stop Date & Time							
Additional Info:			22.00						
DRUG NAME TAB. PRUFINIDE			8.00						
Dose	Route	Frequency							
40mg	P.O.	1-1-0							
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 11/01/24 @ 8.20	16.00						
		Stop Date & Time							
Additional Info:									
DRUG NAME TAB. SPIRANOLONE			10.00						
Dose	Route	Frequency							
25mg	P.O.	1-1-0							
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No: 112236		Start Date & Time 11/01/24 @ 10.00	17.00						
		Stop Date & Time							
Additional Info:									

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

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

Time ↓

DRUG NAME

TAB. BEPLEX FORTE

Dose

Route

Frequency

1 tab

p.o.

1-0-0

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

11/01/24 @ 8.00

Stop Date & Time

Additional Info:

DRUG NAME

TAB. ASPIRIN

Dose

Route

Frequency

75mg

p.o.

0-1-0

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

11/01/24 @ 14.00

Stop Date & Time

Additional Info:

DRUG NAME

TAB. ATORVASTATIN

Dose

Route

Frequency

20mg

p.o.

0-0-01

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

11/01/24 @ 21.00

Stop Date & Time

Additional Info:

DRUG NAME

TAB. PARACETAMOL

Dose

Route

Frequency

650mg

p.o.

01-1-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

11/01/24 @ 14.00

Stop Date & Time

Additional Info:

DRUG NAME

CAP. CREMAFFIN PLUS

Dose

Route

Frequency

15ml

p.o.

0-0-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No: 112236

Start Date & Time

11/01/24 @ 21.00

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

Date	Time	Signature
11/01/24	8.00	[Signature]
12/01/24	08.00	[Signature]
13/01/24	09.00	[Signature]
14/01/24	08.00	[Signature]
15/01/24	08.00	[Signature]

8.00

14.00

21.00

8.00

14.00

20.00

21.00

Clinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart InstituteClinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS <i>To be filled in by Doctors only</i>			Date →	To be filled by Nursing Staff only. Sign and time given							
			Time ↓								
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											

Q Clinical Pharmacist
Medicines Management Institute

ANTIMICROBIALS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given										
			Time ↓	10/01 20.24	11/01 20.24									
DRUG NAME														
TRY - CEFUROXIME SODIUM			9.15		9.20									
Dose	Route	Frequency												
1.5gm	IV	Q 12th hourly												
Dr. Sign & Reg. No. / Seal		Start Date & Time		①	②									
Dr. PRAVEEN JEYAKUMAR		10/01/24 13.15												
Reg. No: 112236		Stop Date & Time												
		11/1/24 at 22.15	21.15	21.15	21.15									
Additional Info:														
DRUG NAME														
Dose	Route	Frequency												
Dr. Sign & Reg. No. / Seal		Start Date & Time												
		Stop Date & Time												
Additional Info:														
DRUG NAME														
Dose	Route	Frequency												
Dr. Sign & Reg. No. / Seal		Start Date & Time												
		Stop Date & Time												
Additional Info:														
DRUG NAME														
Dose	Route	Frequency												
Dr. Sign & Reg. No. / Seal		Start Date & Time												
		Stop Date & Time												
Additional Info:														
DRUG NAME														
Dose	Route	Frequency												
Dr. Sign & Reg. No. / Seal		Start Date & Time												
		Stop Date & Time												
Additional Info:														
Area In-charge Nurse Signature:														

2004 2005

[illegible][illegible]

PARENTERAL INFECTION PRESCRIPTION AND ADMINISTRATION RECORD

[illegible]

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
10/01/24	18:00	Npo	f	112236					
11/1/24	8:00	LIQUID DIET	f	112236					
12/1/24	08:00	SOFT DIET	f	112236					

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				14/1/24	Morning	B. Vanisri	0195	Gay
10/01/24	Evening	V. Deepalakshmi	0101	11/01/24	Evening	Jeni Priya	0284	Jen	
10/1/24	Night	D. RANENA	0131	14/1/24	Night	M. Dhanu	0225	14/1/24	
11/1/24	Morning	Sathya Vani. M	0265	15/1/24	Morning	A. Nandhini	0170	A	
11/1/24	Evening	MEENA SELWAM	0276	meen	Evening				
11/1/24	Night	D - Shreeba	0270	Shr	Night				
12/1/24	Morning	MEENA SELWAM	0276	meen	Morning				
12/1/24	Evening	A. A. BINUS	0088	A	Evening				
12/1/24	Night	Jeni Priya	0284	Jen	Night				
13/1/24	Morning	B. Vanisri	0195	Gay	Morning				
13/1/24	Evening	A. A. BINUS	0088	A	Evening				
13/1/24	Night	F. Catherine	0807	F.C	Night				

Air using 2cm. sym. REGENT
MECHANIC VALVE



Mr. THANDAPANI P
60/Male/MHI202381543
09/01/2024/1PH2024000072
Dr. RAJESH.V

MHI/ICU/2022/076

Name	60/Male/MHI202381543			Sheet No. 1	
UHID No.	09/01/2024/1PH2024000072				
Blood Group	0+ve	Height 167cm	Weight 55kg	BSA 1.6m ²	A
Sex					

SURGICAL PROCEDURE:

DATE OF SURGERY: 10/01/2024

POST-OP DAY: Day

DATE	TIME	VENTILATORS PARAMETERS											BLOOD GAS					
		MODE	RATE	PRESS * SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂		pH	PCO ₂	PO ₂	HCO ₃	SAT%	BE
10/01/2024	17:20	Vcu	12		17	5.0	8.00	4.9	420		60		7.388	42.1	231.1	25.4	99.5	0.4
	18:30	Simu (vc) ps	12	20		5.0			420		50							
	19:00	Simu (vc) ps	10	16		5.0			420		50							
	19:30	Simu (vc) ps	8	12		5.0			420		50							
	20:00	PS		10.0		5.0					50+	8.30	7.383	44.2	181.7	25.8	99.2	0.7
	20:50	PATIENT HAD EXTUBATED																
	21:05	ON	NASAL			PRONUS					Autu	21.50	7.386	46.3	216.7	27.1	99.4	2.1
	22:00	ON	NASAL			PRONUS					Autu							

CRITICAL CARE FLOWCHART

Patient Reviewed From OT @ 17:20
OT URINE : 800ml

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

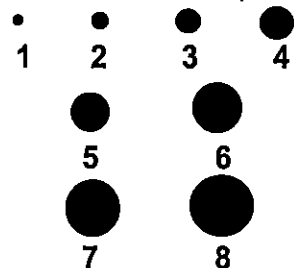
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRECTIONS

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

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

Air wein 23mm H₂O
MECHANICAL VALVE



Mr. THANDAPANI P 60/Male/MHI202381543 09/01/2024/IPH2024000072 Dr. RAJESH.V		MHI/ICU/2022/076	
Name		Sheet No.	
UHID No.		Sex	2
Blood Group	O+ve	Height	167cm
		Weight	55kg
		BSA	1.6m ²
			A

SURGICAL PROCEDURE:

DATE OF SURGERY: 10/01/2024

POST-OP DAY: 1st po

DATE	TIME	VENTILATORS PARAMETERS											BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂		pH	PCO ₂	PO ₂	HCO ₃	SAT%	BE
11/1/24	3:30																	
	5:30			ON	Room	APV												

CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

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

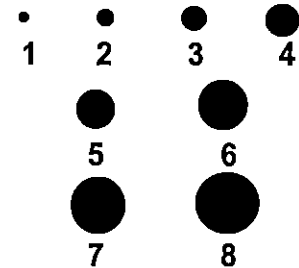
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdominal
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

COLOUR
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Y-Yellow
W-White
Pk-Pink

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

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

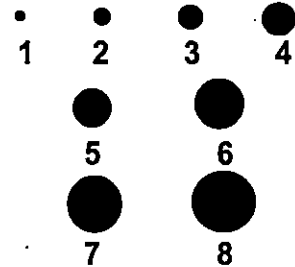
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Obeys commands-6
Localise pain-5
Non-localising-4
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Abn. Extension-2
No response/flacid-1

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
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O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdominal
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

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

CHARACTER

M-Moderate
Sc-Scanty
Th-Thin
Tk-Thick
Cs-Copious
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GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

Air injected
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Dr-Dependent Drainage

ABDOMINAL TONE


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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

Sheet No. 1	Name Mr. THANDAPANI P 60/Male/MHI202381543 09/01/2024/IPH2024000072 Dr. RAJESH.V		
	UHID No. 	Sex	
B	Blood Group O+ve	Height 167cm	Weight 55kg BSA 1.6m²



MHI/ICU/2022/076



Every heart beat counts

DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP ^o F	Abd ^{cm} G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
10/01 2024	17:20	10.5	138	3.18	0.98 204		17:20		cl	100%	100/12		95°F						
							18:30		cl	100%	Simu 12								
							19:30		cl	100%	Simu 8								
							20:30		cl	100%	18/mt		97°F						
	8:30	11.2	137	3.79	0.99 118		21:30		cl	100%	18/mt								
							22:30		cl	100%	20/mt								
		10.5	135	4.20	0.92		23:30		cl	100%	20/mt		97°F						
					167		24:30		cl	100%	20/mt								
							1:30		cl	100%	18/mt								
							2:30		cl	100%	18/mt								

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME			10:01 20:00	20:00	24:00	
	EYES			CP	CP	4	
	VERBAL			CP	CP	5	
	MOTOR			CP	CP	6	
	ARMS R/L			CP	CP	ST	
	LEGS R/L			CP	CP	ST	
PUPILS	R.SIZE/REACTION			3/BR	3/BR	3/BR	
	L.SIZE/REACTION			3/BR	3/BR	3/BR	
CARDIO-VASCULAR	HEART SOUNDS			S1S2	S1S2	S1S2	
	VALVE CLICK				-	-	
	CAPILLARY REFILL			BR	BR	BR	
	EDEMA			0	0	0	
	NECK VEINS			N	N	N	
PULMONARY	WORK OF BREATHING			TA	TA	TA	
	SUCTION			-	-	-	
	SECREATIONS			-	-	-	
GASTRO INTESTINAL	BOWEL SOUNDS			+	+	+	
	ABDOMINAL TONE			SO	Sgt	Sgt	
	N/G POSITION			mid	mid	-	
	GASTRIC RESIDUAL			C	U	-	
	LIVER			N	N	N	

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE			C	CL	CL	
	PD - FUNCTION			-	-	-	
	DRAINAGE			-	-	-	
	PD - SITE			-	-	-	
SKN	COLOUR			-	-	-	
	Sx WOUND-CHEST			C	CL	CL	
	LEG			C	CL	CL	
	DRESSING			OT	OT	OT	
	PRESSURE SORE-SITE			NIL	NIL	NIL	
	AREA			-	-	-	
	DRESSING CONDITION			-	-	-	
MISCELL	POSITION CHANGE			Q2H	Q2H	Q2H	
	CHEST-PHYSIO			Q5C	ET/O	NEB SPR	
	ACTIVITY			CP	CP	PE	
				ABP CVP	ABP CVP	ABP CVP	
	S/N NAME			Doone	Doone	Doone	
	TIME			12:20	20:00	24:00	
	SIGNATURE			Doone 10/1	Doone 2.	Doone Jr.	

Mr. THANDAPANI P
60/Male/MHI202381543
09/01/2024/IPH2024000072
Dr. RAJESH.V

Sheet No. 2

Name

UHID No.

Blood Group

Height 169cm

Weight 55kg

BSA 1.6m²

Sex



MHI/ICU/2022/076




DATE	TIME	BIOCHEMISTRY						VITAL PARAMETERS							CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N, BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
11/1/24							3:30		cl	100%	28/mt		97°F						
							4:30		cl	100%	26/mt								
							5:30		cl	100%	24/mt								
	6:30	11.3	133	3.87	0.97 1.74		6:30		cl	98%	31/mt		97°F						

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME					21.00	
	EYES					4	
	VERBAL					5	
	MOTOR					6	
	ARMS R/L					ST	
	LEGS R/L					ST	
PUPILS	R.SIZE/REACTION					3/BR	
	L.SIZE/REACTION					3/BR	
CARDIO-VASCULAR	HEART SOUNDS					S1S2	
	VALVE CLICK					-	
	CAPILLARY REFILL					BR	
	EDEMA					0	
	NECK VEINS					N	
PULMONARY	WORK OF BREATHING					TA	
	SUCTION					-	
	SECREATIONS					-	
GASTRO INTESTINAL	BOWEL SOUNDS					+	
	ABDOMINAL TONE					Soft	
	N/G POSITION					-	
	GASTRIC RESIDUAL					-	
	LIVER					N	

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE					CL	
	PD - FUNCTION					-	
	DRAINAGE					-	
	PD - SITE					-	
SKN	COLOUR					-	
	Sx WOUND-CHEST					CL	
	LEG					CL	
	DRESSING					OT	
	PRESSURE SORE-SITE					NIL	
	AREA					-	
	DRESSING CONDITION					CL	
MISCELL	POSITION CHANGE					Q14	
	CHEST-PHYSIO					NEB SPIR	
	ACTIVITY					PE	
						ABP CNP	
	S/N NAME					David	
	TIME					21.00	
	SIGNATURE					David	

Sheet No. :- (3)	Name	Mr. THANDAPANI P 60/Male/MHI202381543 09/01/2024/IPH2024000072		
	UHID No.	Dr. RAJESH.V 		
B	Blood Group	Height	Weight	BSA
	O+ve	167cm	55kg	1.6m²



MHI/ICU/2022/076



DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS							CARDIAC ASSIST DEVICE					
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
11/24							7:20		cl	98%	28/mnt		98.8°F						
							8:30		cl	97%	30/mnt								
							9:30		cl	96%	30/mnt								
							10:30		cl	95%	30/mnt		98°F						
							11:20		cl	97%	16/mnt	104/72							
							12:30		cl	98%	20	100/60 (74)							
							13:30		cl	98%	18/mnt	113/59 (84)							
							14:30		cl	98%	21/mnt	114/73							
							15:20		cl	98%	20/mnt	116/74							

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME	8:00	12:00				
	EYES	4	4				
	VERBAL	5	5				
	MOTOR	6	6				
	ARMS R/L	4	5				
	LEGS R/L	4	5				
PUPILS	R.SIZE/REACTION	3/B	3/B				
	L.SIZE/REACTION	3/B	3/B				
CARDIO-VASCULAR	HEART SOUNDS	S ₁ S ₂	S ₁ S ₂				
	VALVE CLICK	-	-				
	CAPILLARY REFILL	B	B				
	EDEMA	0	0				
	NECK VEINS	2	2				
PULMONARY	WORK OF BREATHING	TA	TA				
	SUCTION	-	-				
	SECREATIONS	-	-				
GASTRO INTESTINAL	BOWEL SOUNDS	+	+				
	ABDOMINAL TONE	soft	soft				
	N/G POSITION	-	-				
	GASTRIC RESIDUAL	-	-				
	LIVER	N	N				

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE	cl	cl				
	PD - FUNCTION	-	-				
	DRAINAGE	-	-				
	PD - SITE	-	-				
SKN	COLOUR	-	-				
	Sx WOUND-CHEST	-	-				
	LEG	-	-				
	DRESSING	OT	OT				
	PRESSURE SORE-SITE	NIL	NIL				
	AREA	-	-				
	DRESSING CONDITION	-	-				
MISCELL	POSITION CHANGE	Q2H	Q2H				
	CHEST-PHYSIO	Neb CPI 100	Neb SPI 100				
	ACTIVITY	PE	PE				
		ABP CVP	ABP CVP				
	S/N NAME	Sathya	Sathya				
	TIME	8:00	12:00				
	SIGNATURE						

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

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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

TRANSDUCER ZERO

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

SKIN**COLOUR**

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE**SITE**

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

Mr. THANDAPANI P
60/Male/MHI202381543
09/01/2024/IPH2024000072
Dr. RAJESH.V

MHI/ICU/2022/076

Name				Sex	Sheet No. 2
UHID No.					
Blood Group	Height	Weight	BSA	C	
O+ve	167cm	55kg	1.6m ²		

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	INFUSIONS				
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	TOTAL			
11/1/24	3:30	120	1230			10		10	90				2.0	1320	100	1150			
	4:30	120	1350			10		10	100				2.0	1452	100	1250			
	5:30	120	1470			40		40	140			10.0	12.0	1612	100	1350			
	6:30	150	1620			30		30	170				12.0	1792		1350			

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

GENITOURINARY (GU)

PD

URINE

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS

POSITION CHANGE

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

V-Vibrator
CP-Chest percussion
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TRANSDUCER ZERO

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

SKIN

COLOUR

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P-Pale
Cy-Cyanotic
M-Mottled
D-Dusky
J-Jaundice

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

CONDITION

H-Healing
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Sw-Swelling at site
Dr-Draining
D/c-Discontinued
P-Positional
HL-Heparin Lock
B-Blocked

SURGICAL (SX) WOUND

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

PRESSURE SORE

AREA

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

DRESSING / Rx

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

Mr. THANDAPANI P
60/Male/MHI202381543
09/01/2024/IPH2024000072
Dr. RAJESH.V

MHI/ICU/2022/076

Name	Mr. THANDAPANI P			Sex	Sheet No. 33
UHID No.	60/Male/MHI202381543				
Blood Group	Height	Weight	BSA	C	
O+ve	167cm	55kg	1.6m ²		

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	INFUSIONS				
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIO	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	TOTAL			
11/1/24	7:30	120	120			20		20	20					140					
	8:30	90	210						20					230					
	9:30	50	260			20		20	240					280					
	10:30	50	310						40					350	KABAYATE	200	200		
	11:30	60	370						40					410		200			
	12:30	50	420						40					460		200			
	13:30	100	520						40					560		200			
	14:30	60	580						40					620		200			
	15:30	60	640						40					680		200			
	16:30	65	705						40					745		200			

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

10:40 REMOVED MEDIASTINAL DRAIN 3LO DR. PRAVEEN.
11:50 REMOVED @ ARTERIAL RADIAL FINE 1LO

CRITICAL CARE FLOWCHART

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

CL-Clear
T-Turbid
Stained
HC-High Coloured

FUNCTION

Dr-Draining
B-Blocked

DRAINAGE

CL-Clear
BS-Blood

SITE

BS-Blood Stained
HA-Haematuria

C-Clean
R-Redness
BD-Block discoloration

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

ACTIVITY

PE-Passive exercise
Am-Ambulated

CHEST PHYSIO

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TRANSDUCER ZERO

PARAMETER
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M-Mottled
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SURGICAL (SX) WOUND

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

DRESSING

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AI-Antibiotic
Irrigation

PRESSURE SORE**SITE**

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

R-Redness
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IR-Infra Red
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R-Redness at site
Sw-Swelling at site
Dr-Draining
D/c-Discontinued
P-Positional
HL-Heparin Lock
B-Blocked

Name	Mr. THANDAPANI P				Sheet No.
UHID No.	60/Male/MHI202381543				
Blood Group	09/01/2024/1PH2024000072				
	Dr. RAJESH.V				
					
	Height	Weight	BSA		
	167cm	55kg	1.6m ²	D	



MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group: O+ve

DATE	TIME	INFUSIONS (contd.)					N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/ml	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
						mus	AMT.	TOTAL														
10/01/2024	17:20										82	sinus	0.03	101/43	61	8		cool	++			
	18:30					2.0		33.0	283.0	+31	86	sinus	0.04	138/66	90	10		cool	++			
	19:30					2.0		32.0	415	+43	87	sinus	0.04	119/56	76	9		warm	++			
	20:30					2.0		7.0	522	+20	68	sinus	0.04	116/64	72	8		warm	++			
	21:30					2.0		3.0	625	+23	78	sinus	0.04	128/60	74	6		warm	++			
	22:30					2.0		3.0	728	+78	84	sinus	0.04	134/70	80	6		warm	++			
	23:30					2.0		3.0	881	+69	82	sinus	0.04	116/51	86	6		warm	++			
11/1/24	02:30					2.0		2.0	983	+71	84	sinus	0.02	137/69	74	6		warm	++			
	1:30					2.0		2.0	1085	+13	82	sinus	0.04	144/61	72	7		warm	++			
	2:30					2.0		2.0	1187	+5	84	sinus	0.04	144/62	70	7		warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

Name		Mr. THANDAPANI P		Sheet No.	
UHID No.		60/Male/MHI202381543		2	
Blood Group		Dr. RAJESH.V		D	
Height		Weight		BSA	
164cm		55kg		1.6m ²	



MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group: O+ve

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RYTHM	ST	ABP	MAP	RAP	LAP/ RAP	PERI	PP R/L	CO	CI	SVR
								AMT.	TOTAL														
11/1/24	3:00					2.0	2.0	50	100	1339	17	86	SIN	0.01	130/52	72	5		Warm	++			
	2:30					2.0	2.0		100	1441	11	84	SIN	0.02	130/60	74	6		Warm	++			
	5:30					2.0	2.0		100	1543	69	88	SIN	0.04	150/77	80	7		Warm	++			
	6:30					2.0	2.0		100	1545	247	94	SIN	0.02	140/56	90	8		Warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE :


TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

DATE	TIME	REMARKS / PLAN

[illegible]

Name.		Mr. THANDAPANI P		60/Male/MHI202381543		09/01/2024/IPH2024000072		Sheet No.	
UHID No.		3		Dr. RAJESH.V					
Blood Group		O+ve		Height 162cm		Weight 55kg		BSA 1.6m ²	
								D	



MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.) 2.4 lit/day HAEMODYNAMICS

Blood Group: O+ve

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
						ML/hr		AMT.	TOTAL														
11/24	7:30					2.0	2.0	100	100	102	-38	87	SINUS	0.05	114/64	73	8		Warm	++			
	8:30					2.0	2.0	150	250	254	+24	90	SINUS	0.02	127/51	80	7		Warm	++			
	9:30					2.0	2.0	100	350	356	+76	89	SINUS	0.02	95/44	61	4		Warm	++			
	10:30					2.0	2.0	50	300	608	+258	89	SINUS	0.02	112/71	86	5		Warm	++			
	11:20					2.0	2.0	50	350	660	+250	86	SINUS	0.07					Warm	++			
	12:30							50	400	710	+250	83	SINUS	0.08					Warm	++			
	13:30							200	600	910	+350	90	SINUS	0.06					Warm	++			
	14:30							100	700	1010	+390	94	SINUS	0.07					Warm	++			
	15:30							100	800	1110	+530	92	SINUS	0.06					Warm	++			
	16:30								800	1110	+365	100	SINUS	0.08					Warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY 13 HRS 10 min HRS

DRAINAGE: 170ml TOTAL INTAKE: 1545ml


URINE: 1620ml TOTAL OUTPUT: 1792ml

TOTAL BALANCE: -247ml

P.T.O.

Mr.THANDAPANI P
 60/Male/MH1202381543
 09/01/2024/1PH2024000072

NAME : Dr.RAJESH.V



IMMEDIATE CARE FLOWCHART

B

UHID NO :

AGE :

SEX :

BLOOD GROUP : ohe .

HEIGHT : 167 cm

WEIGHT : 55 kg .

B.S.A : 1.6 m² .

HAEMODYNAMICS								RESP. PARAMETERS			INVESTIGATIONS / OTHER DATA
TEMP	H.R.	RHY.	ST.	B.P.	R.A.P.	PERI.	P.P.	RR	BREATH	SPO2	
98.4	89	Sinus	0.06	106/65	70	Wet	++	28	CL	98%	Room Air .
	91	Sinus	0.07	108/65	75	Wet	++	30	CL	98%	Room Air .
	94	Sinus	0.04	126/66	84	Wet	++	24	CL	99%	
	96	Sinus	0.08	97/63	74	Wet	++	26	CL	100%	
	91	Sinus	0.06	100/66	79	Wet	++	28	CL	100%	
	95	Sinus	0.06	125/73	90	Wet	++	28	CL	99%	
	92	Sinus	0.04	110/66	79	Wet	++	24	CL	96%	
	90	Sinus	0.01	113/71	85	Wet	++	24	CL	97%	
	99	Sinus	0.01	120/60	71	Wet	++	22	CL	96%	
	99	Sinus	0.01	113/71	85	Wet	++	20	CL	97%	
	96	Sinus	0.01	110/66	79	Wet	++	18	CL	96%	
	94	Sinus	0.00	120/69	81	Wet	++	20	CL	97%	
98.2	96	Sinus	0.01	112/66	74	Wet	++	18	CL	97%	
	94	Sinus	0.00	122/69	81	Wet	++	22	CL	98%	

DRAINAGE

URINE

PREVIOUS DAY - HOURS

TOTAL INTAKE

TOTAL OUTPUT

BALANCE

X: AVR USING 23mm STM REGENT .
MECHANICAL VALVE .

MHI/ICU/2022/064



Mr. THANDAPANI P
60/Male/MHU202381543
09/01/2024/IPH2024000072

INTERMEDIATE CARE FLOWCHART

A

NAME Dr. RAJESH.V

UHID NO :

AGE :

SEX :

SURGICAL RECEIPT :

POSTOP DAY : D1

FLUID REQUIREMENT : 2 # 1st day .

DATE & TIME	URINE		CHEST DRAINAGE				TOTAL OUTPUT	I.V. FLUIDS				ORAL / R.T.			TOTAL INTEKE	TOTAL BALANCE
	H.T.	G.T.		AIR LEAK	H.T.	G.T.		Kabily				H.T.	H.T.	G.T.		
11/12/24 17.30	60	765				40	805					200	20	1000	1130	+ 25
18.30	75	840				40	880					200		820	1130	+ 250
19.30	100	960				40	1000					200	100	920	1230	+ 230
20.30	100	1060				40	1100					200	150	1070	1380	+ 280
21.30	120	1180				40	1220					200		1070	1380	+ 160
22.30	150	1330				40	1370					200		1070	1380	+ 10
23.30	120	1430				40	1490					200	75	1145	1495	- 85
00.30	150	1600				40	1640	100				300		1145	1555	- 85
01.30	100	1700				40	1740	100				400		1145	1655	- 85
02.30	100	1820				40	1860	100				500		1245	1755	- 105
03.30	150	1970				40	2010	100				600		1245	1855	- 155
04.30	100	2070				40	2110	100				700		1245	1955	- 105
05.30	20	2070				40	2110	-				700		1245	1955	- 155
06.30		2070				40	2110	-				700	100	1345	2055	- 55

SPECIFIC OBSERVATIONS/REMARKS

04.30 Foley's catheter
Removed .

MEDICATION / DRUGS

MRD CHECKLIST

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


Medway Hospitals
The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

Mr. THANDAPANI P

60/Male/MHI202381543

30/12/2023/IPH2023002637

Dr. K. JAISHANKAR



Where heart beat never stops...

ADMISSION SLIP

 Admitting Doctor: Dr. Jaishankar.

 Speciality: Cardiologist.

 Advised Date & Time: 30/12/23 10:40 AM

 Provisional Diagnosis: Severe AS

 Reason for Admission: ☐ Medical Management ☐ Surgical Management

☐ Others (please specify details) CAG

 Admission Type: ☐ Day Care ☒ ER ☐ Ward

☐ ICU (Specify details)

Surgery / Procedure Name (if planned):

CAG.

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

 Expected Duration of Stay: Day care.

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

 Payer: ☐ Self ☐ Insurance ☐ Others: SSD

Instructions to Nurse (if any):

Admit ER For CAG.

Any other Instructions (if any):

Doctor's Signature

for Dr. Jaishankar

Name

Dr. Jaishankar.

Reg. No.

49448

Date

30/12/23

Time

10:40 AM

For admission desk staff only:

Room Category:

☐ General Ward

☐ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☒ Others PC

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

30/12/23

11:11

30/12/23

11:11

Source:

☒ OPD

☐ ER

☐ Direct

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

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

Front office Staff Signature

Name

Emp. No.

Date

Time

[Signature]

Prathibha

0192

30/12/23

11:11

ADMISSION FORM

Marital Status M	Full Address NO 12 School Street mangadu		Telephone Number 7904880675
Occupation PL	Chennai - 600 122		8220631279
Referred from Dr. Jaishankar	Date of Time of Admission 30/12/23 11:11 AM	Date & Time of Discharge 30/12/23 @ 16:30	Total No. of Days 7 hrs 28 mts.
UNIT RL	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		
FINAL DIAGNOSIS			ICD Code
CALCIFIC SEVERE AORTIC STENOSIS			I35.0
BICUSPID AORTIC VALVE			Q23.1
NORMAL LV function			I50.1
DATE	OPERATION / PROCEDURES		ICPM Code
30/12/23	CORONARY ANGIOGRAM.		88.50
DATE	TYPE OF ANESTHESIA		
30/12/23	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input checked="" type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL		
DISCHARGE STATUS			
<input type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input checked="" type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to			
Signature of the Consultant		Signature of Medical Records Officer	

AUTHORISATION FOR TREATMENT I PAYMENT

I hereby authorise the Administration, Medical and Nursing and Paramedical, Staff of the Hospital Investigate treat and administer such drugs as may be necessary and to perform such operation under anaesthesia or other wise as may be deemed necessary and / or advisable in the diagnosis and treatment of my illness / patient..... who is my (Relationship).

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

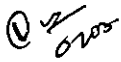
இதன் மூலமாக நான் நிர்வாகம், மருத்துவம், தாதியர், ஏனைய மருத்துவ உழியர்கள் எனக்கு / நோயாளி
.....
.....க்கு தேவைப்பட்ட சோதனைகளை செய்து மருந்துகளை கொடுக்கவும். மயக்க மருந்துகள் கொடுத்து செய்முறைகள்/அறுவை சிகிச்சை செய்யவும் அதிகாரம் வழங்குகிறேன். நான் / இதில் குறித்துள்ள நோயாளின் செலவுக்கான தொகை முழுவதும்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

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.



செவிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date

30/12/23



எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

son

உறவுமுறை

Nature of Relationship

GENERAL CONSENT FOR ADMISSION

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

☐ Read

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

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

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

	Signature / Thumb Impression*	Name	Date	Time
Patient	P. B. [Signature]	Dhandalani	30/12/23	11:11 AM
Surrogate/Guardian (if applicable #)	[Signature]	ANAND S. J. [Signature] (Write name and relationship with patient)	30/12/23	11:11 AM
Reason for surrogate consent	Patient is unable to give consent because:			
Witness	P. B. [Signature]	Dhandalani	30/12/23	11:11 AM
Interpreter (if applicable)				

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



DAY CARE DISCHARGE SUMMARY

IP No.	IPH2023002637	D.O.A	: 30/12/2023
UHID	: MHI202381538	D.O.P	: 30/12/2023
Name	Mr. THANDAPANI. P	Room No.	: RL
Age / Gender	60Years /MALE		
Consultant	: Dr. JAISHANKAR.K MD., DM., FIAMS Director and Clinical Lead Cardiology and Electrophysiology	D.O.D	: 30/12/2023

DIAGNOSIS:

CALCIFIC SEVERE AORTIC STENOSIS

TRICUSPID AORTIC VALVE

NORMAL LV FUCTION

PROCEDURE: CORONARY ANGIOGRAM DONE ON 30.12.2023 – MINIMAL CORONARY ARTERY DISEASE.

BRIEF HISTORY:

Mr. Thandapani. P, 60 years/ male, Presented with complaints of right sided chest pain with right arm pain. Complaints of breathlessness on walking. He was evaluated in ESIC hospital and treated conservatively. He was advised Coronary angiogram and referred to Medway Heart Institute on 30.12.2023 for which he has been admitted.

No H/O fever, vomiting, diarrhea.

N/K/C/O DM, systemic hypertension, Dyslipidemia , CVA and hypothyroidism.

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

PICCLE	-	NIL
HR	-	78bpm
BP	-	122/64 mmHg
SPO ₂	-	100% in room air
CVS	-	S1S2 (+)
RS	-	BAE
Abdomen	-	Soft
CNS	-	NFND

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

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



94457 94457
1800 572 3003

Medway Group of Hospitals

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

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4454
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Every heart beat counts
(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: Mr. CHANDAPANI. P

UHID: MHI202381538

IP.NO: MHI202300263

INVESTIGATIONS:

BLOOD: Hb- 12.2gm/dl, TWBC – 6350 cells/cumm, PLT – 242000 cells/cumm, Urea – 17.03mg/dl, Creatinine – 0.71mg/dl, Na+ - 140 mmol/l, K+- 3.77 mmol/l.

ECG : sinus rhythm, HR – 80bpm, LVH, LAE.

TEE(28.12.2023): Thickened and calcified bicuspid aortic valve. Severe aortic stenosis. AVA by planimetry: 0.8sqcm. No aortic regurgitation. Dilated aortic sinus and ascending aorta. Normal biventricular systolic function.

COURSE IN THE HOSPITAL:

Mr. Ezhumalai Shanmugam, 43 years/ male, underwent Coronary Angiogram by right radial access on 30.12.2023 which revealed **MINIMAL CORONARY ARTERY DISEASE**. Post procedure was uneventful. He is advised for **Aortic valve replacement**. His medications are optimized and he is being discharged in a stable clinical condition.

ADVICE MEDICATIONS:

SL NO	NAME OF THE DRUGS WITH GENERIC NAME	DOSAGE	FREQUENCY			ROUTE	RELATION SHIP WITH MEAL	DURATION
			M	A	N			
1.	TAB. ATORVA (ATORVASTATIN)	10 MG	0	0	1	ORAL	AFTER FOOD	TO CONTINUE
2.	TAB. ENVAS (ENALAPRIL)	2.5 MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
3.	TAB. PAN (PANTOPRAZOLE)	40 MG	1	0	0	ORAL	BEFORE FOOD	TO CONTINUE
4.	TAB. METFORMIN	500 MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
5.	TAB. MVT	1 TAB	1	0	0	ORAL	AFTER FOOD	TO CONTINUE

DISCHARGE ADVICE

DIET	LOW FAT DIET.
PHYSICAL ACTIVITY	AVOID STRENUOUS ACTIVITY
REVIEW	REVIEW WITH CTVS TEAM FOR AVR AFTER APPROVAL FROM ESIC HOSPITAL.

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

Dr. K. JAISHANKAR
Reg. No: 49448

"I understood the Content of the discharge summary."

CONSULTANT SIGNATURE

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

@MedwayHospitals @medwayhospitals in @medway-hospitals @medwayhospitals

Typed by: Ezhilarasi

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

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

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118



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



Mr. THANDAPANI P
60/Male/MHI202381543
30/12/2023/IPH2023002637
Dr. K. JAI SHANKAR
PHOTOGRAPH

MHI/NUR/2022/203



Every heart beat counts

DAY CARE INITIAL ASSESSMENT FORM

Date: 30/12/23 Time of arrival: 11:20

Part A (to be filled by Nurses)

Vital Signs: Temp: 98.2 (°F) | Pulse / HR: 78 (beats/min) | BP: 122/64 (mmHg)
Respiration: 22 (breaths/min) | SpO₂: 96 (%) | Height: 165 (cms) | Weight: 54.8 (kgs) | BMI: 20.14/m²

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

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

Psychosocial Assessment:

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

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

If Yes, specify details: _____

Pain Screening

Pain: ☐ Yes ☒ No. If Yes, Score: 0/10

Pain Scale used: ☐ PIPPS (28 weeks to < 38 weeks) ☐ CRIES (38 weeks - 2 months)
☐ FLACC Scale (2 months - 7 years) ☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years)
☒ Numerical Rating Scale (Age more than 12 years)

Duration: _____ Location: _____

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

Nutritional Screening:

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

Fall Risk Screening for adults:

☒ No Risk
☐ Age more than 65 years ☐ History of fall in last 3 months
☐ Walks with assistance ☐ Any neurological problem

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

Fall Risk Screening (for pediatrics)

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

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

	Signature	Name	Emp. No.	Date	Time
Nurse		SUMA MAHESWARI	0206	30/12/23	11:30

Part B (to be filled by Physicians)

Chief Complaints

RIGHT SPREAD CENTER PMN

↑ on expansion

Past Medical History

Personal History

Significant Family History

Current Medication

[illegible]

Clinical Examination / Investigation

QTS - 8/6

PS - NMS

Am - 5m

MS - NMS

UREA - 17.03
Creatinine - 0.41

Provisional Diagnosis

SEVERE ANCA POSITIVE AS
BICUSPID AORTIC VALVE
NORMO W/F
DM

Plan of Care (including Investigations Ordered)

EXPERIENCE ON

Doctor's Signature

Name

Dr. Anish Nelson
Reg. No: 88434

Reg. No

Dr. Anish Nelson
Reg. No: 88434

Date

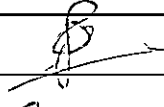
8/12/23

Time

11.50



DOCTOR'S PROGRESS NOTES

DATE	NOTES
30/12/23 12.30	CAG: (RP) Pedal SP heart of TIC
	LM: Bifurcate c/o LAD + LAD main.
	LAD: Type 3, Proximal LAD main. Mid LAD distal major diagonal has no flow limiting disease Distal LAD main gives 2 major diagonals + minor septals which appear normal.
	Lev: Distal gives 3 OM's. Left OM's appear normal gives LPOB + LPOB which appear normal
	ReA: Distal ^{Non} Thin caliber vessel, mid ReA has gives small RPOB which appear normal.
	A: Minimal CAD
	Plavix D/R
	 12/30/23

DATE	NOTES
15-00	pt Returned from lab/obs
	vital stable
	oral feeds
	Observation.
	K 8/11/11
	15:30 pt can be discharged
	K 8/11/11

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Patient Details (Affix Label here)
Name: M. R. Thandapuri
UHID: MHI 200381535
DOB: 60Y Sex: Male
DOA: 30/12/23
Consultant: Dr. Pushan Kumar

Diagnosis: CAG / Calcific Severe Aortic Stenosis

Height: 165 cms Weight: 54.8 Kgs Food allergies: Yes/No, if yes, specify: No

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

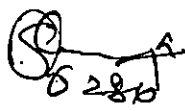

Diet Prescription: 1600 calories, Low Fat, Low Salt diet

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

(A) Patient's related Medical History				
1) Weight Change (overall change in past 6 months)				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No weight change/gain	<5%	5-10%	10-15%	>15%
2) Dietary Intake Duration: <u>1</u>				
Oral	No change	Sub-optimal solid diet	Full liquid diet/moderate overall decrease	Hypo-caloric liquid diet
Enteral/Parenteral Nutrition	Adequate/Excessive	Sub-optimal	Inadequate	Typo-caloric feeds
3) Gastrointestinal Symptoms Duration: <u>1</u>				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No symptoms	Nausea	Vomiting/moderate GI symptoms	Diarrhoea	severe anorexia
4) Functional Capacity (Nutrition related functional impairment) Duration: <u>1</u>				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
None/Improved	Difficulty with ambulation	Difficulty with normal activity	Light activity	Bed/chair-ridden with no or little activity
5) Co-morbidity (Disease and its relationship to nutrition requirements)				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Healthy	Mild co-morbidity	Moderate co-morbidity/age >75 years	severe co-morbidity	Very severe multiple co-morbidity
(B) Physical examination				
1) Decreased fat stores or loss of subcutaneous fat				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Normal	Mild	Moderate		Severe
2) Sign of muscle wasting				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Normal	Mild	Moderate		Severe
Total Score = Sum of above 7 components				
Nutritional Status: Based on this patient is				
Well Nourished		<input checked="" type="checkbox"/> (17 to 18)		
Moderately Malnourished		<input type="checkbox"/> (15 to 18)		
Severely Malnourished		<input type="checkbox"/> (19 to 35)		
Nutrition Interventions:				
<input checked="" type="checkbox"/> Oral		<input type="checkbox"/> Enteral <input type="checkbox"/> Parenteral		
Diet counselling provided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fort-night <input type="checkbox"/> Monthly		
Frequency of re-assessment: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Daily		Calorie count: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Dietitian Signature / Name / Date / Time:

[Signature] 30/12/23
0800 16:00

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>30/12/23 10:00</p>	<p>A 60 years old gentleman came w/ C/O chest pain was assessed to be well- nourished as evident by SGA. w/ C/O - no co-morbidity. patient shifted to cathlab for procedure (CAG). kept on NBM. patient received to Radial lounge. NBM over patient tolerated liquid diet. can tolerate soft solid diet.</p>	 0286
<p>30/12/23 16:00</p>	<p>Educated the patient & family on 1600 calories, Low Fat, low salt diet on <u>discharge</u>. Emphasized on small frequent meals. Diet modifications & classifications done. <u>diet chart</u> given on <u>discharge</u>.</p>	 0286



PATIENT TRANSFER FORM DIAGNOSTICS / PROCEDURES

Diagnosis: CALCIFIC SEVERE AS / AORTIC VALVE Allergies if any: NIL

From (Area)	To (Area)	Date	Time	Reason for Transfer / Name of Procedure
ICU	Cath lab	30/12/23	11:55	CORONARY ANGIOGRAM

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

ASSESSMENT OF PATIENT:

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

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

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

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

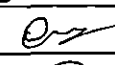

Temp (°F)	RR (breaths/min)	Pulse (beats/min)	SpO ₂ (%)	BP (mmHg)	Pain Score
98.8	22 blmt	98 blmt	100+	122/64	0/10

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

Any pre-medication given: _____

Any critical information: _____

Any specific recommendation: _____

	Signature	Name	Emp. No.	Date	Time
Handover by		SOMA MATHEWARI	0208	30/12/23	12:00
Handed over to		Pooja S	0233	30/12/23	12:05



After Procedure:

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

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

Temp (°F)	RR (breaths/min)	Pulse (beats/min)	SpO ₂ (%)	BP (mmHg)	Pain Score
98.8	20 blmt	98 blmt	100%	120/60mmHg	1/10

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

	Signature	Name	Emp. No.	Date	Time
Handover by		Pooja S	0233	30/12/23	12:45
Handed over to		SOMA MATHEWARI	0208	30/12/23	12:45

Mr. THANDAPANI P		ANGIOGRAM / CORONARY ANGIOPLASTY	
Patient Name	60/Male/MHI202381543	Sex:	M/F 60y
Consultant:	30/12/2023/1PH2023002637	UHID	202381543
Dr. K. JAISHANKAR			

CONDITION AND PROCEDURE

Dr. Jaishankar has explained that I have the following condition:

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

RISKS OF THIS PROCEDURE

The risk of coronary angiography depends on:

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

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

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

PATIENT CONSENT:

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

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE

	Signature	Name	Date	Time
Patient/Guardian with relationship	<u>P. G. L. V. N. R.</u>	MR. THANDAPANI P	30/12/23	11:30
witness	<u>A. L. D.</u>	MR. THANDAPANI P	30/12/23	11:30
Doctor	<u>Dr. K. Jaishankar</u>	DR. KARTHIK	30/12/23	11:30
Interpreter				

நோயாளியின் பெயர்:	வயது:	பாலினம்: ஆண் / பெண்
மருத்துவ ஆலோசகர்:	வார்டு படுக்கை எண்:	யுஹெசுஐடி (UHID) :

நிலை மற்றும் செயல்முறை

பின்வரும் ஆழ்நிலையை நான் கொண்டிருப்பதாக மருத்துவர் அவர்கள் விளக்கினார்.

பழைய இரும்புக் குழாய்களில் துருபிடிப்பதைப் போல், தமனிகளில் கொழுப்பு மற்றும் கால்சியம் சேரும். இது ஆன்ஜினா அல்லது மாறடைப்பினை ஏற்படுத்துகிறது. இதயத்திற்கு ரத்தத்தினை வழங்கும் ரத்தக்குழாயான இதயச்சுவர் சிறை தமனிகளில் நோயின் அளவினை கண்டறிய கரோனரி ஆஞ்சியோகிராஃபி செயல்முறை மேற்கொள்ளப்படும். ஒரு லோக்கல் அனஸ்தீடிக் (மயக்க மருந்து) வழங்கப்பட்ட பின், ஒரு சிறிய குழாயானது (கத்தீடர்) கவட்டை/கையினுள்ள தமனியில் செலுத்தப்படும். இந்த குழாய் ஒவ்வொரு இதயச்சுவர் சிறை தமனிகளிலும் மாற்றி மாற்றி கவனமாக வரிசையாக செலுத்தப்படும். எக்ஸ்ரே மற்றும் பிற அயோடின் கொண்டள்ள காண்ட்ராஸ்ட் மீடியத்தினை (என்ஸ்ரே டைட்) பயன்படுத்தி, பல வீடியோ படங்கள் வரிசையாக எடுக்கப்படும். இதயத்தின் முக்கிய ஏற்றியிறைத்தல் அறையில் (இடதுபக்க இருதய கீழறை) இந்த காண்ட்ராஸ்ட் மீடியம் உடனெலுத்தப்படலாம். இது இதயத்தின் அளவினை மதிப்பிடவும் மற்றும் அது எவ்வாறு பம்பு செய்கிறது என்பதை மதிப்பிடவும் மேற்கொள்ளப்படும். இப்படங்கள் நமக்கு இதயச்சுவர் சிறை தமனிகள் குறித்த ஒரு படத்தினை வழங்கும். இது உங்களுக்கு ஏதேனும் அடைப்பு இருக்கிறதா என்பதை கண்டறிய உதவும். பின்னர் உங்கள் படங்களை கவனமாக பார்த்த பின் மருத்துவரால் உங்களுக்கு ஏற்ற சிகிச்சையை மேற்கொள்ள முடியும். இவை பை-பாஸ் அறுவை சிகிச்சையாகவும் இருக்கலாம் அல்லது ஆன்ஜியோபிளாஸ்டி (பூலான் வடிவம் கொண்டதொரு சிறிய சாசேஜ் கொண்டு தமனியை அகலப்படுத்துதல்) என்னும் ஒரு செயல்முறையாகவும் இருக்கலாம். சில நேரங்களில் மருந்துகள் மட்டுமே போதுமானதாக இருக்கலாம்.

இச்செயல்முறையிலுள்ள இடர்பாடுகள்

இதயச்சுவர் சிறை ஆன்ஜியோகிராஃபியிலுள்ள இடர்பாடுகள் பின்வருபவைகளையே சார்ந்திருக்கும்

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

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

நோயாளி ஒப்புதல்

மருத்துவர் அவர்கள் என்னுடைய மருத்துவ நிலையையும் மற்றும் முன்மொழியப்பட்டுள்ள செயல்முறையையும் எனக்கு விளக்கினார். செயல்முறையிலுள்ள இடர்பாடுகள், மயக்க மருந்துகள் உட்பட எனக்கு குறிப்பாக ஏற்படும் இடர்பாடுகள் மற்றும் சிக்கல்கள் ஏற்பட்டால் என்னவாகும் என்பவைகளை நான் புரிந்து கொண்டள்ளேன். மருத்துவர் பிற தொடர்புள்ள சிகிச்சை விருப்பத் தேர்வுகள், அதன் இடர்பாடுகள் மற்றும் சிகிச்சை மறுப்பதற்கான என்னுடைய உரிமை ஆகியவைகளையும் எனக்கு விளக்கினார். அவர் என்னுடைய முன் கணிப்புகள் மற்றும் செயல்முறையை மேற்கொள்ளாமல் இருப்பதால் ஏற்பட வாய்ப்புள்ள இடர்பாடுகள் ஆகியவைகளையும் எனக்கு விளக்கினார். என்னுடைய நிலை குறித்து என்னால் கேள்வி எழுப்ப முடிந்தது மற்றும் என்னுடைய கவலைகளை தெரிவிக்கவும். செயல்முறை மற்றும் அதன் பலன்களை தெரிவிக்கவும் மற்றும் எனது சிகிச்சை விருப்பத்தேர்வுகள் குறித்த கவலைகளையும் என்னால் தெரிவிக்க முடிந்தது. என்னுடைய கேள்விகளும் மற்றும் கவலைகளும் கலந்தாலோசிக்கப்பட்டது மற்றும் எனக்கு திருப்திகரமான முறையில் அவற்றிற்கு பதிலளிக்கப்பட்டது. அசாதாரணமான கழுவில், எனக்கு கிரத்தமேற்றதல், ஒரு கூடுதல் செயல்முறை அல்லது அறுவைசிகிச்சை தேவைப்படலாம் என்பதை நான் புரிந்து கொண்டுள்ளேன். உயிருக்கு ஆபத்தினை விளைக்கும் நிகழ்வுகள் ஏற்பட்டால் அதற்கு உடனடியாக சிகிச்சையளிக்கப்படும் என்பதை எனக்கு விளக்கினார். இச்செயல்முறையினால் என்னுடைய நிலை மேம்படும் என்பதற்கு எந்தகைய உத்தரவாதமும் இல்லை என்பதை நான் புரிந்துகொண்டுள்ளேன்.

செயல்முறையை எனக்கு மேற்கொள்ளுமாறு கேட்டுக்கொள்கிறேன்

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



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CORONARY ANGIOGRAM REPORT

PATIENT NAME : Mr. THANDAPANI. P	UHID : MHI202381538
AGE/GENDER : 60 YEARS / MALE	IP NO : MHI202381538
CONSULTANT : Dr. Jaishankar. K MD., DM., FIAMS	D.O.A : 30.12.2023
Director and Clinical Lead	D.O.P : 30.12.2023
Cardiology and Electrophysiology	

CATH DATE	30.12.2023	DONE BY	DR. JAISHANKAR
CATH NO	3509	ASSISTED BY	SN. SATHYA
CATH DURATION	5 MINS	TECHNICIAN	MR. TAMIL
HEIGHT WEIGHT	165CMS 54 KGS	PHYSICIAN ASSISTANT	MS. SHALINI

CLINICAL DIAGNOSIS: CALCIFIC SEVERE AORTIC STENOSIS, BICUSPID AORTIC VALVE, NORMAL LV FUCTION

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

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

COMMENTS:

LMCA - NORMAL. BIFURCATES INTO LAD AND LCX.

LAD - TYPE III VESSEL AND GIVES RISE TO 2 MAJOR DIAGONALS AND MINOR SEPTALS. PROXIMAL LAD APPEARS NORMAL.MID LAD ASTRIDE MAJOR DIAGONAL HAS NON FLOW LIMITING DISEASE. DISTAL LAD APPEARS NORMAL.

LCX - DOMINANT AND GIVES RISE TO 3 OM's. LCX AND OM'S APPEARS NORMAL.LPDA & LPLB APPEARS NORMAL.

RCA – NON DOMINANT ; THIN CALIBER VESSEL.MID RCA HAS NON FLOW LIMITING DISEASE. GIVES RISE TO RPDA WHICH APPEARS NORMAL.

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

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Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118



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IMPRESSION:

MINIMAL CORONARY ARTERY DISEASE
GOOD LV FUNCTION
LEFT DOMINANT SYSTEM

PLAN:

AORTIC VALVE REPLACEMENT

CONSULTANT SIGNATURE

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

To visit at www.medwayhospitals.com

Dr. K. JAISHANKAR
Reg. No: 49448

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

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









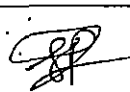
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MHI/HOSP/2022/118

DATE & TIME	Observation / Action	Signature with Emp.No
30/12/23 11:00	⇒ PT Got Admission to RL pt is conscious & oriented pt Bp-120/84 HR-78b/min SpO ₂ 100%.	
11:55	⇒ pt skin preparation done ⇒ pt IV line inserted. ⇒ pt @ POC 8:30 AM. ⇒ pt shifted to cath lab @ 11:55	
30/12/23 12:05	<u>CATH LAB</u> ⇒ patient received from RL to cath lab. Pt conscious and oriented	
12:05	⇒ vitals stable. IV line left side patent	
12:10	⇒ Sterile drapping done. procedure CAG started	
12:20	⇒ Rt Radial artery approach under local anesthesia.	
12:20	⇒ INTJ: NTA 100 mg + INTJ: Dilzem 2.5mg TA given O/B Dr. JS (Sir)	
12:25	⇒ INTJ: Heparin 2000 ^{iu} IV given O/B Dr. JS (Sir)	
12:25	⇒ HR: 85 b/min BP: 145/75(61) mmHg SpO ₂ : 100% vitals stable	
12:30	⇒ procedure CAG done. Rt Radial artery sheath removed. Tight plaster bandage applied. no oozing no hematoma	
Document endorsed by	Signature	Name
		Sathya
		Emp. No.
		0016
		Date
		30/12/23
		Time
		12:30

[illegible]

[illegible]

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

Time : 12.40 Route : Rt Radial artery approach
 Complication : Nil

BP : 145/75(96) mmHg, HR : 85b/min, RR : 20b/min, SpO2 : 100%

Brachial
 Distal Pulse: Felt, Puncture Site: No oozing no hematoma

Advise:

- ◆ Shift To: Ward / ICU / ICU
- ◆ Bed rest up to 4 hours
- ◆ Observe puncture site for bleeding
- ◆ Watch for Pulse in Rt Radial artery.
- ◆ Diet normal diet
- ◆ Inform Duty Medical Officer SOS
 - a) If patient complains of any Discomfort
 - b) If dressing is Loose or Socked with Blood
 - c) If limbs are Cold / Absent Pulse
- ◆ Remove Rt Radial arterial dressing on 31/12/23 at 12.30 AM / PM after informing to the consultant.
- ◆ Special instruction if any: Nil

[Signature]
 Name & Signature of Consultant

POST PROCEDURE OBSERVATION

Date & Time	BP	HR	RR	SpO2%	Site Evaluation	Extremity Status	Remarks	Sign. of Nurse
					<u>[Signature]</u>			

Nurses Notes :

procedure CAG done. Rt Radial artery sheath removed. Tight plaster bandage applied. no oozing no hematoma.

Condition at the end of procedure : ☒ Stable ☐ Critical

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

Name & Signature of the Nurse :

Date & Time : 30/12/23

[Signature]

12.45



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	3	3	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	3	3	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	3	3	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	3	3	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	
TOTAL SCORE					17	19	
Initial & Emp. No. of Staff Nurse:					22/01/2024	22/01/2024	
Initial & Emp. No. of Sr. Staff Nurse:					22/01/2024	22/01/2024	

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

MR. THANDAPANI P

60/Malc/MH1202381543

30/12/2023/IPH2023002637

Dr.K.JAISHANKAR



MHI/NUR/2022/052



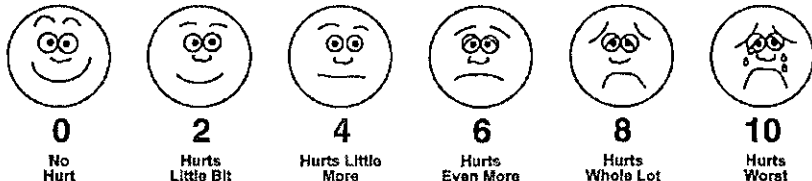
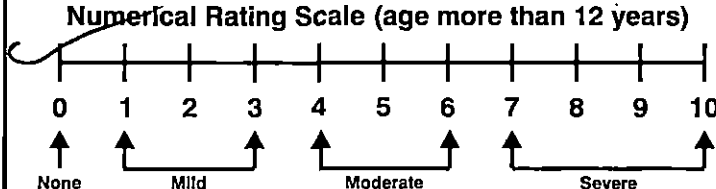
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PAIN RE-ASSESSMENT & MONITORING CHART

[illegible]

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

PAIN SCALES

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

Pharmacological Interventions as per doctor's prescription

DVT RISK ASSESSMENT

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

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

0035



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Mr. THANDAPANI P

60/Male/MHI202381543

30/12/2023/IPH2023002637

Dr. K. JAISHANKAR



MHI/NUR/2022/046



Where heart beat never stops...

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	30/12/23	30/12/23							
	Time	11:30	11:40							
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		30	30							
Low Risk (0 - 24)		—	—							
Medium Risk (25 - 44)		—	—							
High Risk (45 or above)		—	—							
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

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

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date	Time								
	29/12/23	11:30	30/12/23	14:00						
Low Risk Interventions (0 - 24)										
Familiarize the patient with the immediate surroundings	/	/								
Remind the patient to use call bell before getting out of bed	/	/								
Keep the two side rails in the raised position at all times for all patients regardless of age	/	/								
Keep the call bell, bedside table, water, glasses within the patient's easy reach	/	/								
Remove excess equipment or furniture to make a clear path	/	/								
Keep the patient's bed in the low position at all times except during procedure	/	/								
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed	/	/								
Bed wheels should be locked	/	/								
Encourage family participation in the patient's care	/	/								
Ensure that floor of the bathroom is dry and not slippery	/	/								
Review medications for potential side effects that can promote falls	/	/								
Use safety belts during movement in wheelchair	/	/								
The patients are not ambulated by themselves. They are to be ambulated only with assistance	/	/								
Medium risk interventions (25 - 44)										
Apply all the low risk interventions	/	/								
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher	/	/								
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat	/	/								
Use restraints and bed monitors as ordered by the doctor	/	/								
Allow the patient to ambulate only with assistance	/	/								
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care	/	/								
Do not leave patients unattended in diagnostic or treatment areas	/	/								
Accompany the patient while going to bathroom	/	/								
Advice the patient to use grab bars near the toilet, bathtub, and shower	/	/								
Make sure the family and other visitors understand the restrictions mentioned above	/	/								
High-risk Interventions (45 or above)										
Apply all the low and medium risk interventions										
Tie red fall risk tag in the bed, wheel chair and stretcher										
Locate the high-risk patients in a room close to the nurses' station										
Answer these patients call bells as quickly as possible										
Provide a commode at bedside (if appropriate)										
Urinal/bedpan should be within easy reach (if appropriate)										
Encourage family members or other visitors to stay with them										
If appropriate, consider using protection devices: safety belts										
Signature & Emp. No. of RN	[Signature]									
Signature & Emp. No. of Sr. RN	[Signature]									

0002 0001

Radiation Dose Report

Study Date: 2023-12-30

Patient ID: MHI202381543

Patient Name: THANDAPANI.P

Date of Birth:

Age: 060Y

Gender: M

Procedure: CAG/3509

Performed Physician: DR.K.JAISHANKAR

Total Exposure Time: 140.2 Seconds

Fluoro Time: 100.75 Seconds

RAD Time: 39.45 Seconds

Total DAP: 13.000 Gy.cm²

Fluoro DAP: 7.505 Gy.cm²

RAD DAP: 5.495 Gy.cm²

Total RAK 60.850 mGy

PINNACLE

21H051A

DESKTOP-E0HURN7\VI3CATH

Medway Heart Institute

12/30/2023 12:33:39 PM

Chennai

EDWAY HOSPITALS

KODAMBAKKAM (HEART)

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

044-2473 4455

care@medwayhospitals.com

Registration No : MHI202381543

Patient Name : THANDAPANI P

Age : 60

Gender : Male

IP Number : MMH/HM/IPH2023002637

Discharge Date : 30/12/2023 5:05:00PM

Bill No : MMH/HM/IPH00659

Bill Date : 30/12/2023 5:03:56PM

Ward Name : RADIAL LOUNGE

Bed Name : RL-4

NO DUE



Prepared By

Approved By



Checked By

