

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		





Mr.THANDAPANI P 60/Malc/MHI202381543 Na 09/01/2024/IPH2024000072 UH D(Dr.RAJESH.V



______ery heart beat counts

Medway Hospitals The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

ADMISSION SLIP

Admitting Doctor: N. Pajeth .v. Speciality: (Ograf) thovor? and Vasulos Advised Date & Time: Og 0 2024 @ D\$: 54 A. M. Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis: Provisional Diagnosis
Reason for Admission: Medical Management Surgical Management Others (please specify details) dmission Type: Day Care ER Ward ICU (Specify details) Surgery / Procedure Name (if planned): + AVIR Blood Product Requirement: No Yes (Kindly specify details of components required in space below) Expected Duration of Stay: - T demys' Expected Cost of Treatment (as per Financial Counseling Form): Payer: Self Insurance Others: ES Instructions to Nurse (if any):
Reason for Admission: Medical Management Surgical Management Others (please specify details) dmission Type: Day Care ER Ward ICU (Specify details) Surgery / Procedure Name (if planned): + AVIR Blood Product Requirement: No Yes (Kindly specify details of components required in space below) Expected Duration of Stay: - T demys ' Expected Cost of Treatment (as per Financial Counseling Form): Payer: Self Insurance Others: ES Instructions to Nurse (if any):
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Surgery / Procedure Name (if planned): HOVE HOVE Blood Product Requirement: No Yes (Kindly specify details of components required in space below) Expected Duration of Stay: - 1 dwys ' Expected Cost of Treatment (as per Financial Counseling Form): Payer: Self Insurance Others: ES
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Expected Duration of Stay: -
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Payer: Self Insurance Others: ESI
Instructions to Nurse (if any):
In vestigations
Investigations
vitale monitoring
Any other Instructions (if any):
· · · · · · · · · · · · · · · · · · ·
Doctor's Signature / Name Reg. No. Date Time
White DR- Roper - 82794 09/01/29 09:00

For admission desk	staff only:		ار الله الله الله الله الله الله الله ال
Room Category:	General Ward		-]
ı	Single Room		1
	Twin Sharing		
•	Deluxe Room		·
	Suite Room		•
	Others		
Admission intim	nation Receipt Details	Admission T	ime in HIS
Date	Time	Date	Time
09/01/2024	08: 54 A·M	09/01/2024	08:54 A·M
	OPD ER Direct Blood requirement specified by the	,	□ No
		<u> </u>	
Front office Staff Sign	ature Name Leshma banu	Emp. No.	Date Time 08:50 24
72011	Penning rain	MH1 0264	019129 00.51129



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 Statu	s Full Address	Telephone Number			
M	No: 18 Alamelu Street,	8754106672			
Occupation	Sri Ambal Nagar, Mangadu				
Referred from		 tal No. of Days			
	1 Milat / Dazu				
	1h.v 08:54 A.H 15/01/2024	Idans.			
UNIT CON	MLC Yes No If Yes AR No.:				
	FINAL DIAGNOSIS	ICD Code			
Seve	Le Calcétée Aostie Stenosis.	T35.0			
Bêce	isped fostic Value,	<u> </u>			
CAE	Minimal Coronerry arting disease (3	0/12/28) 725.8			
Clay	& I dysponea, Morand IV onstolic Junition	on 62% Tro.1			
	I diabetes mellitus.	E11.9			
I '	tem'c Hepertensian.	T10			
DATE	OPERATION / PROCEDURES	ICPM Code			
	Aostic value Replenement wing				
10/0/12	23mm St Jude Regent Mechanical	35.05			
. (0(0)	Aostic Value Replenement wing 23mm St Jude Regent Mechanical Value done on 10/01/2024	99.00			
<u></u>					
DATE	TYPE OF ANESTHESIA				
10/01/24	☐ GENERAL ☐ SPINAL ☐ LOCAL ☐ REGIONAL	☐ EPIDURAL			
DISCHARGE STATUS					
Cured		Expired < 48 hours			
☐ Improve	☐ Against Medical Advice	Expired > 48 hours			
☐ Unchan	☐ Absconded ☐ Transferred to ☐ I	Post-Operative Death			
·Dr.	V. RAJESHI PNG: 62794	1			

AUTHORISATION FOR TREATMENT I PAYMENT

I hereby authorise the Administration, Medical and Nursing and Paramedical, Staf f 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 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 . சிகீச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல் இதன் மூலமாக நான் நீர்வாகம், மருத்துவம், தாதியர், ஏனைய மருத்துவ ஊழியர்கள் எனக்கு / நோயாளி மருந்துகள் கொடுத்து செய்முறைகள்/அறுவை சிகீச்சை செய்யவும் அதிகாரம் வழங்குகீறேன். நான் / இதில் குறித்துள்ள நோயானின் செவைக்கன தொகை முழுவதும் செலுத்த இதன் மூலம் உறுதி அளிக்கிறேன். மேல் கூறியது போல் வேளை நான் தங்கள் மருத்துவத்திற்கான செலவுகளை கட்டத் தவறினால் என்னை நோயானியை வேஹொரு மருத்துவமனைக்கு, பிற சிகீச்சை / அறுவை சிகீச்சை செய்ய இடமாற்ற ஒப்புதலை எனது உறவினர்கள் மூலமாக பெற நான் அதிகாரம் அளிக்கிறேன். மருத்துவமனையின் பொது சட்ட தீட்டங்கள் பற்றி தெரிவிக்கீப்பட்டிருக்கீறேன். நோயாளிக்கு உரிமையான எல்லா பணம், நகை மதிப்பிடக்கூடி பொருட்கள் யாவும் பாதுகாப்பான இடத்திற்கு மாறுபட்டுவிட்டன / அல்லு நெருங்கிய உறவினரிடம் கொடுக்கப்பட்டுள்ளது. இந்த மருத்துவமனை எனது/நோயாளியின் எந்தவித நஷ்டத்திற்கு பொறுப்பில்லை என <u>உறுத</u>ி செய்கிறேன். மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.

09/01/2024

Signature of Admitting Nurse

உறவுமுறை 80nNature of Relationship

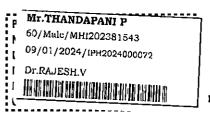
எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian











GENERAL CONSENT FOR ADMISSION

I, THANDAPANI (please tick the correct option above and below)	the Patient or	Representative of patient have
☐ Read		
Been explained this consent form in English, whic	h I fully understand.	
· I give my full consent and authorization for admis	sion and treatment at th	is 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.
- l'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 faise 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-Boor Lunoon	P. Thandapani	09/01/24	08:34A
Surrogate/Guardian (if applicable #)	TAL	て・ASHOK (Write name and relationship with patient)	09/01/24	08:54
Reason for surrogate consent	Patient is unable to give consent	because:		
Witness	Sell	Loshna panu	ogloil 24	08:54
Interpreter (if applicable)	05.7		, ,,,,,	

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



Mr.THANDAPANI P

60/Male/MHJ202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





ADMISSION CRITERIA FOR INTENSIVE CARE LINIT

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

S. No.		PARAMETERS				
	Diabeti	ine System and Metabolism c ketoacidosis complicate ency, or severe acidosis	n related d by hemodynamic instability, altered n	nental status, respirat	ory	
	Thyroid storm or myxedema coma with hemodynamic instability					
ļ	Hypero	smolar state with coma and/o	or hemodynamic instability or Serum Glucos	e more than 800 mg/dl		
<u>'</u>	Othere	ndocrine problems such as a	drenal crises with hemodynamic instability			
8	8 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					
	<u></u>	Signature	Name	Reg. No.	Date	Time
Doctor		8	Dr. porancen	112-2-36	10/1/24	17.

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	

ا	Signature	Name	Reg. No.	Date	Time
Doctor	4/	Dr. praveen	112236	12/1/84	107.62







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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 **DONE 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

Villupuram

★@MedwayHospitals

Mogappair

Kodambakkam

(C) @medwayhospitals

Chengalpattu

In @medway-hospitals

Kumbakonam

@medwayhospitals

Kakinada

94557 94557 1800 572 3003

Medway Centre of Excellence (Chennai)

Medway Group of Hospitals

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

MHJ/HOSP/2022/118

044-26530011 044-27426829 04146-242000 044-2473 4455 0884-2333367 044-2473 4455 E-mail: info@medwayhospitals.com | Website: www.medwayhospitals.com | CIN: U74900TN2011PTC083665





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were explained about the nature of disease, risks and the need for valve surger under the liberget first to) 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 96% in room air SPO₂

CVS S1S2 (+), ESM (+) over pulmonary and aortic area

RS Abdomen Soft, **CNS NFND**

BLOOD INVESTIGATIONS:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	13.3	Male: 13.7 - 17.5	gms%
		Female: 11.2 - 15.7	
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	Cells/Cumm
		Female: 1.5 - 3.7	
Urea	15.13	14 - 40	mgs/dl
Creatinine	0.71	Male: 0.7 - 1.2	mgs/dl
		Female: 0.5 - 1.0	
		Child: 0.2 - 0.8	
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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Medway Group of Hospitals

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Medway Centre of Excellence (Chennai)

Kodambakkam Mogappair 044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367

Chengalpattu

Villupuram

Kumbakonam

Kakinada

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



Heart
IPNO: IPH2024000072 tute

Every heart beat counts

12.2	Normal: 0.9 - 1.5 INR Therapeutic (A	Unit of United Allia	nce Healthcare Pvt Ltd)
	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		
<u> </u>	Recur.Systmic Embolism: 3.0 - 4.5 INR		
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)		
1.430	Adult: 0.25 - 5.0 New born-4days: 1.0-	ulU/ml	
	39.0 Child upto 14yrs: 1.0-9.0		
1.05	"Adult: 4.6 - 9.3	ug/dl	
	New born - 4 days : 11.0 - 21.3		
	1 - 11 months: 5.8 - 16.1		
	1 - 9 yrs : 6.3 - 13.16		
	1.1 7.1 1.430	Level Myocardial Infarction: 2.0 - 3.0 Deep Vein Thrombosis: 2.0 - 3.0 Pulmonary Embolism: 2.0 - 3.0 Artificial Cardiac Value: 3.0 - 4.5 Recur.Systmic Embolism: 3.0 - 4.5 INR 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) 1.430 Adult: 0.25 - 5.0 New born-4days: 1.0- 39.0 Child upto 14yrs: 1.0-9.0 1.05 "Adult: 4.6 - 9.3 New born - 4 days: 11.0 - 21.3 1 - 11 months: 5.8 - 16.1	Normal : 0.9 - 1.5 INR Therapeutic

UHID: MHI202381543

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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Institute of Pulmonology 044-2473 4451

044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367 | E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

MHI/H0SP/2022/118





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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.Systmic Embolism: 3.0 - 4.5 INR

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(13.01.2024)

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,		<u> </u>	
PROTHROMBIN TIME	15.0	Normal: 0.9 - 1.5 INR Therapeutic	
		Level Myocardial Infarction: 2.0 - 3.0	
	ļ	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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ADVICE MEDICATIONS:

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

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DIABETIC MEDICATIONS:

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

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

DISCHA	RGE ADVICE
DIET	1. VITAMIN K RESTRICTED DIET
	2. HIGH PROTEIN, LOW SALT,
	LOW FAT AND DIABETIC DIET
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION	NIL
	TO DO PT/INR, FBS, PPBS, HB, UREA,
REVIEW	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

understood the Content of the

Dr. V. RAJESH Reg No : 62794

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Mr.THANDAPANI P

60/Malc/MHI202381543 09/01/2024/tPH2024000072

Dr.RAJESH.V





INPATIENT INITIAL ASSESSMENT

Date: 69/24 Time of arrival in ward: (0 Am)
Allergies (if Yes, specify details):
Drugs
Blood Transfusion
Food
Others
Vital Signs: Temp: 97(°F) Pulse / HR: 72 (beats/min) BP: 130 85 (mmHg) Respiration: 18 (breaths/min) SpO ₂ : 97 (%) Height: 67(cms) Weight: 545(kgs) BMI: 19 5 24 M 2
Pain: Yes No. If Yes, Score: YO Pain Scale Used: Numerical Rating Scale (>12 years) CPOT (ventilator / comatose) Company Compa
Pain Character: Dull Aching Sharp Stabbing Shooting Burning Referred / Radiant Pain
Conglaints & History of PRESENT ILLNESS 60yrs old male kiclo [2Dm Came with Conglaints of Breathlessness on exection (Grade-II North) for Invention. - Ho (R) Eded Chest Pain x 3 days.
for Imonths 4/0 (R) Ended Chest Pain x 3 days. - no 4/6 Palpitartion, Loss of Conscious no - no 4/6 fever, Vorniday, boose sobols, gidd
PAST MEDICAL HISTORY (with duration of illness): Diabetes Mellitus: Yes No. If Yes, duration: Yes No. If Yes, duration:
Others: Not known case of Bronchial Asothma (COPD) Pulmonary TB/chronic kidney diseasel
Past Surgical History: SIP Dided Cadaract Surgery at 2022 (Avantal Hoppilal)

Pro	esent Medication (for Medication F	Reconcilia	ition):			A LA A A A A A A A A A A A A A A A A A
S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1.	T. Atorva	long	96	0:-01	7/1/24	yes □ No
2.	7. Envas	2-82	Pb	101	6/1/24	☐ Yes 🖟 No
3.	T. Pan	yong	Pb	Loo	7/1/24	✓ Yes □ No
ι.	T- metfornin.	Som	PP	100	7/1/24	Yes □ No
<u>نځ</u>	T. MV	1tab	Pb	too	7/1/24	Xes □ No '
						☐ Yes ☐ No
						☐ Yes ☐ No
				·		☐ Yes ☐ No
						Yes No
	•i	`			÷. ;	⊡ Yes □ No
Li Sr	rsonal / Social History (<i>Tick which</i> restyle: ☐ Sedentary ☑ Active noking: ☐ Yes ☑ No Alcoho hers:	Occup	ation:		ıl Drug Use:	
Mei	nstrual and Obstetric History (to b	oe filled up	o for fema	le patients):		•
		٠.				
	. الج	· .	• :		140	• •
Pa	eneral Physical Examination llor: ☐ Yes ☐ No lcte ema: ☐ Yes ☐ No Lyn	erus: 🗌 Ye			Clubbing: 🔲 Ye	es ⊠No

1' - '
cvs: S152P, ESMA Over Pulmonary and aortic ourea.
Respiratory System: BAEP, no added Sounds
GastroIntestinal System:
Central Nervous System: No focal neurological defreit.
Urinary / Reproductive / Locomotor System:
Skin / Opthalmic / ENT
Suspected of contagious disease: Yes No Immuno compromised status: Yes No Isolation required: Yes No, if yes, Contact Airborne Droplet
Psychological Evaluation: Normal Anxious Depressed Others:
Nutritional Screening (ESPEN Guidelines for Nutritional Screening - NRS 2002): Weight loss within the last 3 months? Yes No Is the patient severely ill? (e.g. in Intensive Therapy) Yes No Is the BM1 < 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 Henoris) Bicuspid Bor Value / (N) LV Sunchin. 172 DM
Plan of Care: - Plan: Abortic Value suplacment Tomorra - Monidor Vidals: - No fillow duy chart - Do get Anaesthetic Atherican

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Investigations Advise	ed:				,	
the state of the s	Reports	enclose	4	. 1	,	
			,	;		
Diet Advice:				ı		
☐ Nil per Oral	Clear liquid diet	☐ Normal liquid	d diet	☐ Diabetic I	iquid diet	
Semisolid diet	Soft solid diet	South Indian	normal diet	☐ North Ind	ian normal d	iet
☐ Neutropenic liquid diet	Others:	low Salt	, س <i>مل</i> ر	fat		_
Early Discharge Planning	(fill in those which are a	appropriate at this	s stage):	PFE: Pa	tient Family E	ducation
Special support needed at	home	□Yes,☑No	If Yes, PFE	E done		
Home equipment anticipat	ed	☐ Yes ☑ Ño	If Yes, PFE done and equipment advised			
Physiotherapy at home and	ticipated	☐ Yes ☐ No	If Yes, educated on physical limitations, if any			
Wound care needs anticip	ated at home	□Yes☑No	If Yes, educated on signs on infection			
Pain Management		□Yes☑No	If Yes, PFE done and medication advised			sed
Special Dietary needs		□Yes☑No	If Yes, educated on dietary restrictions, food drug interactions and allergies			, food
Continuous / ongoing care	anticipated	□ Yes ☑ No	If Yes, educated on various aspects of ongoing care required			
Other special education ne	eed, i.e.:	☐ Yes ☑ No	If Yes, PFE done			
Nature of post hospital nee infection control, fall risk, e		□ Yes ☑ Ńo	If Yes, specific education given			
Others:				.: 1	~.`	
	, · •			•		
Sign	nature	Name		Reg. No.	Date	Time
Resident Doctor	RAJESH	Dr. Whans	d lydro	165201	9/1/24	10 Am
	4S, M.Ch(CTVS) enior Consultant	DR. RAJ		6. 279q	09/01/24	12:30
Patient Attendantard othors	acic and Vascular Surg	Relationship	(cab)		[a],/,[9.40

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DOCTOR'S PROGRESS NOTES NOTES DATE ~ 30 br

		, , <u>(</u>
DATE	NOTES	
9/01/24	Serverine Constit donale	
	Gereening Carotid doppler	
5.10pm		
	- Increased Intima media thickness	
	- Collific plague noted in both counted	
	bullos as	
	- No Flow limiting Disease	
	-No Flow liniting Disease -Noomal Bilateral Verekebral doppler	
	study	
	Sucay	
	-Done by	
	Ms. Levalty Co Can	dia c
	Tech)	
	MHI /0098/CARDW.	<u> </u>
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Mr.THANDAPANI P 60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V

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-	DOCTOR'S PROGRESS NOTES
DATE	NOTES
80/1/24	- SB DO ANUSUUG
23.00	1
93.00	Paffert reviewed
	clo' chest pain on a 556
	015 Patient Conscious, wiented,
1	8B' CNS-5152P
May.	RS - BAS O
Atal stable	CNS - NEND
J. Indi	
	- monitor vitals
	- CONTINUE TO DUE OF PORCHANT
	- nibu 4000 20 40000000 .
	- Consent .
	- Parts Poe Paratron
	- poe - mod i contron
	- Chock Pro -OPCBOY
W A C	- shift to otoncall.
10111101)
103	
L	

DATE	NOTES
10/1/24	Mr. Thandapani boy m underwent AVR and he
@17.20	was shifted to sue à following hemodynamics
	HR-82BPM CVP-RMMHT
	BP-10/142 mmHg Sp02-1001.
	Ventilator:
	mode: vcu flor box peop: 5 mm Hg
	Supports:
	inj. Adrenalige 0.02 reg 1831 rus
	plan:
	Woom sy anterbale
	For
	or eajesh the
	po-kauthika (mtroel
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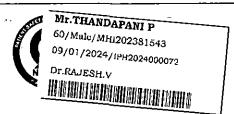
Mr.THANDAPANI P 60/Male/MHI202381543 09/01/2024/1PH2024000072

Dr.RAJESH.V TERRO CATALA BARTAN DATAR DATAR DATAR DATAR DATAR MHI/IP/2022/041 Medway Institute heart beat counts

	DOCTOR'S PROGRESS NOTES
DATE	NOTES
11/01/2024	SIB: Dr. Anharase / pr. Rajesh / pr. pravoca
@ 8.20	
	8/P: AVR
1100g	Patient comportable
Hb - 11-0	de: conscious, oriented, Afebrile
<u>u - 23</u>	·BP-12n/54 mmHg
cr - 0.7	HR-BBBPM
wa - 133	8P0,-987.00 mom au
K - 3.87	-210 - 1545mL / 1792ml ; Bal (-) 247ml
RBJ-174 mg/	·
PMR - 1.0	· Adequate usine output
<u> pbgy</u>	· mlerating feeds.
PH - 7.472	periphonies marm (+)
}'	Supposts 2 MC
pos - 83	motal drain 1170ml plan
Hw - 26.1	· RF-2·4 litres/day
BE - 2.5	uned chest physio
	· Romove drains & anteny line
	mobilize
	rebuli 2 atton of spirometry
	· TDB. Mota probal 12.5mg RD
	D restant DHA 17. methormin 500m
	month de statement 3 mg. ad (at 6pm)

	,
DATE	NOTES
12/01/0024	elB: Dr. Anharasie lor Pajert lor provan
@8.80	
	SIP: AVR
POD #12	partient comportable
Hb - 10.6	OFFICANSCIOUS, Orionted, Afebrile
11 - 27	18p-112/bR mmHg
Cr - 0.82	·HR ~110Bpm
Ma-132	· 8PO - 944 DA MOOM QUA
<u>k - 3.72</u>	-210 - 2055mi / 2110ml; Bal (-155 ml
_	· 11 cath removed
PBS - 160 mg	lal Adequate weine output
	Plan
	pp-2.4. litres day
	· Good chest physio
	mobili ze
	spirometry Shift to bland.
	- spirometry
	Shift to bland.
	for V
	pa. ravidarka (muros lb)
	Da. Kasiffirka (MHD2 16)





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	DOCTOR'S PROGRESS NOTES
DATE	NOTES
12/1/24.	8/8. Dr. Lith. B. (omo)
9.30km	
	(8) D. AUR.
	by reviewed.
110/10	
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Ag. At.	Orested.
- 5/00 7	Afolich.
7	8/12 - cus-8, (2)
1 20 g	11 - 02 - 84 RP) Adv.
2-10	Treo was alation -
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	- Plan 201
	183843

DATE	•	NOTES
13/1/24		S/B Dr. Mshamed Hydron
10bu		
		Post OP case of AVR.
		POD - 199
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		Juston)
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	DOCTOR'S PROGRESS NOTES
DATE	NOTES
14/1/24:	SB Dr. Anbaiasu dteam.
10140AH	et reciewed.
	No new complaints
	plan de somemou.
	To do PT/INR Hb/usealcs/AvaT/At
	tomorow morning
·	
	122008
14/1/24.	S/B Dr. G. Lalehmi
10:40AM	P) reniewed.
	Mo new complaints.
	Off. Conscious
	on'ented uitall stable
•	<u>afebrile</u>
- ,	
	8/F- WS-5,527
	RS · BAE 7
,	PA Soft.
	CNS. NEND Adv
	Than de nomonion
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DATE	NO	TES	· · · · · · · · · · · · · · · · · · ·
	S/s Dr. M	shamed bydroom	•
14/1/24			,
Non	Post of a	are of AVR.	
	fe	on of AVR.	
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DOCTOR'S PROGRESS NOTES

DOCTOR'S PROGRESS NOTES		
DATE	NOTES	
15/1/24	SIB Dr. G. Lakshmi Duga,	
9:30AM	Pt. varieured	
	c/o nausea ?	
	romiting (
	DE Conscious	
·	Oriented Nitals stable	
	afebrile	
	7	
	S/E. as. SiSz+ YE. Wound healthy.	
	Ro- RAE+	
	PA-SOFT	
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CHENNAI: # 2/26, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024.

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

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

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

Mr.THANDAPANI P

60/Malc/MHI202381543

E-OPERATIVE CHECKLIST

Name :	09/01/2024/iPH2024000072 Dr.RAJESH.V	Age: 60 JR Gender: M	UHID No. : 200	9381543
Ward:	TO HAD BEEN AND BEEN AREA COMPANIES OF THE BEEN AND AND AND AND AND AND AND AND AND AN	Bed No. :	B.S.	A.S.
	Clinical Diagnosis: CALCIFIC SEVERE BICUSPID HORTIC VAI	AORTIC STENOSIS,		
,	Proposed Procedure: ADRTIC VALVE	•		
	С	HECKLIST		
1.	Identification Band on Hand Che	ecked ?		
2.	Surgical consent Signed? a. Special Consent signed if req	uired.	√	\ \ \
3.	Anesthetist Consultation (If requ	ired?)		
4.	History AND Physical Onchart?	b. Weight55 kg		\frac{1}{2}
5.		Nown:		
6.	Surgical Preparation done?			
7.	Nill by Mouth From5.00		<u></u>	
8.	Blood Grouping & Rh Typing	o' positive		
9.	Investigation	JAB	1	
10.	Blood Sugar 133 hg/dl	Time6.13.0		
11.	TPR Chart Pulse	2°F BP (10/80 mmHg RA 20) m		
12.	Time Voided a. Retention Yes	□ No		1
13.	Enema 🗌 Yes 🔎	No		$\sqrt{}$

14.	a. Prosthesis Removed		, ,
'	b. Plates present Removed ☐ Yes ☐ No / ☐ Not Applicable		
	c. Contract Lenses Removed Yes No / Not Applicable		
	d. Dentures Removed		
15.	Valuables and Jewellery Removed		
	☐ Yes ☐ No Secured ☐ Yes ☐ No		.
16.	Pre-Operative Medication Admistered T. PAN 40MG, T. ANXITO :25mg		
	a. Time 21.00 b. Nurse E. CATHRINE		
17.	Blood Transfusion requisition Onchart		
17.			
18.	X-Ray No $(AG_1 - D) - O$		
	ECG/ECHO	~	
	Ultra Sound	•	
	C.T. Scan		
	MRI Scan		
	TMT		
	Medication		
9/01/24	T. PAN 40 MG ? given @ 21.00		
1,1,-1	11/19 1 1011 4 30000		
	T. ANXIT 0.25 MG		
10/01/2	A T. ANXIT 0.25 mg & gwen @ 5.00	<u> </u>	
, '			
	•		
	Others		. 8
		7	
			1 Jany

Foad 0807 Nurse Signature



Mr.THANDAPANI P

60/Male/MH1202381543 09/01/2024/12H2024000072

Dr.RAJESH.V





MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name MR-THANDA PANI - P	Age boy M UHID
Diagnosis CAD - Minimal CAD (Wood) FUNCTION EF - 681. Serology NIGHTIUL.	Han AVR
EURO Score / STS Score 0.67 %	PRE OP DRUGS (ACE/ARB/ANTIPLATELETS); T. ENVOS STOPPOD FROM 6/1/21
Diabetes Mellitus (HB1AC) - 7-0	Associated Illness To DM .
carotid Doppler ADV Mal B/C Worteboo	JThyroid Enzymes T4 - 1.05 TSH - 1.43
Sr. Creatinine 0-7	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	mtr -







The way to better health (A Unit of United Alliance Healthcare Destroy -- Mr. THANDAPANI P Patit 60/Male/MH1202381543 Nam 09/01/2024/IPH2024000072 UHID Dr.RAJESH.V DOB: WHINDING THE WHILE WHILE WHILE

CONSENT FOR SURGERY

۱. ۱	Ar./ Ms./Mrs Than.dapani
ick	correct option and below):
[
٠	I'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 גאייא אווי אל בא האווי אל האווי אל האווי אל בא האווי אל הא הווי אל האווי אל האווי אל האווי אל האווי אל האווי אל האווי אל הא
	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 RL - eaploration:
	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). Profection	
(3) Archythmias (4). Etrole (5). prolonged Ten stay	-
ventilation (D. mild risk to life	_
Benefits palief from symptoms	
- Alternatives <u>medical management</u>	_
■ The likelihood of success of the surgery (Percentage / Other commands)	
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 a
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)	Thandapau.	T. ASHOR
Relationship	SEIF	Son
Signature	· P.Bank-U/ om	T.A.
Date & Time	9/11/Ry / at 12:00	alifly at 1800
Name & Signature of Doctor v	vith Registration No.:	() M
		1) Jyl .







நேருமானி விவரங்க	ள்:(Affix Label here)
តបររាជ :	
UHID :	
பிறந்த தேதி :	பாலினம் :

அறுவை சிகிச்சை ஒப்புதல் படிவம்

நாக	ன்னி. கார்க்கு காயாகள் அல்லது நோயாளயின் பரதந்த தய்வுள்சயது மேலேயும் கழேயும் பொ <u>ருத்த</u> மானல்,
-	ு செய்யவும்
	படியுங்கள்
	எனது / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளேன்.
ந்த	ஒப்புதல் படிவம் ஆங்கிலத்தீல் விளக்கப்பட்டுள்ளது. இந்த ஒப்புதல் படிவத்தில் கொடுக்கப்பட்ட சிகிச்சையின் செயல்பாட்டின் முழுப்பெயா
ie	ல்முறை பற்றிய தகவல்களை நான் முழுமையாகப் புரிந்து கொண்டேன்.

- நோக்கம் கொண்ட நன்மைகள், சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்களைப் பற்றி நான் இப்போது அறிவேன். மேலும் அந்த செயல்பாடு / நடைமுறைக்கு மாற்றுகளை கீடைக்கச் 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 தொடர்புடைமுறையுடன் சாத்தியமான அனைத்து அபாயங்களையும் சிக்கல்களையும் பட்டியலிட முடியாது என்பதை புரிந்து கொள்கிறேன்.
- நோயாளியின் மருத்துவ நிலை மோசமாக இருந்தால் அல்லது எதிர்பாராத எந்தவொரு தொழில்நுப்ப காரணத்தினாலும் சில நேரங்களில் திப்பமிடப்பட்ட செயல்பாடு / நடைமுறைகளை ஒத்திவைக்க அல்லது ரத்து செய்ய வேண்டும் என்பதையும் நான் புரிந்து கொள்கிறேன். எனது சொந்த ஆபத்து மற்றும் விளைவுகளில் எந்த நேரத்திலும் எனது ஒப்புதலை நான் திரும்பப் பெறுதலை எழுத்துப்பூர்வமாக சமர்ப்பிக்குவதன் மூலம் திரும்பப் பெற முடியும்
- மருத்துவரால் தேவையான செயல்பாடு / நடைமுறையின் போது அல்லது அதற்குப் பிறகு இரத்த மற்றும் / அல்லது இரத்த தயாரிப்புகளை எனக்கு நீர்வாகம் தேவைப்படலாம் என்பதை நான் அறிவேன் இரு 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 மற்றுப் 	b சிக்கல்கள் 	in the second se
_	· · · · · · · · · · · · · · · · · · ·	
நன்மைகள்		·
மாற்றுவழிகள்		
·	ாய்ப்பு (சதவீதம் / பிற கட்டளைகள்) 	-
சிகிச்சையின்றி சாத்தியமான முடி	வுகள் 	
செயல்பாடு / நடைமுறை மற்றும்	் வழங்கப்பட வேண்டிய கவனிப்புக்குப் பிறகு எத்	ர்பார்க்கப்படும் போக்கையும் நான் அறிவேன். ச.
நேரங்களில் தீவிரமான பராமரிப்	ப்பு அலகு மற்றும் / அல்லது மருத்துவமனையி	ல் அனுமதிக்கப்படும் கால அளவு தேவைப்படலாம்
மற்றும் / அல்லது கூடுதல் மருந்த	நுகள் அல்லது சிகிச்சைகளின் தேவை இருக்கலாப்	b. இதன் மூலம் உடல் சிகீச்சையில் அதிகரிக்கும்.
இந்த செயல்பாடு / நடைமுறையை	ப நடத்தும் நோக்கத்திற்காக மற்றும் பொருத்தமா	ன முறையில் எனது உடலில் இருந்து அகற்றக்கூடிய
எந்தவொரு தீசு அல்லது உடல் ப	ததியை அகற்ற மருத்துவமனையை நான் அங்கீ	கரிக்கீறேன். இந்த ஒப்புதல் வடிவத்தீல் வழங்கப்பட்ட
தகவல்களை நான் பெற்றேன் ப	ற்றும் முழுமையாகப் புரிந்து கொண்டேன் என	ன்று அறிவிக்கீறேன். எனது வியாதி, செயல்பாடு
நடைமுறை தொடர்பான கேள்விக	ணைக் கேட்க எனக்கு வாய்ப்பு வழங்கப்பட்டது. ஆ	சதன் அபாயங்கள், விளைவுகள், சிக்கல்கள் மற்றும்
நோக்கம் கொண்ட நன்மைகள் ப	ற்றும் மீட்பு மற்றும் எனது கேள்விகள் அனைத்չ	தும் பதீலளிக்கப்படவில்லை. இந்த வடிவத்தீல் நான்
கையெழுத்திடும் நேரத்தில் என் மு	oன்னிலையில் செருகல் மற்றும் நிறைவு செய்ய ^இ	வேண்டிய அனைத்து துறைகளும் இந்த வடிவத்தில்
நிரப்பப்பட்டன என்று நான் மேலும்	o அறிவிக்கீறேன். 	
விபரங்கள்	நோயாளி / உறவினா்	சாட்சியம்
பெயர்		
உறவுமுறை		
கையொப்பம்		
நாள் & நேரம்		
மருத்துவரின் பெயர் மற்றும் L	திவு எண், கையொப்பம்:	·







CONSENT FOR ANAESTHESIA SERVICES

1, WR. PHANDA	ADANI.P.	☐ The patient or ☐ the representative of patient have,
(please tick the correct option abo		
Read	ad the aurrent aliniae	al condition of me / my patient
		th, which I fully understand and understood the information provided about
Operation/Procedure		,
	GORTIC W	PLVE REPLACEMENT
(full name of operation / procedur		
expected outcome and what needed for this operation, so to the lithas been explained to me to with anaesthesia can occur sensation, loss of limb function. I understand that these risks at they may apply to a specific ty for my procedure and that the physical condition, the type of the lithas been explained to me without sedation, may not sean anaesthesia. It has been may be needed explained to me without sedation, contained to me without sedation, may not sean anaesthesia.	could happen if my of hat my doctor can perhat all forms of anae and include the rern, paralysis, stroke, but apply to all forms of a spe of anaesthesia. It is anaesthetic technif procedure, my doct that sometimes an ucceed completely explained to me that	edure and has advised me of alternative treatments and told me about the condition remains untreated. I also understand that anaesthesia services are enform the operation or procedure. In the state of procedure is the sia involve some risks. Although rare, unexpected severe complications mote possibility of infection, bleeding, drug reactions, blood clots, loss of prain damage, heart attack or death. In an aesthesia and that additional or specific risks have been identified below, as understand that the type(s) of anaesthesia service checked below will be used induce to be used is determined by many factors including my / my relative's stor's preferences, as well as my own desire. In an aesthetic technique which involves the use of local anaesthesia, with or and therefore another technique may have to be used including general the following may be needed as part of anaesthesia during or after surgery Lumbar Puncture. Tracheostomy
Transesophagear		Tailsidsion
General Anaesthesia	Expected Results	Total unconscious state that may involve placement of a tube into the windpipe to maintain airway
Alternatives	Technique	Drug injected into the blood stream, breathed into the lungs, or given by other routes
☐ Spinal ☐ Epidural ☐ Others	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
Others	Benefits	- Early Recovery
	Delleurs	- Relief of Anxiety
Spinal or Epidural Analgesia / Anaesthesia	Expected Results	Temporary decreased or loss of feeling and / or movement in the lower half of the body
☐ With Sedation /GA ☐ Without Sedation Alternatives	Technique	Drug injected through a r eedle / catheter placed either directly into the spinal canal or immediately outside the spinal canal
GA Others	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
Major / Minor Nerve Block	Expected Results	Temporary loss of feeling and / or movement of a specific limb or area
☐ With Sedation / GA☐ Without Sedation	Technique	Drug injected near nerves providing loss of sensation to the area of the operation
Alternatives ☐ GA	Risks	Nerve damage, persistent pain, infection, bleeding / hematoma, toxicity due to local anaesthetic, medical necessity to convert to general anaesthesia, brain damage
 ☐ IV Regional Anaesthesia ☐ Spinal/Epidural Anesathesia ☐ Others 	Benefits	- Pain Free - Safer under certain conditions

☐ With Sedation		us Regional Anaesthesia Expected Results Temporary loss of feeling and / or movement of a limb										
☐ Without Sed		Technique	Drug injected into veins of arm or leg while using a tourniquet									
Alternatives	- Nice on Directo	Risks	Infection, convulsions, persiste		<u>-</u>	vessels						
☐ Major/Mino ☐ GA	LINELAG RIOCK	5 %	- Pain Free			-						
☐ Others		Benefits	- Safer under certain conditions			_						
Monitorer aesthesia care Expected Results Decreased anxiety and light sedation similar to normal sleep												
(with sed		Technique	Drug injected into vein of arm		•							
<i>Alterna</i> f □ Ger ana	esthesia	Risks	Prolonged sedation, need for a	rway control								
☐ Spinal / Epid ☐ Others		Benefits	Anxiety free; Early discharge	 :								
Monitored Ana		Expected Results	No changes in the system		r							
(without sedation (without sed	11)	Technique	None									
☐ General ana ☐ Mild Sedatio		Risks	Patient may have pain and anxi	ety								
Others	1	Benefits	Early discharge									
anaesthes I, the above the date of	a/moderate sedation e named Patient / na signing this form, me	on / deep sedation di med patient's repres entally sound and an	pehaviour and learning with puring pregnancy and in early of sentative, do further hereby de naiving consent without any for the lawe been made aware consent without any for the lawe been made aware consent without any for the lawe been made aware consent without any for the lawe been made aware consent without any for the lawe been made aware consent without any for the lawe been made aware consent with the lawe been made aware consent without any for the lawe been made aware consent with the lawe been with the lawe and the lawe with the lawe been with the lawe and lawe and lawe with the lawe been with the lawe and lawe with the lawe	hildhood eclare that I am abo ear, threat or false m	ve 18 years of age nisconception	as on						
l, the above na	med Patient / name	d patient's represen	tative, do further hereby decla			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											
	O.g.lataro,	namo impression										
Patient			, 		9/1/84	Time						
Surrogate/Guard (if applicable #)	P.B.		Thanday And	ship with patient)	9/1/24	10 =						
Surrogate/Guard	ian T.A.		Thandap And (Onl) (Write name and relation	ship with patient)	1 1 8	1600						
Surrogate/Guard (if applicable #)	ian T.A.	MLUMODA -	Write name and relation	ship with patient)	1 1 8	1600						
Surrogate/Guard (if applicable #) Reason for surrogate conse	ian T.A.	MLUMODA -	Write name and relation		9/1/24	16.00						
Surrogate/Guard (if applicable #) Reason for surrogate conse Witness Interpreter (if applicable) * Right Hand for Manual Surrogate Conse	Patient is unant Patient of the state of th	males # Only if Pa	Write name and relation	consent cations, intended by to the patient /	qlildy qlildy penefits, expected	16000 16000						
Surrogate/Guard (if applicable #) Reason for surrogate conse Witness Interpreter (if applicable) * Right Hand for Manual Surrogate Conse	Patient is unant Patient of the state of th	males # Only if Pa	(Write name and relation of the cause: A Sustained is a minor or unable to give the cause of th	consent cations, intended by to the patient /	qlildy qlildy penefits, expected	16000 16000						
Surrogate/Guard (if applicable #) Reason for surrogate conse Witness Interpreter (if applicable) * Right Hand for Manual Surrogate Conse	Patient is unant Patient of the second of t	males # Only if Pa	(Write name and relation of the cause: A Sustained is a minor or unable to give the cause of th	consent cations, intended by to the patient / patiment.	enefits, expected ent representative	lfroo lfroo lfroo post-						



நோயாளி விவரங்கள் : (Affix Label here) பெயர் : UHID: பிறந்த தேதீ: பாலினம்; சேர்க்கை தேதீ:

மருத்துவர்:



<u>மயக்க மருந்து சேவைகளுக்கான ஒப்புதல்</u>

1 நோயாளி									
 எனது அறுவை சிகீச்சை நிபுணர் ந எதீர்பார்க்கப்பட்ட முடிவைப் பற்றி எ 	இந்த ஒப்புதல் படிவத்தின் கீழே கொடுக்கப்பட்ட செயல்பாட்டு நடைமுறையின் முழு பெயர்)								
 அனைத்து வகையான மயக்க ம கடுமையான சிக்கல்கள் ஏற்படல 	ருந்துகளும் சில அபா ாம். தொற்று நோய், இ	ன். இதனால் எனது மருத்துவர் அறுவை சிகீச்சை அல்லது செயல்முறையைச் செய்ய முடியும். யங்களை உள்ளடக்கியதாக எனக்கு விளக்கப்பட்டுள்ளது. மயக்க மருந்துகளுடன் எதிர்பாராத நூத்தப்போக்கு, போதைப்பொருள் எதிர்வினைகள், இரத்த உறைதல், உணர்வு இழப்பு, மூட்டு போன்ற தொலைதூர சாத்தியங்களை உள்ளடக்கியிருக்கலாம்.							
அடையாளம் காணப்பட்டுள்ளல் விண்ணப்பிக்கலாம். கீழே சரிபார் உறவினர் உடல்நிலை, எனது மரு நான் புரிந்து கொள்கீறேன். * கீல நேரங்களில் உள்ளூர் மயக்க	ர என்பதையும் நான் க்கப்பட்ட மயக்க மருந்து த்துவரின் விருப்பங்கள் க மருந்துகளைப் பயன்ட	மருந்துகளுக்கும் பொருந்தும் என்பதையும் கூடுதல் அல்லது குறிப்பிட்ட அபாயங்கள் கீழே புரிந்து கொள்கீறேன். ஏனெனில் அவை ஒரு குறிப்பிட்ட வகை மயக்க மருந்துக்கு புசேவையின் வகை (கள்) எனது நடைமுறைக்கு பயன்படுத்தப்படும். மயக்க மருந்து நுட்பம் எனது எ மற்றும் எனது சொந்த விருப்பம் உள்ளிட்ட பல காரணிகளால் தீர்மானிக்கப்படுகிறது என்பதை படுத்துவதை உள்ளடக்கிய ஒரு மயக்க மருந்து தொழில் நுட்பத்தை, மயக்க மருந்து இல்லாமல் நந்து உட்பட பயன்படுத்த வேண்டியிருக்கும் என்று எனக்கு விளக்கப்பட்டுள்ளது.							
🔲 பொது மயக்க மருந்து	எதிர்பார்க்கப்படும் முடிவுகள்	காற்றுப்பாதையை பராமரிக்க ஒரு குழாயை காற்றாலையில் அமர்த்துவதை உள்ளடக்கிய மொத்த மயக்க நிலை							
மாற்று மருந்து	நுப்பம்	இரத்த ஓட்டத்தீல் செலுத்தப்படும் மருந்து. நுரையீரலில் சுவாசித்து அல்லது பிற வழிகள் வழங்கப்படுகீன்றன							
	அபாயங்கள்	தொண்டைப்புண், குரல் வடங்கள், பற்கள், உதடுகள், கண்கள், செயல்முறை, நினைவக செயலிழப்பு, நினைவக இழப்பு, அபிலாலைகள், நிரந்தர உறுப்பு சேதம், மூளை சேதம் ஆகீயவற்றின் போது விழிப்புணர்வு							
🔲 மற்றவை	நன்மைகள்	– ஆரம்ப மீப்பு – பதப்டத்தின் நிவாரணம்							
முதுகெலும்பு அல்லது இவ்விடைவெளி / மயக்க மருந்து	முடிவுகள் முடிவுகள்	உடலின் கீழ்பாதியில் உணர்வு அல்லது இயக்கத்தின் தற்காலிக குறைவு அல்லது இழப்பு							
மயக்க மருந்து / பொது மயக்க மருந்து	நுப்பம்	ஊசி / வடிகுழாய் வழியாக செலுத்தப்டும் மருந்து நேரடியாக முதுகெலும்பில் அல்லது உடனடியாக முதுகெலும்பு கால்வாயுக்கு வெளியே வைக்கப்படுகீறது.							
🗋 மயக்க மருந்து இல்லாமல் ராற்று மருந்து □ பொது மயக்க மருந்து	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான முதுகுவலி, தலைவலி, தொற்று, இரத்தப்போக்கு, இரத்தம்போதல், ஹெமடோமா, உள்ளூர் மயக்க மருந்து, நாள்பட்ட வலி, மயக்க மருந்து, மூளை சேதத்திற்கு மாற்று மருத்துவ சேவை காரணமாக நச்சுத்தன்மை							
🗌 மற்றவை	நன்மைகள்	சில நிபந்தனைகளின் கீழ் சிட்யூவில் பாதுகாப்பாக விடக்கூடிய எபிப்ரி வடிகுழாய்களுடன் செயல்பட்டு வலி நிவாரணம்							
பெரிய / சிறிய நரம்புத் தொகுதி _ மயக்க மருந்துடன் / பொது மயக்க மருந்து	எதிர்பார்க்கப்படும் முழ்வுகள்	உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு அல்லது பகுதியின் தற்காலிக இழப்பு							
ு மயக்க மருந்து இல்லாமல்] மயக்க மருந்து இல்லாமல் மாற்று மருந்து	டுப்பம்	செயல்பாட்டின் பகுதிக்கு உணர்வு இழப்பை வழங்கும் நரம்புகளுக்கு அருகில் மருந்து செலுத்தப்படுகிறது							
பாது மயக்க மருந்து IV பிராந்திய மயக்கமருந்து	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான வலி, தொற்று, இரத்தப்போக்கு, ஹெமடோமா, உள்ளூர் மயக்க மருந்து,மருத்துவ சேவை காரணமாக நச்சுத்தன்மை, மயக்க மருந்து, மூளை சேதத்திற்கு மாறுதல்							
] முதுகெலும்பு / இவ்விடைவெளி மயக்கமருந்து] மற்றவை	நன்மைகள்	– வலி இலவசம் – சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை							

நரம்பு மண்டலம் மயக்க மரு	் மயக்க மருந்து	எதிர்பார்க்கப்படும் முடிவுகள்	உண	- ர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு		., ßbṛrirl ;',		
	மயக்க மருந்து மயக்க மருந்து இல்லாமல்			் ர்னிக்கேயைப் பயன்படுத்தும் பே			ടപ്പദ്രഭിനക്	
மாற்றுகள் 	ிய நரம்பு தொகுதி	துப்பம் அபாயங்கள்		று, வலிப்பு. தொடர்ச்சியான உண				
	വ സന്റ്റു സ്ഥുള്ള വര്യ സ്വാധവ	நன்மைகள்	~ ഖର	– வலி இலவசம் – சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை				
கண்காணித்த ம (மயக்கத்துடன்)	 யக்க மருந்து கவனிப்பு	எதிர்பார்க்கப்படும் முடிவுகள்	கப்படும்					
மாற்றுகள்		நுட்பம்	கையி	ன் நரம்பில் மருந்து செலுத்தப்ப(
☐ பொதுவான ப ☐ முதுகெலும்பு /	மயக்க மருந்து இவ்விடைவெளி மயக்க மருந்து	அபாயங்கள்	நீண்ட	கால மயக்க ம் , காற்றுப்பாதை கம	:டுப்பாடு தேவை			
🗌 மற்றவை		நன்மைகள்	கவை	ல இலவச ம், ஆ ரம்ப கால வெளி	யேற்றம்			
கண்காணித்த ம (மயக்கம் இல்லா	யக்க மருந்து கவனிப்பு மல்)	எதிர்பார்க்கப்படும் முடிவுகள்	கணி	னியில் மாற்றங்கள் இல்லை				
மாற்றுகள்		நுட்பம்	இல்மை	ຎ				
பொதுவான இலேசான ம		அபாயங்கள்	நோய	ாளிக்கு வலி மற்றும் கவலை இரு	க்கலாம்			
🔲 மற்றவை	_	நன்மைகள்	ஆரம்	ப வெளியேற்றம்				
பிறப்புக்கு முந்தை	ய / ஆரம்பகால குழந்தை	பருவ மயக்க மருந்	த்து					
				விளைவுகள் பொது மயக்க மருந்த ஈடும் மீண்டும் வெளிப்படுதல்	ந/மிதமான மயக்கம்/கா்	ப்ப காலத்தில் மற்	றும் ஆரம்ப	
★ நான்/மேற்	கூறிய கோயானி / பெயர்	ர்ப்பட்ட கோயானிய	ின் பிர	சிநிதி, இந்த வடிவத்தில் கையெழு	க்கிப்பட்ட கேகி மன ரீகிய	ராக வை பற்றும்	 எந்தவரக	
				த மேற்பட்டவன் என்று இதன்மூல		നാ ദ്രാവ വാവ്രവ		
மேற்கூறிய செயல்	பாட்டிற்கு (எஸ்) / நடைமு	றை (கள்) எனக்கு தெ	தரிந்துவ	ட்டது. நான் தானாக முன்வந்து எ	ரனது ஒப்புதலை வழங்குகி	றேன்		
டாக்டர் (டாக் டர்) டி.	அல்லது டி–யில் கூறப்பட	ட செயல்பாடு / நக	நடமுறை	றயை செய்வதற்கு) அறுவை சிகீச்	சை செயல்முறையைச் வெ	சய்வதற்கான டா	க்டர் பெயர்,	
நோயாளியிடம் மு	முமையாக அறிந்திருக்கிர	றார். சாத்தியமான ச	MURIUM:	கள் மற்றும் சிக்கல்கள் மற்றும் சா	த்தியமான மாற்றுகள்			
ങ്ങൽ / ദ്വേത്കരില	் கோபானி / பெயரிடப்ப	் கோயகரியின் ப	വെയുടെ വ	இந்த வடிவத்தில் கையெழுத்திடப்	ப்பட்ட கேகி பண் மீகியாக 18	ஆண்டுகள் நிர	risanan Lufturi.	
				முதல் அளிக்கிறேன் என்று மேலும் முதல் அளிக்கிறேன் என்று மேலும்			Discon Miles	
	கையொப்பம் /	கட்டை விரல் பதிவு	*	பெயர்		தேதி	நேரம்	
நோயாளி								
நோயாளிகளின் பிரத் பாதுகாவலர் பொருந்தும் என்றா	`			(நோயாளியுடன் பெயர் மற்றும்	் உறவை எழுதவும்)			
நோயாளிகளின் பிர சம்மதத்திற்கான காரணம்	தீநீதீ ர நோயாளி ஒப்ப	தல் அளிக்க முடிய	ഖിல്തെ	ാ ஏனெனில்				
சாட்சி								
மொழிபெயர்ப்பா பொருந்தினால்								
		രു ഉഥയുക്കുക	ாங்க மு	 யாவிட்டால் மட்டுமே ஆண்களுக்			இட <u>து</u> கை	
, , ,	_, .	- ,,		_				
				றும் சிக்கல்கள், நோக்கம் கொல கு சாத்தியமான மாற்றுகள், நோ				
		•	-	கு சாத்தயமான மாற்றுகள், 'நொ எகப் புரிந்து கொண்டார் என்று நா		இத்து வெள்ளதையுள்	வா. குறத	
	கையொப்பப்	் வ	யர்		பதிவு எண்	தேதி	நேரம்	
பெறப்பட்ட ஒப்புதல்								
				<u> </u>				
					-			





ANAESTHESIA RECORD



very heart beat counts

(ROUNT OF ORREST PRODUCT PRODU	<u>-</u>				Every heart neat counts
Pat Mr. THANDAPANI P]	Type of Sur	gery : 📮	Day Care Д É	Elective
Nat 60/Malc/MHI202381543 UH 09/01/2024/IPH2024000072		Blood Grou			onsi inventira in Kgs
UH 09/01/2024/IPH2024000072	li	Pre-Operati	ve Diagn		Ker. No: 865101
			-	IOSIS: RCA-	Jan 13 COW
COV		Proposed S		_	esthetic Plan
ASA Grade: □ I □ II □ II □ IV	/ DV DE		₽ √1	<u>r</u>	ETRA (· 1
History of Present Illness:	CON	MORBIDITY			Present Medication :
☐ ANGINA	□н1	Ī	☐ SMO	KING	
DYSPNOEA SYNCOPE	JZ DN	Л		DHOL	
□ STINCOPE □ MI .	☐ AS	STHMA / COPE	D ☐ GERI	D	
□ CCF	. (Пн)	PO THYROID	□ CKD	/ NEPHROPATH	A mai Diotolot Standard
OTHERS	1 -	ROKE / TIA	☐ DRU	G ALLERGY	Anti Platelet Stopped on :
Previous Surgery :	D EF	PILEPSY			
' Physical Examination :	y wil sy	STEMC EXA	MINATI	ON _ A	l
☐ JAUNDICE ☐ PEDEL OEDEMA	1	cvs:	(D) B	MA A. Ch	ns: (7)
☐ CYANOSIS ☐ CAROTID BRUIT☐ CLUBBING		RS :		Othe	ers:
	30/80				TEMP.
	2-80			2: <u>የት ½</u>	TEMP:
INVESTIGATION HB : (3.3 TRITIBLIBIN .	- /	SEROLO	OGY	ANGIO MIN	ind CAD.
1.51211(05114 .	<u>о-ь</u> тз : —		ve		<u></u>
PLAT : 2.22 I.D. :	<u>ο· </u>	0 K		ECG 1	HMR.
TC : 7480 D. : 0	2-1	— Urine:	A).		/ 1 × 1 -
UREA :	TSH : _	**	•	CXR 🔊	
CREAT: 0.21 T-PROTEINS : _	— нва1с : <u>२</u>	F+]	٠	CXK (G)	1
IIIV SALRUMIN .		Othorou			
K+ : 4.05 PTT/INR 12:	<u>العالعا</u> RBS : الع	<u> </u>	1	ECHO R	CAN
	30. O			9	en w. B
· ————					(A) W
AIRWAY	CAROTID DOP	PLER			
Teeth (A)				,	, •
Mallampatti class	_		,		;
Mouth Opening				Other Opinio	ns: Dental opinion - abto
Neck Movement / (*)					
TM Distance			_	70 d	<i>\</i> ⁰ ,
Pre OP Instruction :	NPO From:	M MN	3		C.V dopper
Pre Medication : ファー キャット T・Anん+ Night Before Surgery :	~~\\\ 1.i				<u> </u>
T. Ankt	0.05	3		Blood Reservat	ion
Night Before Surgery:	0			PCV :	(🛈 Platelet :
Day of Surgery T. Antit 0.	vs ~~ y			FFP :	CRYO:
	v			Whole Blood:	
Special Instruction :				THOIG DIUUU,	
Remarks:					
	-	DAVEEN	-	_	
Anaesthetist Name with Reg.No.	: Dr. P. F	RAVEEN 10: 86510		Signature	e: 9 X
	Reg. 1	10.	_		

14-1-24 Anaesthetist SS PLANEET Anaesthesia Technique Surgeon RN/ PJK ☑GA 🛂 Áegional 🗆 Others PRE INDUCTION ANAESTHESIA RECORD MONITORS AND EQUIPMENTS **GENERAL ANAESTHESIA** Pulse: 82 BP: 156 7 RR: 18 INDUCTION: Left Right Pre O₂ Rapid Sequence IV Sensorium: __ ALERE / ECG Pulse Oximeter Lend Tidal CO. ☐ Inhalation - Agent used: Sign-in Completed: ☐ Yes ☐ No ☐ Gas Analyzer ☐ Oxygen Sensor Mode of Ventilation: Spontaneous Controlled Equipment Checked: AVEEN Sign: Reg. No. 86510 Temperature Probe AIRWAY MANAGEMENT: Disconnect Intubation Oral Nasal ETT Size Type: CETT Size Type: CTT Size Type Foley Catheter Nerve Stimulator Time: Others:_ PATIENT SAFETY CVC Type: 8-5 MAC Site: (K) IN Throat Pack: Yes No Removed Position on Table: - STINE NG / OG Tube: Yes 1 No Standard Asepsis USG Guidance Pressure points checked & Padded: ☐ Yes ☐ No OTHER AIRWAY DEVICES: ☐ Complications: ☐ Yes ☐ No LMA Type & Size:_ Eye Care: ∠ Yes No ☐ Via Tracheostomy ☐ Face Mask ☐ Nasal Prongs If Yes, details: Safety Belt: ☐ Yes ☐ No Arterial Line - Type: 20h Site: (L) (UF Others: Warming Blanket: ☐ Yes ☐ No PVC Type: (6h site: Rhand Antibiotic / Dose / Time Fluid Warmer: ☐ Yes ☐ Ño 2NJ. CEFURDOWNE 1.5 AM C13.15 TED Stockings: ☐ Yes ☐ No PVC Type: _____ Site: Sequential Compression / Decompression: Reversal of Anaesthesia Others: ☐ Yes ☐ Nø PROPOFOL MIDAZOLAM 45 ঠত <u>څ</u>ک Q عج **FENTANYL** MORPHINE VECURONIUM 2 ETOMIDATE KETAMINE SUXA/ROCURONIUM CISATRACURIUM/ATRACURIUM SEVO/ISOFLURANE Air/Ne On 12.34 6.5 200 Systolic 180 Diastolic A 160 Pulse 140 SIGNS 120 Resp. 100 Operation < 80 60 40 20 166 CVP PAP ETCO. Urine Output PCO, Na RBS 415 BE HCO.

			START		STOP	FLUID TRA	NFUSED	BLOO	D PR	ODUCTS
ANAESTHE	SIA		12,50	\top	17.15	CRYSTALOID	COLLOID	1	ML	
PROCEDU	IRE	1:	 3·4ċ−	\top	16.45	KLXY	WFL	<u> </u>	1710	
		<u> </u>	0-5 (120)	m/h	<u></u>		7,	.		
AXC 12	1.15 -	10.1	.41-686	Smi))					
CUF:	_	13	۱۹۱۰-کره۰ :MUF		<i>9)</i>		 			
	Н	EPAR				Pi	RESSURE MOI	LL NITOR		-
DOSE			ME		ACT	PRE OP	0	_	•	
200 m	γ	13,	59		560	PA	₽V		PC	WP
	<u> </u>			: '		ABP		-	1	
	l Pi	ROTA	MINE	<u> </u>		POST OP	•			
DOSE			ME _		ACT					
275 m	λ Τ)	6,30		120	PA	RV		PC	WP
INOTRO	<u>U </u> DPES & II	VEIIS	IONS			ABP	/			
DRUG	DOS		START	<u> </u>	END	DRUG	DOSE	STAR	Т	END
DILUTION	(RANG		TIME		TIME	DILUTION	(RANGE)	TIME		TIME
ADRE	0.05		→ 1.5 m	~ [h		TRAWERANIO	1 mg/kg/hr			200
	 		†	t_	_	(1.59 20ce)	0 0	15/(5		720
(g ud 20 m	 		15.40	<u> </u>) I6.430	1. 3 100 (7)				
				<u>., 1.</u>	,	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Len Len			
NTS	1 mg		-> 3.3 m	4/4	~	HUMAN ACTRAPID	110-41V	12.30	>	ADCU
25mg/25m			15.4	to_	16.50	2090/40cg		· 		
										
REGIONAL	LANAEST	THESI	IA (FÉS) N	0	· .	IABP:	1			
DETAILS:	FIC	ES	E T	٥.٧	7. Ropivación my Dexmed.	e				
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REMARKS	/ CRITIC	AL EV	/ENTS			TEE: PER O	f Ha. Ann'	187 – S		· 1
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						I				
					TANNITEN CICH	· ·	*			
ANAESTHI		IOT N		Pro	PRAVEEN	TOPRAVEE	N Y			

٠.

	POST OPER	ATIVE PLAN		
Transfer to: SICU	Others, specify:			
	ナー beats/min Rhythm .Hg CVP: ナ mm	Hg PAP:	_mmHg	
VENTILATOR SETTINGS :		IONOTROP	 ES:	
7.v - 400 TR -12 Perp-5: T: = 1:2 Fig 0.4		/ AH SYPY AX ADRENAU	\$ - NE-0.	o&dyllog/nt-
POST OP ORDERS:	- ABG ACT CXR - Vitally manitain - Rusen 205	γ		
MODIFIED ALDRETE'S SCO	ORE (Score against each criteria)	 :	•	
CRITERIA Activity, able to move, voluntarily or on command	PARAMETER 4 extremities 2 extremities No	i.	Scale 2 1 0	Total Score ։ լն
Breathing	Able to breath deeply and conduction Dyspnea, shallow or limited Apnea		1 0	Patient fit for discharge: □ ✓ YES □ NO
Consciousnesss	Fully awake Arousable on calling unresponsive		1 0	
Circulation (Blood Pressure)	+20% of pre-anaesthesia level +20% to 49% of pre-anaesthe +50% of pre-anaesthesia level	sia level	1 0	
SPO ₂	Maintains SPO ₂ >92% in amb Maintains SPO ₂ > 90P% with Maintains SPO ₂ <90% with O	O ₂	1 0	
	TOPRAVEEN S	OPRAVEEN	W	

Signature

Anaesthetist Name & Reg.No.:





OPERATION NOTES

Pre-Operative Diagnosis :	BAU	Seu AS /	Cood	W	function
Post-Operative Diagnosis :	BAV	Seu As	/ Cood	Lν	function

AUR - 23 mm SJM Regent Mechanical Volue Operation Procedure

	Mr.THANDAPANI P
	60/Malc/MH1202381543
P	09/01/2024/IPH2024000072
N	Dr.RAJESH.V
: U : n	
: ₩.	ann beit aust site från derit ertes (RECTRIFT 1971 Britt 94900 ift

'Please tick the type of procedure: D.O. Operation 1 Closed Open 🔽 Nature of Operation Operation Completed: 17.5 Anaesthetic: General Commenced: 13.45 Dr. Rajech / Dr. Prevaen J Perfusionist Mr. 19ens / Ms. Divya Dr. Sylvester / Dr. Proven Nurse Ms. Radhika / Ms. Devi Anaesthetist Midlen Stemotomy Incision

Cannulation Acrts - RA

Arterial 22 Fz Venous 32/40 Two stage

Oxygenator

Median stransformy - Thymus disserted - Vertical Time 120 min Pericadotomy - Systemis hapanneter - 3min - Norte Consultin -

Total

Total

ACC Time ያሪ ሦ⁄ጣ

RA connection - Her chedral - CPB on - Locking to 82'C - CPG

Total

TCA

Findings and Relevant Details:

CPB

Hyperhophic LV Norte meldly distrib Biaspid Aov. Shever type I Ree- Nec

Severe calesfration @

Cusps the dened .

Complatin - Aoxie - Antegrale cold blood 1000+ Cardwoolegia Cad Nily-Repr vent on - Head arested in diestole- Bortobay - Nov Record -Decalcification - Sizing done - 23 mm SJM regard- value fraud with

2-0.17mm. plangeted ticion excelling subvies - Velice tested - Aorte

clased in here! playing that shot - Dearing - total of -

Rosal vent on - Repr vent off - paring were - CPB gradually weened off ... - Root vent off - Venous decormetain - Probamine -

Nortic decouncilation - Herrosboris - Dame placed - Stemmen desal

POST-BY PASS HAEMODYNAMICS

RA	LA		Cardiac Output
RV	LA		Cl
svs		SYS	·
PA	MEAN BP	MEAN	
DIAS		DIAS	
PACW			`
Support: Isoprin	Adronali	ne o-ozyglkalmu	
Dopamine	IABP	ne o ozpaj (raj max	
Dobutrex	Others		
POST-OPERATIVE INSTRUC			
with No.6 Steel work	- Wound d	ored in layer.	
To do - ABG Mer,	chest Kray		
Notes do 1-			
U			
·			
2. Hypoteonis	<u> </u>		
			- -
Blood lon - 500 nl			
Blood bendenis - WI)			
150000 Nevertinin - WII			
			<u> </u>
Drains: Chest			
Mediastinal - ②			
Pericardial <i>(</i>) Others	11/1.	4:	
	Jay	62 Jac	
Sponge Count: Comed-	,	~	
	Dr. V. RA	CTVev	
	Senior Con Cardiothoracic and V	0 1 1 4 - 1 4	
Surgeon:	Reg No: 6	2794	Date: 10-01-2024.







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

OPERATION NOTES

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, Commisures 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

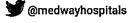
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Mogappair

Kodambakkam

(C) @medwayhospitals

in @medway-hospitals





Medway Group of Hospitals Medway Centre of Excellence (Chennai) Kakinada Chengalpattu Villupuram Kumbakonam

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

044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367 E-mail: info@medwayhospitals.com | Website: www.medwayhospitals.com | CIN: U74900TN2011PTC083665

MHI/HOSP/2022/118





Every heart beat counts

Native aortic valve inspected and excised. Calcium debrided from the annulus. 23mm St.Jude Regent mechanical valve replaced in aortic position with 2-0 Ticron 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. 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

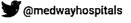
Dr. V. RAJESH Reg No: 62794

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

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1106 - 1 Bot - stand dead to have deplied
Mission way her strange.
Mechanical Valve
Tissue Valve
Pulmonary Artery Left Atrium
Pulmonary Valve Aortic Valve
Right Atrium Mitral Valve
Left Ventricle (typosoften) is
Tricuspid Valve Ventricular Septum
Right Ventricle
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SAFETY FIRST

SURGEON





MHI/ICU/2022/092



ANAESTHETIST

The way to Mr. THANDAPANI P

60/Malc/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V

CONSULTANT

NAME

'S INFORMATION SHEET

AGE / SEX UHID NO

DR. RAJECH	DR. RAJESH	DR. Sylvester				
DIAGNOSIS (In Capital Letters)	1. MINIMAL CAD					
		CALCIFIED BICUSPID				
} .	4. ADRIC WALVE, SEVERE AS, TRIVIAL AR					
	5. NORMAL RULLU SYSTOLIC FUNCTION					
ni	6. GIRADE 1 DIASTOLIC FUNCTION 7. EF-62./. 8.					
	T2DM					
PRESENT PROCEDURE/ SURGERY	ADRIC VALLE RE 22mm SJM RECHE	placement using ent mechanical value lolil2024_				
PREVIOUS PROCEDURE/ SURGERY	CSIP LE CATARACT,	Survery 2000				
CONTACT NO. & RELATIONSHIP	1. MR. ASHOK (VC). (SON) 8754106672	2. MR. ANAND (20N) 7904 880675				

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	09/01/24	T. ATORNAS	long	مام	1-0-0	
2	09/01/24	T. DAN	Army	plo	1-0-0	
3	69/01/24	7. m47	Hab	pla	(-0-0)	Cothes
4	,			•		
5						
6						
7						
8	_					
9						
10						

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	10).1/24	SUSPENSION SUCRALPAGE.	10 5	1010	1-1-1.	
2	101,194.	-NEBY LEVOSALBUTA MOL	0,63 :	FWH	1-1-1-1	7
3	11/1/24	T. FRUSEMIDE	427	bo	1-1-0.	
4	11/1/24	T, SPIROHALAGONE	25mg	610	1-1-0.	
5	11/1/24	TREPLEN FURTE	1 tcbs	C10	1-0-0.	Continue
6	10/1/24	a. ASPIRIN.	tima	plo.	0-1-0	
7	17/124	T-ATORVASTATIU	207	plo	٥-٥-١.	
8	11/124	7-PARACETAMA	650	610	1-1-1.	
9	11/124	syp, CREMATER	1501	1210	D-0-1.	
10	111724	7, METOPROLOL	12/5/	U10	1-0-1,	

ANY RELEVANT INFORMATION:

Admission / OT Receival Date and Time: 10 01 2024	Condition of the Patie 1. Stable / Unstable 3. Conscious / Semice		571 Varti 2. Oriented / Disoriented
(ما الحا- عه From: Of To: الاس	4. Febrile LA febrile	onscious / Unconscious	5-Intubated / Extubated
Transfer Out 11 2024 AT Date and Time: 1210 From: S1 U To: 40 FW.	Condition of the Pation 1. Stable / Unstable 3. Conscious / Semico 4. Febrile / A fébrile	ent : onscious / Unconscious	2. Oriented / Disoriented NA 5. Intubated / Extubated
Transfer In	Condition of the Patio	ent:	
Date and Time : From : To :	Stable / Unstable Conscious / Semice Febrile / A febrile	onscious / Unconscious	2. Oriented / Disoriented5. Intubated / Extubated
770.		Manda	
 Known Case of Diabetic Mellitus Known Case of 	Year 6 Months	Months	Dayş
Hypertension 3) Known Case of Bronchial Asthma/COPD	-		
4) Known Case Of Others	, ,		S
Denture	☐ Yes ☐ Permanent Fixatio ☐ Temporary Fixatio	n : Present / Absent	
Allergic Reaction : Drugs/Food	☐ Yes If you means mention a	No Shout Drug / Food Name	e:
Pressure Ulcer Present	☐ Yes If you means mention a	No about Grade : 1/2/3/	4 & Site:

ANY RELEVANT INFORMATION:

		·-···			Sign With Date
Peripheral Cannulation	1. Site: Rt Dorsum	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 :	
Neek Line: LJL/EJL	Site: RT IJU	Inserted Date		Removed on	Magnac
Arterial Line : Right/Left	Site: LI RADIAC	Inserted Date		Removed on h	2.
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			2	
Urinary Catheterization	Inserted Date and Tim	18.10	Removed or	1 11/24 @4.80	2271
Nasal / Oral Gastric Tube	10/01/2024	13.15	Removed or	1 - 1	Dayl.
Intubation Date and Time	MILLEY AT 20	1.50		n Date And Time	
Other Information	patient als breathlessness on exertion 4 Rt sided chest pain S. Eetto Donle on 28/12/2023 CAG done on 30/12/2023 ECG done on 4/01/24 (ATR-81 Bpm)			A CONTRACTOR OF THE PROPERTY O	



Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V







T'S INFORMATION SHEET

NAME	AGE/SEX GOYRS	M UHID NO 202381543
CONSULTANT	SURGEON	ANAESTHETIST
DR. RAJESH	DR. RAJESH	DR. PRAVEEN
DIAGNOSIS (In Capital Letters)	2. GOOD LU FUNC 3. THICKENED Q (AORTIC UALVE	TABETIC MELLITUS TION - LEF - 627. CALCIFIED BICUSPID TRIVIALTAR H
PRESENT PROCEDURE/ SURGERY	AVR	
PREVIOUS PROCEDURE/ SURGERY	D'sided eye cate	wact surgery done a wind hospital of
CONTACT NO. & RELATIONSHIP	1. MR. ASHOK (SON)	2.

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	30.12.23	T-ENVAS	2. BMU	Pho	C-0-1	bliku
2	11	T ATORVAS	10Mai	Pho	0-0-1 7	
3	N	T. PAN	Homon	Ph	1-0-0	
4	11	T. METFORMIN	500M0	Pho	1-0-0	
5	H	TVM·T	SATI	Plo	1-0-0	Confinue
6		;		,	7	
7		,				
8	·					
9		1 .				
10						

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	09.1.24	T - ATORVAS	tomaj	Plo	0-0-17	
2	W	TPAN	HOMOT	Plo	1-0-0	
3	lı	T. METPORMIN	Боти	Plo	1-0-0	Continue
4	1\	T. MVT	LTAB	P/D	1-0-0	
5				*	J	
6			_			
7						
_8						
9						
10					1	

ANY RELEVANT INFORMATION:

Admission / OT Receival Date and Time : From : To :	Condition of the Pation 1. Stable / Unstable 3. Conscious / Semicon 4. Febrile / A febrile	onscious / Unconscious	2. Oriented / Disoriented 5. Intubated / Extubated
Transfer Out Date and Time : From : To :	Condition of the Pation 1. Stable / Unstable 3. Conscious / Semicon 4. Febrile / A febrile	 Oriented / Disoriented Intubated / Extubated 	
Transfer In Date and Time: From: To:	Condition of the Pation 1. Stable / Unstable 3. Conscious / Semicon 4. Febrile / A febrile	onscious / Unconscious	2. Oriented / Disoriented 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 MThs	Months	Days
Denture Allergic Reaction : Drugs/Food	☐ Yes	No n : Present / Absent No shout Drug / Food Name	:
Pressure Ulcer Present	☐ Yes If you means mention a	No Subout Grade: 1/2/3/4	& Site:

ANY RELEVANT INFORMATION:

					Sign With Date
Peripheral Cannulation	1. Site:	1. Inserted Da	ite and Time	1. Removed on :	
	2. Site:	2. Inserted Da	ite and Time	2. Removed on :	
	3. Site:	3. Inserted Da	ite and Time	3. Removed on :	
Neek 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 Ro		Removed on	
Drain Site	1. Mediastinal: Inserted Date and Time Removed on				
	2. Pleural Right / Lei	ft : Inserted Da	ate and Time	Removed on	
Urinary Catheterization	Inserted Date and Time Removed		Removed or	n.	
Nasal / Oral Gastric Tube	Inserted Date and Tin	ne	Removed or	n .	
Intubation Date and Time	Extubation Date And	Time	Reintubatio	n Date And Time	
Other Information	10 pu s	proofs	tion d	oral	9/1/24 Siro
	coadism	as bo	ita r	133	Sit





SAFE PROCEDURE CHECKLIST Adapted from WHO Safe Surgery Checklist



<u>Everu heart beat counts</u> Mr.THANDAPANI P

60/Malc/MHI202381543

Name of the Procedure :	N RTOPEN HEAR	Location: CT-OT-II	Date & Time :	0 1 24 09/01/2024/IPH2024000072
Does the Procedure involve	e Procedural Sedation : ঢ	Pres □ No		Dr.RAJESH.V
SIGN IN 1 12 115 Before Induction of Procedural S	edation	TIME OUT 1 7-45 After procedural Sedation and before procedure		SIGN OUT 1 17-15 When Doctor indicates that the Procedure is completed
(Anaesthetist / Qualified Physicia Sedation + Nurse + Technician + Do	n administering Procedural octor performing the procedure)	`	performing the Proced	
Patient Confirmation		All team members introduce themselves by Name and Ro	ole	To be done for each procedure in case of multiple procedures
Identity by two identifiers	□¥es	Identity by two identifiers	D⊒Y€\$	Name of the Procedure done written down 17es
Procedure	⊒Yes	Procedures	131 Yes	Name and site of all specimens / investigations Yes NA
Side	□Rt □Lt □NA	Side	□Rt □Lt □NA	confirms labeling and sent to lab
	Chest	Expected Blood loss 300 ml	Chest	
Consent	⊒Yes .	Position	ZYES Ouping	Any recovery concerns : ☐ Yes ☐ Nor/e
Known Allergy	☐ Yes ☐ Not (Anou)	Consent .	☐ Yes	If Yes, Pls. specify ;
}	If yes, plaese specify	Required equipment and implants available	☐Yes ☐ NA	_
Difficult airway / aspiration risk	No ☐ Yes, equipment	Essential Imaging displayed	DYES □NA ⊀~	4M
/ dentures	and assistance available	Antibiotic prophylaxis within last 60 minutes		
Possibility of hypothermia	☐ No ☐ Yes, warmer in place	Name of the Antibiotic given		Any Equipment / instrument problem that needs to be addressed:
		Venous Thromboembolism Prophylaxis Provided	Y□Xes □NA	If Yes, Pls. specify:
All concerned anesthesia equipment	and medication check complete	Anticipated duration briefed	U ⊒¥€\$	in the same liques and
Spo2 NHBP □ Other	rs pls. specify	Anticipated blood loss briefed	□¥e\$ □ NA	instruments, & ponge, yourse and
Pre OP medication taken	UYes □No	Adequate fluids and blood available	V⊒Yes □NA	Neoble Courts are correct
		Team briefed on any critical or unexpected steps	[] Y≥s	Corrective action :
Required equipment for	Yes NA	For procedural sedation cases	1-11-11-11-11-11-11-11-11-11-11-11-11-1	
procedure available		Any patient specific concerns : Intra procedure glycernic control	Yes Mone	-
	_	Any concerns about sterility	Yes Mone	
Anaesthetist / Doctor giving	Doctor performing fi	Nurse: Sk	Technician :	Others Please Specify:
Procedural Sedation DR-SS/DR. PRAVCEN	Doctor performing the Procedure:	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APHTAS - TA	DIMC OT-INC. CHRISTINA 10036
Date: 10 01 2024	Date: 10 01 200	Date: Vol(01/2024	Date: 10 0 2003	Date: 10 01/2024
Time: 17-15	Time: 14-15	Time: 17-15	Time:	Time: 157.15 8/2 .







CONSENT FOR BLOOD / BLOOD CUMPONENTS

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

Red cells

for bleeding or low hemoglobin

Platelets (

for bleeding or low counts

Plasma

for restoring blood volume or providing clotting factors

Cryoprecipitate

for special clotting factors

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

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

Omi	Patients name. Thousand
Witness Doctor SUNN	Patient signature P. B. on LUN OF
Doctor (CANA)	or Guardians name. T. ASHOK
Time 9 90	Guardians signature
Date 911 24	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





Every heart beat counts-

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

ஒப்புதல்:இரத்தம் / இரத்தத்தின் பாகங்களை செலுத்துதல்

இரத்தம் செலுத்துதல் என்பது, மருத்துவரால் பரிந்துரைக்கப்படுகின்ற ஓர் உயீர் காக்கும் மருத்துவ செயல்முறையாகும். 'முழுமையான' இரத்த	<u>B</u> ui
அளிக்கப்படலாம் என்றாலும், பெரும்பாலும் ஒரு பாகம் அல்லது பாகங்களின் கலவை செலுத்தப்படுகிறது. மிகப் பொதுவான பாகங்களில்	
கீழ்க்கண்டனை அடங்கும்:	

சிவப்பு அணுக்கள்

இரத்தப்போக்கு அல்லது குறைந்த ஹீமோகுளோபினுக்கு

தட்டனுக்கள்

இரத்தப்போக்கு அல்லது குறைந்த எண்ணிக்கைக்கு

கருகிகீர்

டுரத்த கனஅளவை மீட்டமைப்பதற்கு அல்லது உறைவு அம்சங்களை வழங்குவதற்கு

கிரையோப் ரெஸிப் டேட்

சிறப்பு உறைவு அம்சங்களுக்காக

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

- 1. இரத்தம் செலுத்துவதில் கிடைக்கின்ற விருப்பத்தேர்வு பற்றி எனக்கு தகவலவிக்கப்பட்டுள்ளது, இதில் தன்னார்வ தானமளிப்பவர்கள் வழங்கியுள்ள வங்கியிலுள்ள இரத்தம் (அலோஜெனிக்) அல்லது சுயமாக தானமளித்தல் (ஆட்டோலோகஸ்) ஆகியவை அடங்கும். ஓர் அவசரநிலையில், வங்கி இரத்தம்தான் பயன்படுத்தப்பட வேண்டியிருக்கும். நேரம் கிடைக்கும் பட்சத்தில் சுய தானமளிப்பிற்கு வாய்ப்புள்ளது.
- 2. தேசிய விதிமுறைகளுக்கேற்ப கவனத்துடன் முன்சோதனை செய்யப்பட்டிருந்தாலும், உயிருக்கு ஆபத்தை விளைவிக்கக்கூடிய தொற்றுக்களான எய்டல், ஹெயலாட்டிஸ் மற்றும் இதர வைரஸ்கள் அல்லது இதுவரை அறியப்படாத நோய்கள் ஏற்பட்டுள்ள அளிதான நிகழ்வுகளும் உள்ளன. எல்லாவிதமான இடர்களையும் நீக்குவது என்பது நடைமுறைக்கு இயலாத ஒன்றாகும் என்பதையும் நான் புரிந்து கொள்கிறேன். கணிக்க முடியாத எதிர்விளைவுகளும் தோன்றலாம், இவை, காய்ச்சல், பொரிப்பு, முச்சுத்திண்றல், அதிர்ச்சி மற்றும் அரிதான நிகழ்வுகளில் இறப்பு ஆகியவற்றை உள்ளடக்கி, அந்த வரம்புக்குட்படாதனையாகவும்குட் இருக்கலாம் என்பதையும் நான் புரிந்து கொள்கிறேன்.
- 3. இரத்தம் செலுத்துவதன் மூலம் எதிப்பார்க்கப்படும் நன்மைகள், அதிர்ச்சி, முளை மற்றும் இதர உறுப்புகளுக்கு ஏற்படும் சேதம் குறைக்கப்படுதல், குணமடைதலைத் குரிதப்படுத்துதல் மற்றும் இரத்தம் இழக்கப்படுவதைக் குறைத்தல் ஆகியவற்றை உள்ளடக்கியிருக்கலாம், என்றூலும், எதிர்பார்க்கப்படும் நன்மைகளுக்கு உத்தரவாதம் ஏதும் அனிக்கப்படவில்லை என்பதையும் நான் புரிந்து கொள்கிறேன்.
- 4. இரத்தம் செலுத்துதல், மாற்று சிகிச்சை முறைகள், சிகிச்சை எடுக்காமல் இருப்பதிலுள்ள அபாயங்கள், பயன்படுத்தப்படவிருக்கும் 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 பராமிப்பின் பொருட்டு, இரத்தம் மற்றும் /அல்லது அதன் பாகங்கள் செலுத்தப்படுவதற்கு நான் ஒப்புக்கொள்வதுடன், வனது கைபொப்பத்தின் 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 இத்துகவலறிந்த ஒப்புதல் மூலம் வழங்குவதற்கு நான் ஒப்புக்கொள்கிறேன்.

	நோயாளியின் டெயர்
சா ் சி	நோயாளியின் கையொப்பம்
மருத்துவர்	அல்லது பாதுகாவலரின் பெபர்
_{நே} ரம்′	பாதுகாவலின் கைபொப்பம்
தேதி	நோயாளியுடனான உறவு
உயிருக்கு ஆபத்தான/அவசரக்காலு மருத்துக	ச நிலை காரணமாகத் தகவலழிந்த ஒப்புதல் பேறப்படவில்லை. தகவலநிந்த ஒப்புதலாகக்
கருதப்படக்கூடிய அளவிற்கு நான் போதிய	அளவு தகவலை நோயாளிக்கு வழங்கினீட்டேன், மேலும் ஓர் உயிருக்கு, ஆயத்தான/அவசரக்கால
மருத்துவ நிலையை மாற்றுவதற்கு, மேம்படு	ந்துவதற்கு, நேர்மாறாக ஆக்குவதற்கான போதிய அளவில் இரத்தப் பொருட்களை வழங்குவதற்கான
உத்தரவை வழங்கும் நடவடிக்கைவ்ப நான்	மேற்கொண்டுள்ளேன்.
நேரம்:	
நோயாளியின் பெயர்	மருத்துவரின் கைபொட்டம்
தேதி:	
` ~	





Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.Rajesh.v





1

CONSENT FORM - PHYSIOTHERAPY

I, Mr. Thandapani · P the Patient or peresentative of patient have (please tick the correct option above and below):
☐ Read
1/We have been explained the current clinical condition of me/my patient
Been explained this consent form in(Name of language) which I fully understand and understood
the information provided about Operation / procedure
POST OF ERATIVE CARDID.
_
PULMONARY REHABIL ITATION.
(full name of operation / procedure given below in this consent form)
Brief description of the Operation / Procedure: DBE's, Chest percussion, ARDM Gr's,
'
Spirometry Bo's Mobilization
l understand the intended benefits of undergoing the procedure . The intended benefits from this procedure are:
TO Temproue Strom, TO Emproue Chest Espansion,
To Clean but Lung Secretion. To Emprove ADL I understand that all procedures carry certain risks. The potential risks and complications from this procedure:
10 Clark pla King Secretary, 10 Comprise 110
Funderstand that all procedures carry certain risks. The potential risks and complications from this procedure:
Pair
<u> </u>
·
I have been explained the implications of not undergoing this procedure and the alternative methods of treatment like:
Thave been explained the implications of not directly only this procedure and the alternative methods of treatment inc.
-
∧ ∱:∫

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 Pa	atient / Patient's Relative (on	ly if Patient is	unable to sign): ﴿ الْمِرِهِ	75 Lig		
Dr. <u>A<as< u=""></as<></u>		f doctor perf	orming the operation ,	procedure) for carrying	out the said ope	eration /
procedure on L intended benefi	∡myself or ☐ my above nam its and possible alternatives	ned patient	being fully aware of	the nature, potential ri	sks and complic	ations,
، ه	Story					
	ned Patient ⁱ / named patient's this form, mentally sound and					s on the
	Signature / Thumb Im	pression*	N:		Date	Time
Patient		·)				
Surrogate/Guardia (if applicable #)	an jan	1'	Дb γητη (Write name and rel	lationship with patient)	12/1/24	11:00
Reason for surrogate consen	Patient is unable to giv	ré consent l	oecause:	,		
Witness	<u>God</u>		B .V	ani 8~	12/1/24	11:00
Interpreter (if applicable)						
* Right Hand for Mal	es & Left Hand for Females 7	# Only if Patie	nt is a minor or unable to	give consent		
procedure cour	ned doctor, have explained t se, and possible alternatives e/she has understood the inf	to the plann	ed operation / proced	dure, to the patient / pati		
			·			
Composit	Signature	Nam		Reg. No.	Date	, Time
Consent obtained by	Gi-L Alox		AKASH-Q.B AKASH G.B	0256	12/11/24	[1,00
Procedure performed by	G. Hol	/	AKASH G.B	0256	Pelider	00,11

 \parallel



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



IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

Chief Complaints:				
pt clo Breathlessness c	on Greation (Grade-II MYHA) A I Montt.			
Hlo @ Sided Chest pour x 3das	ęs .			
Occupation: Heavy Activity Moderate Activity	Light Activity			
Occupation: Heavy Activity Moderate Activity Past Medical / Surgical History:	y Light Activity			
Kiclo Dm x bmonthe. SIH -> @ Sided Catroct Dorgery @2022				
On Observation:				
Built: ☐ Thin ☐ Fair ☐ Well Built ☐ Obese │ Postural Deviation				
Deformity: ☐Yes ☐No │ Swelling: ☐Yes ☐No │ Gait Devia	tion: Yes No External Appliances: Yes No			
On Palpation:				
	☐ INSIGNIFICANT			
Tenderness: ☐ Yes ☐ No Warmth: ☐ Yes ☐ No Muscle s	pasm:□Yes ☑No			
Tenderness: ☐ Yes ☐ No Warmth: ☐ Yes ☐ No Muscle s Oedema:☐ Yes ☐ No │ Crepitus:☐ Yes ☐ No │ Tone:☐ Norn	pasm:□Yes ☑No			
Oedema:□Yes□No Crepitus:□Yes□No Tone:□Norm	pasm:□Yes ☑No nal □Abnormal			
Oedema:□Yes□No Crepitus:□Yes□No Tone:□Norm	pasm:□Yes ☑No nal □Abnormal			
Oedema:□Yes□No Crepitus:□Yes□No Tone:□Norm	pasm: Yes INo nal Abnormal History of fall in last 3 months			
Oedema: Yes Ao Crepitus: Yes No Tone: Norm FALL RISK SCREENING Fall Risk Screening for Adults: Age more than 65 years	pasm: Yes INo nal Abnormal History of fall in last 3 months Any neurological problem			
Oedema: Yes Ao Crepitus: Yes No Tone: Norm FALL RISK SCREENING Fall Risk Screening for Adults: Age more than 65 years Walks with assistance	pasm: Yes INo nal Abnormal History of fall in last 3 months Any neurological problem			
Oedema: Yes Ao Crepitus: Yes No Tone: Norm FALL RISK SCREENING Fall Risk Screening for Adults: Age more than 65 years Walks with assistance In case of 2 or more criteria is met, initiate detailed fall assessment	pasm: Yes INo nal Abnormal History of fall in last 3 months Any neurological problem nent and fall prevention protocol.			
Oedema: Yes Ao Crepitus: Yes No Tone: Norm FALL RISK SCREENING Fall Risk Screening for Adults: Age more than 65 years Walks with assistance In case of 2 or more criteria is met, initiate detailed fall assessr Fall Risk Screening for Pediatrics:	pasm: Yes No nal Abnormal History of fall in last 3 months Any neurological problem nent and fall prevention protocol.			
Oedema: Yes Ao Crepitus: Yes No Tone: Norm FALL RISK SCREENING Fall Risk Screening for Adults: Age more than 65 years Walks with assistance In case of 2 or more criteria is met, initiate detailed fall assessment of the company o	pasm: Yes No nal Abnormal History of fall in last 3 months Any neurological problem nent and fall prevention protocol.			
Oedema: Yes Ao Crepitus: Yes No Tone: Norm FALL RISK SCREENING Fall Risk Screening for Adults: Age more than 65 years Walks with assistance In case of 2 or more criteria is met, initiate detailed fall assessment of the second of the seco	pasm: Yes No nal Abnormal History of fall in last 3 months Any neurological problem ment and fall prevention protocol. seizure, etc) Deranged mobility ment and fall prevention protocol.			
Oedema: Yes Ao Crepitus: Yes No Tone: Norm FALL RISK SCREENING Fall Risk Screening for Adults: Age more than 65 years Walks with assistance In case of 2 or more criteria is met, initiate detailed fall assessment of the property of the	pasm: Yes No nal Abnormal History of fall in last 3 months Any neurological problem ment and fall prevention protocol. seizure, etc) Deranged mobility ment and fall prevention protocol. Brain Injury (if applicable):			
Oedema: Yes Ao Crepitus: Yes No Tone: Norm FALL RISK SCREENING Fall Risk Screening for Adults: Age more than 65 years Walks with assistance Walks with assistance In case of 2 or more criteria is met, initiate detailed fall assessment H/O fall in last 3 months Neurological problem (vertigo, In case of 2 or more criteria is met, initiate detailed fall assessment Respiratory Status: Respiratory Status:	pasm:			

Spine Injury: Present Absent				
AIS:ISNCSCI SCALE:				
☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx				
Associated Injuries: Speech impaired: ☐ Yes ☑ No				
Voluntary Movements: ☐ Present ☐ Absent Tone Modi	fied: ☐Hypotonic ☐Normal ☐Hypertonic			
ASHWORTH SCALE: —				
☐ Tightness ☐ Contracture ☐ Deformity ☐ Sensory Defi	icit			
Balance: Good Fair Poor Co-ordination: Go	ood 🗌 Fair 🔲 Poor			
Functional Activities				
Self Care: ☐ Independent ☐ Dependent ☐ Bed Mobility:	□ Independent □ Dependent			
Transfers: Independent Dependent Ambulation:	⊒Independent □Dependent			
FIM Score:	·			
Breathlessness (If applicable): Greent	· · · · · · · · · · · · · · · · · · ·			
Breathlessness (If applicable): Present Dyspnoea Grading Scale: Grade II (NYHA)				
Abnormal Breathing Sounds: ☐Wheezing ☐Stridor ☐ Co	rackles □ Pleural Rub □ Pneumothorax Click □ Stertor			
Abnormal Breathing Pattern:				
Pain Assessment: Pain: ☐ Yes ☐ No				
Pain Score: 6/ w	•			
Tick whichever is applied:	Scale 🗆 Visual Analog Scale 🗆 Wong-Baker Faces			
☐ Pain Scale ☐ Critical Ca	are Pain Observation Tool 🗆 FLACC			
Location Chest Duration: worth Frequency: on a go Character: Compneying				
☐Acute ☐ Chronic ☐ Burning ☐ Aching ☐ Radiating ☐ Numbness				
☐ Sharp ☐ Cramping ☐ Stabbing ☐ Crushing				
Aggravating Factors:	Relieving Factors:			
on Exertion	on Rul			
1	<u> </u>			

Examination (Please tick and mention ab	onormal findings only):			
☐ Range of Motion:	•			
Normal				
☐ Muscle Strength:				
Normal ☐ Reflexes:				
☐ Reflexes:				
Mormal				
1				
Plantar Response: ☐ Diminished ☐ Bris	sk 🗆 Clonus	1		
Biceps: ☑Diminished ☐Brisk ☐Clonu				
Triceps: ☑⊅ĩminished ☐Brisk ☐Clonυ				
Supinators: ☑Diminished ☐Brisk ☐C				
Knee: ☑Diminished □Brisk □Clonus				
Ankle: ☑Diminished ☐Brisk ☐Clonus	;			
Sensation: Grood				
Investigation & Findings:				
Calcilic	severe Aprilic Steno	Isis Ricuspi	d Ann	` C
		() (ulie.
1 E LV 72	-Dm			
i				
Physiotherapy Management Plan:				
Des				
- Chest percussion	_			
- Arom Ests - Spirometry Exts - Mobilization				
- Spirametry Fx's				
- Mobilionth				
Signature	Name	Emp. No.	Date	Time
Physiotherapist	Ramanathan p	0280	19/1/20	Joo

RE-ASSESSMENT FORM			
Date & Time	Fall Risk Score: Pain Score: 3/10° -DBE'S encourage -Chut percurvion to -AROM Ga's to -AROM Ga's to -Spirometry Ga's -Mobilization -TO Emprove -TO Emprove	Blusce Encouraped From	
	Post Intervention Pain Score: of Treatment Care & Plan:	2110 Oardiac Palmonary Re	habitatia
Physiotherapist	Signature	Name ALMSH- G.B	Emp. No.





Medway Hospitals®

The way to better health

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

Dr.RAJESH.V

	_	PHYSIOTHERAPY TREATMENT CHART	
DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
10/1/24	do:50	8/B_Ramawathan	. Draft
		PT exhibated	G. E. Shah
		- 5T Coral / Was al Suctioning.	MHILL
		dur grelded fliede while	
		- Pt hoice deper Coundible	
		n Nebruli Red	
		- pt connected to Masar	
		Brown (02: 4 librer)	
		- Gossandy ein ouroward	
		- Spoontry ei ourouronged In: booce (Exp) booce	,
	6.00	StB AteASIT Ramanatham - Door encouraged - Sprometry sir encouraged The books exp: books	G. B. Alex
11/1/24	β, δο	-Dear encouraged	Gr. B. Allow
		- Sprometry est encouraged	
		Ins. booce exp: booce	
		- duit paramein to Ble	
		Most wall	
		- Aron to Bh Vilei	
		S/B IAIRASH	
11/200	9:00	a mand	GE Lak

DBer Oncouraged
- Spirometry en encouraged
Ino: booke exp. 600ce
- Chert porcurant forth





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MI.THANDAPANI P 60/Malc/MHI202381543 09/01/2024/IPH2024000072 Dr.RAJESH.V

PHYSIOTHERAPY TREATMENT CHART

1		PHYSIOTHERAPY TREATMENT CHART	:
DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
		Chart wall - prom to Bh vi Ele	:
11/1/24	[b:∞	S/B ARASIA - DROX OUXOURAGES - Sproonetry Su encourages - Ters: booce Exp: 600ce	GIB SALOR MIHO256
		- Chut percusuar	
		Aron to ple ve fle Aron to ple ve fle Pr mobilied Phoid Per duair mobilied —pr duair mobilied	
01/1/24.	<i>~</i>	CS/B Domanathan &	
		-DBES encouraged -Chart percussion to BL-Chest cashe -Arom Bos to B/L UL & LL	MHLD260
1		- Spirometry 60's encouraged Pur: 600ce Gop: 600ce	
12/1/24.	6:00	DBE's encouraged	
		-Chest percuenon to Ble Chesticales -AROM Gob to BLL UL 2 CL	
		Enribonet of 6/2 encouraged Enribonet for: 600 a Pt chair Mobilized	myloses





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Mr.THANDAPANI P

60/Malc/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V



PHYSIOTHERAPY TREATMENT CHART			
DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
12/1/24	9:00	Sle Aunsus Dea emourages - Sproonutry où conourages To have Bep. 60000	G-B-Shap MH10256
		Sto Auasus Des euromogra - Sproenity où curourged Tes: booce Bep. booco - chest percurur bell Ohest wall Arom to ble ve ell	
1all lan	16:00	SÍB AKASH	G-E-ALOU M410256
		- Drew encouraged - Sprometry ou encouraged In: booce Exp: booce - Chect percussion to Bli Chect wall - Arom to Ble Ur fle - PT Mobilized	
13/1/24	 P-Ωο	Shs AKASU - Dies ourdwaged - Spromitry en encouraged - Spromitry en encouraged - This: books Bap: books - Diet Reventian Jobbs	J. 10256
		- Aron to Bh or fire - PT Mobiles Ed	





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Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V

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PHYSIOTHERAPY TREATMENT CHART

<u> </u>		I III GIOTTILIAN I TIXLATALINI OTANI	, :
DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
(2/1/5t	[H]00	S/B ALPSA	Not Mad
	!	- Strometry & Euconages - Strometry & Euconages In: 60000 pp: 60000	GI. & SARA
		due porcussion la	
		-pr Mobilised -pr Stain Cloub eneourage)
Mah	\$.00	Sh AreAsun -Box ourowaged	Gr. B. Short
		- Sprometry & ourouraglar Tes 2 booce Exp: 60000 - Out porcuseux to Ble	
•		- Agon to Bh undle	
15/1/24		- pr Stair dent Ouourges She ALASH - Drew ouroged	P, 5 Head
		- Spronntry en encourages Ins, booke top, booke - duct perionnien to Ble	₩ ₩ ₽¥ ₽¥
-		dient wall	





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

Dr.RAJESH.V

HR NA URDEN KRATON KARANTALURUKALATA KARANTA

PHYSIOTHERAPY TREATMENT CHART					
DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS		
-		- Aron to Bh videc - pr Mobilized			
		Pr application ed			
		•			
	. }				





Every heart beat counts

Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V

N WENTET TIME TOTAL THE DE BANKET BURGE AND RED LEI

MICROBIOLOGY SHEET **URINE ROUTINE ANALYSIS** DATE COLOUR **REACTION** SPECIFIC GRAVITY **APPEARANCE** ALBUMIN **SUGAR ACETONE** BILE SALT **BILE PIGMENT UROBILINOGEN PUS CELLS EPITHELIAL CELLS** RBC WIL CASTS **CRYSTALS OTHERS**

MICROBIOLOGY-CULTURE REPORTS

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







DIABETIC CHART

Mr.THANDAPANI P 60/Malc/MHI202381543 09/01/2024/PH2024000072

Dr.Rajesh.v

ACTUAL WE	EIGHT	54.510gHbA1c	7.07.		_
PREVIOUS	DIABETIC	MEDICATIONS	- Mefformin Da	y ta	o(AF)
DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
al 1/24	9.30	225 Mg/dL		5 Din	be you
	10.30	175 mg/d1		Jevb	April 1000
	18:30	130 mald2		Bus	Dr. Drogen
1001/24	6.30	133 mg Pd1	NPO	3 Pro-	10/01/34/17/19
	1.43	117 later my ldl	NPO .	5 Droza	DR · HYDROX
			/	_	
_					
			\		
	-				

INSTRUCTIONS FOR INSULIN INFUSIONS

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





DIABETIC CHART



Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V

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

ACTUAL WE	IGHT	55kg HbA ₁ c	ユ・1・/・		
PREVIOUS I	DIABETIC	MEDICATIONS MET	DRMIN Sooms	1-0-6 CAF))
DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
10/01/24	#·25	204 mg/dl.	Livi Human Actia	(. Br- of	Dr. Sylvester
1-1 24	<i>ბ</i> 1130	MangldL	INFUSION STOPPED	Damio 12105	DR. ATBETHA
11/124	24100	1/27mg ldL	_	Damfolal	DR. ATEMA
Milau	6.30	17thmqldL	7. METFORMIN 500mg Plo GIVEN AT 8:20	Down OLD	DR. PRAVEEN
10/1/04	12.30	210 mg idl .	Bunk Diren	inear va	DR, PRAVEEN,
11/1/24.	19,30	224 mg (d).	TAB. UTYCOMET CIPL,	a planta.	Dr. ABOVEEN
12/01 by	6-00	160 maidi	T-METFORMINI Nomy	Maan 02-96	De PRAVEEN.
_ (9	12,30	<i>i</i>	Rochackat		10 M 341555
	15-50	124 mg/dl	3 Pin	900 8	Art
	1880	119 mg [d]	7. Metformen sooning	APC 6	0 A50161
01/24		118 mg/d/	T' may anin 500y(T)	Quar 2.00	Dr. praven.
	10 9 4	1ca mar 1		Aller	V. 10 200 600

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

CTIONS FOR INSULIN INFUSIONS







Every heart beat counts

DIABETIC CHART

Mr.THANDAPANI P 60/Male/MHI202381543 09/01/2024/iPH2024000072

Dr.RAJESH.V

ACTUAL WE	IGHT	55 Kg		<u></u>	
PREVIOUS	DIABETIC	MEDICATIONS	year mod	1-04 (3)	<u> e </u>
DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
13/1/29	1830	141 mg foll	J. may James Blk	800	DV: Promeon
101 21 24	6.30	159 mald1	T. Melfornin S		Dr. Plausen
	12.50	176m91d1	_ ~		Dr. Plausen
	8-20	171 malal	1. Methrmin	Story BOL W	De-165201
15/1/24	6.30	189 mg/dL	T. Methrmin T. Methormins	Showf Shot in	· Coulon
		. , , , , , , , ,			
-					
1					

INSTRUCTIONS FOR INSULIN INFUSIONS

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







60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V



BLOOD GROUP

" O" POSITIVE

INVESTIGATION SHEET

Date	每/1/24	·	1		,,-; ,	
HAEMATOLOGY		⊱ ·				
Hb	-13-3				. '	
P.C.V · · ·	40.1			-	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Platelets	223000					
TLC ·	74.80	n		1		
Polymorphs	'		,			
Lymphocytes	16.6	, -			7	
Eosinophils	0.8			<u>-</u>		
Mono / Basophils	56/0.3	t.	-			
E.S.R	,	ś				
BIO-CHEMISTRY			.	1		
Urea	15.3		1			, ,
Creatinine	0.71					
Sodium	142					
Potassium	4.09.					
Bicarbonate						,
. Chloride .	n ne ne			- <u></u>	,	a ete
Magnesium						
Calcium						
Phosphorus		<u>.</u>				· ·
LFT		·			-	
T.Bilirubin	- 0.634	-			-	
D.Bilirubin	0.192					
I.Bilirubin	0.442			, -		-
S.G.O.T	28					
S.G.P.T	32	1				
ALP		•				_
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CARDIAC ENZYMES		!			1	ļ
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CK - M.B. MASS						
LDH						
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COAGULATION	 	12.2)1.				, 1
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L.D.L			_		_	
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T.S.H	1.430				-	
T.3	1.430				 	· .
T.4	105	 	-		 	 -
SEROLORY	1.05	 			-	
HIV	-	pon			<u> </u>	
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COVID 19	-	 				
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FBS/PPBS						
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60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V

Dr.RAJESH.V

BLOOD GROUP

Otre.

INVESTIGATION SHEET

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Hb	13.3	11.0	10.6	10.9		
P.C.V	40.1			<u> </u>		
Platelets	223000			_		-
TLC	7480					
Polymorphs						
Lymphocytes	16.6		_		-	
Eosinophils	D-8					
Mono / Basophils	5.60.3			_		
E.S.R						
BIO-CHEMISTRY						
Urea	15.13	ૂ ગુર	27	27		
Creatinine	b. 4 1	07.0	0.82	かする		
Sodium	142		132	120		
Potassium	4,09		3.72	<u> </u>		
Bicarbonate						
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Magnesium						
Calcium						
Phosphorus						
LFT			-			
T.Bilirubin	0.634					
D,Bilirubin	0.192					
I.Bilirubin						
S.G.O.T						
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ALP						
GGT						
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THYROID FUNCTION		, -	 			
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Medway Hospitals

The way to better health

(A Unit of United Allicand

(A Unit of United Alliance Healthcare Pvt Ltd)

Mr.THANDAPANI P

60/Malc/MHI202381543

09/01/2024/iPH2024000072

Dr.RAJESH.V



VITAL INFORMATION SHEET

MHI/IP/2022/074 🍳 Medivay ∴

Every heart beat counts

BLOOD GROUP	POSTTRE
ON ADI	MISSION
Height in CM	Weight in Kg.
167 cms	54·5 bgs

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ANTI HYPERTENSIVE Stopped on -7/01/29



Medway Hospitals

Mr.THANDAPANI P

60/Malc/MHI202381543

09/01/2024/IPH2024000072

Dr.RAJESH.V

110 MA 110 MA 110 MA 110 MA 110 MA 110 MA 110 MA 110 MA 110 MA 110 MA 110 MA 110 MA 110 MA 110 MA 110 MA 110 M







Every heart beat counts

BSA- 1.6m2 BLOOD GROUP DHO

ON ADMISSION Height in CM Weight in Kg.

Hatem

SSICO

VITAL INFORMATION SHEET

Procedure: AUR Usinly 23mm Sim REVENT Murinal CAD, SELVERE AS. Diagnosis: NO. OF DAYS POD-TV POD-V_ Doe I pop IL-POD | POD-III DATE 12/01 14 01 2A 10/01/24 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 HOUR 40.5° 40° 39.51 38.5 38° 37.5° 37° 36.5° Quinta mt 0264 97 htt 926 on 98 92 **PULSE** MC4/12 22/m 24/11 20/11/20/10 20 RESP 20 120 52 97 162 100 160 10/40 90/60 100/60 110 40 100/80 11970 B.P. SPO2 DFDFASI **DAILY WEIGHT** 24 HRS INTAKE 1545M 2055 ml 1100 M 1100 mp 1550M 4 2110 ml 1 700ml 1350ml 24HRS OUTPUT 1850M 200ml - 300 M BALANCE 55 m 600ml. MOTION



60/Malc/MHI202381543 09/01/2024/IPH2024000072





Every heart beat counts

EARLY WARNING SCORE MONITORING CHART

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C Blood Pressure	>220					3				>220
	201-219									201-219
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	161-180									161-180
	141-160									141-160
	121-140									121-140
	111-120	0	,	1 2						111-120
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	<50		- 43		20	3				<50
Diastolic BP	mmHg	70	70 70	74	48				10 mm	mmHg
Pulse	>131					MALE SALES	CONTRACTOR DESCRIPTION	MINISTER STORY		>131
's / min	121-130 111-120		-			2				121-130
	101-110					2				111-120
	91-100					1 1				101-110 91-100
	81-90					- 1				
	71-80			-		-	-		-	81-90 71-80
	61-70			1		_				61-70
	51-60	,				_		-	-	51-60
	41-50					1				41-50
	31-40		STATE OF THE PARTY OF	A SPECIAL	Section 1	3	DESCRIPTION OF THE PERSON NAMED IN	STATE OF THE PERSON NAMED IN	THE RESERVE	31-40
	<30					3				<30
	Alert	2			-					Alert
Consciousness	Confusion			The state of	SE 20 22	3	01 PAYS 8 8		TOTAL STREET	Confusion
core for New onset of	V					3	40000			V
onfusion	Р					3				P
no score if chronic)	U			144000		3		TA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		U
	>39.1 degree Celsius					2				>39.1 degree Celsius
Temperature	38.1-39.0					1				38.1-39.0
Degree Celsius	37.1-38.0	3	1		→					37,1-38.0
	36.1-37.0									36.1-37.0
	35.1-36.0					1				35.1-36.0
	< 35.0			10000		3		OFF GEREL	THE REAL PROPERTY.	< 35.0
NEWS Total		0	0		0					
Monitoring Frequency		4.14 No	The 52	Ath	475					
scalation of Care Y/N		טא	Cod Me	NO	NO					
nitials by RN		32	2 7	D.C.	PC					
nitials by Sr. RN		(0)	300 000	TOP	ROP	1 1		1		

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





60/Malc/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





eart beat counts

EARLY WARNING SCORE MONITORING CHART

Name: _			1	-1	_	Age	Sex:_		—ı	P	atient	Id,No:			_
NEWS key	DATE	12:11	12/1	121	12/01	1301	1/21	12/4	131	1301	14/1	141	111	141	DATE
1 2 3	TIME		10000					101-00	8-00			10.00		1200	TIME
J _B	>25					Date:	10.00	3		No.	NAME OF STREET				>25
espirations	21-24							2							21-24
reath/ min	18-20	-	-	-		~	(3	-	2	-	-72	-	-00	-	18-20
	15-17														15-17
	12-14														12-14
	9-11							1	-					-	9-11
	<8	STATE OF THE PARTY.	100000		RESERVE OF THE PERSON			3	-0	Name of Street		Mark Street	-	Name of Street	<8
+B	>96	-	0	D.		-	-	-	-		-		-		>96 94-95
Po2 Scale 1 Oxygen Saturation (%)	94-95							1							92-93
oxygen Saturation (%)	92-93		-	-		THE REAL PROPERTY.		3	-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	-	THE REAL PROPERTY.	Service State	DESCRIPTION OF THE PERSON NAMED IN	<91
Spo2 scale 2 oxygen	<91							3							>96 on oxygen
aturation (%) use scale 2 f target range is 88-92 % eg: in hypercapnic espiratory failure only	>96 on oxygen														
le 2 under the	95-96 on o2							2							95-96 on o2
n of qualified	93-94 on O2							1							93-94 on O2
1	>93 on air														>93 on air
	88-92							-							88-92
	86-87							1							86-87
	84-85							2							84-85
	<83%							3							<83%
Air or Oxygen ?	A= Air	J	-	0		~		I	C.	-	79		0	1	A= Air
	O2litre/ min Device							2							O2litre/ min Device
Blood Pressure	>220							3							>220
	201-219		No. of Concession,		-				BOROLLIN .	THE REAL PROPERTY.			ALC: UNION		201-219
	181-200							2	10 B B B B						181-200
	161-180							-							161-180
	141-160														141-160
	121-140														121-140
	111-120	-	-6-	-	-	-0	-	4/	0	4	-	-	-0		111-120
	91-100							1					-		91-100
	81-90						-0.5	2							81-90
	71-80			10000		DE LOS		3	1	THE REAL PROPERTY.	No. of Lot	No. of the	NAME OF TAXABLE PARTY.	The same	71-80
	61-70	1915						3							61-70
	51-60	10000						3							51-60
	<50							3	0						<50
Diastolic BP	mmHg	-	-	-	-	-	80	00	8-3	88	70	20	70	TO	mmHg
	>131	2000	2542				0	3							>131
	121-130							2							121-130
eats / min	111-120							2							111-120
	101-110							1							101-110
	91-100							1							91-100
	81-90														81-90
	71-80	oy-	-8	100	*			*	-	-		-	0		71-80
	61-70														61-70
	51-60														51-60
	41-50							1							41-50
	31-40							3							31-40
THE RESERVE OF THE PERSON NAMED IN	<30			The same			and the last	3	-		100000	THE REAL PROPERTY.			<30
	Alert	-	-		•	~		1	P	-			-	-	Alert
consciousness	Confusion							3							Confusion
icore for New onset of	V							3							V
confusion	Р							3							P
no score if chronic)	U			100				3	The second second			1			U
	>39.1 degree							2	1		19.00		1000		>39.1 degree Celsius
Tamperature	Celsius 38.1-39.0							1							38.1-39.0
Temperature Degree Celsius	38.1-39.0 37.1-38.0			-		-		1	-					0_	37.1-38.0
Degree Ceisius					49	_		-		-		-	10	-	36.1-37.0
	36.1-37.0						,	1							35.1-36.0
	35.1-36.0	Name of Street	Name and Address of the Owner, where	The same of	-	SECTION A	-	1				-	-	-	35.1-36.0 < 35.0
VEWS Total	< 35.0	-	0	0.	0	10	0.	0	^	0	-	6	0.	0.	V 33.0
NEWS Total		10	1.41	111	ALL	144	Cith		46	441	414	ith	Cion	4.17	
Monitoring Frequency		449	40	1	2000	No		Let 1	30	NIN N	Ath	City	1/2	470	
Escalation of Care Y/N nitials by RN		2	20	N	200	25	2	0	10	a.e	40	10	(DIN)	87	
nitials by Sr. RN		100	1	1	CN	CADO	CNO	Com	(100	(36)	2000	Com	1	10	/
		L TVC	11 0	1 1 196	r (PV)	CIP	1 140	(100	Circle 1	1100	ILIVA	((1)	CAUCA	1 100	

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







Every heart beat counts

EARLY WARNING SCORE MONITORING CHART (DA 1 2 024 0000 72 -

NEWS key	Mg Down	1418	151	151N	3/11						DATE
1 4 3											
	TIME >25	28.00	12.00	400	10.0.	-	San San San San San San San San San San	-	-	THE REAL PROPERTY.	TIME >25
espirations	21-24					2					21-24
Breath/ min	18-20		-	×.	-						18-20
	15-17										15-17
	12-14										12-14
	9-11					1					9-11
	<8	BER WAR				3	STATE OF THE PARTY OF		ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVIC	<8
A+B	>96	-	-	-							>96 94-95
SPo2 Scale 1 Oxygen Saturation (%)	94-95					2					92-93
Oxygen Saturation (76)	<91		THE REAL PROPERTY.	-	NAME OF TAXABLE PARTY.	3	AND DESCRIPTION OF THE PERSON NAMED IN	HORSE CONTRACTOR	THE REAL PROPERTY.	SANGE SERVICE	<91
Spo2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % eg: in hypercapnic ratory failure only	>96 on oxygen					3					>96 on oxygen
cale 2 under the	95-96 on o2					2					95-96 on o2
tion of qualified	93-94 on O2					1					93-94 on O2
clinician	>93 on air										>93 on air
	88-92		_								88-92
	86-87 84-85					2					86-87 84-85
	<83%	Section 2		100000		3	THE REAL PROPERTY.	ALC: NO PERSON NAMED IN		No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Street, Original Property and Name of Stree	<83%
	10000										
Air or Oxygen ?	A= Air	-4	-	24	-						A= Air
	O2litre/ min Device					2					O2litre/ min Device
C Blood Pressure	>220					3					>220
	201-219										201-219
	181-200					2					181-200
	161-180										161-180
	141-160								+		141-160
	121-140				1				+		121-140
	111-120	+	-	-					-		111-120
	91-100					1					91-100 81-90
	81-90 71-80		Name of Street	-	NAME OF TAXABLE PARTY.	2		Section 1	Section 201		71-80
	61-70		BOOK SE	300000	MARKET SECTION	3					61-70
	51-60	TAR DE				3		35 633	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		51-60
	<50			2000		3		SERVICE DE SERVICE		PARTY BURNEY	<50
astolic BP	mmHg	70	70	70	80						mmHg
	>131	THE REAL PROPERTY.		NAME OF TAXABLE PARTY.	THE RESERVE	3	100000000000000000000000000000000000000	A 80 1000	THE REAL PROPERTY.		>131
_lse	121-130					2					121-130
Beats / min	111-120					2	THE REAL PROPERTY.	STATE STATE			111-120
	101-110					1					101-110
	91-100					1					91-100
	81-90					+	+		+	-	81-90
	71-80 61-70	-	•	1-	-		+	_	+		71-80 61-70
	51-60		-			+	+		1		51-60
	41-50					1					41-50
	31-40	1	-	13335	A STREET	3	100000000000000000000000000000000000000	STATE OF STREET	100000000000000000000000000000000000000	550 B-500	31-40
	<30		The same	27224		3		202 35568		TO SERVE	<30
0	Alert	-		- 00			17				Alert
Consciousness	Confusion			1000	10 0 5 D 5 S	3	100000000000000000000000000000000000000	DVS BOOK			Confusion
Score for New onset of	V	E STATE				3	Q				V
confusion (no score if chronic)	P				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						P
no score il cilionic j	U >30 1 dograp					3				Colon Branch	U >39.1 degree Celsius
	>39.1 degree Celsius			1		2					>33.1 degree Ceisius
Temperature	38.1-39.0					1					38.1-39.0
Degree Celsius	37.1-38.0					1	1				37.1-38.0
200000000000000000000000000000000000000	36.1-37.0	-	-	4							36.1-37.0
	35.1-36.0					1					35.1-36.0
	< 35.0			THE REAL PROPERTY.	CHANGE FOR	3	188065		A RESIDENCE	STATE OF THE PARTY OF	< 35.0
NEWS Total		0	0.	0	0,				-		
Monitoring Frequency		40	Loth	bit	41				+		
Escalation of Care Y/N		NO	00	IND	7		-		+		
Initials by RN Initials by Sr. RN		7	87	2	2	 	+		+		
		/ 650	V X A	IL PRACT	F Wheet					1	

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	4	Every Hourly	
frequency	3	Every 2 nd Hourly	
	2	Every 4th Hourly	-



15.00





Every heart beat counts

Mr.THANDAPANI P

60/Male/MHi202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V

Department of Dietetics

1. 1. 1. 2.

NUTRITION ASSESSMENT AND CARE PLAN FORM

ıs Beliefs:		Vegetarian	Non Vegeta			☐ Egge	tarian	☐ Jain	
scription ECTIV	1000 E GLOBA	COLODES, NL ASSESSMENT	(ADULTS)	Cot	1002 L	<u> </u>	àbe	tic dior, Ligh	pw
 .	(A) -	Patient's related Medical Hist	огу						
	1)	Weight Change (overall chang	e in past 6 months)	,•	, , ,				
				3		4		□ 5	
		No weight change/ gain	<5%	5 - 10 X		10 - 15%		>15%	<u> </u>
2)	Dietary Intake	Duration:			j		i.		
	ــز ا	Z1 " "; " 1	□ 2	3 .		, 🛭 4		□ 5	
	Oral	No change	Sub - optimal solid diet	Full liquid diet, moderate	-	Hypo - c liquid die		Starvation	
	1		If the perfect of	overali decrea	ię , , , , , , , , , , , , , , , , , , ,	· · · ·	deste :	- Francisco	
	Enteral / Parenteral Nutrition	Adequate/ Excessive	Sub-optimal	Inadequate		Typo - cz řeeds	iloric -	Starvation	
3)	Gastrointestin	al Symptoms Duration:	<u> </u>	'.					
		<u> </u>	□2	□ 3 · .	•		,	□ 5	_
		No symptoms	Nausea 4	Vomiting / moderate GI		Diarrhos		sévere anorexía	
	- - : ::			symptoms					
4)	Functional Ca	pacity (Nutrition related functional im	pairment Duration:	, 🗆 3 -				T 🗓 s	
		None /improved	Difficulty with ambulation	Difficulty normal a	with		t activity	Bed / chair - ridden with no or little activity	
5)	Co - morbidity	(Disease and its relationship to nutrition	n regularements)	1 1	· · ·	. ; .			
		□ 1	□ 2	□ 3	,		ľ	5	
İ		Healthy	Mild co- morbidity 2				ere co - rbidity	Very severa multiple co - morbidity	
8)	Physical exam	lostion'	<u> </u>	<u> </u>					-
1)		stores or loss of subcutaneous fat			 .				—
-1	ocuesco lat	Stores or 1035 of spottarieous rat	02						 -
	+	Normal	Mild	Moderate	 '	- -		Severe	\dashv
2)	Sign of muscle v								
			D2	[] 1		. '04		<u></u>	
	 	Normal	Mild :	Moderate			``	Severe	-+
Total Sense	Sum fabove 7 comp		·		<u> </u>	 -		<u> </u>	\neg
	John Forder 1 mint		<u> </u>	: . 		<u>.</u>	, (
Nutritional S	tatus : Based on this	patient is			<u> </u>			1 ;	
	Well Nourished		·	1(7614)	(01)				
,	Moderately Ma](15 to 18)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		·		$\neg \uparrow$
	Severely Malnos](19 to 35)					\neg
-		<u> </u>		11					\neg
Nutrition int	ervention:						!		\neg
	□ Oral			Enteral		Parenteral	-	<u> </u>	
Diet counsel	ling provided:	∐Yes] No	• ,	1.21	;		
	re-assessment:				☐ Fort - night		☐ Monthly		
	re-assessment*	■ Weekly			I FOIT - night I FOIT - night		☐ Monthly		
Frequency of Enteral / Par				-	Calorie count:	Yes	□ No	-	- 1

Dieditian Signature / Name / Date / Time: 91/1124 10:40



í þr

4

DATE AND TIME	DIETITIAN NOTES	SIGNATURE	
91/24 www.	A 60 years old gentlemen came t c10 beathleumen ene coas alsossed to be well-novorished as evident by SGIA KI clo-T2DM Educated The patient q Family on 1600 calories, con pat, Ligh push biabetic diet. Emphasized on small forequent neds a cow glycomic control.	0286	
18200 11/24, 14:00	Patrit shifted b OT for rugy (AUR) and kept on LUNE. Patrint wind b sus. Will initiate an chalister, you dut an per doch! admir. Patrit vivid b stepdown wo. Lou ber. Patrit benated chalister, you ber. Patrit benated chalister, you but. Con initiate a chalister, you suit. Con initiate a chalister, her suit. Con initiate a chalister, her suit. Con initiate a chalister, her suitair, her shid out. (Avoid with k dut).	a Cadicine John M	



Mr.THANDAPANI P 60/Malc/MHI202381543

09/01/2024/IPH2024000072

Dr.RAJESH.V







					=									-	
Date	Fror	n: 9 1	24 To	0:10/1	Be	ed No:	Crue_	<u></u>				INITA	VE 0	OUT	DUIT
24 Hı	s : Sta	rted Time	9.30		Ended T	ime :	7.00					INTA			PUI
	Starte				NP	O Over a							CHA	KI.	
SHIF	Т	. N	lorning		Afterr				Nigh	t		Restricted Fluid (RF)			
INTA	KE		150 N			40	oml	<u> </u>	00 ml.						
OUT			200H				ONI	40	oml_						
Total	intake:	850 N			otal Outpu	——————————————————————————————————————									
		_	INTAKE	<u> </u>			<u> </u>		-	OUT	PUT ((ml)			
Time	Orai	Tube		nous Infusio		Total	Time	Urine	Vomitus	N/G	Drain	Others	Totali	R/N Sign	Endorsed
		reeding	Type of Fluid	Additions	Amount			011110		Aspirate	Tube	Olliers	اء سند		by
10.00	150					150	1.00	200				•	2 <i>ø</i> ත		
11.30	120	_				300	16.30					ļ	600		
14,10	100					400	12 10						750		
17 30	120		-			550	22-00			<u></u>			900		
30,00				 		650	5-30						1100		
				 			<u> </u>	700					1100	 	
2.00	100			+		750	<u> </u>			<u> </u>		-	 		
4,50	100					850									
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						 	 	-				 	├	$\vdash \vdash$	
		_	<u> </u>			<u> </u>				<u> </u>			 	<u> </u>	
													L		
										TOTAL	TUT	ĐKE -	858	mp (<u> </u>
			_						-	TOTAL		· ·		ml	120 ()
							 					3			14207
	i				I				ı	1 441	11 1 1 1 L		12 13 MAV		1







Mr.THANDA I P
60/Malc/MHI20231543
09/01/2024/iph2024000072
Dr.RAJESH.V



Date From: Poly A Bed No: Color & INTAKE & OUTPUT

A Hrs: Started Time: 4.00

NPO Started at:

NPO Over at:

SHIFT Morning Afternoon Night Restricted Fluid (RF)

INTAKE 200 650 m

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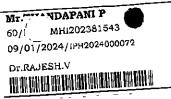
O

OUTPUT 250 MC, 800						Ø		60	o ml						
Total	Intake:	lloom	y		Total Outpu	ıt: 135									
			INTAKE	(ml)			OUTPUT (ml)								
Time	Oral	Tube	Intraver	ous Infus	Infusion		Time	· Urine	Vomitus	N/G Aspirate	Drain	Others	SPACEUR	P/M Sign	Endorsed
	J	Feeding	Type of Fluid	Additions	Amount	IV-CEU)	Tille	Office	Voitilitus	Aspirate	Tube	Others	river.	NIN Sigil	by
7-Cp	b					<u>5</u> 0	1200	25 o					250		
q.09	<u>S</u> ø					[00	14-10	100					350		
9.32	<u> (02</u>					200	16-30	Seas					580		
1230	125					328	18-50	200					400		
प्तिका	(Tayl					425	20.30	200					950		
1820	28					480	3,30	200					1150		
20.20	too					550	6.30	200	ļ				1350		
\$2,00	100					650									
93.4	100	·				750								<u> </u>	
2:00	100					850									
<u>4.30</u>	150		<u> </u>			[000						<u> </u>	<u> </u>		
6-30	150					1100			TOTAL	INTAI	E-	00 m			05
									TOTAL	DUTPUT	- 13	50m	TEC		05
									BALA	UCE -	200	mo ·	1	<u></u>	











Date Fr	rom: 14 01 24	To: 15 01 24	Bed No: GW-2		INTAKE & OUTPUT
24 Hrs : S	Started Time : 🗗 👓	t ' Ended	d Time: ずゆ6		
NPO Star	ted at :	1	NPO Over at :		CHART
SHIFT	Morning	Afte	ernoon	Night	Restricted Fluid (RF)
INTAKE	Ds. mc	. 800	ml		2.4 its loby
OUTPUT	H50 me		ml.		

Total	ntake:			Total Outpu	ıt:	Difference:									
			INTAKE	(ml)						OUT	rput ((ml)			
Time	Oral	Tube Feedina	Intraven Type of Fluid	ous Infusi Additions		Total	Time	Urine	Vomitus	N/G Aspirate	Drain	Others	निधा	R/N Sign	Endorsed by
	ű		Type of Fluid	Additions	Amount					Aspirate	Tube				~,
8.00	100					100	8·00	DOD					200		
10.00	100		<u></u>		ļ	200	11 33	265		_			H52		
12,00	02					250	19 -20	ಎಎ೧					920		
[3.60	Ø				<u> </u>	200	14.00	200	i		_		<u>ar</u> 8		
ممحطا	മല				<u> </u>	<u> </u>	14.00	lon			_		900		
12.30	(00)					<i>দ</i> ©0	20.00	300					1250		
1 <u>7.00</u>	oas					තිවෙර	23.00	300					1550		
1	200				_	1000	6.30	300					1850		
2),00	200	· 				1200		_	·						
230U	200					1400									,
6.30	150				_	1550									005
									TOTAL	INT	AKE	. 150	rom		005
									T070	00	PUT.	: 185	o M		_
										Baran	1' ′		m	100	
						·								021	



60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V









Date	Fro	om: 1 <	1 20	<u>+</u> Τα	<u>: 16 [1]</u>	<u>ير</u> B	ed No:	67W-	2				INITA	VE 9	OUT	ънт
24 Hr	s : St	om: 15 arted Time) :	7.	01)	Énded	ed No: Time :	4.0	0				INTA			רטו
NPO	Starte	ed at :				NI	PO Over	at:						CHA	KK I	
SHIF	r [N	orning			After	noon			Night				ricted F	luid (R	F)
INTAI	KE	0	250	nole		<u> </u>			<u> </u>				•	2,4	its/c	day
OUTF	<u>דטי</u>		<u> (၃၈</u>	-0										<u> </u>)
Total I	ntake					Total Outp	ut:				Differen					
,		_	IN	TAKE	<u> </u>					_	OUT	PUT	(ml)	, ,,	, 	
Time	Oral	Tube Feeding	Туре о		Addition	ion s Amoun	र्खाः	Time	Urine	Vomitus	N/G Aspirate	Drain Tube	Others	Total .	R/N Sign	Endorsed by
6-30	200			_			200	7-00	300					300		
<u>8-30</u>	<u> </u>	<u> </u>	ļ				300	11.46	200				ļ	500		
12.00	БC	}	<u> </u>			-	350			1			<u> </u>			
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		_			<u> </u>			<u> </u>				 	↓		—	<u> </u>
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Mr.THANDAPANI P 60/Malc/MH1202381543

09/01/2024/IPH2024000072

TATAKE

DUTPUT -11700

1/100

600

TELLES

TATAL

BALANCE

MHI/IP/2022/066

Heart

Institute

Dr.RAJESH.V Every heart beat counts HRAN IBRIAN BIR HANDINGBURH KIN IMBUHAN ا صالما Bed No: To: 13/1/24 Date From: 2/01/2026, **INTAKE & OUTPUT** 4,00 24 Hrs: Started Time: 0 0.F **Ended Time: CHART** NPO Over at: NPO Started at: SHIFT Morning Restricted Fluid (RF) Afternoon Night 2.4 liker. 200M 400 W INTAKE moas **OUTPUT** 700 out Difference: 600 **Total Output:** Total Intake: INTAKE (ml) **OUTPUT** (ml) Intravenous Infusion Tube lotal N/G Drain **Endorsed** Total Time l Oral Feeding Type of Fluid Time Urine **Vomitus** Others R/N Slan Aspirate Tube **Additions** Amount by TOTAL ANTALIT: 201 m Correy 0296 中してでした 200 me Ralance: + None 1200 30 12.30 200 m 2b0 400 M 1500 600W ASOW 1900 am 450m 17.30 17.15 6000 \$ 18.90 1500 700m 20.00 1200 000 So. on Ctom 198.00 200 11 00 00 11 20.00 (00m) 950 4.00 100 Inao 8.00 10 1100 6.00 800 1700 908





Oral Anticoagulation Chart

Every heart beat counts

Name

Mr.THANDAPANI P 60/Malc/MHI202381543

UHID / IP No.

09/01/2024/IPH2024000072

Dr.RAJESH.V

Consultant

A REPORT HAVE BEEN LOST BOOK OF BEEN FOR BEEN BOOK OF BEEN BOOK OF BEEN BOOK OF BEEN BOOK OF BEEN BOOK OF BEEN

Age / Sex

Ward Unit

: Sico

Diagnosis

: MINIMAC CAD

Date

11/1/20

Time

Date	: 1	11128			Time	:	
Name	of Surgery: 🛕	luie			Date of Surgery	: 10/1/2H	
Date & Time		mb in Time Patients Value	INR	Drug order with dose	Ordered by	Time of Administration	ľ
Helli	12.1	12.6	1.0	7. ACITROME	8	19.00.	Meana 0276
»: 'u		-		_3mg	8	19.00	P
13/1/24			1.2	3mg	8	19.00	Son
14/1/24	<u>,</u>			3rag	P	19.00	sel.
15/124	12.	28.4	2.3	Ü	8		0 +
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Mr.THANDAPANI P
60/Malc/MHI202381543
09/01/2024/IPH2024000072
Dr.RAJESH.V



Department of Dietetics

CARE PLAN FORM - A

	CARE PLAN FORM - A	
DATE AND TIME	DIETITIAN NOTES	SIGNATURE
rabby,	Oral atale à good. Dut modificate and glasfication dos. Motivated bes	$1 (2 \otimes 10)$
10200	on 1600 calories, Low fat, Low Salt, Avoid vitamink in prabletic diet on auschange. Emphasized	6286
	on small foresport meals & cow glycernic condition. Diet modifications & lastications done. Diet clast given on dis dasige.	
	!	;



12 38





Every heart beat counts

Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V



Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

gnosis:	M/5	evere AS	LAUR / PI	2-62	1.			
ht:	cms	Weight:Kgs	Food allergies: \	es/ No, if ye	s, specify		* * * * * * * * * * * * * * * * * * *	
ious Beliefs:		Vegetarian	Non Vegeta	rian	• ,		ggetarian	☐ Jain
		caldness	lary Feet	l'nt	002 L	1	Dabel	sic diet, light
	E GLOB/	AL ASSESSMENT	(ADULTS)	\$ i	(*	· ·	·	, O
	(A) -	Patient's related Medical Histo						
	1)	Weight Change (overall change	 	<u> </u>	, ,	. 1 -		
	-		□2 · · ·	3				□ 5
Į.		No weight change/	<5%	5 - 10%	·		- 15%	>15%
2)	Oletary Intake	Duration:	<u> </u>	·				
,	ہذا ا		□ 2 ;	□ 3 ·		, 🗅	4 , 4	□ 5
	Oral	No change	Sub - optimal solid diet	Full liquid diet/ moderate	•	. liq	po-caloric uld diet	Starvation
	Fateral /	i daman t	f t	overal) decreas	•		e estada (Steamber .
	Enteral / Parenteral Nutrition	Adequate / Excessive	Sub-optimal	Inadequate	1.0		po-caloric eds , ~	Starvation
3)	Gastrointesti	nal Symptoms Duration;	-	١				
		ET:	D2	□ 3 .	, -	· \ □	4 ,	□ 5
		No symptoms	Nausea 1 to	Vomiting / moderate GI symptoms		Di	arrhoea	severe anotexia
4)	Functional C	apacity (Nutrition related functional Imp	airmenti Duration:				· · ·	
 				3 . "	-1			O 5
	•/	None /Improved	Difficulty with ambulation	Difficulty normal ac	with		Light activity	Bed / chair - ridden with no or little activity
53	Co - morbidity	(Disease and its relationship to nutrition	reducements)	$\frac{1}{f}$; .			· · · · · · · · · · · · · · · · · · ·
 		□ i .	2	T = 3		/ 		5
1		Healthy	- Mild co - morbidity	Mode / , morb >75 y	rate co - kdity/ age ears		severe co - morbidity	Very severe multiple co - morbidity
ļ 		1 1						
B)	Physical exam		. : :				-	
11	Decreased fai	stores or loss of subcutaneous fat			•			
	 	<u> </u>	2	3	<u> </u>		 _	5
		Normal	Mild	Moderate				Severe
2)	Sign of muscle		In.	To.	- :		-	□ s
ļ—	+	Name of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last o	Mild :	Moderate			<u> </u>	. Severe
<u> </u>		Normal	<u> </u>	Middlesate	:_			Severe .
Total Score	Sum f above 7 com	ponents	<u> </u>	<u> </u>	-	<u>:</u> _		<u> </u>
	_				<u></u>	<u>:</u>	, '	<u> </u>
	Status : Based on this		·		\bigcirc		<u>-</u>	, !!
. :	Well Nourished	<u> </u>	`	(766 14)	(10)			
1,	Moderately Ma	inourished		(15 to 18)			<u> </u>	
<u> </u>	Severely Malno	urished , , ,		(19 to 35)				
				77.	141			
Nutrition int	tervention;				1	1	!	
	□ Oral			Enteral		☐ Parentera		·
Diet countei	ling provided:	□Yes		No		٠,	21 7	
Frequency o	f re-assessment;	Weekly		7	☐ Fort - night	,	☐ Monthly	
Enteral / Par	renteral	Daily		7	Calorie count:	☐ Yes	□ No	



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DATE AND TIME	DIETITIAN NOTES	SIGNATURE
911/24 wwo.	A 60 years old gentlemen came - c10 bushleumenn ere coas alsessed to be well-novorished as: evident by SGA KICO-TEDM Educated The patient q Family on 1600 calories, low pat, Low salt, Lid push biabetic diet. Emphasized on small broquent	0286
18200	neds of confliptioning control. Patriot shifted b OT for ruggy (AUR) and kept or wise. Patriot wind b sus. will initiate a diabeter, if a but as per doctors admir. Potent visid b stepdom wo. was over. Potent beneated dealists, if is over. Potent beneated dealists, if is over. Potent beneated dealists, if is over. Continuate or dealists, was pushed. North would diet. (Avoid inter- present.).	Maria Catherine John Senior Dietitian





INTRAOPERATIVE NURSING RECORD

•	INTRAOLERATIVE NORSENGE
Patient Details (Affix Label here) Name: UHID: DOB: Sex:	Mr.THANDAPANI P 60/Malc/MHI202381543 09/01/2024/ipH2024000072 Dr.RAJESH.V
Name of Surgery	Date of Surgery: 10/1/24
Mode of Transfer to C	
Anaesthesia Type	: Epidural Spiral LOC MAC
	GEN Regional
Position	: Lithotomy Prone Supine Right Down Left down
	☐ Lateral ☐ Other ☐
Pressure Protection P	Headrest Sand Dag ContolCun
	Shoulder for Stimung/Lea Holder
	Lacin test padates.
Skin preparation in	
<i>}</i>	Alcohol Prep Universe (specify)————————————————————————————————————
Electrocautery	: Monopolar Dad Loacation- Bipolar
Tourniquet	Location
	Applied Time Released Time
	Applied Time Released Time
	Applied Time Released Time
Other equipment us	sed: Do Driesh The Parton
Personal	: Surgeon De Rayesh Asst. Der Francen [Anaesthetist Der Payer Asst. ———————————————————————————————————
	Anaesthetist - Doy - Asst
Type of Specimen	:
Lab	: Pathology Permanent Frozen Time sent
	Cytology Time of report
	☐ Microbiology ☐ Time sent
	☐ Biochemistry

Racking / Drain	ns / Catheters								
Type	Size	Site	1	pe	Size	Amo	ount	Sign	
Domson	2861	periordu			-	7	7	10.0	
ROMSONS	38t1	modiasina	w	-				J QWY	
						7		}	
Urunany Sponge Court	Record	Hizaturo d	COUR 101	y RIN	Sasil	Kumar	wing	14Fm Fo	eys
				Tonsil				Caracte	100
Count		Gauze Gauze Lined Unlined	Neuro Patties	cotton balls	Vein Canula	Bulldog clamp	Needle	Nurse N	erub urse
Pre-op	•					<u> </u>	,	D Out	ign
	Coxuct Co	socort /			$\overline{}$		Corred	Office 1	
Change over count		reach	.				Coround	Marca O	Mg,
First closure	Correct Co	agel					on most	y pad	tulor
count	0000 100	elk .	\vdash			$\overline{}$	100 - J	608)	17.1V
Final closure count	100000	the party of				·	to roll	0031 6	MV 038
Count Corre		<u> </u>					L		
Corrective actio	n taken	Λ							
Corrective actio									
Surgeon inform	ed		-						
Jone	with sten	the mapor	⊘						
Dressing / Cast		_	_						
Condition of pa			Stable		Fair	☐ Crit	ical		
Transferred to:	WIZE		Patient F	Room 🗌	CCU	☐ Reco	overy Ro	om	
Scrub Nurse Sig	gnature (j	M		-					
Name: RIN	Padlitha	.0238	ż						
Date & Time:	10/1/2		 	•		٠			
Circulating Nur	se Signature	1 10	1						
Name; Dy	,								
Date & Time	Abith	- O110 29							
-	10/1/2	ca 010 4	15						
			-						





60/Malc/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





NURSING ADMISSION ASSESSMENT (ADULT)

NUNSING ADMISSION ASSESSMENT (ADDEL)								
Date of Admission: Time of Arrival: 9.30 Mode of Admission: Walking Wheelchair Stretche								
Accompanied by Relative: Yes No If Yes, Name of the Relative: Mr. Ashar								
Relationship with Patient: 500 Contact Person's Name: MR. Achak Relationship: 500								
Contact No.: 8754 106672 Primary language spoken: Tamil English Indian International								
Interpreter needed: Yes No								
Patient status: Conscious Unconscious Disoriented Patient Vulnerable: Yes You								
Menstrual History: LMP: Menopause:								
Medical History: DM / HTN / Co - Morbility: 6 mmth Yes If yes specify .								
Drugs History : Antiplatelet 1 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 Yes								
Socio Economic Status: Employed Retired Own Business Home-Maker Others:								
Vital Signs: Temp: 968 (°F) Pulse / HR: 72 (beats/min) BP: 13980 (mmHg)								
Respiration: 20 (breaths/min) SpO ₂ : Q5 (%) CBG: 225 (mg/dl) Height: 67 (cms) Weight: 54.5 (kgs)								
Allergies / Adverse Reaction: Yes Yoo Medication Blood Transfusion Food Not known								
It Yes, specify:								
Pain: Yes No. If Yes, Score: D 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: Dult 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: Non Diabetic Type of Diet: DM Dul								
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								
e of Footstool Grab Bars Nurses Call Bell Television Light Controls Telephone								
nal Assessment:								
Assessment Remarks Outcome								
in a partial to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec								
airment Yes No								
Ficulty Yes No								
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Daily Activity Of Living:									
Activity				De	Dependent '				
Bathing	1								
Dressing	 					<u> </u>			
Eating		<u> </u>	,		Ti Ti			$\overline{\Box}$	
Walking					<u>F</u>				
Toilet Use		7			ñ				
Pressure Injury Risk Assessment: Braden Scale								<u> </u>	-
Sensory Percep		Score	Moisture	- -	Score	Dear	ee of Activi	tv	Score
No Impairment		9	Rarely Mois	t	4		s Frequently		(A)
Slightly Limited		3	Occasionall	y Moist	3		Walks Occasionally		3
Very Limited		2	Very Moist	-	2	Chair	Chair Fast		2
Completely Limit	ed	1	Constantly	Moist	1	Bed F	ast	`1	
Mobility		Score	Nutrition		Score	Frict	ion & Shea	•	Score
No Limitation		4	Excellent		4	No a	pparent pro	blem	3
Slightly Limited		- 3	Adequate		3	Pote	ntial Probler	n	2
Very Limited		2	Probably In-	-Adequate	2	Prob	lem Present	•	1 1
Completely imme	obile	1	Very Poor		1		•		<u>'</u>
High Risk: 12 - 10; Severe Risk: 9 - 6 Total Score: 7_3 Action needed: Yes No Pressure injury present at the time of a lf yes, Location: Grade: Siz Witnessed by: Relations						Size:			
MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)									
Fall Risk Assess	ment (Mo	dified Mors	e Scale):					•	
Variables								Nun	neric Value
History of falling (immediate or within 6 months)							No		9
Thistory of famility (infinediate of within 6 months)						Yes	╄	25	
Secondary diagnosis (≥ 2 medical diagnosis)					No	+	0		
						Yes	_	15	
Ambulatory Aid									
None / Bed Rest Crutches / Cane		SSIST			_ .			┼─	15
Furniture	, **anto	- 1	·						30 ,
			,				No		٩
Intravenous Ther	apy / Hepa	arin Lock / Tu	ıbes insitu				Yes		20
Gait Normal / Bed Rest / Wheel Chair								0	
Weak								10	
Impaired								20	
Mental Status									
Oriented to own stability									
Overestimated or forgets limitations								<u> </u>	
Medications									
Includes PCA / opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics,						No			
laxatives, hypoglycemics, sedatives, immunosuppresent and psychotropics						Yes	1-4		
Score Interpretation: 0-24: Low-risk; 25-44: Medium Risk; Above 45: High Risk Total Score						core	1 1		

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₹ As per the score, tick the following appropriate I	boxe	es:						
Remind the patient to use call bell before getting out of Keep the two side rails in the raised position at all times Keep the call bell, bedside table, water, glasses within the Demove excess equipment or furniture to make a clear Keep the patient's bed in the low position at all times exto Teach fall-prevention techniques, such as sitting up for Bed wheels should be locked Encourage family participation in the patient's care Ensure that floor of the bathroom is dry and not slippend Review medications for potential side effects that can provide with the low risk interventions (25 - 44). Apply all the low risk interventions (25 - 44). Apply all the low risk interventions Tie yellow fall risk tag in the bed and Wheel chair / Stretch Make sure that proper transfer precautions are instituted or wheel chair or on a toilet seat. Use restraints and bed monitors as ordered by the door Allow the patient to ambulate only with assistance Consider peak effects of the medications that effectimination when planning patient's care. Do not leave patients unattended in diagnostic or treated Accompany the patient while going to bathroom Advice the patient to use grab bars near the toilet, bathful Make sure the family and other visitors understand the 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 nurse Answer these patients call bells as quickly as possible. Provide a commode at bedside (if appropriate)	Pămiliarize 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 to use grab bars near the toilet, bathtub, and shower Make sure that 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)							
Initial Assessment to Special Needs and Vulnera	abilit	y of	f Patient:					
	Yes	No	Remarks (please specify)					
Terminally ill patients								
Patients with intense chronic pain		/						
Woman in labor or experiencing termination of pregnancy								
Patients with emotional or psychological distress								
Patient suspected of drug or alcohol dependency								
Victims of abuse and neglect								
Patients whose immune system is compromised								
Patient with infections and communicable diseases								
Does the patient have implants								
has tracheotomy been done	1		<u></u>					
Has colostomy been done	 		<u> </u>					
Any other potential needs of the patient		/	1					

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 Active cancer (on-going treatment or diagnosed within 6 months or palliative care) Yes 才 No 1 2 Bedridden recently >3 days or major surgery within four weeks Yes No Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle 3 Yes ХO (Assess for both legs) 4 Yes Collateral (nonvaricose) superficial veins present (Assess for both legs) Entire leg swollen (Assess for both legs) 5 No 6 Localized tenderness along the deep venous system (Assess for both legs) Yes No 7 Pitting edema, greater in the symptomatic leg (Assess for both legs) Yes No 8 Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs) Yes l No 9 Previously documented DVT (Assess for both legs) Yes No 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) 10 Yes 🔼 No oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Cali muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture. Risk Score Interpretation (Probability of DVT): Final Score Tick the score obtained (✔) **Action Taken** Date Time Low Risk -2 to 0 \circ was Moderate Risk 1 to 2 **High Risk** 3 to 8 Personal Belongings / Valuables: Name & Signature of the With With Patient's Description **Valuables** Remarks Patient / Patient's Attendant **Patient Attendant** □Upper □ Lower **Dentures** □Both □Mil □Right □Left **Hearing Aid ₽**Mil Eye glasses / ☐ Yes **Contact lens ⊡**N₀ Jewellery ☐ Yes Other valuables (specify) **Report** (List of X-ray, ECG, lab reports retained with the nurse): Emp. No. Date Time Sian. Name Patient / Relationship TAL . ASHOK 30 Patient's Attendant SOH Nurse <u>۷ بر ۵</u> Unit In-Charge 200 Dhousenaus





60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 0	7/1	124	Shift: Wor	hing Evening N	light .		•	ı
S	Di Ni Ve Pe Ry Ur	EWS / P entilator eriphera /le's Tul	S: SEW FS PEWS Score: ————————————————————————————————————	/ : ,	GCS: S POD: Central line of VIP Score: pecify organis	days:		
B	Ty All Oı	pe of su lergies i n room		hift: —	Date of surgi	• • •		
A	Vi BF O Pa Fa Bi	ital Şigr P: <u> 30 </u> thers : _ ain Sco all Risk raden S	re: Pain Scale used Score: 30 Fall Risk Procore: Minimal Risk: 23-19 Ulcer Scale for Healing (PU	S (%) Height: (c)	ms) Weight: C / Wong-Bak Im	S수정kgs) BMI: er FACES Pain Ratin sk: 14-13 □ High Risk: tressing done: □ Yes	19 - 5 9 ng Scale / NR: 12-10 □ Severe	S / CPOT e Risk: 9-6
R	Po Po C C	eferral c ending a ending b ending b ritical va hanges ending t	IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections in nursing care plan: Yes follow-up orders:	_ 丿 _	care plan date	::		
			Signature	Name		Emp. No.	Date	Time
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	NU	JRSES PROGRESS NOTES	-		,
Date & Time	Admirsion	Observations / Action	Si	gnature with En	np. No.
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P Mr.THANDAPANI P 60/Male/MHI202381543 1 09/01/2024/IPH2024000072

Dr.RAJESH.V





	PATIENT CLINICAL HANDOVER RECORD FOR NURSES								
Date: 9	1124	Shift: Morr	ing Evening Night						
S	SITUATION Diagnosis: NEWS / PEWS Score: Ventilator day: Peripheral line day: Right: Ryle's Tube: Yes No Day: Urinary Catheter: Yes No Day: WIP Score: VIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WIP Score: WI								
В	BACKGROUND Type of surgery: Allergies if any: On room air / oxygen: Complaints / New Symptoms in last shift:								
A	ASSESSMENT Vital Signs: Temp: 1								
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:									
Uondovov	wisson bu	Signature	Name	Emp. No.	Date	Time			
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Handover t		I- Cathrine	\$ Cathrino	₽ 304	9/1/24	19.30			
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9/1/24	Evenin	a July Notes		
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Pg Mr. THANDAPANI P Na 60/Male/MHi202381543

UF 09/01/2024/IPH2024000072





F	PATIE	NT CLINICAL F	IANDOVER	REÇORI	D FOR NU	RSES	
Date: 🥎	124	Shift: Morn	ing Evening	Night	. *	· •	
S	Ventilator Periphera Ryle's Tut	s: SFV	:	GCS: 5 POD: Central line of VIP Score:	_		4 ,3
В	Allergies i On room	ROUND Irgery: f any: NKDF air / oxygen: ts / New Symptoms in last si	hift:	Date of surge	1 1	•	
A	BP: \200 Others: Pain Sco Fall Risk Braden S	re: 0 10 Pain Scale used Score: 70 Minimal Risk: 23-19 Ulcer Scale for Healing (PUsite)	(%) Height: 67 : PIPPS / CRIES / FLA otocol: □ Low 14 Med	(cms) Weight: ACC / Wong-Bak Jium	ter FACES Pain Rat ser FACES Pain Rat sk: 14-13 □ High Risk Dressing done: □ Ye	<u>19.5</u> Kg ing Scale / NŘ :: 12-10∐Seven	e Risk: 9-6
R	Referral of Pending of Pending of Pending of Critical val Changes Pending of	IMENDATION doctors: medications: medication indent: dab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders:	□No. If Yes, modifie	d care plan date	; :		,
Handover gi	ven by	Signature F. Co.	Name F-Cathrure		Emp. No.	Date 10/01/24	Time 7-30
Handover ta	ken by	5.90	5. Douar	Thank hear	021/1	10/1/24	7.30
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	NURSES PROGRESS NOTES		l _i	,,,11
Date & Time	Observations / Action		Signature with Er	np. No.
901/240	-> patient handed over taken be			
() 30	Night duty staff	ý. -	E. Cati	
	=> pt to conscious poriented => pt V/s checked precorded		0207	
30. 30	ore given	drugs	E. Cat;	r
22.00	pt v/s checked & recorded patient had no complain	nts	F. Cation	
2.00	>pt Slopt well		E. Cato 0207	
5.00	Spt had Broad & milk, Npo as storted at 5.00		E. Cat. 0207	
6.00	>pt Vs Checked & rocorded >pt I/o Chart maintained >pt morning care given		E. Cali	
7.30	⇒pt handed over to morning duty staff	,	E-Cation of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	
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Mr.THANDAPANI P
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	PATIE	NT CLINICA	L HANDO	VER RECOR	D FOR NU	RSES
Date: 10	11-24	Shift:	Morning Eve	ning Night		
S	Ventilator Periphera Ryle's Tu	s: 50 J A S PEWS Score:	Left:	GCS: 15/1 POD: Central line VIP Score:		
В		urgery:	last shift: —	Date of surg		
A	BP: 110 Others: Pain Sco Fall Risk Braden S	ns: Temp: 97 (°F) 70 (mmHg) Spone: © 10 Pain Scale Score: 30 Fall Ri Score: Minimal Risk: 2	used: PIPPS / CRI sk Protocol: □Lo	w☑Medium □High Risk: 18-15□ Moderate Ri	54-≤(kgs) BMI: ker FACES Pain Rati sk: 14-13 ☐ High Risk Dressing done: ☐ Ye	aths/min) 19549 M 2 ing Scale / NRS / CPOT 12-10 Severe Risk: 9-6 as No NA
R	Pending Pending Pending Critical va Changes Pending	medications: medication indent: lab reports / Investigat alue alert and its correc	ctions: ☐Yes ☐No.1f Yes,	MM modified care plan date MAVR		γ)
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60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V



MHI/NUR/2022/048

	NU	RSES PROGRESS NOTES	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Date & Time	0	bservations / Action		Signat	ure with Er	np No.
	CTOT RI	ECEIVAL REPORT				
10124	Patient Received From	To With Blue Op File A	nd Case			
\@\'	Sheet strong ECG: O ECHO:	NA X-RAY: O ANGIO CD	: NIL			
	CT FILE: NIL) - 11.011.011.00	NIC			
	Patient Posted For Procedu	201				
	<u> </u>				·	
	Under Anesthesia:	AVR (OH) Ju GIA				
	Allergy Status:	Not known		(1	\mathcal{O}	
	Known Case Of:	N x 6 months	,	6	2999	/
	Past Surgical History: (Eye (cataractrugery	done		0	
	VITAL SIGN: TEMP:	HR: SPO2: BP				
11	CTOT S	HIFTING REPORT				
101/24		To Stw With Blue Op File	And			
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	*Nurses' Record	01				
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	Procedure: AVR	+> Noglast	Mun			
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	Pacing wire placement: Pre	sent/Absent Site:	. }			
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60/Male/MHI202381543 09/01/2024/IPH2024000072





PATIENT CLINICAL HANDOVER RECORD FOR NURSES								
Date: 10	01/201	24 Shift: ☐Morn	ing Evening 1	Night				
S	NEWS / P Ventilator Periphera Ryle's Tut Urinary C	s: MINIMAL CAD, SE EWS Score: — day: Di I line day: Right: Douwheft be: ☐Yes ☐No Day atheter: ☐Yes ☐No Day	Q	GCS: 3Et POD: Do Central line o VIP Score: (specify organis	lays: D_1		,	
В	Allergies i On room	ROUND urgery: AUR if any: NKOA air / oxygen: ON Uenti ts / New Symptoms in last sl			ery: 101011202 ow: Karskyr	ı		
A	ASSESSMENT Vital Signs: Temp: 95 (°F) Pulse / HR: 85 (beats/min) Respiration: VCN - (threaths/min) BP: 126 Sq (mmHg) SpO ₂ : 100(%) Height: 62(cms) Weight: Ss (kgs) BMI: 19. = 16 m² Others: B&A - 1.6 m² (Mp - 10 mmHg) Pain Score: 08 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 No No Drains: Mediadral							
R	Pending Pending Pending Critical va Changes	imendation doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders:		care plan date	:	_)	
		Signature	Name		Emp. No.	Date	Time	
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Handover ta		Laur	D. PONER	=\v\ \ A-	<u>0141</u>	10/1/24	19.30	
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	NUR	SES PROGRESS NOTES			, -
Date & Time	Ob	servations / Action		Signature with Er	np. No.
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	attenders.	· · · · · · · · · · · · · · · · · · ·		(1. Opelos)	
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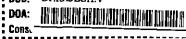




Mr.THANDAPANI P Patie

60/Malc/MHI202381543 09/01/2024/IPH2024000072

DOB: Dr.RAJESH.V





Name.

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. F	PATIE	NT CLINICAL H	IANDOVER I	RECOR	D FOR NU	RSES	
Date: 1011	24	Shift: Morn	ing □Evening ☑I	Vight		ě.	
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В	Allergies on room	ROUND urgery: イソR USIN句 if any: ハレロム air / oxygen: つい リモルで its / New Symptoms in last sl	17.74 1		ed: 10/1/24 ow: КАВІЦТІ		
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	NURSES PROGRESS NOTES				, ,,,,
Date & Time	Observations / Action		Signat	ure with E	mp. No.
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60/Malc/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





	PAHE	NI CLINICAL I	HANDOVEN RECOR	D FOR NOR	IJLJ	
Date:	1124	Shift: []Mor	ning Evening Night	*		•
S	NEWS / P Ventilator Periphera Ryle's Tul Urinary C	S: MINI MAL CAD PEWS Score:— day: — Il line day: Right: Dorson Let be:		days: D ₂		
В	Allergies i	ROUND urgery: AVE if any: AIK D A air / oxygen: ②AI かつば its / New Symptoms in last s	o. പ്ര IV fluids on 1	gery: 10/1/24 flow: —		
A	BP: 1, 8 (s) Others: Pain Sco Fall Risk Braden S	ns: Temp: 98.8 (°F) Pulse The prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of the prime of	/ HR: <u>87</u> (beats/min) Respir <u>8</u> (%) Height: <u>16</u> 7 (cms) Weight <u>1</u> : PIPPS / CRIES / FLACC / Wong-Ba otocol:	: 55 (kgs) BMI: ker FACES Pain Ratin	19.7 kg /r ng Scale / NR 12-10 □ Sever i □ No □ NA	S / CPOT e Risk: 9-6
R	Pending Pending Pending Critical va Changes Pending	medications: medication indent: lab reports / Investigations: alue alert and its corrections in nursing care plan: followup orders:	.: □No. If Yes, modified care plan dat	e:		~
		Signature	Name	Emp. No.	Date	Time
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Handover ta	ken by	Meena	meana Jeewan	0276	11/1/24	12230
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	and nell to					
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	well tolerates					
8.20	Medicines are	given as per ordi	<i>9</i> 85.			
9.20	l .	ice and Nebulipption		<u> Sat</u>	tug	
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15:10	Patient Spok	with attender through	l			
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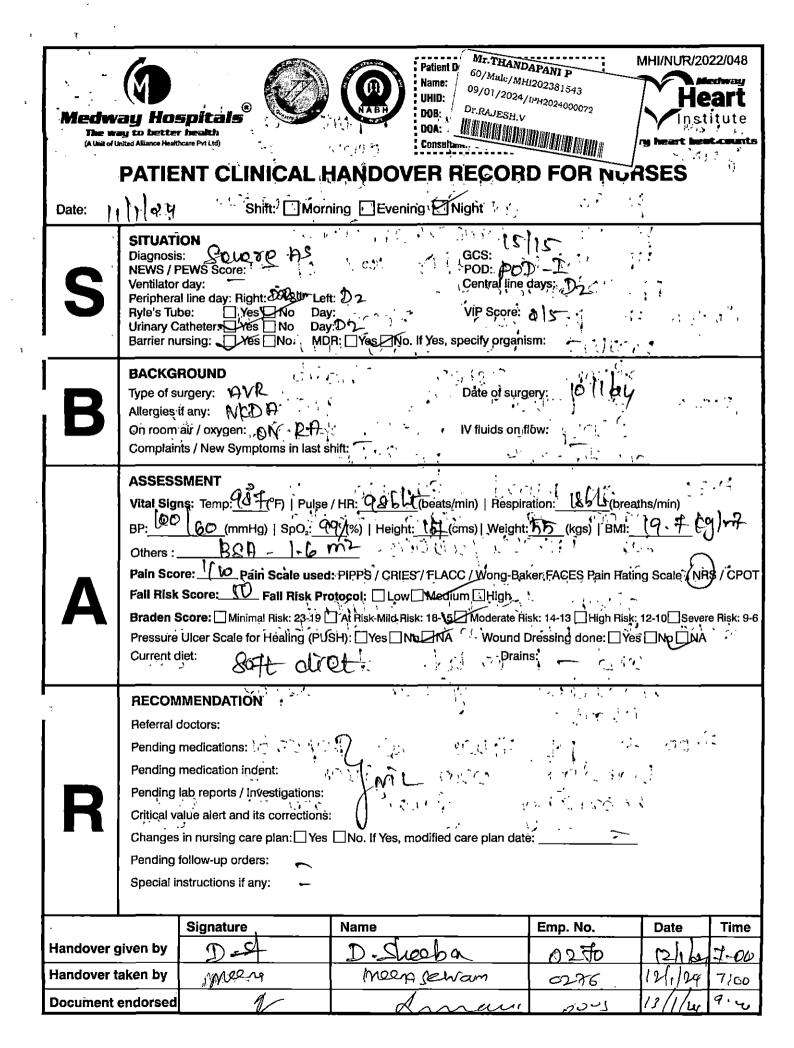
Dr.RAJESH.V





Date: \ t\	11202	牛 Shift: □Morn	ning DEvening Night	· !		
S	NEWS / F Ventilator Periphera Ryle's Tul Urinary C	S: SEVERE AS. PEWS Score: ~ day: dline day: Right: META Le be:	PO 2PAレクユ Cer ft: y: VIF	S: 15 (15 D: D) ntral line days: P2 Score: O(I) fy organism:		, .
В	Allergies On room	ROUND urgery: AVR USING if any: NとOA air / oxygen: ats / New Symptoms in last s	. IV fl	e of surgery: 10/1/2024," uids on flow:	· · · ·	-
A	BP: 987 Others: Pain Sco Fall Risk Braden S Pressure	ns: Temp: 162 (°F) Pulse 162 (mmHg) SpO ₂ : 7 125 A - 1.6 M ore: 10 Pain Scale used Score: 50 Fall Risk Pr	(%) Height: 167 (cms) H: PIPPS / CRIES / FLACC / Votocol: Low Medium At Risk-Mild Risk: 18-15 Medium	Respiration: 24 (breat Weight: 55 (kgs) BMI: Vong-Baker FACES Pain Ratin High Deferate Risk: 14-13 ☐ High Risk: Wound Dressing done: ☐ Yes Drains: Rom red	I 9, 7 g Scale / NR 12-10□Sever	S / CPOT e Risk: 9-6
	RECOM	IMENDATION	<u>.</u>			
	Referral o	doctors:	$\widehat{}$			
	Pending	medications:				
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	_	lab reports / Investigations:		ONIU.		
		alue alert and its corrections				
	_	in nursing care plan:∐Yes follow-up orders:	□ No. If Yes, modified care	pyan date:		
	_	nstructions if any:	\smile	/		
	Opoolul II					
		Signature	Name	Emp. No.	Date	Time
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PATIENT CLINICAL HANDOVER RECORD FOR NURSES						
Date: 12 טו עו	Shift: Morr	ning Evening Night				
NEWS / Ventilato Peripher Ryle's Ti Urinary	sis: LEVERE AS . PEWS Score: or day: ral line day: Right: DO RCUG Let ube: □ Yes □ No Day Catheter: □ Yes □ No Day	•	2 days: D3 015			
B Type of Allergies	SIROUND surgery: AVR . s if apy: M LD A . n\alr / oxygen: ints / New Symptoms in last s	IV fluids on	gery: 0/)202 flow: ——	9 -		
Vital Signal BP: Others Pain Sognal Fall Ris Braden Pressur	ASSESSMENT Vital Signs: Temp: 184 (°F) Pulse / HR: 98 (beats/min) Respiration: 20 (breaths/min) BP: 0264 (mmHg) Sp0; 99 (%) Height: 7 (cms) Weight: 55 (kgs) BMI: 19.719 (m Others: 85A-1.6 Pain Score: 10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: 50 Fall Risk Protocol: Low Medium High Braden Score: Minimal Risk: 23-19 At Risk-Mild Risk: 18-15 Moderate Risk: 14-13 High Risk: 12-10 Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): Yes NO NA Wound Dressing done: Yes NO NA OT . Current diet: SOFT DIET					
Referral Pending Pending Critical Change	MMENDATION I doctors: g medications: g medication indent: g lab reports / Investigations: value alert and its corrections es in nursing care plan: g follow-up orders: instructions if any:	: □No. If Yes, modified care plan dat	N/u.			
	Signature	Name	Emp. No.	Date	Time	
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	NURSES PROGRESS NOTES				
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08:30	Medication given		L .		•
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	5) Pt Condition Stable.				
12.00.	= Spt case checked. Dlochart				
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	=) pt Dotails Handing over to				
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60/Male/MHI202381543 09/01/2024/IPH2024000072





PART CLINICAL HANDOVER RECORD FOR NURSES							
Date: IQ	1/24	Shift: Mor	ning M€vening □	Night			
S	NEWS / F Ventilator Periphera Ryle's Tu Urinary C	s: SEVIFE: #8 PEWS Score: ○ r day: ○ al line day: Right: <i>Dup</i> or Le be: □ Yes ☑ No Da catheter: □ Yes ☑ No Da	y:	GCS: LOTUP POD: — Central line do VIP Score: O specify organism	ays: —		
B	Type of s Allergies On room	ROUND urgery: AOR if any: NODA air / oxygen: On でかか nts / New Symptoms in last s		Date of surge	,		,
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l	2/01/8	•	ning Evening	•		-	
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Mr.THANDAPANI P 60/Malc/MHI202381543 09/01/2024/IPH2024000072 Dr.RAJESH.V



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·B	Allergies i	ROUND urgery: ハソト if any: ハレカA air / oxygen: りか Poの ts / New Symptoms in last s					
A	ASSESSMENT Vital Signs: Temp: 97. (°F) Pulse / HR: 76 (beats/min) Respiration: 24 (breaths/min) BP: 120 80 (mmHg) SpO ₂ : 97 (%) Height: 167 (cms) Weight: 55 (kgs) BMI: 11.7 9 m ² Others: Pain Score: Old Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: Fall Risk Protocol: Low Medium High Braden Score: Minimal Risk: 23-19 At Risk-Mild Risk: 18-15 Moderate Risk: 14-13 High Risk: 12-10 Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): Yes No No NA Wound Dressing done: Yes No NA Current diet: Soft Old Fall Risk Drains:						
R	Referral of Pending Pending Pending Critical va Changes Pending	medications: medication indent: lab reports / Investigations: alue alert and its corrections	No. If Yes, modified care plan date	o:			
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MT.THANDAPANI P 60/Male/MHI202381543 09/01/2024/IPH2024000072





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1	Others: Pain Sco Fall Risk Braden S	re: Pli Pain Scale used Score: Fall Risk Pro Core: Minimal Risk: 23-19 Ulcer Scale for Healing (PUS	i: PIPPS / CRIES / FLAntocol: Low Med	(cms) Weight:_ ACC / Wong-Baki dium	らち(kgs) BMI:_ er FACES Pain Ratir k: 14-13 □ High Risk: ressing done: □ Yes	ng Scale / NB	1
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A	Others: Pain Sco Fall Risk Braden S	re: Solin Fall Risk Proscore: Minimal Risk: 23-19 [User Scale for Healing (PUS)		C5 (kgs) BMI:	l. 1 kg m ng Scale / NB 12-10 □ Sever	, <i>1</i>
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60/Male/MHJ202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





Every heart beat counts CONSTRAIN.

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60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





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

dr.rajesh.v



Date: [4	1/24	Shift: Morr	ning Evening Night		, ÷4.	_
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MT.THANDAPANI P 60/Mulc/MHI202381543 09/01/2024/IPH2024000072

dr.rajesh.v



Date: (5	1/24	Shift: Me	orning Evening [Night	•		
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В	Allergies On roopm	ROUND urgery VR if any: VROA air oxygen: On Po ats / New Symptoms in las	om Arr	Date of surg	gery: 10 (1/2 g	; · ·	
A	Others: Pain Sco Fall Risk Braden S	re: O Pain Scale us Score: Fall Risk Core: Wilnimal Risk: 23-1 Ulcer Scale for Healing (F	ed: PIPPS / CRIES / FI Protocol: Low 4 9 At Risk-Mild Risk: 18	7⊈(cms) Weight: ACC / Wong-Bal edium ☐ High -15 ☐ Moderate Ri	ker FACES Pain Ratir isk: 14-13 High Risk: Dressing done: Yes	1 9, 7 kg ng Scale / NP 12-10 ☐ Seven	6 / CPOT
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ADULT NURSING CARE PLAN

Mr. THANDAPANI P

60/Mulc/MHI202381543 09/01/2024/IPH2024000072





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Initial Date: 9/1/1L	Time: 9.3J	Modified Date: Time:		,
Reason for Modification:		Diagnosis: OPICIFIC SEV DS	•	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION ☐ Keep-NPO ☐ Regular Diet ☐ Others:	Patient will have adequate nutrition with no nausea and vomiting Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	☐ Provide Prescribed diet on time ☐ Encourage patient to consume the served meal ☐ Record amount of food consumed	m p+ had DM Diet Ep+ hood Dm di	5 Di
:			Npt had Dm diet	52 C 0207
OXYGENATION Room Air Nasal Cannula / High Flow O, BiPAP / CPAP Ventilator	☐ Patient will have normal O₂ saturation☐ Patient ABG levels will return to and remain'within normal limits☐ No other respiratory abnormalities☐ Patient respiratory rate will remains within established limits	 ☐ Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises ☐ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order ☐ Utilise pulse oximetry to check O₂ saturation and pulse rate ☐ If any O₂ abnormalities detected inform immediately to 	m Pt on Room aug	5.9
☐ Tracheostomy ☐ Others:	Patient will indicates, either verbally or through behavior, feeling comfortable when breathing	the concerned physician Place patient with proper body alignment for maximum breathing pattern Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis Note for changes in level of consciousness	E PA Sporty	· foj
	• •	Send sputum for culture and sensitivity based on physician order Maintain clear airway by suctioning or encouraging patient with successful coughing .	N toom air	2007 2007
FLUID & ELECTROLYTES Oral Intravenous Enteral Nutrition	Patient will have balanced fluid and electrolytes balance	☐ Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Provide tube feedings ☐ Monitor intake and output	M Pt I/o that maintained	2 97,1
☐ Enteral Nutrition ☐ Parenteral Nutrition ☐ Others:			NPT I/O Chart	P61-

- =	Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
- · ·	MOBILITY Mobile / Immobile Walk with assistance Physiotherapy Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Putient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility	Encourage regular ambulation ROM exercise Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance (e.g., physical therapy, visiting nurse) Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	m Pt mobilized well E P) Mobilized well NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	5.93° Shel, 2.0307
, , , , , , , , , , , , , , , , , , , ,	ELIMINATION Catheter, bedpan, urinal Nasogastric tube Bowel movement Urination Others:	Patient will have normal elimination pattern Patient will control of urinary in-continence or grinary retention, control of bowel incontinence, and regular elimination patterns	☐ Encourage fluid intake ☐ Encourage fibre diet intake ☐ Encourage early ambulation ☐ Report any abnormalities to physician ☐ Observe voiding accessories as foley's / silicone catheter ☐ Check placement before feeding ☐ Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol ☐ Check for malena / constipation / urinary retention	mobilized mobilized mobilized Movided Norded Norded	Si Do
	SKHTINTEGRITY Maintain normal skin integrity Pressure points site assessment HAPI OPI GRADES OF PRESSURE INJURY GRADE 1 GRADE 2 GRADE 3 GRADE 4 Unstageable Deep Tissue Injury Healing Status PUSH Decreased PUSH Increased Intermittent Assisted Dermatitis Pressure injury / blisters site care given Others:	☐ Patient will maintain normal healing status ☐ Patient will discharge with intact skin integrity	☐─Minimize / Eliminate friction and shear ☐ Minimize pressure (off-loading) with special beds ☐ Make sure wrinkles free bed / comfort surfaces and devices ☐ Early skin inspection and treatment ☐ Keep position changing 2 hourly and manage pain ☐ Manage moisture, clean and dry skin ☐ Maintain adequate nutrition and hydration ☐ Proper application of medications and dressing ☐ Follow doctors and TVN order properly ☐ Monitor the healing status ☐ Educate patient and family members about further skin care	pt slan is Normal Integrity PA Shin is E wormal Integrity N	5 0 ti

			<u></u>	<u> </u>
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE Bed-Bath Assist-Bath Self-Care CBD Care (if present) Others:	Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs	□ Encourage patient to do daily bathing and oral hygiene □ Change patient's gown daily □ Encourage hand hygiene □ Consider the patient's need for assistive devices □ Apply moisturizing solution	M Pt Good hyggene E pot good hyggene N Pt well groomed	DC DED 7
SAFETY Check ID Hand IV care EJV CENTRAL LINE Side rails Others:	Patient will have no life-threatening situations	Check the identity with ID band before any interaction with the patient Raise side rails Provide proper invasive line care Keep bed locked and low at all time Educate care providers to be the patient Follow restrain policy (if needed)	M Pt ID Band Specard E Pt PD bome I few to 1	5 8 1 E C F
COMFORT AND SLEEP Pain Control Sleep Patterns Others:	Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep	 □ Provide clean calm and restful environment □ Provide privacy at all time □ Monitor pain scale / sleep pattern □ Provide pharmacological and non-pharmacological therapy 	M E N	
OBSERVATION ☐ Vital Signs ☐ GCS ☐ Blood Sugar ☐ Others:	Patient will have normal range of vital parameters	Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order	M Pt V/s Checked? E pt V/s churcel NPt V/s Checked E	s. Din
PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs Belliefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others:	Patient will achieve spiritual needs Patient will be able to control his feeling toward his illness Patient will maintain normal psychological pattern	Pray or encourage the patient to pray Use inspirational words Respond to spiritual needs as they arise Evaluate spiritual needs Encourage verbalization of feelings / therapeutic touch Provide empathy and reassurance	M Provide Psychological Support E N	5.95°

Patient Spe Problems /		Measurable Goals		Nursing Interventions	÷	Evaluation	- 1	Sign & Initials
COMMONI: □ ₩efbal □ Non-verbal □ Sigh langua □ Others:		□ Patient will communic with positive feedback	cate effectively	☐ Introduce the care giver☐ Encourage the use of call bell☐ Obtain interpreter if needed☐ No negative speaking about the patient's or prognosis in the patient's presence	s condition	Ept lomm	nmienication unation Me 4 nunicated	2 D 2 D 2 D 2 D 2 D 2 D 2 D 2 D 2 D 2 D
☐ Medication ☐ Wound care ☐ Isolation ☐ Ostomy Cal ☐ Blood / Bloot transfusion	re od products	☐ To manage on time		Double check for high alert medication Dobserve and report any medication react Provide proper measures of wound care Follow hospital polices and protocols of i and explain to the patient / family Check for cross matching and typing, to compatibility	solation ensure	м —		
☐ Fluid tappin☐ DVT Manag☐ Others:	g ement			Practice strict asepsis white transfusing b blood products and fluids Monitor DVT score and continue treatment as per doctors order		n patient drugs a		夏· C 0807
	Signature		Name		Emp. ID		Date 0	Time
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60/Malc/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 10 01 24	D2억 Time: 14 20	Modified Date: Time:				
Reason for Modification:	<u> </u>	Diagnosis: Minimal CAD, Cevere As				
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials		
PAIN ☐ Cemfortable Position ☐ Pain Scale ☐ Pain Score ☐ Others:	Patient will have less pain	□ Evaluate location, character, quality and severity of pain □ Administer pain medication as prescribed and as needed □ Observe for any changes in vital signs □ Maintain proper positioning of patient □ Assist or turn patient every two hours □ Assess incision area for redness, heat, induration, swelling, separation and drainage □ Non-Pharmacological therapy	M E Patient is on Ventilates N Patient had demond 1244 9 pair - 1/10	V. Du		
OXYGENATION Room Air Oxygen Hood Nasal Cannula Nebulizer Ventilator Others:	☐ Patient will have no shortness or difficulty of breathing	□ Provide well ventilated environment □ Check-oxygen saturation □ Perform suctioning if needed □ Ventilator settings as per physician orders □ Monitor rate, depth of respiration □ Administer oxygen and nebulizer therapy if needed □ Encourage spriometry, deep breathing and coughing exercises □ Monitor amount, viscosity, colour and odour of sputum if present	M E pretient is comportable E on Neutrilator support N Patrial & on Naval -brong 4 Win - Spe-104.	V. 10pe		
ANXIETY Increased Pulse Rate Anxious Look	Patient will cope properly with his illness and react positively to his surroundings	 Explain all procedures to patient or family member in simple language they understand Encourage and support patient while increasing anxiety level Help patient to cope with outcomes of surgery Keep patient in comfortable position in bed to enhance sleep 	M E NA N NA	Bunt OIT		
MOBILITY ☐ Mobile ☐ Immobile ☐ Walk with assistance ☐ Physiotherapy ☐ Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Patient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility	□ Apply Anti-Embolic stocking / SCD □ Evaluate the need for assistive devices □ Assess the safety of the environment □ Consider the need for home assistance (e.g., physical therapy, visiting nurse) □ Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M E faction to bed I part N Pahus & on Bed Jant	C. On boy		

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE Oral Intravenous	Patient will have balanced fluid and electrolytes balance	☐ Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Provide tube feedings	М	
☐ Enteral Nutrition ☐ Parenteral Nutrition ☐ Others:		Monitor intake and output Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses Monitor for possible sources of fluid loss	E fluids. Ils montioned	Con
	·	☐ Monitor BP for orthostatic changes	N I/O Chant	Jamy of the
RISK OF INFECTION Frevent infection Others:	The patient will be discharged with no hospital acquired infection	Use aseptic technique in all aspect of patient care Restrict visitors and use appropriate PPE Meticulous hand washing before and	М	
		after patient's care ☐ Inspect wound for signs of infection, purulent drainage or discoloration ☐ Administer antibiotics as ordered ☐ CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons	E followed in all aspects	(. Ope
3			N Alpertin fore courter and	Dant
RISK OF FALL ☐ Giddiness ☐ Independent State	The patient will have safe, free from fall hospitalization	☐ Keep bed on low position ☐ Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed	M	
Dependent State		Remove clutter, keep items patient needs within reach Avoid movement out of bed after surgery for 46 hours Review patients' medication like narcotics and hypotensive agents	E followed,	V. Or
		Offer urinal or bedpan to the patient if needed	N Fall suis Sapely N forceaster on July	Dowl-
SKIN-&WOUND CARE Observe REEDA Oozing	The patient will have intact skin while staying in the hospital and on discharge	Check all drains from the operation site more frequently Provide wound care as ordered	M	
Foul Smell	·		E Surgical site infact	(You
			N Skin- Intant	10ml
DIET & NUTRITION NPO Soft Diet	Patient will have adequate nutrition with no nausea and vomiting	☐ Encourage patient to consume prescribed diet ☐ Record amount of food consumed ☐ Provide high calories, high protein diet as prescribed	М	
☐ Semisolid Diet ☐ Solid Diet ☐ RT Feeds	· .	 ☐ Monitor patient's weight ☐ Administer supplemental vitamins and minerals as prescribed ☐ Administer parentral or TPN per protocol if dietary needs are not met through oral intake ☐ Report abdominal distention, large gastric residual volume or diarrhea to doctor 	Datient 4 on Npo E Liquid diet lobe	V. Lgu
			19.91	Jany

Patient Specific Problems / Nec		Measurable Goals		Nursing Interventions		Evaluation	Sigň & ′Initials '
CARE OF CATI DRAINS, ETC.	HETERS,	Patient will have patent, promaintained catheters, drain	operly ns etc	☐ Check the catheters, drains etc frequently☐ Observe I/O Chart☐ Watch for any symptoms related to kinked blocked tubes☐ Maintain adequate cleaning and dressing	or	M E Maintaine d'adequeal Cleening of abrening N ON CBD, 770 Chaut maintail	Dant.
DISTURBED BO	ODY IMAGE	☐ The patient will demonstra initial acceptance and to n body image		 Note non verbal body language, negative a and self talk Note emotional reaction (grieving, depress Acknowledge and accept expression of fee of grief and hostility 	ion, anger)	M E NA N NA	Jamt OH:
OBSERVATION □-Vitāl Signs □ GCS □-Blood Sugar □ Others:	N	Patient will have normal rai of vital parameters	nge	☐-Monitor vital signs regularly ☐-Assess physically for any abnormality ☐-Inform doctor if there is any abnormality ☐ Monitor GCS of patient		M E patient is hemodyna E-cally stable i supports N W M Sign aic homogynamy Sign	11, 4041
HEALTH EDUCATION Patient Family / Guardian Diet Diet Disease process Infection control / PPE Medication Educate about TAC level and immunosuppressant Personal Safety Treatment Regimen Others:		Patient / Family / Guardian Domestic Partner / Care-gi others will gain adequate knowledge regarding treat modalities and life style modifications	iver /	☐ Provide proper education regarding follow- ☐ Insist on importance of hand hygiene ☐ Explore action, reactions and adherence al ☐ Provide clear, thorough, and understandab regarding safety precautions. ☐ Explain to perform activities / skin care that by concerned doctor ☐ Use the teach-back technique to determine understanding regarding importance of treatments.	cout medication le explanations recommended the patient's	M Educated patient and Eattenders regarding tree process & pollow up Patinil gaind N Knowledge Magneting Park Extends	David OIA.
ANY OTHER N	EEDS					M E	
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60/Malc/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





ADULT POST-OPERATIVE NURSING CARE PLAN

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Initial Date:	Time: 7-00	Modified Date: Time:	,	
Reason for Modification:	1	Diagnosis: MINIMAC CAD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN Comfortable Position Apain Scale Pain Score Others:	Patient will have less pain	□ Evaluate location, character, quality and severity of pain □ Administer pain medication as prescribed and as needed □ Observe for any changes in vital signs □ Maintain proper positioning of patient □ Assist or turn patient every two hours □ Assess incision area for redness, heat, induration, swelling, separation and drainage □ Non-Pharmacological therapy	M Provided comfortable position for patient. E Patient is on amfortable position. N Provided comfortan Position	emorio.
OXYGENATION Room Air Oxygen Hood Nasal Cannula Nebulizer Ventilator Others:	Patient will have no shortness or difficulty of breathing	□ Provide well ventilated environment □ Check oxygen saturation □ Perform suctioning if needed □ Ventilator settings as per physician orders □ Monitor rate, depth of respiration □ Administer oxygen and nebulizer therapy if needed □ Encourage spriometry, deep breathing and coughing exercises □ Monitor amount, viscosity, colour and odour of sputum if present	M Patient is on room air. E Patient I CO Room Air. N ON ROOM Air N Span 98%.	67560 60260 60260 60260
ANXIETY Increased Pulse Rate Anxious Look	Patient will cope properly with his illness and react positively to his surroundings	 Explain all procedures to patient or family member in simple language they understand Encourage and support patient while increasing anxiety level Help patient to cope with outcomes of surgery Keep patient in comfortable position in bed to enhance sleep 	M NA E Psychological Aupport given	Mean orte.
MOBILITY \(\sum \text{Mobile / Immobile} \) \(\subseteq \text{Walk with assistance} \) \(\subseteq \text{Physiotherapy} \) \(\text{Others:} \)	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Patient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility	□ Apply Anti-Embolic stocking / SCD □ Evaluate the need for assistive devices □ Assess the safety of the environment □ Consider the need for home assistance (e.g., physical therapy, visiting nurse) □ Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Provided Safe environment: E Mohl Lized to Chail: N Saffely masky N	8, mar 6226 6226

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE Oral Intravenous Enteral Nutrition Parenteral Nutrition Others:	☐ Patient will have balanced fluid and electrolytes balance	□ Enhance fluid intake unless restricted □ Check IV sites and assess if there is any complication □ Provide tube feedings □ Monitor intake and output □ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses □ Monitor for possible sources of fluid loss □ Monitor BP for orthostatic changes	M Manitoned 10 every hour. E Prochart monitored. Plo Chart. N Was maintaints	2000
RISK OF INFECTION ☑ Prevent Infection ☐ Others:	The patient will be discharged with no hospital acquired infection	Use aseptic technique in all aspect of patient care Restrict visitors and use appropriate PPE Meticulous hand washing before and after patient's care Inspect wound for signs of infection, purulent drainage or discoloration Administer antibiotics as ordered CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons	M followed aseptic techniques. E A septic technique followed N brocaution tale	199 00 00 00 00 00 00 00 00 00 00 00 00 0
RISK OF FALL Giddiness Independent State Dependent State	The patient will have safe, free from fall hospitalization		M followed rick fall prevention. E Bed FC lowest and (occod position. N Rept In bod. N NOW POSITION	0276 0276
SKIN &WOUND CARE , Observe REEDA Oozing Foul Smell	The patient will have intact skin while staying in the hospital and on discharge	☐ Check all drains from the operation site more frequently ☐ Provide wound care as ordered ☐ Minimize pressure ☐ Provide adequate nutritional support ☐ Report signs of poor healing or trauma to doctor	M Sken is entact. E Wound's Intat. N Stain is Dutact	927s
DIET & NUTRITION NPO Soft Diet Semisolid Diet Solid Diet RT Feeds	Patient will have adequate nutrition with no nausea and vomiting	Encourage patient to consume prescribed diet Record amount of food consumed Provide high calories, high protein diet as prescribed Monitor patient's weight Administer supplemental vitamins and minerals as prescribed Administer parentral or TPN per protocol if dietary needs are not met through oral intake Report abdominal distention, large gastric residual volume or diarrhea to doctor	Executaged the patient M to take adequate husbritton, Exoto Diet N Soft di Ot	Meer of the second

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Patient Specifi Problems / Ne		Measurable Goals		Nursing Interventions		Evaluation		Sign & 'Initials '
CARE OF CAT DRAINS, ETC.		Patient will have pater maintained catheters,	nt, properly drains etc	☐ Check the catheters, drains etc frequentl ☐ Observe I/O Chart ☐ Watch for any symptoms related to kinke blocked tubes ☐ Maintain adequate cleaning and dressing	ed or	on cost	is adequally	1 200
DISTURBED B	ODY IMAGE	☐ The patient will demo initial acceptance and body image		 Note non verbal body language, negative and self talk Note emotional reaction (grieving, depression of form of grief and hostility 	ssion, anger)	M NA	ρ	. Soice
OBSERVATION Vital Signs GCS Blood Sugar Others:	N	Fatient will have norm of vital parameters	nal range	Monitor vital signs regularly Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient		M Monitonel	vilating for GCS. 100 movitured DROJ	27.9% 27.9% 20.7%
HEALTH EDUCATION Patient Family / Guardian Disease process Infection control / PPE Medication Educate about TAC level and immunosuppressant Personal Safety Treatment Regimen		Patient / Family / Gua Domestic Partner / Ca others will gain adequ knowledge regarding modalities and life sty modifications	are-giver / uate treatment	□ Provide proper education regarding follo □ Insist on importance of hand hygiene □ Explore action, reactions and adherence □ Provide clear, thorough, and understandaregarding safety precautions. □ Explain to perform activities / skin care the by concerned doctor □ Use the teach-back technique to determing understanding regarding importance of the standing regarding importance.	about medication able explanations nat recommended ne the patient's	E E CO	megaling Eavests	maan org(
Others: ANY OTHER NEEDS							Co stay	02
	Signature		Name		Emp. ID	N	Date	Time
Endorsed by	Signature		Name	man.	(C) (C) (C)		13/1/24	ج. س





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Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: しょ・1・24 Time: 8、のつ		Modified Date: Time:		
Reason for Modification:		Diagnosis: SEVEREAR.		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN Comfortable Position Pain Scale Pain Score Others:	☐ Patient will have less pain	□ Evaluate location, character, quality and severity of pain □ Administer pain medication as prescribed and as needed □ Observe for any changes in vital signs □ Maintain proper positioning of patient □ Assist or turn patient every two hours □ Assess incision area for redness, heat, induration, swelling, separation and drainage □ Non-Pharmacological therapy	M Confortable. M posstable E pt had P dist N Pt had P dist	0226 0236
OXYGENATION Room Air Oxygen Hood Nasal Cannula Nebulizer Ventilator Others:	Patient will have no shortness or difficulty of breathing		M Ratient (Con Room Ale. E Pt 8pg 96% N Pt is on foom wir	modi USAK,
ANXIETY Increased Pulse Rate Anxious Look	Patient will cope properly with his illness and react positively to his surroundings	 □ Explain all procedures to patient or family member in simple language they understand □ Encourage and support patient while increasing anxiety level □ Help patient to cope with outcomes of surgery □ Keep patient in comfortable position in bed to enhance sleep 	M to pared Puxoture Chefore doing E N -	S. C. C. C. C. C. C. C. C. C. C. C. C. C.
MOBILITY , ☐ Mobile / Immobile ☐ Walk with assistance ☐ Physiotherapy ☐ Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Patient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility	□ Apply Anti-Embolic stocking / SCD □ Evaluate the need for assistive devices □ Assess the safety of the environment □ Consider the need for home assistance (e.g., physical therapy, visiting nurse) □ Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Chair.	20026.





Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE Oral Intravenous Enteral Nutrition Parenteral Nutrition Others:	Patient will have balanced fluid and electrolytes balance	□ Enhance fluid intake unless restricted □ Check IV sites and assess if there is any complication □ Provide tube feedings □ Monitor intake and output □ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses □ Monitor for possible sources of fluid loss □ Monitor BP for orthostatic changes	M Dro chast monitored E I/o short Hontag N Dlo Chaulterd.	men USOR Fa
RISK OF INFECTION ☐ Prevent Infection ☐ Others:	The patient will be discharged with no hospital acquired infection	☐ Use aseptic technique in all aspect of patient care ☐ Restrict visitors and use appropriate PPE ☐ Méticulous hand washing before and after patient's care ☐ Inspect wound for signs of infection, purulent drainage or discoloration ☐ Administer antibiotics as ordered ☐ CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons	M Aseptic technique E Aseptic technique N Aseptic technique Nollowed	mear ossi Ba
RISK OF FALL ☐ Giddiness ☐ Independent State ☐ Dependent State	The patient will have safe, free from fall hospitalization	□ Keep bed on low position □ Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed □ Remove clutter, keep items patient needs within reach □ Avoid movement out of bed after surgery for 46 hours □ Review patients' medication like narcotics and hypotensive agents □ Offer urinal or bedpan to the patient if needed	M Bed is lower to be bed is lower position N Bd is lower position	Sinous Or Maria
SKIN &WOUND CARE Observe REEDA Oozing Foul Smell	☐ The patient will have intact skin while staying in the hospital and on discharge	□ Check all drains from the operation site more frequently □ Provide wound care as ordered □ Minimize pressure □ Provide adequate nutritional support □ Report signs of poor healing or trauma to doctor	M Wourd (Intato E Whent to funta N Q Sain Detegrity.	Jer Jer
DIET & NUTRITION NP0 Soft Diet Semisolid Diet Solid Diet RT Feeds	Patient will have adequate nutrition with no nausea and vomiting	☐ Encourage patient to consume prescribed diet ☐ Record amount of food consumed ☐ Provide high calories, high protein diet as prescribed ☐ Monitor patient's weight ☐ Administer supplemental vitamins and minerals ☐ as prescribed ☐ Administer parentral or TPN per protocol if dietary ☐ needs are not met through oral intake ☐ Report abdominal distention, large gastric residual ☐ volume or diarrhea to doctor	M on Roft Diet N on Suf Jut	Gran Gran





Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials -
CARE OF CATHETERS, DRAINS, ETC.	Patient will have patent, properly maintained catheters, drains etc	□ Check the catheters, drains etc frequently □ Observe I/O Chart □ Watch for any symptoms related to kinked or blocked tubes □ Maintain adequate cleaning and dressing	M Plo chartered. E Plo chartered. N Plo Cloutroniteud	row!
DISTURBED BODY IMAGE	☐ The patient will demonstrate initial acceptance and to newly body image	 Note non verbal body language, negative attitude and self talk Note emotional reaction (grieving, depression, anger) Acknowledge and accept expression of feeling of grief and hostility 	M E N	
OBSERVATION Vital Signs GCS Blood Sugar Others:	☐ Patient will have normal range of vital parameters	Monitor vital signs regularly Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient	M VIs checked.	Modification of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th
HEALTH EDUCATION Patient	Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	 ☑ Provide proper education regarding follow-up diet ☐ Insist on importance of hand hygiene ☐ Explore action, reactions and adherence about medication ☐ Provide clear, thorough, and understandable explanations regarding safety precautions. ☐ Explain to perform activities / skin care that recommended by concerned doctor ☐ Use the teach-back technique to determine the patient's understanding regarding importance of treatment 	E gluert in	Most of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state
Others: ANY OTHER NEEDS			N Health education.	oon.
			N /	
Signature	Name	Emp. ID	Date	Time
Endorsed by	- A	(000)	13/1/24	9.00





ADULT NURSING CARE PLAN

Marthandapani P 60/Matc/MHi202381543 09/01/2024/IPH2024000072 Dr.Rajesh.V



	<u></u>			
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 Keep NPO Regular Diet	Patient will have adequate nutrition with no nausea and vomiting Patient will consume daily nutritional	Provide Prescribed diet on time Encourage patient to consume the served meal Record amount of food consumed	m P+00 had dist	On Cot
Others:	activity level and metabolic needs		NPt had DM diet	Moi.
OXYGENATION Room Air Nasal Cannula / High Flow O ₂ Mask BiPAP / CPAP	Patient will have normal O ₂ saturation Patient ABG levels will return to and remain within normal limits No other respiratory abnormalities Patient respiratory rate will remains	Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises □ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order □ Utilise pulse oximetry to check O₂ saturation and pulse rate	Pt on Room	dulate
☐ Ventilator ☐ Tracheostomy ☐ Others:	Patient will indicates, either verbally or through behavior, feeling comfortable when breathing	 If any O₂ abnormalities detected inform immediately to the concerned physician Place patient with proper body alignment for maximum breathing pattern Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis Note for changes in level of consciousness 	E Pt 18po 99%.	A for
	Patient will have adequate nutrition with no nausea and vomiting Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs Patient ABG levels will return to and remain within normal limits No other respiratory abnormalities Patient respiratory rate will remains within established limits Patient will indicates, either verbally or through behavior, feeling comfortable when breathing Place breath Evaluation Encouncies Encouncies Encouncies Encouncies Provide medic Utilise If any the composition If any the composition Provide medic Utilise If any the composition Patient will indicates, either verbally or through behavior, feeling Place breath Evaluation Evaluation Encouncies Provide medic Utilise If any the composition Provide Place Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide	Note for changes in level of consciousness Send sputum for culture and sensitivity based on physician order Maintain clear airway by suctioning or encouraging patient with successful coughing	Pt & on room	HA CONTRACTOR
FLUID & ELECTROLYTES Oral Intravenous Enteral Nutrition	Patient will have balanced fluid and electrolytes balance	=	pt date ora	Call to
Parenteral Nutrition Others:			E pt plo chart	ora:
	: ,		N Ilo chart montored	Mgly.

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY Mobile / Immobile Walk with assistance Physiotherapy Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Putient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility	Encourage regular ambulation ROM exercise Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance (e.g., physical therapy, visiting nurse) Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	pt mobilized well N Pt 4000 mobilized	Sign Office State
ELIMINATION Catheter, bedpan, urinal Nasogastric tube Bowel movement Urination Others:	Patient will have normal elimination pattern Patient will control of urinary in-continence of urinary retention, control of bowel incontinence, and regular elimination patterns	☐ Encourage fluid intake ☐ Encourage fibre diet intake ☐ Encourage early ambulation ☐ Report any abnormalities to physician ☐ Observe voiding accessories as foley's / silicone catheter ☐ Check placement before feeding ☐ Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol ☐ Check for malena / constipation / urinary retention	pt Delimination pattern pattern pattern Normal Elimination pattern	Office of Salars
SKIN INTEGRITY Maintain normal skin integrity Pressure points site assessment	Patient will maintain normal healing status Patient will discharge with intact skin integrity	Minimize / Eliminate friction and shear Minimize pressure (off-loading) with special beds Make sure wrinkles free bed / comfort surfaces and devices Early skin inspection and treatment Keep position changing 2 hourly and manage pain Manage moisture, clean and dry skin Maintain adequate nutrition and hydration Proper application of medications and dressing Follow doctors and TVN order properly Monitor the healing status Educate patient and family members about further skin care	mais @ skis M antergrity Mom @ Sm Intognity Maintain normal N skis intant	Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction o

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE Bed-Bath Assist-Bath Self-Care CBD Care (if present) Others:	Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs	☐ Encourage patient to do daily bathing and oral hygiene ☐ Change patient's gown daily ☐ Encourage hand hygiene ☐ Consider the patient's need for assistive devices ☐ Apply moisturizing solution	mpt well groomed NPE 4000 hygiene	Ostar Stay Mary
SAFETY Check ID Hand IV care EJV CENTRAL LINE Side rails Others:	Patient will have no life-threatening situations	Check the identity with ID band before any interaction with the patient Raise side rails Provide proper invasive line care Keep bed locked and low at all time Educate care providers to be the patient Follow restrain policy (if needed)	M Pt I/D Band Lacy a E Pt I/D Band Checked N ID Band Prosent	30 C 31 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 34 TO 3
COMFORT AND SLEEP Pain Control Sleep Patterns Others:	Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep	Provide clean calm and restful environment Provide privacy at all time Monitor pain scale / sleep pattern Provide pharmacological and non-pharmacological therapy	M E N	
OBSERVATION Vital Signs GCS Blood Sugar Others:	Patient will have normal range of vital parameters	Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order	M Pt V/3 chackad E Pt V/1 sharpod N Vitter Signs Chackad recoverdage	18 CAS 345
PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs Beliefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others:	 □ Patient will achieve spiritual needs □ Patient will be able to control his feeling toward his illness □ Patient will maintain normal psychological pattern 	□ Pray or encourage the patient to pray □ Use inspirational words □ Respond to spiritual needs as they arise □ Evaluate spiritual needs □ Encourage verbalization of feelings / therapeutic touch □ Provide empathy and reassurance	M - E - N	

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Eva	duation	Sign & Initials
COMMUNICATION Patient will communicate effectively with positive feedback Non-verbal		ck	il bell Ivi	b+ good	Bilas
☐ Sigh language ☐ Others:	,	☐ No negative speaking at or prognosis in the patie	•	pf good	Da.
			N	Pt 4000 0	Mary
SPECIAL INTERVENTIONS Medication Wound care Isolation		Double check for high al Double check for high al Observe and report any al Provide proper measures Follow hospital polices a	medication reaction M s of wound care	Juen Guerrom gairrom	Color
☐ Ostomy Care ☐ Blood / Blood productransfusion ☐ Fluid tapping ☐ DVT Management	ets	and explain to the patien Check for cross matching compatibility Practice strict asepsis when the blood products and fluid	g and typing, to ensure lile transfusing blood or	druge rue girm	De la
Others:	,	Monitor DVT score and of as per doctors order	ontinue treatment	Due dougase given	MA
Sig	nature	Name	Emp. ID	Date	Time
Endorsed by		Dhanaraer.	005	14/01/24	100,00

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ADULT NURSING CARE PLAN



MHI/NUR/2022/044

Medway
Heart
Institute

Every heart beat counts

Initial Date: 14/1/24	Time: 7.00	Modified Date: Time:		
Reason for Modification:	· :	Diagnosis: $\leq e_V \land g$		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION Keep NPO Regular Diet Others:	Patient will have adequate nutrition with no nausea and vomiting Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	Provide Prescribed diet on time Encourage patient to consume the served meal Record amount of food consumed	mpt had ordiet. n pt had ordiet. n pt had Dydiet	Jen Hilly
OXYGENATION Boom Air Nasal Cannula / High Flow O₂ Mask BiPAP / CPAP Ventilator	Patient will have normal O₂ saturation Patient ABG levels will return to and remain within normal limits No other respiratory abnormalities Patient respiratory rate will remains within established limits	□ Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises □ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order □ Utilise pulse oximetry to check O₂ saturation and pulse rate □ If any O₂ abnormalities detected inform immediately to	m pt spoq 994.	Par.
☐ Tracheostomy ☐ Others:	Patient will indicates, either verbally or through behavior, feeling comfortable when breathing	the concerned physician Place patient with proper body alignment for maximum breathing pattern Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis Note for changes in level of consciousness	E pt on Room air	Jan on.
•		 Send sputum for culture and sensitivity based on physician order Maintain clear airway by suctioning or encouraging patient with successful coughing 	N Pt 20 on room als	Why of a
FLUID & ELECTROLYTES Ofal Intravenous Enteral Nutrition Parenteral Nutrition Others:	Patient will have balanced fluid and electrolytes balance	Monitor intake and output Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses	MPt Do chart Montamel E pt 210 chart	Ter.
		☐ Monitor for possible sources of fluid loss ☐ Monitor BP for orthostatic changes	N I/O Charles	A.

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Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILIP Mobile / Immobile Walk with assistance Physiotherapy Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease P-tient will use safety measures	☐ Encourage regular ambulation ROM exercise ☐ Apply Anti-Embolic stocking / SCD ☐ Evaluate the need for assistive devices ☐ Assess the safety of the environment ☐ Consider the need for home assistance	m /t well mell mell	10 PM
	to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility	(e.g., physical therapy, visiting nurse) ☐ Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	E P4 MOBILIZED :	Jeni.
			n Pt 4000 mobilizad	12 od 25
ELIMINATION ☐ Catheter, bedpan, urinal ☐ Nasogastric tube ☐ Bowel movement ☐ drination	Patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence.	☐ Encourage fluid intake ☐ Encourage fibre diet intake ☐ Encourage early ambulation ☐ Report any abnormalities to physician ☐ Observe voiding accessories as foley's /	m pt @ partern	July 1
Others:	and regular elimination patterns	silicone catheter Check placement before feeding Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order	E Pt Q elimination Pattern.	Jen
		and follow proper protocol Check for malena / constipation / urinary retention	N Normal Elimination Pattorin	Wy Open
SKIN INTEGRITY Maiptain normal skin integrity Pressure points site assessment HAPI DPI GRADES OF PRESSURE	Patient will maintain normal healing status Patient will discharge with intact skin integrity		M pt sins a Datograty	Divi
INJURY ☐ GRADE 1 ☐ GRADE 2 ☐ GRADE 3 ☐ GRADE 4 ☐ Unstageable ☐ Deep Tissue Injury ☐ Healing Status ☐ PUSH Decreased ☐ PUSH Increased			E Pt skin Q Integrity.	Jen
☐ Intermittent Assisted ☐ Dermatitis ☐ Pressure injury / blisters site care given ☐ Others:			Maintain normay N Skin intact	Coly

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	Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
	HYEIENE Bed-Bath Assist-Bath Self-Care CBD Care (if present) Others:	Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs	Encourage patient to do daily bathing and oral hygiene Change patient's gown daily Encourage hand hygiene Consider the patient's need for assistive devices Apply moisturizing solution	mpt med greated. E pt groomed well N pt 4000 hygiene	For Jew
	SAFETY Check ID Hand IV care	Patient will have no life-threatening situations	Check the identity with ID band before any interaction with the patient Raise side rails Provide proper invasive line care Keep bed locked and low at all time Educate care providers to be the patient Follow restrain policy (if needed)	MP+DD bond checked E P+DD band checked N =D Band prosent	Der .
	COMFORT AND SLEEP Pain Control Sleep Patterns Others:	Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep	Provide clean calm and restful environment Provide privacy at all time Monitor pain scale / sleep pattern Provide pharmacological and non-pharmacological therapy	M E	
*	OBSERVATION Vital Signs GCS Blood Sugar Others:	Patient will have normal range of vital parameters	Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order	M P + V I whereof E P + V S checked N Vi tout Signs Checker	Ser.
	PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs Beliefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others:	Patient will achieve spiritual needs Patient will be able to control his feeling toward his illness Patient will maintain normal psychological pattern	☐ Pray or encourage the patient to pray ☐ Use inspirational words ☐ Respond to spiritual needs as they arise ☐ Evaluate spiritual needs ☐ Encourage verbalization of feelings / therapeutic touch ☐ Provide empathy and reassurance	M E -	0128

Patient Specific		Measurable Goals		Nursing Interventions		Evaluation		Sign & Initials
COMMUNICATION Verbal Non-verbal Sigh language Others:		ate effectively	Introduce the care giver Introduce the care giver Encourage the use of call bell Obtain interpreter if needed No negative speaking about the patier or prognosis in the patient's presence	t's condition	E ad use	miniatio	o en	
						IN DE URON	nmerication americation	MA
SPECIAL INTERVENTIONS Medication Wound care Isolation Ostomy Care Blood / Blood products transfusion Fluid tapping DVT Management		☐ To manage on time		Double check for high alert medication Observe and report any medication re Provide proper measures of wound ca Follow hospital polices and protocols	action re	M due	dingl	A
		i		and explain to the patient / family Check for cross matching and typing, compatibility Practice strict asepsis while transfusing blood products and fluids		E due	leugs au Given.	Jen.
Others:		·		☐ Monitor DVT score and continue treatment as per doctors order		n Due doe	ug ose given	Most
	Signature		Name		Emp. ID		Date	Time
Endorsed by	,	0	De	puonario.		005	15/01/24	0920
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ADULT NURSING CARE PLAN

PHI. THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





Initial Date: 15 1 Time: Q 00 Modified Date: Time: Reason for Modification: Diagnosis: SEVAS **Patient Specific** Sign & Measurable Goals **Nursing Interventions** Evaluation Problems / Needs Initials NUTRITION Patient will have adequate nutrition ☐ Provide Prescribed diet on time Poteint bad DM diet ☐ Keep NPO with no nausea and vomiting ☐ Encourage patient to consume the served meal ☐ Regular Diet ☐ Others: Patient will consume daily nutritional Record amount of food consumed requirements in accordance to his activity level and metabolic needs Ν OXYGENATION Patient will have normal O₆ saturation ☐ Encourage chest physio / deep breathing and ☐ Reom Air Patient ABG levels will return to and coughing exercise / Spirometry exercises ☐ Nasal Cannula / High Flow O₂ ☐ Provide well-ventilated environment / respiratory remain within normal limits ☐ Mask ☐ No other respiratory abnormalities medications / Oxygen as per doctors order Utilise pulse oximetry to check O₂ saturation and pulse rate ☐ BiPAP / CPAP ☐ Patient respiratory rate will remains ☐ Ventilator within established limits If any O₂ abnormalities detected inform immediately to the concerned physician ☐ Tracheostomy Patient will indicates, either verbally ☐ Others: or through behavior, feeling ☐ Place patient with proper body alignment for maximum Ε comfortable when breathing breathing pattern Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis Note for changes in level of consciousness Send sputum for culture and sensitivity based on physician order Ν ☐ Maintain clear airway by suctioning or encouraging patient with successful coughing FLUID & ELECTROLYTES Patient will have balanced fluid and ☐ Enhance fluid intake unless restricted ☐ Oral patient mobilized with electrolytes balance Check IV sites and assess if there is any complication ☐ Intravenous ☐ Provide tube feedings Monitor intake and output ☐ Enteral Nutrition ☐ Measure or estimate fluid losses from all sources such ☐ Parenteral Nutrition as diaphoresis, wound drainage, and gastric losses ☐ Others: ☐ Monitor for possible sources of fluid loss Monitor BP for orthostatic changes Ν

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Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY Mobile / Immobile Walk with assistance Physiotherapy Others:	□ Patient will mobilize freely □ Patient will perform physical activity independently or within limits of disease □ Putient will use safety measures to minimize potential for injury □ Patient will demonstrate the use of adaptive devices to increase mobility	□ Encourage regular ambulation ROM exercise □ Apply Anti-Embolic stocking / SCD □ Evaluate the need for assistive devices □ Assess the safety of the environment □ Consider the need for home assistance (e.g., physical therapy, visiting nurse) □ Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	patient mobilited un	A P
ELIMINATION	Patient will have normal elimination	☐ Encourage fluid intake	N lormal Elimination	· · · · ·
☐ Catheter, bedpan, urinal ☐ Nasogastric tube ☐ Bowel movement ☐ Urination ☐ Others:	pattern Patient will rave normal entimation pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	☐ Encourage fibre diet intake ☐ Encourage fibre diet intake ☐ Encourage early ambulation ☐ Report any abnormalities to physician ☐ Observe voiding accessories as foley's / silicone catheter ☐ Check placement before feeding ☐ Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol	Normal Elimination putlern E	70/20
	;	Check for malena / constipation / urinary retention	N	
SKIN INTEGRITY Maintain normal skin integrity Pressure points site assessment HAPI OPI GRADES OF PRESSURE INJURY	□ Patient will maintain normal healing status □ Patient will discharge with intact skin integrity	Minimize / Eliminate friction and shear Minimize pressure (off-loading) with special beds Make sure wrinkles free bed / comfort surfaces and devices Early skin inspection and treatment Keep position changing 2 hourly and manage pain Manage moisture, clean and dry skin	Mainteun Mormal M Skin integrity	A./2
☐ GRADE 1 ☐ GRADE 2 ☐ GRADE 3 ☐ GRADE 4 ☐ Unstageable ☐ Deep Tissue Injury ☐ Healing Status ☐ PUSH Decreased ☐ PUSH Increased ☐ Intermittent Assisted		 ☐ Maintain adequate nutrition and hydration ☐ Proper application of medications and dressing ☐ Follow doctors and TVN order properly ☐ Monitor the healing status ☐ Educate patient and family members about further skin care 	E	·
☐ Dermatitis ☐ Pressure injury / blisters site care given ☐ Others:			N	

				·
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE Bed-Bath Assist-Bath CBD Care (if present) Others:	Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs	☐ Encourage patient to do daily bathing and oral hygiene ☐ Change patient's gown daily ☐ Encourage hand hygiene ☐ Consider the patient's need for assistive devices ☐ Apply moisturizing solution	patient une groom	10 F)
			N	
SAFETY Check ID Hand IV care EJV CENTRAL LINE Side rails Others:	Patient will have no life-threatening situations	Check the identity with ID band before any interaction with the patient Raise side rails Provide proper invasive line care Keep bed locked and low at all time Educate care providers to be the patient Follow restrain policy (if needed)	M burd present	Pitts
			N	
COMFORT AND SLEEP ☐ Pain Control ☐ Sleep Patterns ☐ Others:	Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep	 □ Provide clean calm and restful environment □ Provide privacy at all time □ Monitor pain scale / sleep pattern □ Provide pharmacological and non-pharmacological therapy 	M	
		non-pharmacological arctapy	N	
OBSERVATION Vital Signs GCS Blood Sugar Others:	Patient will have normal range of vital parameters	Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order	Mellod & Pewroles	Pap
			N	
PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs Beliefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others:	Patient will achieve spiritual needs Patient will be able to control his feeling toward his illness Patient will maintain normal psychological pattern	 □ Pray or encourage the patient to pray □ Use inspirational words □ Respond to spiritual needs as they arise □ Evaluate spiritual needs □ Encourage verbalization of feelings / therapeutic touch □ Provide empathy and reassurance 	Bydrological Suppor	p+ 13 1/20
			N	

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Patient Specif Problems / Ne		Measurable Goals	-	Nursing Interventions		Evaluation		Sign & Initials
COMMUNICA Verbal Non-verbal Sigh language Others:	☐ Noń-verbal ☐ Sigh language ☐ Others: SPECIAL INTERVENTIONS ☐ To manage on time		with positive feedback Encourage the use of call bell Obtain interpreter if needed No negative speaking about the patient's condition or prognosis in the patient's presence E		E N	mmunicatio	n (Amp	
SPECÍAL INTERVENTIONS Medication Wound care Isolation Ostomy Care Blood / Blood products transfusion Fluid tapping DVT Management Others:		☐ Follow hospital polices and protocols of isolation and explain to the patient / family ☐ Check for cross matching and typing, to ensure compatibility ☐ Practice strict asepsis while transfusing blood or blood products and fluids ☐ Monitor DVT score and continue treatment		□ Observe and report any medication reaction □ Provide proper measures of wound care □ Follow hospital polices and protocols of isolation and explain to the patient / family □ Check for cross matching and typing, to ensure compatibility □ Practice strict asepsis while transfusing blood or blood products and fluids □ Monitor DVT score and continue treatment		e e		
<u> </u>	Signature	<u> </u>	Name	<u> </u>	Emp. ID		Date	Time
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60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





Every heart beat counts

Date:

	BRADEN S	CALE FOR PREDICTION	NG PRESSURE INJUR	Y RISK Time:	1	12	A
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	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	7
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	A
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	U	4
MOBILITY ability to change and control body position	Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance		وإ	9
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 diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation	7	٠- ١	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 independentl strength to lift up completely during move. No or chair		3 23 5.5	23 Tree	3
Score	Interpretation: Minimal Risk: 23 - 19; At Risk (Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I	High Risk: 12 - 10; Severe Risk: 9 - 6	Initial & Emp. No. of Sr. Staff Nurse:	(De)	(3)	





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DO Dr.RAJESH.V





Every heart beat counts

	BRADEN S	CALE FOR PREDICTII	NG PRESSURE INJUR	Y RISK Time		01 E	Ž.
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	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 verba commands. Has no sensory deficit which would limi ability to feel or voice pain of discomfort			
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 routing intervals			
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 leas twice a day and inside room at least once every two hours during waking hours	١ .		
MOBILITY ability to change and control body position	Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance			
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	eats only about 2 of any food offered.	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every mea Never refuses a meal Usually eats a total of 4 c more servings of meat an diary products. Occasionall eats between meals. Doe not require supplementation	<i>y</i>		
FRICTION	Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible, Frequently	assistance. During a move skin probably	3, No Apparent Problem Moves in bed and in chair independentl strength to lift up completely during move. No				
& SHEAR	slides down in bed or chair, requiring frequent re-positioning with maximum	chair, restraints or other devices. Maintains relatively good position in chair		TOTAL SCORE	23		
	assistance. Spasticity, contractures or agitation leads to almost constant friction	or bed most of the time but occasionally slides down		Initial & Emp. No of Staff Nurse		<u>.</u>	
Score	Interpretation: Minimal Risk: 23 - 19; At Risk /	Mild Risk: 18 - 15; Moderate Risk: 14 - 13; H	High Risk: 12 - 10; Severe Risk: 9 - 6	Initial & Emp. No. of Sr. Staff Nurse			





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_	BRADEN S	CALE FOR PREDICTI	NG PRESSURE INJUR	Y RISK Time	: 10 01 20 17-30	1017	8:3
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
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 Molst Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals		,	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	,
MOBILITY ability to change and control body position	Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance		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 diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation		1	2
FRICTION	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,	3. No Apparent Problem Moves in bed and in chair independentl strength to lift up completely during move. No rehair			3	2
& SHEAR	slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down		TOTAL SCORE Initial & Emp. No. of Staff Nurse:	6 gran	Paul	2
Score	Interpretation: Minimal Risk: 23 - 19; At Risk /	Mild Risk: 18 - 15; Moderate Risk: 14 - 13; H	High Risk: 12 - 10; Severe Risk: 9 - 6	Initial & Emp. No. of Sr. Staff Nurse:	+	K	A







Every heart beat counts

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Time:	SS(S)	1.2.0	0,00

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK





60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V



MHI/NUR/2022/045

Heart
Institute

Every heart beat counts

Date: 211 2

	BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK												
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	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	4							
MOISTURE degree to which skin is exposed to moisture	1. Constantly Molst Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Barely Moist Skin is usually dry, linen only requires changing at routine intervals	4	1)							
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 yery short distances, with or without assistance. Spends majority of each shift in bed or chair	A: Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	24							
MOBILITY ability to change and control body position	Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in- body or extremity position independently	No Limitation Makes major and frequent changes in position without assistance	4	Ja							
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 diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	A-Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation	<u>A</u>	4							
1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently 2. Potential Problem Moves feebly or requires minimum assistance assistance. During a move skin probably slides to some extent against sheets, or chair 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													
& SHEAR	slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down		Initial & Emp. No.	SS Cha	23							
Score	Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6 Initial & Emp. No. of Sr. Staff Nurse:												





60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





Every heart beat counts

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK Time: H												
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	command deficit w	ds to verbal ds. Has no sensory hich would limit eel or voice pain or	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		Molst ually dry, linen only hanging at routine	4	4	.J				
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	Walks out twice a da at least on	Frequently tside room at least ay and inside room ice every two hours king hours	4	A	4				
MOBILITY ability to change and control body position	Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently		ajor and frequent in position without		A	I.f				
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 diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	Never re Usually e more sen diary prod eats betw		4	A	4				
FRICTION	Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,	3. No Apparent Problem Moves in bed and in chair independent strength to lift up completely during move. It or chair			3	3	3				
& SHEAR	slides down in bed or chair, requiring frequent re-positioning with maximum	chair, restraints or other devices. Maintains relatively good position in chair			TOTAL SCORE	23	23	}				
	assistance. Spasticity, contractures or agitation leads to almost constant friction	or bed most of the time but occasionally slides down		I	nitial & Emp. No. of Staff Nurse:	My ox	A COM	LA P				
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6 Initial & Emp. No. of Sr. Staff Nurse:												







MHI/NUR/2022/045

Heart
Institute

Date: (| 24

	BRADEN S	CALE FOR PREDICTION	NG PRESSURE INJUH	Y RISK TI	me:	M	E	Ü
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	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 verb commands. Has no sense deficit which would lir ability to feel or voice pain discomfort	ory mit	7	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 Molst Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen o requires changing at rout intervals	tine	կ_	4	24
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 le twice a day and inside ro at least once every two ho during waking hours	om		1 }	4
MOBILITY ability to change and control body position	Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequ changes in position with assistance		4)	14
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 diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Lats most of every me Never refuses a me Usually eats a total of 4 more servings of meat a diary products. Occasion eats between meals. Denot require supplementations	eal. For and ally oes	٩	4	4
FRICTION	Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,		y and has sufficient muse Maintains good position in b	cle ed	3	B	3
& SHEAR	slides down in bed or chair, requiring frequent re-positioning with maximum	chair, restraints or other devices. Maintains relatively good position in chair		TOTAL SCOR	RE S	28	23	23
	assistance. Spasticity, contractures or agitation leads to almost constant friction	or bed most of the time but occasionally slides down		Initial & Emp. N of Staff Nurs	1	X	Ter.	
Score	Interpretation: Minimal Risk: 23 - 19; At Risk /	Mild Risk: 18 - 15; Moderate Risk: 14 - 13; F	High Risk: 12 - 10; Severe Risk: 9 - 6	Initial & Emp. N			No.	CAN CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF





60/Male/MHI202381543 09/01/2024/tPH2024000072

Dr.RAJESH.V





Every heart beat counts

(A Unit of United All	liance Healthcare Pvt Ltd)		THE TEN CONTYNE MER DESIRECTED THRU INDIVIDUAL ESTABLISM	i Every n			Turres
	BRADEN S	CALE FOR PREDICTI	NG PRESSURE INJUR	Y RISK Time:	15	I E	24
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	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. Molimpairment 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 Molst Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an a extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	1		
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	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 diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation			
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 independentl strength to lift up completely during move. No or chair	y and has sufficient muscle flaintains good position in bed TOTAL SCORE Initial & Emp. No. of Staff Nurse:	M		
Score	Interpretation: Minimal Risk: 23 - 19; At Risk /	Mild Risk: 18 - 15; Moderate Risk: 14 - 13; F	High Risk: 12 - 10; Severe Risk: 9 - 6	Initial & Emp. No. of Sr. Staff Nurse:	100		





60/Malc/MHI202381543

09/01/2024/IPH2024000072

Dr.RAJESH.V

MHI/NUR/2022/052



Every heart beat counts

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
9/1/2 9.30	0/10	No pain		_		59	68
'	0/0	alo Pain		-		Eng	(D)
	01/0	No Pain				क्षि.	B x
S2 .30	olo	NO pain	-		<u> </u>	1207 0207	B S
2.00		PATI	NT	Z3 S4	EFPING		O S
6.00	%0	No pain	-	,		2° 0007	%
10.00	0/(0	No pain				5.93	(D)P

Date & Time	Pain Score	(dull, achy,	rain Character , sharp, stabbing, shooting, , referred / radiant pain)	Duration	Location / Site		Interventions		Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
		.					_			
		1					1			*\d
	 -	*4			P.A	IN SCALES	- -		I	, (
(28 week	PIPPS (s to <u><</u> 38	weeks)	6 or less = Minimal to no 7 - 12 = Mild pain - Provid >12 = Moderate to sever	de comfort me	asures nocological intervention	n			:	
(38 we	CRIES eks - 2 ma	onths)	The CRIES scale is used further pain assessment	l for infants >	than or = 38 weeks	of gestation. A maximal so	core of 10 is possible.	If the CRIES score is > or higher.	4,	
FL	ACC Sca nths - 7 y	le	0: Relaxed & comfortable	e, 1-3: Mild di	iscomfort, 4-6: Mode	rate discomfort, 7-10: Seve	ere discomfort / pain /	both	-	 ,
Pain	-Baker F <i>F</i> Rating So ars - 12 ye	cale	OO 2 No Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 10 Hurts (hole Lot Worst	Numerical 0 1 2 None Mile	Rating Scale (age r	5 7 8 5 <u>7 8</u>	years) 9 10
Observa	cal care F ition Tool itor / com	(CPOT)	COMPLIANCE WITH VE	Absence of m NTILATION (in ubated patien Relaxed, 1 - Te	novements or normal ntubated patients): 0 nts): 0 - Talking on no nse, Rigid, 2 - Very Ta	osition, 1 - Protection, 2 - Re - Tolerating Ventilator or Mo mal tone or no sound, 1 - Si nse, Rigid	vement , 1 - Coughing		yventilator (or)	
	harmacolitervention		Cutaneous Stimulation a	and massage: onger than 15	: E - Positioning; F - R to 20 minutes): G - C	- Music; D - Physical and mo ubbing / Massage the skin old application; H - Hot appli		athermy		







Mr.THANDAPANI P 60/Malc/MHi202381543 09/01/2024/IPH2024000072 Dr.RAJESH.V

Heart Institute
Every heart beat counts

MHI/NUR/2022/052

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.
1001/24 C17.24	وهاه .	on ventilation	B	+ cpo1	· · · · · · · · · · · · · · · · · · ·	1. 10m	10003
19.20	Ole	By cpot	: —		on Mentilator support	(.10p	1 ood
21.30	0/8	By you	_			Janul	Pour
23.30	7/10	AUHY PAIH	155H	SURGIUA SME	Phonomadaglid Introdution are done.	Dawl 0171	#300J
111124	1	•			Potent was Strepping	Dawl_ O17H	£00)
3,30	1	Į	-	l	Patend was Strepting	0171 Jamy	Mow)
5.30	1/10	AUHY PAIN	人10 SE4	Survical Site	Pharmarological Intercution deve	Jam Jonat	4000)
7,30	2/10	Dull PAM	210	STERMUTI	Non-Phanmaiological Interested	Dant	Nows
9.30	ι [ιο	Dull ache	15 Sec.	Surgical	Provided Non-pharmaeological intervention.	0265	2027

Time Score Company Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Conting Con	-	۲									
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PAIN SCALES PIPPS (28 weeks 10 3 8 weeks) FACIAL EXPRESSION: 0 - Pelance Indicated Interventions PAIN SCALES Proposition Tool (CPOT) (Years - 12 years) Critical care Pain Observation Tool (CPOT) (Ventilistor / comalose) PACIAL EXPRESSION: 0 - Pelance Indicated Intervention Interventions PACIAL EXPRESSION: 0 - Pelance Intervention Intervention Intervention Interventions PACIAL EXPRESSION: 0 - Pelance Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervent	11/1/30	1/,	Þ	11) ache		l (/ . '	.)	Interve	mfion	er ce	€ 35)
PAIN SCALES PIPPS (28 weeks to < 38 weeks) 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 analysels administration is indicated for a score of 6 or higher. PLACS Scale (2 months - 7 years) CRIES (38 weeks - 2 months) G. Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate gliscomfort, 7-10: Severe discomfort / pain / both Wong-Baker FACES Pain Ruling Scale (2 months - 7 years) Critical care Pain Observation Fool (CPOT) (ventilater / comatose) Critical care Pain Observation Fool (CPOT) (ventilater / comatose) FACIAL EXPRESSION: 0 - Relexed, Neutral, 1- Tenee, 2 - Grimalng Body MoveMentrs: 0 - Absence of movements or normal position, 1 - Protection, 2 - Resitessness / Agitation work of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of the pain of th	13,00	10	Act	y rain		etelnum	Non pharmacological management - given	pain.			
PAIN SCALES PIPPS (28 weeks to ≤ 38 weeks) The CRIES ale 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) FLACC Scale (2 months - 7 years) O; 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) Critical care Pain Observation Tool (CPOT) (ventilator / comatose) Mond-Marker Scale (3 years - 12 years) FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacfing Scale (3 years - 12 years) Mond-Marker Scale (3 years - 12 years) Total Scale (3 years - 12 years) Total CEPOTD (ventilator / comatose) Non-pharmacological Interventions Distraction: 4 - Relexation-conducive environment; 5 - Ty, C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Trems Therepies (no longer than 15 to 20 did application; I + Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS); J - Interfernial therapy Psycho-social therapy/counselling; K - Individual Counseling; L - Family counseling	15:00		pa	ypain		speenum	<u> </u>	of Pain.			333
PIPPS (28 weeks to ≤ 38 weeks) 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) O: Refaxed & 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) O: Refaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both Numerical Rating Scale (age more than 12 years) O: Refaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both Numerical Rating Scale (age more than 12 years) O: Refaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both Numerical Rating Scale (age more than 12 years) O: Refaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both Numerical Rating Scale (age more than 12 years) O: Refaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate Pain, 5-10: A fortable, 1-10:	11,00	10	Pic	يساله حبي.		Steenum	tion shoema woogke mangement given	d Pain		-	No.
T-12 = Mild pain - Provide comfort measures T-12 = Mild pain - Provide comfort measures T-12 = Moderate to severe pain - Pharmocological intervention			•			P/	IN SCALES			<u>!</u>	
Transcutaneous electrical nerve stimulation of the first pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. Turns pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. The pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. The pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. The pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. The pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. The pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. The pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. The pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. The pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. The pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher. The pain assessment should is indicated pain assessment should be undertaken, and assessment assessment should be undertaken, analges and indicated pain is indicated in a score of some discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7	(28 week		weeks)	7 - 12 = Mild pain - Provid	de comfort me		n ,,		:		
Wong-Baker FACES Pain Rating Scale (7 years - 12 years) Critical care Pain Observation Tool (CPOT) (ventillator / comatose) Non-pharmacological Interventions Non-pharmacological Interventions O: Helaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7-10: Severe discomfort, 7	(38 we		onths)							4,	•
Wong-Baker FACES Pain Rating Scale (7 years - 12 years) Critical care Pain Observation Tool (CPOT) (ventilator / comatose) Non-pharmacological Interventions Non-pharmacological Interventions Non-pharmacological Interventions Pain Rating Scale (7 years - 12 years) O 2 4 4 6 8 8 10 Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let Hurts Whole Let				0: Relaxed & comfortable	e, 1-3: Mild d	Iscomfort, 4-6: Mode	rate discomfort, 7-10: Severe discomfort /	pain / both			
Critical care Pain Observation Tool (CPOT) (ventilator / comatose) Non-pharmacological Interventions Non-pharmacological Interventions 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 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 Theraples (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferntial therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counseling	Paln	Rating S	cale	0 2	4 Hurts Little	6 Hurts	8 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3	4 5 6	7 8	9 10
Non-pharmacological Interventions Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; I - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferntial therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counseling	Observa	ition Tool	(CPOT)	BODY MOVEMENTS: 0 - COMPLIANCE WITH VEI VOCALIZATION (non-Int MUSCLE TENSION: 0 - F	Absence of m NTILATION (in ubated patier Relaxed, 1 - Te	novements or normal ntubated patlents): 0 nts): 0 - Talking on no nse, Rigid, 2 - Very Te	osition, 1 - Protection, 2 - Restlessness / Agit - Tolerating Ventilator or Movement , 1 - Cou mal tone or no sound, 1 - Sighing, Moaning, nse, Rigid	ghing but tolerat			.,
harmacological interventions as per doctor's prescription				Cutaneous Stimulation a Thermal Theraples (no lo	ind massage: onger than 15	: E - Positioning; F - R to 20 minutes): G - Co	ubbing / Massage the skin old application; H - Hot application; I - Shortw		- Individual Coun	seling; L - Family	counseling
	Pharmac	ological I	nterventio	ns as per doctor's prescrip	tion	· · · · · · · · · · · · · · · · · · ·					





60/Male/MHI202381543

09/01/2024/!PH2024000072

Dr.RAJESH.V

Heart

MHI/NÚR/2022/052

Every heart beat counts

PAIN RE-ASSESSMENT & MONITORING CHART

	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.
19.00	Yw	Dul poin	200	Stephum	2ntoruontion done	0270	A way
21-00	1/16	Dull poun	210 860	Back	provide comfortable	013.	Gres
23.00	ωY	Dull poin	200 200	- Stornum	non-phormacocogfical Entreviention done	0.5h_	Rows
12/1/29	-	pation	t 7	<u>s luq</u>	t woll	০১ন	Rows
03 · 00		Partiev	t	<u> 12 21</u>	pt wey	o Ato	Young
05.0b		p ceti	ent	TR Sh	ppt would	ाने व्यक्त	Roos
व्यः हव	1/4	a Dull pain	210	Sternum		0250	9 aus
00,00)/rp.	Dullpala	15 (ec	Steanum	mobilized to chair on confortable rogston.	Woon,	dows
17:00	1/10	Dull podn	10500	Steenan.	Hon phormaxigical pois monagemen given.	es de	2003







Pa Mr. THANDAPANI P

Na 60/Male/MHI202381543

Ul 09/01/2024/IPH2024000072

Dr.RAJESH.V

MHI/NÚR/2022/052



Every heart beat counts

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	ala	Dull pain	onæ opp	Smgical 8ili	provided comforteible post	0046	Constant of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the
1	0/10	No Pain	_			0088	
J&-00	0/00	No Polis	-			Start Look	Bo
)2.O	010	No pain	1	ŀ		HD.	(A) OF
14/1/24 2-00			Pat	tions Slee	ping 4000		
6.00	Olto	NO pain	•		-	PSP 9725	Op ok
10.00	ماره	Mo bue		_		Å.	
14.00	Olo	No pain	_			Jen	(D)
00.8	ollo	NO Pain	_	_	_	Jein	CP/5

Date & Time	Pain Score	(dull, achy,	ain Chara sharp, stab , referred / r	acter bing, shooting, adiant pain)	Duration	Location / Site		Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
27.00	ouo	_	NO	Pain	,	_	-		Holy	(C) 5
2.00 15/124					Pa	tions 41	pod cleeping			
6.00	0110		UO P	ain	w/~	<u>-</u>	-	·	MD OSTA	Po S
1 0.00	olio	x /	o b	octin		_			A	(P)
7	1			<u> </u>	· · · · · · · · · · · · · · · · · · ·	P.	AIN SCALES		. 	
(28 week	PIPPS s to <u><</u> 38	weeks)	7 - 12 = 1	= Minimal to no fild pain - Provid oderate to seven	le comfort me	easures nocological intervention	on _		·	
(38 we	CRIES eks - 2 m	onths)						re of 10 is possible. If the CRIES score is $>$ 4 ted for a score of 6 or higher.	,	, 12
	ACC Sca nths - 7 y		0: Relaxe	d & comfortable	e, 1-3: Mild d	Iscomfort, 4-6: Mode	erate discomfort, 7-10: Severe	e discomfort / pain / both		
Paln	-Baker FA Rating Se ars - 12 ye	cale	O No Hurt	QO Hurts	4 Hurts Little More	6 Hurts Even More	8 10 Hurts Whole Lot Worst	Numerical Rating Scale (age m 1 2 3 4 5 6 None Mild Moderate	ore than 12 7 8	9 10
Observa	cal care F tion Tool tor / com	(CPOT)	BODY MO COMPLIA VOCALIZ MUSCLE	OVEMENTS: 0 - NCE WITH VEI ATION (non-Int TENSION: 0 - F	Absence of m NTILATION (I Ubated patien Relaxed, 1 - Te	ntubated patients): 0	position, 1 - Protection, 2 - Res) - Tolerating Ventilator or Move rmal tone or no sound, 1 - Sigh ense, Rigid	tlessness / Agitation ment , 1 - Coughing but tolerating, 2 - Fighting ning, Moaning, 2 - Crying out, sobbing	ventilator (or)	,
	narmacol ervention		Cutaneou Thermal	is Stimulation a Theraples (no lo	ind massage: onger than 15	: E - Positioning; F - R to 20 minutes): G - Co	- Music; D - Physical and men ubbing / Massage the skin old application; H - Hot applica terferntial therapy Psycho-se		eling; L - Family	/ counseling
Pharmac	ological i	nterventior		ctor's prescrip						





60/Malc/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





DVT RISK ASSESSMENT

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

733	ight a score of 1 if (123) in parameter nos. 1 to 5,	and ass		JIC 01 -2.	11 (120)	III Parai	netel 110	
	Date	9114	100184					
	Time	9:30	6:00					
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	O	Ó					<u>. </u>
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)	ဝ	0					
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0					
5	Entire leg swollen (Assess for both legs)	0	ρ					
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	O			_		
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	10					
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.	Q	0					
,	FINAL SCORE	0	O					
Low R	isk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8	Low	Louis					
	DVT prophylaxis started	□ Yes □ No		☐ Yes ☐ No	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
	Signature & Emp. No. of RN	y S	ESS.					
	Signature & Emp. No. of Sr. RN	(B)	(BE)					





60/Mule/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





DVT RISK ASSESSMENT

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

		. 1					Tieter no	
	Date	1.01.51.0	11/1/24			7	15/124	
	Time	17.30	6.00	60 >00	8.00	600	h.00	
S. No.	PARAMETERS	<u></u>		_				
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	Ö	0	0	0	0	
2	Bedridden recently >3 days or major surgery within four weeks	41	+1_	H	H	+1	41	
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	p	D	0	O	O	0	
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	מ	0	D	р	0	b	
5	Entire leg swollen (Assess for both legs)	0	Ø	0	0	0	p	
6	Localized tenderness along the deep venous system (Assess for both legs)	ပ	0	0	Q	0	0	
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	О	o	0	8	0	6	
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	O	0	Ю	0	0	
9	Previously documented DVT (Assess for both legs)	0	0	0	<i>b</i>	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	4.1	41	11	+1	+)	+1	
Low R	isk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8	Moo	TROD	non	MOO	MOD	400	
	DVT prophylaxis started	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	□Yes □ No	☑Yes □No	<i>t</i> □Yēs □ No	☐ Yes ☐ No
	Signature & Emp. No. of RN	Car	Day -	Mers 1	S. S.	O STATE	186	
	Signature & Emp. No. of Sr. RN	al	1	1	A	(C)P)	W/	<u> </u>



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/NUR/2022/046

Where heart beat never stops..

MODIFIED MORSE FALL RISK ASSESSMENT CHART

					_					
Variables	Date	9/1/24	7/12	9012	10/1/2				_	
variables	Time	813D	140	20.00	8్రీలు					
History of falling	No	6	و	0	0	0	0	0	0	0
(immediate or within 6 months)	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis	No	0	0	0	0	0	0	0	0	0
(≥ 2 medical diagnosis)	Yes	15	18	15	15	15	15	15	15	15
Intravenous Therapy /	No	0	9	راق	10	0	0	0	0	0
Heparin Lock / Tubes Insitu	Yes	20	20	,20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	P	مون	20	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	_	D	<i>,</i> 8	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		6	28	س	.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,	No	0	0	0	0	0	0	0	0	0
immunosuppresent, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	Yes	45	18	_15	15	15	15	15	15	15
Total Score		Z 0	R	30	30		_			
Low Risk (0 - 24)			/							
Medium Risk (25 - 44)				<i></i>						
High Risk (45 or above)			X							
Signature & Emp. No. of RN		5 D°	Ma.	12°C 5807	5 D)	١				

							_			1	
INTERVENTIONS	Date	9/11.	alipe	0/1/2A	101.1.					, '4	7
Tick as per the Risk Score		11117-) (C)	1/1/001	10/1/A	Ł				-	-
rick as per the hisk score	Time	9.30	1430	20.00	8.00		J		<u></u>		⅃
Low Risk Interventions (0 - 24)						1					1
Familiarize the patient with the immediate surround	dings		_						ŀ		ľ
Remind the patient to use call bell before getting ou	ıt of bed							ĺ			1
Keep the two side rails in the raised position at all	times for						1	<u> </u>			1
all patients regardless of age		/						-			ı
Keep the call bell, bedside table, water, glasses w	rithin the						1				1
patient's easy reach				· /				ľ			ı
Remove excess equipment or furniture to make	a clear	1/									1
path			1		/ /						1
Keep the patient's bed in the low position at all time	s except								1		ľ
during procedure		7 - 1					<u> </u>				J
Teach fall-prevention techniques, such as sitting	up for a	/			/						ł
moment before rising from the bed			4								1
Bed wheels should be locked								<u> </u>			4
Encourage family participation in the patient's care					/		ļ			ļ	4
Ensure that floor of the bathroom is dry and not slip											┧
Review medications for potential side effects t	hat can		/		_						l
promote falls			/	•		,	ļ	ļ			_
Use safety belts during movement in wheelchair			·				ļ	ļ	ļ	ļ	4
The patients are not ambulated by themselves. Th	ey are to	/		/	/	/				1	
be ambulated only with assistance	_				/						١
Medium risk interventions (25 - 44)	_					-	 	 			1
Apply all the low risk interventions											┛
Tie yellow fall risk tag in the bed and Wheel chair / S			V				ļ	ļ		<u> </u>	4
Make sure that proper transfer precautions are in		1 /	/		/		1				ı
for heavy or debilitated patients in a bed or wheel	chair or	′		_							ı
on a toilet seat			-	-	-		+		<u> </u>	-	-[
Use restraints and bed monitors as ordered by the	doctor					/	<u> </u>	<u> </u>	ļ		-[
Allow the patient to ambulate only with assistance							 		<u> </u>		4
Consider peak effects of the medications that effe		/		_							ı
of consciousness, gait and elimination when patientle ages	olanning			<i>i</i>	/						ı
patient's care Do not leave patients unattended in diagno	natio or	/					 	 		<u> </u>	4
treatment areas	ostic of										1,
Accompany the patient while going to bathroom			1/				+	<u> </u>	}		-/
Advice the patient to use grab bars near the toilet,	hathtub		1		 		+	 	1		1
and shower	Danitub,	/	10,	~	/						
Make sure the family and other visitors unders	tand the		 				 				┨
restrictions mentioned above	iano inc		ا ٰ /	/ _/							ı
High-risk interventions (45 or abovc)											┛
Apply all the low and medium risk interventions									ļ.		ı
Tie red fall risk tag in the bed, wheel chair and streto	her	 					1	 	 		1
Locate the high-risk patients in a room close to the				-	†		†	<u> </u>	1		1
station							•				1
Answer these patients call bells as quickly as possi	ble		-						ţ		1
Provide a commode at bedside (if appropriate)					i				Ì		1
Urinal/bedpan should be within easy reach (if appr	opriate)	1							1		1
Encourage family members or other visitors to s			•				 	†		 	1
them	•						<u>L</u> _	<u>L</u>	<u>L</u>	<u></u>	J
If appropriate, consider using protection devices	s: safety	,									1
belts	·		$ \mathscr{C} $						1	ł	ı
Signature & Emp. No.	of RN /	12h	9 100	19. Ca	5 <i>9</i> 2:						1
	<u>`</u>		(100)	1	207		 	<u> </u>	<u> </u>		1
Signature & Emp. No. of	or KN	1(<i>5</i>)	ЦХ <mark>У</mark> ,		(1)				1		L
		UX	, %	44	A						
		G	v		-						



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Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V



MHI/NUR/2022/046



Where heart best never stops...

MODIFIED MORSE FALL RISK ASSESSMENT CHART

•										
Variables	Date	1001	<u> </u>	nlilay	11/124	ग्री विभ	12/1/24	121	12/1/24	
variables	Time	17.30	& <i>•∙∞</i>	8:00	12:00		01.0V	1400	ე <u>ი</u> .•0°	800
History of falling	No	-8-	-0-	40	0	(0)	0	~0~	سمر	0_
(immediate or within 6 months)	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis	No	0	0	0	0	0	0	0	0	0
(≥ 2 medical diagnosis)	Yes	-15	15	45	(15)	(15)	(15)	15	15	15
Intravenous Therapy /	No	0	0	0	0	0	0	0	0	0
Heparin Lock / Tubes Insitu	Yes	20	20	28	20	(20)	20	20	20_1	20
AMBULATORY AID					6	^		^		
None / Bed Rest / Nurse Assist	ļ	0	_0_	10	6	<u> </u>	(0	7.0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	175	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT						(
Normal / Bed Rest / Wheel Chair		ے.	9	10	(<u>o</u>)_	<u>(0)</u>	0	9/	9_1	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) k	40-	(<u>0</u>)	(a)	6	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives,	No	0	0	0	0	0	0	0	0	0
immunosuppresent, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	Yes	-15	15	45	(15)	(15)	13	75	15	15
Total Score		80	65	50	50.	57.	SO .	50	00	8
Low Risk (0 - 24)										
Medium Risk (25 - 44)					. 10					-
High Risk (45 or above)			V	4	mys.	2	<i>J</i>			
Signature & Emp. No. of RN		1. Lone	Doubt 0171	8	<u> </u>	र्श्व प्र	Margh.	Xa	33	W/W
Signature & Emp. No. of Sr. RN		A	. 0	1	OL)	9			10>	A
		J ⁰⁰⁷ 0 -	24: Low	Pišk, 2	5 - 44: N	leďium	Risk; 45	or abo	ve: High	Risk

INTERVENTIONS Tick as per the Risk Score Low Risk Interventions (0-24) Familiarize the patient with the immediate surroundings Remind the patient to use call bell before getting out of the Keep the two side rails in the raised position at all times all patients regardless of age Keep the call bell, bedside table, water, glasses within patient's easy reach Remove excess equipment or furniture to make a capath Keep the patient's bed in the low position at all times excurring procedure Teach fall-prevention techniques, such as sitting up 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 promote falls Use safety belts during movement in wheelchair The patients are not ambulated by themselves. They are 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 / Stretc Make sure that proper transfer precautions are instituted heavy or debilitated patients in a bed or wheel chair on a toilet seat Use restraints and bed monitors as ordered by the doct Allow the patient to ambulate only with assistance Consider peak effects of the medications that effects to of consciousness, gait and elimination when plant patient's care Do not leave patients unattended in diagnostic treatment areas Accompany the patient while going to bathroom Advice the patient to use grab bars near the toilet, bath and shower Make sure the family and other visitors understand 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 call bells as quickly as possible Provide a commode at bedside (if appropriate) Urinal/bedpan should be within easy reach (if appropriate) Urinal/bedpan should be within easy reach (if appropriate)	ed for he ear	30	30.00	2:0	11/1/2°		07:00 ·	NAME	70.00	
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station Answer these patients call bells as quickly as possible Provide a commode at bedside (if appropriate)	es'		./	. /		, -			7	/
Provide a commode at bedside (if appropriate)	16		V	<u> </u>	V		/	1		/
		'n	NA	NA	NA	1 √4	40	oxdot	1	
Urinal/bedpan should be within easy reach (if appropria	10	A-	NA	Z 中	NA	Y \/P)	24		19.	
	\[\frac{1}{1}\]		NA	<u> 19-</u>	Nr	γŵτ_	VA	\coprod	/	<u> </u>
Encourage family members or other visitors to stay	(e) V	JA.		i	ا ما	IV 3	Un.	V	-1	EST.
them	e) N	JA.		A1.	M Ph	# 17 TT	1.	 /		 /
If appropriate, consider using protection devices: sa belts	e) A		NA	67A	N A	101		,//	¥.	~/
	e) A	JA.		7A	× 4	✓ ·				
Signature & Emp. No. of F	e) Ali	JA.	24		✓	>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- 600	A	17/1/
Signature & Emp. No. of Sr. F	e) Ali	JA.		\ C		> A B B B B B B B B B B B B B B B B B B	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 200	19/5	09Rax
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(A Unit of United Alliance Healthcare Pvt Ltd)

(NABH

Mr.THANDAPANI P 60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr.RAJESH.V





Vhere heart beat never stoos..

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables History of falling (immediate or within 6 months)	Date Time No	13/1	13/164 -2010t	19.19 0.20	18-00		15/12	4		
History of falling (immediate or within 6 months)		10,00	20100	10.00	N 200	10	i '		1	1
(immediate or within 6 months)	No	_			10	20.00	8.00			
,		-8	'0 '	0	ا مورا	\ 6	0	0	0	0
Casandani diagnasis	Yes	[*] 25	25	25	25	25	25	25	25	25
Secondary diagnosis	No	0	0	0	0	0	0	0	0	0
(≥ 2 medical diagnosis)	Yes	15	18	15	151	15	,#5 ⁻	15	15	15
Intravenous Therapy /	No	0	0	0	0	6	0	1 0	0	0
Heparin Lock / Tubes Insitu	Yes	20	120	,20	20	20	20	20	20	20
AMBULATORY AID			-							
None / Bed Rest / Nurse Assist		0	10	م	,Ø^	10	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		_ B	\0	10) ø	10	_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			10	رو	مر	10	0	0	o	0
Overestimated or forgets limitations		15	15	15 /	15	15	15	15	15	15
MEDICATIONS										
Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives,	No	-0	_0 _	0	- 0	- 0 - 0	ō	0	0	0
immunosuppresent, antico <u>nvulsants,</u>		15	\ 15	45	157	. 15	15	15	15	15
anti-hypertensives, hypoglycemics	163		\\	3 /	45		.			.0
and psychotropics Total Score		. 0		50	50	• •				
		150	50	90	20	30	30			
Low Risk (0 - 24)										-
Medium Risk (25 - 44)							-1		 	ı <u></u>
High Risk (45 or above)		\checkmark	~			(Decon)		-	-	
Signature & Emp. No. of RN		So.	MPL	W.	5%	HOLAS		>		
		1 W	المتناب			إستهر				$\overline{}$

INTERVENTIONS	Date	18	13/1/24	1/14	14/1/2	Mips	اآاء		·	,
Tick as per the Risk Score	Time	10/10	2000	8.00	124.00	20.00	g.0°			
Low Risk Interventions (0 - 24)		,			_		/	-		,
Familiarize the patient with the immediate surround								- 		
Remind the patient to use call bell before getting ou									<u> </u>	
Keep the two side rails in the raised position at all ti	imes for							_]
all patients regardless of age					<u></u>		$-\overline{\nu}$		ļ	<u> </u>
Keep the call bell, bedside table, water, glasses wi	thin the	/	\					_	ĺ	
patient's easy reach								_	<u> </u>	
Remove excess equipment or furniture to make	a clear	./ /				\sim			Į	i
path Keep the patient's bed in the low position at all times	evcent	<i>V</i> ₁	· ·						 	ļ
during procedure	excebi	·/	, · · · ·							
Teach fall-prevention techniques, such as sitting	un for a								 	
moment before rising from the bed	.p .o	1								}
Bed wheels should be locked								-	<u> </u>	
Encourage family participation in the patient's care						\				<u> </u>
Ensure that floor of the bathroom is dry and not slipp	ery									
Review medications for potential side éffects the						-		/	1	
promote falls	,	ر ا							<u> </u>	
Use safety belts during movement in wheelchair			レ) [\rangle				
The patients are not ambulated by themselves. The	y are to		/		- 1					
be ambulated only with assistance				2					}	
Medium risk interventions (25 - 44)		-/						_	 	
Apply all the low risk interventions		0			<u> </u>	<u> </u>			<u> </u>	
Tie yellow fall risk tag in the bed and Wheel chair / St				2/		<u> </u>			ļ	
Make sure that proper transfer precautions are in		ł		Į.	}	} ,			}	}
for heavy or debilitated patients in a bed or wheel	chair or				/ /				1	ļ
on a toilet seat		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	-				-	 	-
Use restraints and bed monitors as ordered by the c	JOCIOF	_/		/					┼	 -
Allow the patient to ambulate only with assistance Consider peak effects of the medications that effects	nto lovol				/_	 			 	
of consciousness, gait and elimination when p			1	_	ļ					
patient's care	aci ii ii ig			_		1				
Do not leave patients unattended in diagno	ostic or	<i></i>	1	-	7	 	 		1	
treatment areas		1/		ł	l			}	}	ł
Accompany the patient while going to bathroom		- <i>U</i> -	1/			1			 	
Advice the patient to use grab bars near the toilet,	bathtub,			/						
and shower				\sim	_	 \		<u> </u>		
Make sure the family and other visitors underst	and the	1	1							1
restrictions mentioned above	·	l 	_بدرا		- <u></u> -	<u> </u>	ļ		}	İ
High-risk interventions (45 or above)		العربية	<u> </u>	l	<u></u>	<u> </u>	 		 	 - -
Apply all the low and medium risk interventions		1 /		. /				\		<u> </u>
Tie red fall risk tag in the bed, wheel chair and stretc	her	0	7	/	1					
Locate the high-risk patients in a room close to the	nurses'			./					1	
station		/				<u>.</u>	<u></u>		<u> </u>	<u> </u>
Answer these patients call bells as quickly as possil	ble		1	/					<u> </u>	<u> </u>
Provide a commode at bedside (if appropriate)		<u> </u>	12			<u> </u>	<u> </u>		-	<u> </u>
Urinal/bedpan should be within easy reach (ដែនppr		<i></i> /					<u> </u>		-	<u> </u>
Encourage family members or other visitors to s	tay with	<u> </u>		/	1 /		`			
them				 //		-	<u> </u>			
If appropriate, consider using protection devices	: safety	1	إسا	6	1	[
belts		(X)	-a		100	1. 102		-		
Signature & Emp. No.	of RN	Ya.	LATER	780.	190	1	XX		<u> </u>	<u> </u>
Signature & Emp. No. of S	Sr. RN		(P)	(B)	100	(09)	OF/	<u>} </u>		
		1,42	<u> </u>					*****	_	







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



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

PATIENT Assessment To be						plines, U					UR	U		
Barriers to	o Lea	arning								Plan t	о A	ddr	es	s Factors
None		Vision	/ He	aring	g lin	nitations	1] Use	of lr	iterp	rete	?Γ
Limited Reading Abilities		Physic	al b	arrie	rs					Edu	cate	fam	ily	
Religious / Cultural Factors		Langu	age	barri	iers					Sim	ple L	.ang	иад	е
Congnitive Limitations - unable to		Low m	otiv	atior	ı / d	esire to	earr	ו	Ш	Writ	ten I	nstu	ctic	ons ,
understand and follow directions										-				
Completed By : Date $\frac{\varphi(r)_{L_{t+}}}{\Gamma(r)_{L_{t+}}}$ Til	me	Q .3	0		lurs	e Signa	ture	:		5.9	76	<u>2</u> -к		
Learning Record														
Need		Date	,	Visit	1	Date	١	/isit	2	Date	<u> </u>	/isit	3	Signature
		9/1/2	L	Р	0	Cols	L	Р	О		L	Р	О	
Disease		[/]31/2			H					_				Doctor
Information on			2	\Box										1
 Disease / Diagnostics			p	٥ŋ	J		p	ბე	J					(Dechesor)
Treatment														500
Medications	·		P	Ob	J		р	00	J					Doctor / Nurse
☐ Information on Safe and							•							
Effective use of medicines														
☐ Information on drug / drug and			_											
drug / food interactions			P	ØD	`	<u> </u>	P	DH	J					
☐ Discharge Medications														
Surgical Instructions														Nurse 5.00
Pre - Operative Instructions			Þ	ao	٦		P	DI						64-
Post - Operative Instructions														
(Wound / Dressing Care)														
Pain Management														Nurse
Reporting of pain			p	OD	\geq		12	5	ン					
Pain Management			p	90	<u> </u>		P	۵۵	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}}}$					00227
Safe and effective use of medica	al		'											Doctor / Nurse
Equipment (if required)									Щ					
Name of Equipment												'		1 1/1/10 V

Need	Date	\	/isit	1	Date	\	/isit	2	Date	١	/isit	3	Signature
	911	L	Р	0		L	Р	0		L	Р	0	-
Nutritional Guidance	1												Dietician
Diet Instruction for patients at Nutritional risk		P	бÞ	V		b	ġ,	0				M:	enior Dieditian
☐ Diet advice for home		-	-	1				 					Nurse
Discharge Planning	_											Π	
Self care													
Follow up													
Reporting Concerns Immunizations													
Parenting education													
Others													
Risk Factor Reduction													
Smoking Cessation									,			Γ	Doctor
☐ Weight Control												Γ	
☐ Exercise													
Hypertension													
Other Risks													
Reports Given :		•											
•	i.												•
Given Pendin Discharge Summary	_	NA /	, ,	Nie+	Advice	1			Give	ר	Pei	ndiı	ng NA
ECG Report		/			Scan Re		,			_			
•	- 🔨				scan Re Scan Fil	-	ı						
Doppler Report		+											-
X-Ray Report		\rightarrow	_		IO Repo		-						
X-Ray Film			_		asound	_							
Compact Disk			$ \forall$	Any `	Other I	Repo	ort			_			
Name of Attendant / Patient :				/	$\overline{}$		Sig	nat	ure :				
•				/									
Name of Discharge Nurse							Sigi	nati	ure :				







60/Male/MHI202381543 09/01/2024/tPH2024000072

Dr.RAJESH.V





PATIENT Assessment To be f	AND F# filled by con									OR	KD.			
Barriers to	Learning								Plan t	o A	ddr	es	s Factors	
None	☐ Vision	/ He	arin	g lin	nitations	.		Use of Interpreter						
Limited Reading Abilities	Physic	al b	arrie	rs				☐ Educate family						
Religious / Cultural Factors	Langu	age	barri	iers					Sim	ple L	ang	uag	e	
Congnitive Limitations - unable to	☐ Low m	otiv	atior	1 / d	esire to	learr	1		Writ	ten l	nstu	ctic	ons	
understand and follow directions								Ι,						
Completed By : Date 10 24 Tim	ne <u>18.0</u>	u	1	iurs	e Signa	ture	:_	5	N I	. (عفل	pa	auchmi	
Learning Record			•		-									
Need	Date	١ ا	Visit	: 1	Date	١	/isit	2	Date	١	∕isit	3	Signature	
	1	ī	Р	0	iklih	L	Р	0	rall by	L	Р	0		
Disease				Π									Doctor	
☐ Information on														
Disease / Diagnostics		-	-	-		~	-	 - -,		0	00	 		
☐ Treatment		_				Ĺ		厂		Ť			-	
Medications		_	-									Π	Doctor / Nurse	
☐ Information on Safe and												Γ		
Effective use of medicines		-	-	┝		2	1	V		ດ	0	Υ.		
☐ Information on drug / drug and										7				
drug / food interactions		_		-		S	OD	レ						
☐ Discharge Medications			_	_		,		/						
Surgical Instructions		_		ļ.,		1		ĺ					Nurse	
☐ Pre - Operative Instructions			- -	-	_			1					F	
Post - Operative Instructions														
(Wound / Dressing Care)		2	Or	Ч							ľ		m bre	
Pain Management		S	op	y		S	9 D			P	00	Ç/	Nurse	
Reporting of pain						٠,				•				
☐ Pain Management		এ	CIO	ų.		Œ.	Cle	\sim		6	O P	4	v.pr	
Safe and effective use of medica	ı			Ι.						1			Doctor / Nurse	
Equipment (if required)		2	OD	ŋ				,	97-					
Name of Equipment													1. Don	
Rehabilitation Techniques		<u> ८</u>	Olo	kı		 	L			l	l _		1001	

leed	Date		Visit 1 Date			ackslash	/isit	2	Date	Visit 3		0.9	
	10//	L	Р	0	1/1	L	ρ	0	12)	L	Р	0	•
Nutritional Guidance													Dietician
Diet Instruction for patients at Nutritional risk		3	Ę	J		<u>S</u> 6	<u>ب</u> بدو	5				, A	penior Dietitar
Diet advice for home		_		~		_		口					Nurse
Discharge Planning									·				
Self care								П					
Follow up													
Reporting Concerns Immunizations						. '							
Parenting education	†	\vdash		Н				Н					1:
Others	+			Н				Н					
── Risk Factor Reduction	1			П				H					
Smoking Cessation	1							П					Doctor
Weight Control								П					
Exercise				П				П					
Hypertension				П				П					
Other Risks	 	Π		П				П					
PROCESS (P)- ØD - Oral Discussion, DUTCOME (O) - RD - Return Demons	, D- Dem stration,	ons	trati	on,	W- Wr	itter	ı Ma				(;	star	e Relationsh
,	D- Dem stration, (if any)	ons	trati	on,	W- Wr	itter	ı Ma					Star	e Relationsh
PROCESS (P)- ØD - Oral Discussion, OUTCOME (O) - RD - Return Demons Written Material given and explained	D- Dem stration, (if any)	ons V - V	trati	on,	W- Wr	itter	ı Ma						
PROCESS (P)- ØD - Oral Discussion, DUTCOME (O) - RD - Return Demons Written Material given and explained Reports Given : Given Pendi	D- Dem stration, (if any)	ons	verb	on,	W-Wr	ders	ı Ma			1	(\$		
PROCESS (P)- ØD - Oral Discussion, OUTCOME (O) - RD - Return Demons Written Material given and explained Reports Given : Given Pendi	D- Dem stration, (if any)	ons V - V	trati	on, paliz	W- Wr	ders	n Ma						
PROCESS (P)- ØD - Oral Discussion, OUTCOME (O) - RD - Return Demons Written Material given and explained Reports Given : Given Pendi	D- Dem stration, (if any)	ons V - V	/_ [on, paliz	W- Wred Und	eport	n Ma						
PROCESS (P)- ØD - Oral Discussion, OUTCOME (O) - RD - Return Demons Vritten Material given and explained Reports Given : Given Pendi Discharge Summary ECG Report Doppler Report	D- Dem stration, (if any)	ons V - V	/_ [on, paliz	W- Wr	eport	n Ma			1 — ·			
PROCESS (P)- ØD - Oral Discussion, OUTCOME (O) - RD - Return Demons Vritten Material given and explained Reports Given : Given Pendi Discharge Summary ECG Report Doppler Report	D- Dem stration, (if any)	ons V - V	/_ [Oiet	W- Wred Und	eport	n Ma			——————————————————————————————————————			
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PROCESS (P)- ØD - Oral Discussion, OUTCOME (O) - RD - Return Demons Written Material given and explained Reports Given : Given Pendi Discharge Summary ECG Report Doppler Report X-Ray Report	D- Dem stration, (if any)	ons V - V	/_ [On, paliz	Advice Scan Res	eport m Rep	n Ma			1 — ·			
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PROCESS (P)- ØD - Oral Discussion, DUTCOME (O) - RD - Return Demons Written Material given and explained Reports Given : Given Pendi Discharge Summary ECG Report Doppler Report X-Ray Report X-Ray Film	ng [ons V - Y	/_ [On, paliz	Advice Scan Re Scan Fil O Repo	eport m Rep	ort	ding		——————————————————————————————————————			

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60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





PATIENT AND FAMILY EDUCATION RECORD

Assessment To be f						plines. U					OIV		t		
Barriers to	Lea	ırning							Plan to Address Factors						
None		Vision	/ He	arin	g lin	nitations	;		Use of Interpreter						
Limited Reading Abilities		Physic	al b	arrie	rs				☐ Educate family						
Religious / Cultural Factors		Langu	age	barri	iers					Sim	ple l	.ang	uag	e	
Congnitive Limitations - unable to	Low motivation / desire to learn Written Instuctions									ns					
understand and follow directions										ΔΔ					
Completed By : Date 15/1/24Tim	1e	ব্,%	<u> </u>		lurs	se Signa	ture	:		(Au)	5 (00				
Learning Record															
Need		Date	L	Visit		Date	١	/isit	2	Date	١	/isit	3	Signature	
		13/1	L	Р	0	14/1	ᅶ	Р	0	rslibi	L	P	0		
Disease														Doctor	
Information on			Ь	L				· .	,						
Disease / Diagnostics			lk ,	фD			0	DD.	M		P	012	\bigvee		
Treatment			n	a	V		•			1_	¥				
Medications			T	U				DOI:	7	/ (b	2	\checkmark	Doctor / Nurse	
☐ Information on Safe and			D	مم			I				Ĭ	-		<u>~ </u>	
Effective use of medicines			1	90)	Ľ									Fiar	
☑ Information on drug / drug and			_	۱,۳	./					/					
drug / food interactions			P	ð	_		\mathbb{D}	6P	0		D	212			
☐ Discharge Medications							y				V				
Surgical Instructions									ſ					Nurse	
☐ Pre - Operative Instructions							0	(a)	>		D	3	Δ		
Post - Operative Instructions			0	~	1		ľ			(7			-AM	
(Wound / Dressing Care)			P	a	ľ		4							004	
Pain Management								S	٧		\bigcap	9)	\bigvee	Nurse	
Reporting of pain			D V	hO	\checkmark						J			May	
Pain Management			y												
Safe and effective use of medical	ı													Doctor / Nurse	
Equipment (if required)															
Name of Equipment															
Rehabilitation Techniques															

Need	Date	\ \	/isit	1	Date	\	/isit	2	Date	١	/isit	3	Signature
		ī	Р	0		Ĺ	Р	0		ī	Р	0	-
Nutritional Guidance												ऻ	Dietician
Diet Instruction for patients at Nutritional risk		b	ھ	9		Į,	_			6	ىمە	0	Maria Cone John Seine eatt
Diet advice for home		_		Ш		V				6	Ø~	J	Nurse
Discharge Planning													
Self care													
Follow up			_							_			
Reporting Concerns Immunizations													
Parenting education													
☐ Others													
Risk Factor Reduction													
Smoking Cessation	_								• •				Doctor
Weight Control													
Exercise													
Hypertension													<u> </u>
Other Risks													
OUTCOME (O) - RD - Return Demonstrative Written Material given and explained (V - \	/erb	aliz	ed Und	ders	tand	gnik					
Reports Given :	ÿ												
Discharge Summary ECG Report Doppler Report X-Ray Report X-Ray Film Compact Disk	g N		_ i	CT S CT S ECH Jitra	Advice Scan Re Scan Fil O Repo asound Other F	port m rt Rep	ort		Giver		Per	ndi	ng NA
Name of Attendant / Patient :	(<u></u>	<u> </u>	in	ahi n		_		ure :	-4	si M	<u>به ا</u>)	le.



(A Unit of United Alliance Healthcare Pvt Ltd)

Mr.THANDAPANI P

60/Malc/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V





Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 9/1/14	Time: 4	7.30	0		-		
Checklist	Yes	No	NA	Ac	ction / Remarks	-	
MEDICAL							
Daily Consultant Visit				-	. _,		
Plan of care discussed	J-			•			
Discharge Planning	X						
Others if any	1			-			
NURSING	57						
Safety Precautions Ensured							
Care of Lines and Tubes							
Infection Control Measures							
Skin Care	7]
Response to assistance	V					·	
Others if any	V						
DIETICIAN	77.4			×			
Diet Adequate		r					
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							
		ln	ter Di	sciplinary Team Members			
Doctor	Signatui	e		Name Dr. Nolane Dudy	Reg. / Emp. No.	Date 9/1/24	Time
Nursing Staff	<u> </u>	<u>. </u>		100 Wood and Coll	1	- 1.7	4.00
Dietician	<u>3 / 2</u>		160 -	France Control He John	2407	9///	9.80 10142
Physiotherapist	Post	<u>~~~</u>		Senior Dietitian	0260	9/1/24	18:00
Patient Care Service Staff	 						



Mr.THANDAPANI P 60/Malc/MHI202381543

09/01/2024/IPH2024000072

I Dr.RAJESH.V





IN-HOUSE TRANSFER FORM

L								
	t A (to be filled by Nu				cP.			_
Dat	te of Transfer: Q 1 QC	<u> </u>	:45 Tr	ansferred	from:	<u>に、</u> To:	<u> </u>	
Dia	ignosis: SEVERE	AR.						
Vita	ıl Signs: Temp: 98 -46F	F) Pulse / HR:	108	`(beats/r	nin) BP: <u> (10/</u>	(mmHg) Respi	iration:	20 (breaths/min)
Par	t B (to be filled by Ph	ysicians)	Any Critic	cal Investig	gations:			
	Check for	Receiving Doctor						
	piratory (Breath sounds)	 	Crepitat			Others:		Yes No
<u> </u>	omen	Soft Soft Soft	Tender Feeble		Distended O	Others:		Yes No
<u> </u>	rt Sound		Yes No					
CNS	Surgical Patients	Consciou	Js ∐ Or	riented	GCS Sco	ore:		Yes No
For S (if ap		Yes No						
匚		Prese	nt Medic	ation (for	r Medication R	econciliation)		
S. No.		ation	Dose	Route	Frequency	Date & Time of last dose		continued during hospital stay
1	SUSPENSION SUCRALFAGE	E .	lone	bio	1-1-1.	12/11/2028 PT		 ☐-Yes ☐ No
2	HEB. LEVOCALA		0,62 mg	FNH	& CHRLY	121/2024 9-1.		
3	T. PRUSEMI		42u	ρlo	1-1-0,	10:00. 12/1/2024 AT 06:00.	[☐ Yes ☐ No
	T. SPIRONA LA	FORONE	200	Plo	1-1-0.	12/1202487		∐-Yes. □ No
	T- REPLY FO	RTE	chas	Plo.	1-0-0	12/1/202 (4-1)	[☐Yes ☐ No
_	T. ASPIRILI.		75	p10	0-1-0.	11/1/2024 AT		∐Yes □ No
	T. ATOPVASTA		2007	NO	0-0-1.	11/1/2024 AT][⊡∕Ýes □ No
8	J. PARACETAI	nol	60	pio	1-1-1.	12/1/2024 127	 	∐Yes □ No
9	SYP. CREMAFF	2019 11	15	ρo	0-0-1.	11/1/2024 25.00	[☐ Yes ☐ No
ان/	J. METO PROLE)L .	125	الم	1-0-1.	121112029 5900	11	☑Yes ☐ No \
11,	T. EVABRAD		Smy	Pro	1-0-1	121,/2024 AT	[☑ Ýes □ No
							[☐ Yes ☐ No
							[☐ Yes ☐ No
							[☐ Yes ☐ No
('	1	!	'	<u> </u>	1 '	1	[☐ Yes ☐ No

Additional De	tails (if any):									
l											
I											
Patient Canali		Stable	Ci-l								
Patient Condi	Sign		Sick-need urgent care Uoth	ers: Reg. No.	Date	Time					
Transferring Doctor	Sign	·	DR. PRAVEED SEI AKUMPR.	112236	12/1/2024	ll:∞					
Receiving Doctor	D	M RILLIONS	12/1/24	11-60							
Part C (to be f	octor DE ANALUA 13 UPP 12/1/24 11-0										
Check for		Transferring Nurse Receiving N									
Drains	Chest Abdominal Others: Nono '										
Respiratory	iratory Air Way Type: Patent Tracheostomy Others: Rate: li/min Yes C										
NG Tube / Oral		Yes No	For Feeding Gastric Suction	Fluid Restriction	☐ Ye	s 🗌 No					
Foley's Catheter	r	Yes Vo	· 		✓ Ye	s 🗌 No					
Intravenous Acc	ess	Peripheral Li	ne Central Venous Line Others	S:	Ye	s 🗌 No					
Pressure Injury		Yes \ \ Yo	If Yes, give details:		🗂 Ye	s 🗌 No					
Score		Fall Risk: 50.			Ye	s 🗌 No					
Patient Belongir	ngs	Yes No	If Yes, give details: FLASK	·	\ \ \ \ \ \ Ye	s 🗌 No					
Handover Detail	ls		inistration Record explained: Yes c Reports handed over: Yes N		Ye.	s 🗌 No					
Patient Attendar Informed	nt	Yes No	If No, give details:		Ye	s No					
Additional De	tails (if any):									
				•							
	Sign		Name	Emp. No.	Date	Time					
Transferring Nurse	Ms	peng	Meana selvom	0276.	12/11/24	dd 100					
Receiving Nurse	(Dail	B-vanisi	0195	12/1/24	1 \$, 00					









FAMILY COUNSELLING FORM

CONSU	LTANT- \$P	RAJECH	, V , DIAGNOSIS-			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
2024	RM 11.10eop Laucehmi		Explained regarding hemodynamical stability, Tonotropie, ventilator support, I've stay and Deain and Visiting hours. Plan: Extubation.		T. AS HOR	(123)
11/1124	· RIN· E.Meory CORE,		Explained general cordition of the patient. Present need of stay in I au. Whiteus puring Explained.		T:ASHOK)	A 112236
·						



Pharmacist



Every heart beat counts

Mr.THANDAPANI P

60/Male/MHI202381543

09/01/2024/IPH2024000072

Dr.RAJESH.V

HOME MEDICATION USAGE FORM

Allergies: NKDA Calcific severe cortic atenoxis /T=DM Diagnosis: Batch No. Medication name brought Prescribed drug name Dose & Expiry Freq. Qty. by Patient/ Attender Temp. date 20 0026 T. Metformin @ B **6**D T- Metformin 500mg 4/25 Aforra HARAIZ To Aforra (0 mg 45 7/25 DBT-2306/ T. MVT T. MVT 1 tal -00 2/25 Date & Time Signature Name Emp. No. 134559 Doctor Clinical 0224

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	5.₽'y	5 Devachovski	9/1/24	12.30



60/Malc/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V



MHI/OT/2022/099



Every heart beat counts

O.T.No. 02	
HLM. Stockert 38	
HLM. S. F.O. C. C. C. D. C. C. S.	•

PERFUSION DATA SHEET

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PEROSIONSIST SIGNATURE

MHI/HOSP/2022/110



09/01/2024/IPH2024000072 Dr.RAJESH.V

Mr.THANDAPANI P

60/Male/MHI202381543



Every heart beat counts

WOUND ASSESSMENT CHART

NDATE	18/1/20	नमीरि	415/11/2					
SITE OF WOUND			<u></u>					
CHEST			V					
LEG L/R	Jest Jest	Telly	Jel					
ABDOMEN								
SACRAL REGION								
'IEEL								
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								
· · · · · · · · · · · · · · · · · · ·	1					<u> </u>	'	
necrotic								
slough								
slough undermining								
slough undermining granulation			0 0 0					
slough undermining granulation overgranulation								
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slough undermining granulation overgranulation epithelialisation other SURROUNDING SKIN TISSUE TYPE(S) macerated erythema oedematous cellulitis blistered								

WOUND ASSESSMENT CHART

EXUDATE AMOUNT							şċ	
none								
evidence of some moisture								
evidence of significant flow								
EXUDATE		i ·						
serous			.					
sero - sanguinous				·				
Purulent		□	·. 🗆					
ODOUR		• •	_			_		
none								_ [
some evidence of odour								 [
significantly malodorous								
PAIN AT WOUND SITE	9							
(nil) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (max)	122	~~						
INFECTION SUSPECTED*		•						
SWAB SENT								
ANTIBIOTIC THERAPHY								
BLOOD GLUCOSE / URINE ANALYSIS								
					<u>. </u>			
PATIENT / CARER TO DO DRESSING	Image: section of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of t	Į,	6					
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SIGNATURE	14 VA	×/>/8	XX.8					
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*SIGNS & SYMPTOMS OF WOUND INFECT • Pytexia • excess ex		*SUSP	ECT WOUN	ID INFECTION	ON IF :			
Ilicalised pain pus			nulation tiss			healing is sl	ower than a	nticipated
erythema	odour		ile bridge of	,	· ·	wound breal		
localoedema		• odo	ur increas	•				







Every heart beat counts

VIP SCALE (VISUAL INFUSION PHLEBITIS)

PATIENT NAME:

Mr.THANDAPANI P

60/Malc/MHI202381543

09/01/2024/IPH2024000072

AGE / SEX:

Dr.Rajesh.v

N 1110 BED 1120 BED 1120 BED 1120 BED 1120 BED 1120 BED 1120 BED 1120 BED 1120 BED 1120 BED 1120 BED 1120 BED

IP No. / UHID No

Ward / Bed No. Sw

ANY SCORE>O SHOULD BE MONITORED IN EVERY SHIFT

DATE	TIME	SITE	SCORE	DESCRIPTION	ACTION	FOLLOW UP	S/N EMP No.
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-	20.00	PT DORSATO	0 <u> 5</u>	IN LINE PATIENT	FWHED	No SIUNS OF	(Rayylon
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12/1/24	14,00	DONSM	0/5	portent	Aushed	Oberonifon	· #
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13/1/24	14.00	Dolpfum Dolpfum	0/-	podeult	Person	Follows	R
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Mr.THANDAPANI P 60/Male/MHI202381543 09/01/2024/IPH2024000072

df.rajesh.v

MHI/PHARM/2022/028



MEDICATION ADMINISTRATION RECORD

Drug Chart:	LERGIES (if NO	_	• •	<u> </u>		t (kg): <u> </u>	E C
Drug Details	Description of				Doct	or's Sign:	
NKDA						REE E: Dr. Mf hud	arced
		• • • • • • • • • • • • • • • • • • • •	24 B	•	Reg.		6230)
DOCTOR INSTRUCTIONS	Check entries in			TAFF INSTRUC	CTIONS		
1. Use generic name when prescribing drug 2. Write in BLOCK LETTERS, clearly and legibly 3. Sign and enter MCI registration no. or apply seal 4. No prescription should be altered / overwritten 5. Use 24-hour format when writing time	Nurse in-charge For new prescrifollow standard Standard Timing Q8hrly: 06:00hrs,	should ve ption, follo- timings gs: Q24hrly , 14:00hrs, 2	rify drug cha w the timing: : 10:00hrs, Q 22:00hrs or 0	art on daily basis s of doctor's presc	2:00hrs or 0 21:00hrs, Q	06:00hrs, 18:00h 6hrly: 05:00hrs,	ırs,
Stat / C	Once Only / P	remed	ication	Drugs			
Date Time Drug	Dose	Route	<u> </u>	Octor	 -	Administered	r
	<u> </u>		Sign.	Reg. No.	Sign.	Emp. No.	Time
04[[AD] TO T. PAN	- Hann	Pho	lch	<u> 134669</u>	£20	0207	21.00
9/12/18/00 T- ANX2T	D.25h	in Pla	Ich	- 134669	P.	0207	21.00
MILLAUGOO T. ANXIT	b.29M	1 Pto	Toto	134569	EC	0207	6.00
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To be filled by Nursing Staff only. Sign and time given Date → REGULAR PRESCRIPTIONS To be filled in by Doctors only **DRUG NAME** 7. ATORVA Route Dose Frequency lomo 0-51 Start Date & Time Dr. Sign & Reg. No. / Seal 9/1/24@1100 (De 1653-18 Stop Date & Time 20.00 Additional Info: **DRUG NAME** NPO T. PAN 7-ओ Clinical Pharmacist Medway Heart Institute Route Frequency Dose 6-0 Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** NPo T. MUT 8.00 Route L Dose Frequency Itab Start Date & Time Dr. Sign & Reg. No. / Seal Lusson Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: Area In-charge **Nurse Signature:**

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No
9/1/2	y loph	Drabetre diet	Oe_	65200-					
1124	RAM	NPO	Wo	Bym	9				
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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			
1/1/24	Evening	Loantaige	OVS	J		Evening			
10 0134	Night	Agaitaija E. Cathrine	0207	£.c		Night			
	Morning					Morning	-		
	Evening					Evening			
	Night					Night	·		
	Morning	,				Morning			
	Evening					Evening			
_	Night					Night			
	Morning					Morning	<u> </u>		
	Evening					Evening	· ·		
	Night				<u> </u>	Night			

SAFETY FIRST







Mr.THANDAPANI P

60/Malc/MHI202381543 09/01/2024/trH2024000072

Dr.RAJESH.V







Every heart beat counts

MEDICATION ADMINISTRATION RECORD

Drug	Chart	. 02 of 01			Heig	Weigh	Weight (kg): 55kg)						
		KNOWN MEDICINE AL	LERGIE	S (if NO	ONE is a	onfirmed	, write NKDA i	n box 1)					
Drug Details				ption of	Allergy	Doct	Doctor's Sign:						
<u> </u>	ρ Ω	,						Name: DR. Draveer Jeyakumari Reg. No. 112236					
	ОСТО	R INSTRUCTIONS .,					TAFF INSTRU						
2. Write in 3. Sign a 4. No pre	me when prescribing drug LETTERS, clearly and legibly MCI registration no. or apply seal should be altered / overwritten mat when writing time	2. Nurse 3. For ne follow 4. Stand Q8hrly 11:00h	 Check entries in every section to avoid omissions Nurse in-charge should verify drug chart on daily basis For new prescription, follow the timings of doctor's prescription on Day 1 only, and then follow standard timings Standard Timings: Q24hrly: 10:00hrs, Q12hrly: 10:00hrs, 22:00hrs or 06:00hrs, 18:00hrs, Q8hrly: 06:00hrs, 14:00hrs, 12:00hrs, 14:00hrs, 12:00hrs, 13:00hrs, 13:00hrs, 23:00hrs, Q4hrly: 02:00hrs, 06:00hrs, 10:00hrs, 14:00hrs, 18:00hrs, 22:00hrs 										
<u> </u>	<u> </u>	. Stat / C	Once O	nly / P	remed	lication		1 -					
Date	Time	Drug		Dose	Route	Sign.	Doctor		Administered Emp. No.	d Time			
10/1/24	્રેશ્વર	INT MYOPYPOLAT	-	de5ml	K	\$ Sign.	Reg. No.	Sign.	0171	\do 100			
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	DECLII AD DDESCRIDTIONS I				To be	filled b	y Nurs	ing Ŝta	ff only.	Sign ar	nd time	given
	REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date → Time ↓	10/01	11.11	12/1/2		براها	<u>画</u> 1		П
Clinical Pharmacist	DRUG NAME			4.00	7024	24 4100 Dent			11/01	-14 (
	Dose Route Frequency			laion		1/20		J-50	٧٩		- -	
	Dr. Sign & Reg. No. / Seal		Start Date & Time		30.00	<u> </u>		سلر				
Ø	9 hey. 130.112235 Stop Date & Time			4000	Dewl.							
	Additional Info:					<u> </u>		A 0			<u> </u>	
	DRUG NAME	ALPATE SU	PENSIDA	07.30	>	735	45.50 07.30	7-30 1867	4.30	Z 2	<u></u>	
Clinical Pharmacist	Dose	Route	Frequency					\			 	
Clinical	Dr. Sign & Reg. N	Dr. Sign & Reg. No. / Seal		13.30		12.3°		154°	4. S	****		
8	Reg. No:112236 Additional Info:		Stop Date & Time	19.30	28.30	19-36 6510	40	200	25.84	,		
	DRUG NAME NEB : LEYOSALBUTAMOS			04,00		11.00	37.7	5-00 2:G	200	£ 5	 	
Pharmacist	Dose	Route Dath	Frequency	10.00	 !	10.00	2,007	10:39	0% 10%		ļ	
Clinical Pha	Dr. Sign & Reg. N	lo. / Seal N JEYAKUMAR	Start Date & Time	16.00		16.00	10.00	8	15 00 00 00 00 00 00 00 00 00 00 00 00 00			
Ø	Reg. No:112236			J2-00	21.00 Dough	22.00	त्र ^क	2200 DC	15%			
	DRUG NAME						नं-००			8-11	;··· :'.	٠ ,
cist	TAB · PRUSE Dose	Route	Frequency	8.00		<u>نولا</u> 	<u>2014</u>		900	<i>>></i> >√>√\		
Clinical Pharmacist	Dr. Sign & Reg. No. Dr. PRAVEEN Reg. No.	JEVAKUMAD	Start Date & Time	16.00		6:00 No.	20 A 1600	\$\frac{1}{2}	1818			
ON	Reg. No:112236 Additional Info:											
	TAR - IDIRANOLALDINE			<u></u>				• 		J		
Jule	Dose	Route Plo	Frequency	10.00		10,00	500 X	00.00 10.00	05%e 10.10	1000		
Medway Heart Institute	Dr. Sign & Reg. N Dr. PRAV	EEN JEYAKUMAR	Start Date & Time 11 D1 24 D. 00. Stop Date & Time	17-00		17:00	24.80 17.80	& 25	时刻			
	Reg. No:112236 Additional Info:								 	 	 	
	harge ature:				2001	8000)	3/1		8/2	3 /4		

To be filled by Nursing Staff only. Sign and time given Date → REGULAR PRESCRIPTIONS To be filled in by Doctors only Time 1 **DRUG NAME** Clinical Pharmacist 8.00 TAR, BEDI FORTE Ex Route Dose Frequency 1-00 100 b pp Start Date & Time Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:11/2236 Stop Date & Time Additional Info: **DRUG NAME** JAB. ASPIRIA Clinical Pharmadist Medway Heart Insuture Route Dose Frequency 0-1-0 <u>ola</u> 75ma Start Date & Time Pr Sign & Reg. No. / Seal 40.00 14.00 Dr. PRAVEEN JEYAKUMAR Stop Date & Time Reg. No:112236 Additional Info: **DRUG NAME** TAB. ATORY ASTOTIC Clinical Pharmacist Redway Heart Institute Dose Route Frequency Dr. Sign & Reg. No. / Seal 0-10-01 plo Start Dațe & Time 11/01/24 @ 21.00 Dr. PRAVEEN JEYAKUMAR Stop Date & Time Reg. No:112236 90،00 سيوك 21.00 Additional Info: **DRUG NAME** 9,00 330 00.8 MAB-PARACETAMOL Route Frequency Clinical Pharmacist tredway Heart Institute se 01 - 1 - 16 roma Plo Dr. Sign & Reg. No. / Seal Start Dațe & Time 11/01/24 @ 19.00 14.00 14.00 [A-FO Dr. PRAVEEN JEYAKUMAR Stop Date & Time Reg. No:112236 Additional Info: 20.00 **DRUG NAME** SYP. CREMAPPIN PLL Route Dose -Frequency 15mc مام 70~ Clinical Pharmacist -Medway Heart Institute Dr. Sign & Reg. No. / Seal Start Date & Time 110124 (21.00 Dr. PRAVEEN JEYAKUMAR Stop Date & Time Reg. No:112236 2010 121.00 Jel P.S. 21.00. Additional Info: Area In-charge **Nurse Signature:**

Cincol Pharmacist

To be filled by Nursing Staff only. Sign and time given Date -> REGULAR PRESCRIPTIONS To be filled in by Doctors only Time ↓ **DRUG NAME** T. METOPROLOL (BETALOC). 8,00 Clinical Pharmacist
-Medway Heart Instituto Frequency Dose Route 12.5 mg Po 1-0-1 Start Date & Time Dr. Sign & Reg. No. / Seal Bo 00 21.00 10.0 11/1/24 DR-PRAVEEN JEYAKUMAR 8.00 00.00 Stop Date & Time طورون 112236 Additional Info: **DRUG NAME** 00:80 T. IVADRADIME Dose Route Frequency PU 5mg 1-0-1 Start Date & Time Dr. Sign & Reg. No. / Seal প্রা-০০ 12/1/24 DR. PRAVEEN 20,00. JEYAKLUMAR Stop Date & Time 112236 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 Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time 5 G 2 Additional Info: **DRUG NAME** Dose Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: Area In-charge **Nurse Signature:**

Clinical Pharmacist Medway Heart Institute

	REGU	LAR PRESC	RIPTIONS I	Date →	To be	e filled b	y Nurs	ing Sta	ıff only.	Sign a	nd time	given
		filled in by Do		Time 								
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	Dose	Route	Frequency									
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	DRUG NAME		·		ļ	<u> </u>						-
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	DRUG NAME	т			<u> </u>	<u> </u>						
	Dose	Route	Frequency]	!			!		
	Dr. Sign & Reg. N	lo. / Seal	Start Date & Time									
	<u> </u>		Stop Date & Time									
	Additional Info:											
	Area In-charge Nurse Signature:		4									

To be filled by Nursing Staff only. Sign and time given Date → **ANTIMICROBIALS** 10/01/11/01 To be filled in by Doctors only Time ↓ **DRUG NAME** 9.20 9.15 Try . CEFURDXITAE & DIUM
Dose Route Francis Frequency Q12th body grops 24 1.52m Start Date & Time 0 Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Stop Date & Time Reg. No:112236 11(1 24 0+ 22.15 21.15 Additional Info: DRUG NAME Route Dose Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Dr. Sign & Reg. No. / Seal Start Date & Time Stop Date & Time Additional Info: DRUG NAME Route Dose Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: Area In-charge **Nurse Signature:**

Cluical Pharmacis

		Intravenous		Rate /		Additive Drug			Do	ctor	Adn	ninistratio	n
Date	Time	Fluid	Volume	Duration	Route	Name	Dose	Range	Sign.	Reg. No.	Start Time	End Time	Sign
2024	14.20	(or) Kabiurte	Isom	250mlh	N				F	مر ا ز د ۱۱۶	17.20	18.30	(CE
2024	18.30	KABINTE	Soonl	100milhe	t <i>ı</i> y		_	_	۴_	117216	18.30	<u>බ</u> ුයුල	10 K
lolilou	<i>2</i> 3.30	KABWIE	500mi	loomilled	N				۴	112216	23:30	4.30	Dong
4/1/24.	4.3.	KABIMTE	500ml	loomi/ku	14			_	8	112214	4.30	5.30	P1.
111 by	23.30	CARILY TE	500m	loomily	a		•	-			23.30	4-30	33
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		P	ARENT	ERAL INF	ION P	NIS	ATION RECORD					4.	
Date	Time	Intravenous	Volume	Rate /	Additive Drug Route Name Dose					ctor		ninistratio	
Date	Fluid Volume Duration		Route	Route Name Dose			Sign.	Reg. No.	Start Time	End Time	Sign.		
2024	14.20	Ns (0.9.1)	50ml	imilhe	ly	INJ. ADRENBUNCE	bmg	Ace to Bp	1	112-2-16	मि-20	18.30	CE
1001	17.20	Ne (0.9.1.)	20ml	tou the	ર ા	INJ. TRANLERAMIC ACID	igm	-	Ş-	112236	#20	23.30	C.P.
10/01	17.20	No (0.9.1.)	4tml.	4 melle	lu	My. Human Actropio	4010	Ace to CB4	۴	112236	17-20	<i>გ</i> ი. 30	100 M
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Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
10 0 1/24	18.00	Mpo	. 4	1/22_26			eng english and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and		·
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12/1/24	<i>0</i> 8700	SOPT DIET.	f	112236,		-			
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NURSE IDENTIFICATION RECORD

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

		<u> </u>					· · ·		
Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
	Morning				14/1/24	Morning	B. Vaniso	0195	Guf
0/01/24	Evening	1. Deepalacehmi	0001	(igu	1410	Evening	Joni Driya.	೧೩೩೮	Jen
loh lar.	Night	D. PANERA	0171	Dowl	ابراياي	^{7.} Night	M. Powith	022E	My
11 1 2 11	Morning	Sathiya Vanj. M	0265	1	5 1 20	Morning	A. Nardhiri	0170	1
11/1/29	Evening	MEENA SELVAM	\$2,76.	Meen.		Evening			1,1
11/1 Du	Night	D-Sheeba	02 70	37		Night			
12/1/24	Morning	METHA SEWAM.	0296	men		Morning	1	•	
12/1/24	Evening	A. ALBINUS	.0085	b		Evening			,
بالأط	Night	Jeni Priya.	1028m	Jen.	*,	Night			
13/124	Morning	B. Vanieni	6195	ay'		Morning			
3/1/24	Evening	A. ALBINUS	0088	A		Evening	h.		1
13/124	Night	E. Cathrine		F.C		Night			المالة المالة المالة المالة المالة المالة المالة المالة المالة المالة المالة المالة المالة المالة المالة المالة

AUR USING 22MM Sym REGIENT MECHANICAL WALVE







	Mr.THANDAPANI P 60/Male/MHi20238154	13	1	M	HI/ICU/2022/076
Name	09/01/2024/IPH202400	00072	\ \ \		Sheet No.
UHID No.	Dr.RADESTIV		7	Sex	1
Blood Group	Othe	Height (b-7em	Weight ১১৫৯	BSA 1.6M	Α

SURGICAL PROCEDURE:

DATE OF SURGERY: 10 01 2024

POST-OP DAY: DOS

SUING	IIOAL I I	COCEDO	IXL.					יאט	E OF 3t	JI (OLI (. (01)	011202	-9	1	201-01	ש יואנ	US.	
						VENTIL	ATORS P	ARAMET	ERS						BLOOD	GAS		
DATE	TIME	MODE	RATE	PRESS * SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂		рН	PCO ₂	PO ₂	HCO₂	SAT%	BE
10/01	17.20	Vcu	12_		17	5.0	B	4.9	420		60		<u>국</u> 388	48.1	231.1	25.4	99.5	0.4
	18.30		1c) 12_	20		2,0			420		50							
	19.00	Sim ((c)	16		2,0	_		420		50							
	19.30	QIMU C	(e) 8	12		5.0			420		50							
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Patient Recieved From 07 @ 17.20

61 URIALE : 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

Br-Brisk

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

CAPILLARY REFILL

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)

•	•	•
1	2	3 4
	5	6
	7	8

PUPILS REACTION

Br-Brisk
SI-Sluggish
O-Absent

CARDIOVASCULAR

EDEMA

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

G-Generalised O-Absent

D-Dependent

NECK VEINS JVP N-Normal In-Increased

VALVE CLICK/ SHUNT NUMBER

D-Distented

LIVERSIZE

N-Normal

E-Enlarged

Valve Replaced / Shunt +Present O-Absent

PULMONARY

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

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

GASTROINTESTINAL

BOWEL SOUNDS	NGT POSITION
+Present O-Absent	Air injected +Heard in Abd
- 7 ID00111	O-Absent
	GA-Gastric contents aspirated Dr-Dependent Drainage
ABDOMINAL TONE	CASTRIC RESIDIAL

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

AUR weinly 23mm 1 10 REMANTE







	Mr.THANDAPANI P 60/Malc/MHI20238154	3	ļ	MHI/ICU/2					
Name	09/01/2024/IPH202400	0072			Sheet No.				
LILUD M.	Dr.RAJESH.V	v Nation karas en							
UHID No.		<u> </u>	<u> </u>	Sex	\mathcal{V}				
Blood Group	Other	Height 16-Jem	Weight	BSA 1.6m2	Α				

SURGICAL PROCEDURE:

DATE OF SURGERY: 10/01/2024

POST-OP DAY: - POD

	IICAL FR									UNGLINI	. 1016	711202	<u> </u>			JA1. ← +	1	
	l		VENTILATORS PARAMETERS BLOOD GAS						_									
DATE	TIME	MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ıт∨	ETV	FiO ₂		pН	PCO ₂	PO ₂	HCO₂	SAT%	BE
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NEURO

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

VERBAL

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

MOTOR

Br-Brisk

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

CAPILLARY REFILL

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)

•	•	•
1	2	3 4
	5	6
	7	8

PUPILS REACTION

Br-Brisk SI-Sluggish O-Absent

CARDIOVASCULAR

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

EDEMA

D-Dependent G-Generalised O-Absent

NECK VEINS

JVP N-Normal In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced / Shunt +Present O-Absent

PUI MONARY

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

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

BOWEL SOUNDS

Ob-Obese

D-Distented

LIVERSIZE

N-Normal

E-Enlarged

GASTROINTESTINAL

+Present O-Absent		
ABDOMINAL TONE	O A OTDIO	DECIDITAL
So-Soft	GASTRIC	RESIDUAL
F-Firm Tn-Tender	G-Green Y-Yellow	

NGT POSITION

AUR USING 23mm 7m PEULENT MECHANICAL VALUE







	60/Male/MHI202381	543] l	M	HI/ICU/2022/076
Name	09/01/2024/IPH2024 Dr.RAJESH.V		<u> </u>	-	Sheet No,
UHID No.				Sex	(3)
Blood Group	Othe	Height batem	Weight حےاحور	BSA 1.6 m ²	A
			<u> </u>		

SURGICAL PROCEDURE:

DATE OF SURGERY: 10 01 2024

POST-OP DAY: -TPOD

	70/1L11									5, (OL. ()	101	0(1202				 	- (1)		
						VENTIL	ATORS P	ARAMET	ERS_						BLOOD	GAS]
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NEURO

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

VERBAL

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

MOTOR

Br-Brisk

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

CAPILLARY REFILL

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)

•	•	
1	• 2	3 4
	5	6
	7	8

PUPILS REACTION

Br-Brisk SI-Sluggish O-Absent

CARDIOVASCULAR

Sluge Abse	
 ART	SOUNDS

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

EDEMA

D-Dependent G-Generalised O-Absent

NECK VEINS

JVP N-Normal In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced / Shunt +Present O-Absent

PULMONARY

WORK OF BREATHING	SUCTION
Ab-Abdominal TA-Thoraco-abdomial	ET-Endotracheal N-Nasal
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BREATH SOUNDS	SECRETIONS	CHARACTER
CL-Clear Ro-Ronchi Wh-Wheezes CR-Crackles BECL-Bilat egual & clear	COLOUR CL-Clear Y-Yellow W-White Pk-Pink	M-Moderate Sc-Scanty Th-Thin Tk-Thick Cs-Copious
equal & clear	PK-PINK	Cs-Copious R-Red

GASTROINTESTINAL

BOWEL	SOU	NDS
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+Present O-Absent

ABDOMINAL TONE

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

LIVERSIZE

N-Normal E-Enlarged

NGT POSITION

Air injected +Heard in Abd O-Absent

GA-Gastric contents aspirated Dr-Dependent Drainage

GASTRIC RESIDUAL

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

Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

_ Dr.RAJESH.V

Name

UHID No.

Blood Group

Sheet No.

В

TO RECEIVE HAVE AND THE FRONT WITH HE WITH LITTLE HAVE BELLEVED.

Ottle Height Weight SSkog

Sex

BSA

1.6m





MHI/ICU/2022/076



			_	ВІОСНІ	MISTRY				VITAL PARAMETERS							CARDIA	AC ASSIST	DEVICE	
DATE	TIME	Hb	Na	к	Ca SUGAR	BLOOD	TIME	ETCO,	BREATH SOUNDS	Sao ₂	RR/MT	NIBB	TEMPOE	Abd ^{om} G	TIME	IARD			R SETTING
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PU	L.SIZE/REACTION		3 3	3 BR	3 BR	
AR AR	HEART SOUNDS		2152	3132	2182	
] CGL	VALVE CLICK					
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Mr.THANDAPANI P

60/Malc/MHI202381543

09/01/2024/IPH2024000072

Dr.RAJESH,V

UHID No.

Blood Group

Name

Sheet No.

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Othe Height V

Weight BSA SSICO I 6 M

Sex

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



MHI/ICU/2022/076



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	SHIFT	DAY	EVENING	NIGHT
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GAS	LIVER			N

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	SHIFT	DAY	EVENING	NIGHT
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	S/N NAME			Jany
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	SIGNATURE			Jen.

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Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072

Dr.RAJESH.V

Name

Blood Group

Sheet No. -

В

UHID No.

Height Weight

OHLE (bfem SSKE

Weight BSA SSkg 1.6m²

Sex





MHI/ICU/2022/076



					BIOCHE	MISTRY					VITA	L PARA	METER:	3				AC ASSIST	DEVICE	
	DATE	TIME	Hb	Na	К	Ca SUGAR	BLOOD	TIME	ETCO2	BREATH SOUNDS	Sao₂	RR/MT	N₁BP	TEMP°F	Abd ^{c™} G	TIME	IABP	Lauration		R SETTING
		<u> </u>				SUGAR						<u> </u>		•C	-		RATIO	DURATION	RATE	MODE
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Medway Hospitals
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	Mr. rrandapani P 60/Male/MHI202381543		ı	М	HI/ICU/2022/076	
Name UHID No.	09/01/2024/IPH20240000 Dr.RAJESH.V	ı	e	Sex	Sheet No.	
Blood Group	Otre	Height	Weight حےادم	BSA I 6M2	С	

		UR	INE		Cł	EST DI	RAINAG	BE.		GAS	TRIC	LAB S	AMPLE		Voi	UME		USIONS		,	
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SPECIFIC OBSERVATIONS/PROBLEMS

ACT @	17-30-	llosec
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DATE	TIME

CRITICAL CARE FLOWCHART

CENITOUDINADY (CII)

C	GENITOURINAR'	Y (GU)		SKIN						
	PD			COLOUR	SURGICAL (SX) WOUND	DRESSING				
URINE	FUNCTION		DRAINAGE	Pk-Pink F-Flushed P-Pale	C-Clean Oz-Oozing G-Gaping	B-Betadine Al-Antibiotic Irrigation				
CL-Clear T-Turbid Stained	Dr-Draining B-Blocked		CL-Clear BS-Blood	Cy-Cyanotic M-Mottled	Op-Open I-Infected					
HC-High Coloured	SITE			D-Dusky J-Jaundice						
BS-Blood Stained HA-Haematuria	C-Clean R-Redness BD-Block di	iscoloration			PRESSURE SORE					
	DD-DIOCK UI	Scoloration		SITE	AREA	DRESSING / Rx				
	MISCELLANEO			S-Sacrum Sc-Scapular Oc-Occiput	R-Redness BD-Black discoloration BL-Blister	IR-Infra Red DU-Dueodem E-Eptoin dressing				
OISITION CHANGE	C	CHEST PHYS	SIO	oo oonput	SP-Skin Peeling	B-Betadine dressing				
Su-Supine RL-Right lateral LL-Left Lateral	Ċ	/-Vibrator CP-Chest per CC-Deep bre V-Nebulizer		CONDITION	D-Deep	EU-Eusol sitz bath ST-Sofra Tulle				
ACTIVITY	-71	DANCDUCE	ID 7500							
PE-Passive exercise Am-Ambulated	P	RANSDUCE PARAMETER ABP-Arterial I	2	H-Healing SCo-Status quo S-Sloughing						
			terial Pressure ary Arterial Pressure	LINES / TUBES	CONDITION					
			rial Pressure	O-No redness, so R-Redness at sit Sw-Swelling at s Dr-Draining D/c-Discontinued P-Positional HL-Heparin Lock	ite I	t.				

Medway Hospitals"
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	Mr.THANDAPANI P 60/Malc/MHi20238154	·	М	HI/ICU/2022/076		
Name UHID No.	09/01/2024/IPH202400 Dr.RAJESH.V	•		Sex	Sheet No.	
Blood Group	Othe	Height (6-Jenn	Weight <u>حجا</u> دم	BSA 1.6M	С	
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		UR	INE		Cł	IEST D	RAINAG	E		GAS	TRIC	LAB S	AMPLE		(/c	WME	INFU	ISIONS		
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SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

GENITOURINARY (GU)

	PD	
URINE	FUNCTION	DRAINAGE
CL-Clear T-Turbid	Dr-Draining B-Blocked	CL-Clear BS-Blood
Stained HC-High Coloured	SITE	
BS-Blood Stained HA-Haematuria	C-Clean R-Redness BD-Block discoloration	

MISCELLANEOUS

OISITION CHANGE	CHEST PHYSIO
Su-Supine	V-Vibrator
RL-Right lateral LL-Left Lateral	CP-Chest percussion DC-Deep breath & cough
	N-Nebulizer
ACTIVITY	TRANSDUCER ZERO
PE-Passive exercise	TRANSDUCER ZERO

Am-Ambulated

PARAMETER

ABP-Arterial BP

RAP-Right Arterial Pressure

PAP-Pulmonary Arterial Pressure

LAP-Left Arterial Pressure

SKIN

COLOUR	SURGICAL (SX) WOUND	DRESSING
Pk-Pink F-Flushed P-Pale Cy-Cyanotic M-Mottled D-Dusky J-Jaundice	C-Clean Oz-Oozing G-Gaping Op-Open I-Infected	B-Betadine Al-Antibiotic Irrigation

PRESSURE SORE

SITE .	AREA	DRESSING / Rx
S-Sacrum Sc-Scapular Oc-Occiput	R-Redness BD-Black discoloration BL-Blister SP-Skin Peeling D-Deep	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

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	MT.THANDAPA 60/Male/MHI20			M	HI/ICU/2022/076
Name	09/01/2024/IPP Dr.RAJESH.V				Sheet No.
UHID No.				Sex	(3)
Blood Group	Othe	Height (67em	Weight	BSA 1.6m2	C
			7	_	

		UR	INE		Cł	IEST DI	RAINAG	E		GAS	TRIC	LAB S	AMPLE		100	unt	INFUSIONS]
DATE	TIME	AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIO	HR.T	G.T.	АМТ.	TOTAL	AMT.	TOTAL	TOTAL OUTPUT		tonge		
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SPECIFIC OBSERVATIONS/PRO	BLEMS 10:40	REMOVED	MEDIASTINIAC	DRAIN	Blo DR. PRAVEEN
DATE TIME	_ 00 ' 11 _	REMOVED	D ARTERIAL	PADIAC	THE RIP

GENITOURINARY (GU)

PD					
URINE	FUNCTION	DRAINAGE			
CL-Clear T-Turbid	Dr-Draining B-Blocked	CL-Clear BS-Blood			
Stained HC-High Coloured	SITE				
BS-Blood Stained HA-Haematuria	C-Clean R-Redness BD-Block discoloration				

MISCELLANEOUS

OISITION CHANGE	CHEST PHYSIO
Su-Supine RL-Right lateral LL-Left Lateral	V-Vibrator CP-Chest percussion DC-Deep breath & cough N-Nebulizer
ACTIVITY	TRANSPUCED 7500
	TRANSDUCER ZERO

PE-Passive exercise Am-Ambulated

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

ALIEGT BUNGLO

SKIN

COLOUR	SURGICAL (SX) WOUND	DRESSING
Pk-Pink F-Flushed P-Pale Cy-Cyanotic M-Mottled D-Dusky J-Jaundice	C-Clean Oz-Oozing G-Gaping Op-Open I-Infected	B-Betadine Al-Antibiotic Irrigation

PRESSURE SORE

SITE	AREA	DRESSING / Rx
S-Sacrum Sc-Scapular Oc-Occiput	R-Redness BD-Black discoloration BL-Blister SP-Skin Peeling D-Deep	IR-Infra Red DU-Dueodem E-Eptoin dressing B-Betadine dressing EU-Eusol sitz bath ST-Sofra Tulle

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60/Male/MHI202381543	
09/01/2024/1PH2024000077	2

Height

Dr.RAJESH.V	•
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Weight

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MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:	0+4e

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STAT DRUGS	
TIME	

Name

UHID No.

Blood Group

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE:

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

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

\$ ____

TIME	REMARKS / PLAN
	•
	TIME

INFUSION PU	MPS						
LINES/TUBES	SITE	INSERTION DATE	DAYS	INFUSION/ DRAINAGE	DAY	EVE	NIGHT
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Nu tune		10/01/24	1			P	FIR
-Ajc		Ioloiley	١			P	P
ART. unle		10/01/24	1			p	P
DERICIALE		10/01/24	1			P	P
IUI EXTN		10/01/24	1			ρ	P
-PR.DomE		lololly	1			.p	P
MEDIA		loloiley	1			P	P
U-CA-1H		10/01/24	1			P	P
Q. TUBING		10/01/24	1			₽	P
U- Pubinly		10/01/24	1			P	P
D2 70B124		10/01/24	1			P	P
MARUET		10/01/24	1			Þ	Px
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Name UHID N	_		Mr.THANDAPANI P 60/Male/MHI202381543 09/01/2024/IPH2024000072 Dr.RAJESH.V Height Weignt D						Shed	et No.		(ital	•	JCI ACCREDITE	NABH ACC	REDITED			си/202 Ме Неа	way Art	
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DATE	TIME	$\overline{}$	INFU	SIONS	(contd.	Mu	TOTAL	N/G.	TOTAL	TOTAL INTAKE	TOTAL BALANCE	HR/mt	RYTHYM	ST	ABP	MAP	RAP	LAP/ RAP	PERI	PP R/L	со	CI	SVR	
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	DAY	EVENING	NIGHT
PATIENT CARE			
BATH			
ORAL CARE		_	
EYE CARE			
BACK CARE			
DRESSING/EQUIPMENT			
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CEN.LINE			
I.V.SET			
TUBINGS			
HUMIDIFIER H2O			
ELECTRODES			
ALARMS VERIFIED			
VENT - HUMIDIFIER			
-SETTINGS			
HRT.RATE			FHIME
B.P.			116/57160

DATE	TIME	REMARKS / PLAN

·							
INFUSION PU	MPS						
LINES/TUBES	SITE	INSERTION DATE	DAYS	INFUSION/ DRAINAGE	DAY	EVE	NIGHT
It line	PT LII	10/1/24	1_1_				P
ART UNE	Pat	10/1/24	1				P
PER LINE	PH Due	10/1/24	1				P
M EXTH		10/1/24	1			<u>.</u>	P
TR-DOME		10/1/24	1				P
MEDIA		10/1/24	١				P
PERLARDIUM		101124	١			<u> </u>	P
U-LATH-		101124	1			<u> </u>	P
SANBING		10 1 24	1				P
O TUBINIT		10/1/24	3				P
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MHI/ICU/2022/076



Every heart beat counts

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	DATE	TIME	INF	USIONS	` ` 	Ų,	TOTAL	N/G/	ORAL	TOTAL	TOTAL BALANCE	HR/mt	RYTHYM	ет	ABP	MAP	RAP	LAP/	PERI	PP	0	CI	SVR	
	DATE	I IIVIE			M	iec	TOTAL	AMT.	TOTAL	INTAKE	BALANCE	-	14171111	31		IVIA	IVAF	RAP	1 -: (1	R/L		5	-	
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		16-30							మం	1110	365	100	Unn	0.08				,	ما حہ	か				

Sheet No.

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1.6m2

STAT DRUGS TIME

PREVIOUS DAY 13HRS 10MH HRS

DRAINAGE: 170 ml

TOTAL INTAKE: 1545M1

URINE : \ \ 20m1

TOTAL OUTPUT:

TOTAL BALANCE: ~ 24+ml

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

DATE	TIME	REMARKS / PLAN
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INFUSION PU	MPS	-					
LINES/TUBES	SITE	INSERTION DATE	DAYS	INFUSION/ DRAINAGE	DAY	EVE	NIGHT
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PERI LINE	DF DF	10/1/24	2		₽ ·		
IN SXIN		10/1/24	12		P		
TR-DOME		10/1/24	2		12		
MEDIA		10/1/24	2		PR		
PEPHARDIUM		10/1/24	2	-	P/R		ļ
U-VATH		10/1/24	2		P	ļ	
S-TUBING		10/1/24	2		PR		
O -TUBIHI.		10/1/24	2		P/R		
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Mr.THANDAPANI P

60/Mulc/MHI202381543

09/01/2024/IPH2024000072

NAME: Dr.RAJESH.V

UHID NO:

RMEDIATE CARE FLOWCHART

AGE:

SEX:

BLOOD GROUP . OTVE

HEIGHT: 167cm

WEIGHT: 55kg

B.S.A: 1,6 m2 .

		НА	EMOD	YNAM	iics	•		RESP. PARAMETERS			INVESTIGATIONS /
TEMP	H.R.	RHY.	ST.	B.P.	R.A.P.	PERI.	P.P.	RR	BREATH	SPO2	OTHER DATA
90.4	tos	1-1	ōAB	112	(e ₃)	Phan	11	20	131L	95%	ROUM ATO.
98.6°	100	Sinus	0.10	14		цаи	4+	22	CL	96%	Room Air.
98.4	to2	Sinus	0:10	13	(88)	Walm	44-	23	CL	967.	Room Air.
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PREVIOUS DAY - HOURS DA HP2.

DRAINAGE HOMY

URINE 2070ml TOTAL INTAKE 205571

TOTAL OUTPUT 2110M

BALANCE Ton

SX: AUR USING 23mm SJM REGIENT. MECHANICAL VALVE.







Mr.THANDAPANI P

60/Male/MHI202381543 09/01/2024/IPH2024000072 RMEDIATE CARE FLOWCHART

NAME Dr.RAJESH.V

UHID NO:

AGE: SEX:

SURGICAL PROCEDURE:

POSTOP DAY:

POD-II

FLUID REQUIREMENT: 2.44 Clday

URINE I.V. FLUIDS **CHEST DRAINAGE** ORAL/ R.T. DATE TOTAL TOTAL. TOTAL & TIME INTEKE BALANCE AIR OUTPUT H.T. G.T. G.T. H.T. G.T. H.T. H.T. LEAK 12/1/24 †50 SO S SO 100 (00 Igo 6.J0 150. 100 200 200 200)50). 250 $\mathcal{O}_{\mathcal{P}}$ 7.30 **MEDICATION / DRUGS** SPECIFIC OBSERVATIONS/REMARKS <u>_</u>;





MEDIATE CARE FLOWCHART



Mr.THANDAPANI P

60/Malc/MH1202381543

09/01/2024/1PH2024000072

UHID NO:

AGE:

SEX:

NAME:

HEIGHT:

Dr.RAJESH.V

BLOOD GROUP:

167 cm

WEIGHT: 55 kg,

B.S.A: (.6 m2 .

	,	HA	EMOD	YNAM	ICS	•		RESI	P. PARAME	rers	IMVESTIGATIONS /
TEMP	H.R.	RHY.	ST.	ì	R.A.P.	PERi.	P.P.	RR	BREATH	SPO2	INVESTIGATIONS / OTHER DATA
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	91	Cloud	0.07	108	(AL)	Mar	1 11	30	CL	ዓ የነ.	Roum pir,
	94	siny	<i>ઇ-</i> 94	12b 60	Øч	man	49	24	ور	99%	
	`	c With	_	9 th b3	74	000m	1 1	26	<u>a</u>	00%	
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	95	ebny	- 00b	125 73	90	Coopn	++-	প্রথ	CL	99%	·
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० <u>१</u> ८-2 4	96	siny	D-01	100	44	legan	-14	18	ود	97%	
	94	Snu	<i>∂-0</i> ≎	69	81	llarm	11	ટ્ર ેહ_	CC	987	
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					. '						

DRAINAGE URINE

TOTAL INTAKE

TOTAL OUTPUT

BALANCE







Mr.THANDAPANI P

60/Malc/MHI202381543

09/01/2024/IPH2024000072

NAME Dr.RAJESH.V

SURGIONE

TERMEDIATE CARE FLOWCHART

UHID NO:

AGE:

SEX:

= X :

POSTOP DAY: D) FLUID REQUIREMENT: 2 of et lary.

DATE	UR	INE	Cl	IEST D	RAIN	AGE	TOTAL	L V. FLUIDS		ORAI	√ R.T.	TOTAL	TOTAL		
X TIME	н.т.	G.T.		AIR LEAK	н.т.	G.T.	OUTPUT	Agy g			н.т.	Н.Т.	G.T.	INTEKE	BALANCE
11/1/24	f . 60	765			_	40	805	l	:- 3		H00	20	B &	1130	\$25
18.30	75	890				HO	880				200		820	1130	+ 250
19-30	189ts.	960				Дb	1000				10'b	loo	920	1230	230
Do -30	<u>}66</u>	1060				40	1100				200	150	ofo		200
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93.30	150	1970				40	2010	100	-		600		1 श्रप्र	1855	155
04.30	100	aroto		-		40	2110	100			700		1245	1953	100
35-30	(12)	∂ ₽₹∂				Цp	2110	1		1	700		1245	1955	155
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SPEC	94.30 FOLGY'S CONTROLOR Revnoud.							MEDI	CATION	I / DRUG	GS ——				



MRD CHECKLIST

	PARTICULARS	YES	NO
- IP Number all	ocated to each Patient	_	
- Name, Age &	Sex of Patient		
- General Adm	ssion Consent	-	
- Initial Assessi	ment of Patient / Diagnosis	<u>~</u>	
- Nutritional As	sessment by Consultant		
- Plan of care of	ounter signed by the Consultant	_	
- Treatment Or	ders - Date, Time, Name & Sign.	~	
- Medication O	rder / Drug Chart - Date, Time, Name & Sign.	~	
- Vital Signs Ch	nart (TPR Chart)	~	
- Intake Output	Chart	_	
- Drug Chart (D	Ouly filled)		
- Anesthesia C	onsent - (8 thing) - Date, Time, Name & Sign. of both Patient & Anesthetist		
- Anesthesia A	ssessment Sheet		
- Surgery Cons	ent - (8 things) - Date, Time, Name & Sign of both Patient & Surgeon		
- Surgery Note	s - Post Operative Plan		
- Pain Scoring	System		
- Blood Transfu	usion if done		
- · High Risk Pro	cedures		
- A copy of the	Discharge Summary	<i></i>	



Medway Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

Mr. THANDAPANI P
60/Mule/MHI202381543
30/12/2023/IPH2023002637
Dr.K. JAISHANKAR



ADMISSION SLIP

Admitting Doctor: Wr. Jailhankan. Speciality: (200000)856.
Advised Date & Time: 30/12/23 10.40 QM
Provisional Diagnosis: Severe AS
Reason for Admission: Medical Management Surgical Management Others (please specify details)
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:
Expected Cost of Treatment (as per Financial Counseling Form):
Payer: Self Insurance Others: SS
Instructions to Nurse (if any): Admit ER FOY CAG.
Any other Instructions (if any):
Any other mediaede (il dily):
Doctor's Signature Name Reg. No. Reg. No. 49448 20 12 23 10:40

Poom Cotogony	General Ward		
Room Category:	Single Room		•
	☐ Twin Sharing		
	Deluxe Room		
	Suite Room		
	Others_	·	
	© Officis	·	
Admission inti	mation Receipt Details	Admission T	ime in HIS
Date	Time	Date	Time
30/12/23	104.14	30/12/23	11:11
Source:	FTOPD		
		_	
33	□ ER	, · · · ,	
		··· ,	
To be filled only if	ER Direct Blood requirement specified by the common and Blood Bank clearance common ature Name	pleted as advised: Yes Emp. No.	Date Time
To be filled only if	☐ ER ☐ Direct Blood requirement specified by the ion and Blood Bank clearance com	pleted as advised: Yes Emp. No.	Date Time
To be filled only if	ER Direct Blood requirement specified by the common and Blood Bank clearance common ature Name	Emp. No.	Date Time
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To be filled only if	ER Direct Blood requirement specified by the common and Blood Bank clearance common ature Name	Emp. No.	Date Time

Medway Hospitals The way to better health

Mr.THANDAPANI P 60/Malc/MHI202381543 30/12/2023/IPH2023002637 Dr.K.JAISHANKAR



MHI/HOSP/2022/129

(A Unit of United Alliance Healthcare Pvt Ltd)

ADMISSION FORM

Marital Statu	s Full Add	ress	Chool Story	margade	Telephone Number
Occupation	>	Chena; -		Par	7904880675 8220631279
		Date of Time of Admi	ission Date & Time of I	Discharge To	tal No. of Days
D. Jai	Shanker	30/12/23	11AM30/2/230	2 16:30 7 hrs	28 mls.
UNIT	RL	MLC Ye	es No I	f Yes AR No. :	
		FINAL DIA	GNOSIS		ICD Code
· 	COLCIE	C SEVERE	AORTIC STE	TVOSIS	J35.0
	B1 CU-Sp	DID BORSC	value		023.1
	NORMAL	LV FUN	cno ~		750.1
		•			
-					
				·	
DATE		OPERATI	ION / PROCEDURES		ICPM Code
30/2/23		CoRonary	ONGIOGRAM.		88·50
DATE		TYPE	OF ANESTHESIA		
30/12/23	☐ GENERA	L SPINA	L D-LOCAL	☐ REGIONAL	☐ EPIDURAL
			DISCHARGE STATUS		
☐ Cured		☐ Discharge a	•		Expired < 48 hours
Improve	d	☐ Against Med ☐ Absconded	dical Advice		Expired > 48 hours
☐ Unchan	ged	_	to		Post-Operative Death
·	200			WK	11 × 128
Signature	of the Consu	Itant		Signature of Me	dical Records Officer

AUTHORISATION FOR TREATMENT I PAYMENT

hereby authorise the Administration, Medical and Nursing and Paramedical, Staf f 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 leemed necessary and / or advisable in the diagnosis and treatment of my illness / patient									
I hereby under take to settle all the bills for hosp basis. In any case, I shall pay all the dues before		•							
However, in case I fail to pay the charges due to me/the patient to any other hospital/institution for	· · · · · · · · · · · · · · · · · · ·	-							
I also acknowledge having been informed if the and valuables belonging to the patient or theis a next of kin and I absolve the hospital of any resp	ittendants have been remo	oved to a place of safety / handed over to the							
I have read out and explained the contents of the	e above to the Signatory ir	n his vernacular .							
சிகீச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அ	தீகாரம் வழங்குதல்								
இதன் மூலமாக நான் நிர்வாகம், மருத்துவம், தாதியர், மருந்துகள் கொடுத்து செய்முறைகள்/அறுவை சிகீச் செலவுக்கன தொகை முழுவதும் செலுத்த இதன் மூல	க்கு தேவைப்பட்ட சோத்கை சை செய்யவும் அதிகாரம் வு	ரகளை செய்து மருந்துகளை கொடுக்கவும். மயக்க							
மேல் கூறியது போல் வேளை நான் தங்கள் மருத்து மருத்துவமனைக்கு, பிற சிகீச்சை / அறுவை சிகீச்சை அளிக்கிறேன்.		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							
மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெ	தரிவிக்கிப்பட்டிருக்கிறேன்.								
நோயாளிக்கு உரிமையான எல்லா பணம், நகை மதி நெருங்கிய உறவினரிடம் கொடுக்கப்பட்டுள்ளது. இந் என உறுதி செய்கிறேன்.		- 1111							
மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட	பிறகுதான் கையொப்பமிட்டே	.ей.							
O Store		41.0							
செவிலியர் கையொட்பம்	தேதி	எனது/உறவினர்/காப்பாளர் கையொப்பம்							
Signature of Admitting Nurse	Date 30/12/23	Signature of the Patient / Relative / Gurdian							
		Son							
		<u> ഉ. നഖ്യ </u>							

Nature of Relationship

உறவுமுறை



discharge.









GENERAL CONSENT FOR ADMISSION

(pl	I, THANDAPAN P the ₽ (please tick the correct option above and below) □ Read	Patient or	☐ Representative of patient have
	☐ Been explained this consent form in English, which I fully unde	erstand.	
•	 I give my full consent and authorization for admission and tre- plan has been explained to me. 	atment at thi	s hospital. The proposed treatment
•	I consent and authorize the hospital, treating doctors, nursi relevant care and to conduct diagnostic as deemed necessary!		
•	 I also consent to use of assistants such as resident doctors, other by the hospital and treating doctor / team. 	er doctors, n	urses, and other healthcare workers
•	 I consent for clinical consultation, admission, disclosure of info confidence), routine medical examination (physical examination lab and imaging investigations, general nursing care, diet and p 	on, palpation	, percussion, auscultation), routine
•	 I have been explained about the proposed care plan, expecte cost of treatment/ hospital stay. 	ed result(s),	possible outcome(s) and expected
•	 I understand that the hospital will take due care of me / my pa unexpected complication(s) which may necessitate longer sta cases, procedure different from those contemplated and other 	y and / or us	e of intensive care services. In such
	 I declare that, I have and will inform the doctor of my medical his reaction(s), surgical procedure, relevant medical family histor shall not hold the hospital/ doctor responsible for any consequence relevant information on my part. 	ry and all oth	er facts relevant to my treatment. I
•	I declare that I have been explained about my rights and respectively.	onsibilities.	
•	 I have been made aware of the rules and regulations of the h promise to abide by them. 	nospital inclu	ding those related to security and I
•	 I understand that in case of some unexpected event occurring a transfer to another hospital/healthcare organization, as cons 		
	• I understand that, drugs, consumables and devices will be ch	arged 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

- 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.
- 1, the above-named Patient / named patient's representative, do further hereby deciare 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 on LUN and		30/12/23	
Surrogate/Guardian (if applicable #)	11.0	(Write name and relationship with patient)	30/12/23	MILLE
Reason for surrogate consent	Patient is unable to give consent t	pecause:		[
Witness	P. BORT LUTION	Dhandalani"	30/12/23	11:11
Interpreter (if applicable)	·			-

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







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

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

D.O.D

: 30/12/2023

Director and Clinical Lead

Cardiology and Electrophysiology

DIAGNOSIS:

CALCIFIC SEVERE AORTIC STENOSIS

FICUSPID 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.

to 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

122/64 mmHg BP

100% in room air SPO₂

CVS S1S2(+)

RS **BAE**

Soft Abdomen

NFND CNS

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

₱ @MedwayHospitals

@medwayhospitals

@medway-hospitals

medwayhospitals @

94457 94457 1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Kodambakkam 044-2473 4455

Mogappair 044-26530011 Kumbakonam

Chengalpattu 044-2473 4455 | 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



UHID: MHI202381538



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

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.

<u>TEE(28.12.2023)</u>: 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 by Aortic valve replacement. His medications are optimized and he is being discharged in a stable clinical

condition.

ADVICE MEDICATIONS:

Sl.	NAME OF THE DRUGS WITH	DOSAGE	FREQ	FREQUENCY			RELATION	DURATION
NO	GENERIC NAME		M	A	N		SHIP WITH MEAL	
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

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

"I understood the Content of the discharge summary."

CONSULTANT SIGNATURE

Typed by: Ezhilarasi. Wedway Group of Hospitals

Kodambakkam Mogappair Kumbakonam Chengalpattu O44-2473 4455 O44-27426829 O4146-242000 O44-4310 8959 O44-2473 4454

Medway Centre of Excellence (Chennai)

Heart Institute Institute of Pulmonology O44-2473 4454

MHI/HOSP/2022/118





Mr.THANDAPANI P

60/Male/MHI202381543 30/12/2023/IPH2023002637

Dr.K.JAISHANKAR





	DAY CARE INI HAL ASSESSIVIENT FORM										
Date	Date:30 11/23 Time of arrival: 11:20										
Part A	Part A (to be filled by Nurses)										
Vital : Respi	Vital Signs: Temp: 86 (°F) Pulse / HR:										
	Any Language Barrier: Yes Wo If yes, please call Language Coordinator / Translator Allergies: Yes No If Yes, specify:										
Alcoh Do yo	Psychosocial Assessment: Alcohol Intake: Yes Yes Yes Yes Yes Yes Yes Yes										
Pain: Pain F N Du	Pain Screening Pain: Yes No. If Yes, Score: O CRIES (38 weeks - 2 months) Pain Scale used: PIPPS (28 weeks to < 38 weeks) CRIES (38 weeks - 2 months) FLACE 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: Burning Referred / Radiant Pain										
Last 3	tional Screening: 3 months Appetite	ased Decreased	No Change To Change								
□ A	Fall Risk Screening for adults: No Risk Age more than 65 years History of fall in last 3 months Malks with assistance Any neurological problem In case of 2 or more criteria met initiate detailed fall assessment and fall prevention protocol										
□н		ics) Neurological problem (verti initiate detailed fall assessm			No Risk						
	Signature	Name	Emp. No.	Date	Time						
Nurse	a	, SUMA HAHESWARI	0 206	30/12/23	11:30						

Pai	rt B (to be filled by Physicians)				
Chi	ef Complaints					•
	owni s razo consor	- pn2				
	picuri s nazo consor P On exoru	لہدر				
	J, Oh cour	1				
			<u> </u>			
Pas	t Medical History				; •	
			d			
,	·					·
Pe	rsonal History	-			··	
						, I
				<u></u>		
Sig	nificant Family History					
						·
Cur	rent Medication					
S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
	7-Anonna	ing	Dr	0	30/Mws	√ Yes □ No
	7. Env 1 5	2.57	prv	i-v1	7	Yes □ No
	7.9mg.1	hoy	ρ'n	1-07	7	yes □ No
	J-WEGENMIN	awz	010	1-21	1	∕☐Yes ☐ No
	7 mvr	137	810	(-0-	,	☐ Yes ☐ No
				_		
						☐ Yes ☐ No
		1 .				☐ Yes ☐ No
						
						☐ Yes ☐ No

Clinical Examination / Investigation

QV3-84

UREA- 17.03 Croetinite-0.41

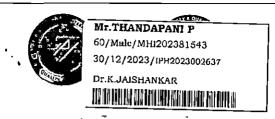
Provisional Diagnosis

SEVER ancumaro AS BICUSPID ADMIL UMUS Norma WF Dm

Plan of Care (including Investigations Ordered)

Euserium com





MHI/IP/2022/041

Heart
Institute

Every heart beat counts

	DOCTOR'S PROGRESS NOTES
DATE	NOTES
	, , , , ,
30/12/23	CAG: RP Redical of object of Tion
12.30	
	EM: Porfureat ES ADD Heron Mal.
	LAD. Type 3 Provilian Now! Mad LAD
	LAD. Type 3 Provileon Now! Mad LAD atride major deagan han non flow lower during Didel LAD would
	goves 2 major diagonals 4 menor septals Whol appear rol.
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_	Pear En Demit Then Caliber Versal, Mid Red has gree Smell RADA which appear Aut.
	A: Menimal Coop
	Plans DVR
	9889

DATE	NOTES .
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	n'ter Stelle.
	Obseration.
	ATT .
-	
15.30	pt can be discharged
	8-7r-1

.







Every heart beat counts

Patient Details (Affix Label here)

Name R. Thordopur

UHID: M. H. 200 38-11-35

DOB: 60 Y. Sex: paaco

DOA: 201 12-12-3

Consultant R. Jan Lan Le.

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

agnosis:	Gr/Ca	erinic s	Evera .	به لخد	IC So	r:0/vo	gi Q::	•	· · · · ·
eight: 765	cms \	UTUPY'C S Weight:Kgs	Food allergies: Y	es/No, fy	es, specify	١.		_	
eligious Beliefs:	∟	Vegetarian' ,	Non Vegetar	'ian'	14 17 1	□ E;	ggetarian	☐ Jair	-
et Prescription:	500	calibres,		1.00	(L) Sal	0 }-			
JBJECTIVE	GLOB/	L ASSESSMENT	(ADULTS)	7 5157	· ·	CA C		_ _	
					٠,	15.1	-, .;		
-	(A) -	Patient's related Medical Histor	γ	1	· ·		•		
	1]	Weight Change (overall change		- ,, ,	,				
		P1 ,	□2	[]3		1 0	4 1		<u> </u>
	_	No weight change/	₹5%	5-10%		10-	15X	1	>15%
2)	Dietary Intake	Ouration:			<u></u>	1. 13		<u>_</u>	
	1	41; 17 × 1-11.1	□ 2 , () l,	3	Ų.,	,	4 , ,		3
	Oral	No change	Sub - optimal solid diet	Full liquid diet moderate	<i>i</i> .		oo-caloric id diet		Starvation
	·	1 () () ()		overall decrea	ise ;	\.			
	Enteral / Parenteral Nutrition	Adequate / Excessive	Sub - optimal	Inadequate		Typ	o-caloric (ds		tarvation
3)	Gastrointestin	al Symptoms Duration;	1 6 1 1	: .			1 '		<u> </u>
	•	<u> </u>	□ 2	D 3				۱ [
		No symptoms	Nausea	Vomiting/		Dia	rrhoea		severe anorexia
<u></u>				moderate GI symptoms			· reg		
4)	Functional Ca	pacity (Nutrition related functional impai							
	. /		1 2 10 VI 111			<u> </u>	Р 4 ,		□ 5
		None /Improved	Difficulty with ambulation	Difficulty normal s			Light activity		Bed / chair - ridden with no or little activity
5)	Co - morbidity	Disease and its relationship to nutrition	<u> </u>			- {·			<u> </u>
	•	□, ŧ	1	المحرا			□4		
	,	Healthy,	Mild co - morbidity	mor	rate co - oldity/ age years		severe co - morbidity	, ;	Very severe multiple co- morbidity
8)	: Physical exam	ination ,	<u>'</u>						
13	Decreased fat	stores or loss of subcutaneous fat			4000	1_ ^ 1	7.7		CX (*.*
1 1 1		A .	□ 2 <u>.</u>	3	•		- 4		□ 5 ′
		Normal	Mild	Moderate;	: 1	· .			Severe
23	Sign of muscle v		<u> </u>				_		
	<u> </u>	<u>4</u>	Mild	Moderate	· · ·	17 1	<u> </u>		Severe
		Normal	Mild - ' - '	moderate	* 5.5			•	
Total Score = Su	um fabove 7 comp	onents			· ·		-		
Nutritional State	tus : Based on this	nadent is		-	• • •	'- -	, ,		
	Well Nourished	<u> </u>		7 to 1 1)	Ø,	\sim			
	Moderately Mai	nourished		(15 to 18)	(
	Severely Malnou	urished		19 to 35)	<u>. </u>	<u> ノ :^:</u>	<u> </u>		
Nutrition Interv	vention:				<u>'+</u>		_		
	Orai)		T _□	Enteral		☐ Parenteral			
Diet counselling	` 	Øk.		No		<u>, =</u>			-
Frequency of re	· ·	- Nee v			☐ Fort - night		☐ Monthly		
Enteral / Parent	teral	D=D4		•	Calorie count:	Yes	Jery.		

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
30/12/23.	A 60 years old gordenor and C Clo (D) chest paint was assessed to be civell— nowished as evident by SGA. W/Clo-AVO-Comorbidity patient Shifted to Cathlab For proceduce (CAG). kept on NBM. patient received to Radial lounge. NBM over patient Tolorted lighted diet can initate sight solid diet Educated The patient q Jamily on 1600 calories, Low Fat, low salt diet on discharge	0280
16:00	Emphasized on small fraquent meals piet modifications q clarifications done. diet chart given on discharge.	0286.



Mr.THANDAPANI P

60/Male/MHI202381543 30/12/2023/IPH2023002637

Dr.K.JAISHANKAR





PATIENT TRANSFER FORM DIAGNOSTICS / PROCEDURES

Diagnosis: CAC CIFIC SEVERS AS / COT Allergies if any: NICOB.												
From (Area	1)	To (Area)	Date	Tim	e Reaso	on for Transfer / Name of Procedure					
Re		Ceta lab	,	80/12/23	11:55	هري ا	ROVARY AN	ROVARY ANSIOGEM.				
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 Cate	Fall Risk Category: ☐ Low Risk ☐ Medium Risk ☐ High Risk											
Vital Signs (to b	Vital Signs (to be documented at the time of shifting):											
Temp (°F)	RR (t	reaths/min)	Pulse	e (beats/mir	n)	SpO ₂ (%)	BP (mmHg)	Pain	Score			
9,87	226/-1 78 6/-1 100-1					1001.	122/64	dio				
☐ FLACC Scal ☐ Numerical R Any pre-medic	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:											
	Sign	ature	Nan				Emp. No.	Date	Time			
Handover by	_ _	D-9-	 -	UHO ME	VIE8	W BRI	0208	30/1/2)	1			
Handed over to	•	Pis		Zanja.s			0287	30 12/23	1205			
	pleted: [Yes Yes	Any crit	Cal informat			Ni)					
Temp (°F)		reaths/min)		e (beats/mir	n)	SpO ₂ (%)	BP (mmHg)	Pain	Score			
98-4		polmt		delint		1007.	120 60mmb					
Pain Scale use	e d: □Pl e (2 mor	PPS (28 weeks to	o <u><</u> 38 w □ Wong-	reeks) 🗆 CF Baker FACE	S Pai	38 weeks - 2 r	 -	1. /10				
	<u> </u>	ature	Nan	ne			Emp. No.	Date	Time			
Handover by	1 1	<u>M</u>	_	Pongs.s			02.33	30/2/23	12.45			
Handed over to				UMA M				30/12/27	12:45			



MHI/CRD/2022/026

Medway
Heart
Institute

Every heart beat counts

Mr. THANDAPANI P ANGIOGRAM / CORONARY ANGIOPLASTY

n:

60/Malc/MHI202381543

Patient Nan 30/12/2023/19H2023002637

Or.K.JAISHANKAR

Consultant:

Sex: M/F 604

UHID 202381543

CONDITION INCLUDE

Dr. Thusnard 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 bleed. 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 punture site
Most People	(n) Minor bruising

PATIENT CONSENT:
P acknowledge that Dr. As 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 converns 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	phaneunors	MR. THNDADAN P	80/12/23	11:30
witness	A 1.D	MR. THANDAPAN.P	30/12/23	M.30
Doctor	B-93221	DR. KARTHIK	30/12/23	1130
Interpreter	8	-		1/





இருதய ஆன்னியோகிராம் பரிசோதனைக்கான ஒப்பம்

நோயாளியின் பெயர்:	வயது:	பாலினம்: ஆண் / பெண்
மருத்துவ ஆலோசகர்:	வார்டு படுக்கை எண்:	யுஹெச்ஐடி (UHID) :

நீலை மற்றும் செயல்முறை

பழைய இரும்புக் குழாய்களில் துருபிடிப்பதைப் போல், தமனிகளில் கொழுப்பு மற்றும் கால்சியம் சேரும். இது ஆன்ஜினா அல்லது மாரடைப்பினை ஏற்படுத்துகிறது. இதயத்திற்கு ரத்தத்தினை வழங்கும் ரத்தக்குழாயான இதயச்சுவர் சிரை தமனிகளில் நோயின் அளவினை கண்டறிய கரோனரி ஆஞ்சியரேகிராஃபி செயல்முறை மேற்கொள்ளப்படும். ஒரு லோக்கல் அன்ஸ்தீட்டிக் (மயக்க மருந்து) வழங்கப்பட்ட பின். ஒரு சிறிய குழாயானது (கதீட்டர்) கவட்டை/கையிலுள்ள தமனியில் செலுத்தப்படும். இந்த குழாய் ஒவ்வொரு இதயச்சுவர் சிரை தமனிகளிலும் மாற்றி மாற்றி கவனமாக வரிசையாக செலுத்தப்படும். எக்ஸ்ரே மற்றும் பிற அயோடின் கொண்டுள்ளன கான்ட்ராஸ்ட மீடியத்தினை (எண்ஸ்ரே டை) பயன்படுத்தி, பல வீடியோ படங்கள் வரிசையாக எடுக்கப்படும். இதயத்தின் முக்கிய ஏற்றியிறைத்தல் அறையில் (இடதுபக்க இருதய கீழறை) இந்த கான்ட்ராஸ்ட மீடியம் உட்செலுத்தப்படலாம். இது இதயத்தின் அளவினை மதிப்பிடவும் மற்றும் அது எவ்வாறு பம்ப் செய்கிறது என்பதை மதிப்படவும் மேற்கொள்ளப்படும். இப்படங்கள் நமக்கு இதயச்சுவர்சிரை தமனிகள் குறித்த ஒரு படத்தினை வழங்கும். இது உங்களுக்கு ஏதேனும் அடைப்பு இருக்கிறதா என்பதை கண்டறிய உதவும். பின்னர் உங்கள் படங்களை கவனமாக பார்த்த பின் மருத்துவரால் உங்களுக்கு ஏற்ற சிகீட்சையை மேற்கொள்ள முடியும். இவை பை-பாஸ் அறுவை சிகீட்சையாகவும் இருக்கலாம். சில்லது ஆன்ஐயோபிளாஸ்டி (புலூன் வடிவம் கொண்டதொரு சிறிய சாசேஜ் கொண்டு தமனியை அகலப்படுத்துகல்) என்னும் ஒரு செயல்முறையாகவும் இருக்கலாம். சில நேரங்களில் மருந்துகள் மட்டுமே போதமானதாக இருக்கலாம்.

டுச்சையல்முறையிலுள்ள கிடர்பாடுகள்

இதயச்சுவர் சிரை ஆன்ஜியோகீராஃபியிலுள்ள இடர்பாடுகள் பின்வருபவைகளையே சார்ந்திருக்கும்

(i) இதயச்சுவர் சிரை 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) மாரடைப்பு (d) எக்ள-ரே காண்ட்ராள்ட் மீடியத்தின் (டை) 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) அவசரகால இதய அறுவை சிகிச்சை அல்லது ஆன்ஐயோயினாஸ்டிக் தேவைப்படலாம். (g) எக்ஸ்ரே கதிர் பாதீப்பு காரணமாக அதிக வாழ்நாள் அச்சுறுத்தல் இடர்பாடு. (h) இறப்பு
100-ல் ஒருவருக்கு (0.01 சதவிகீதம்)	 (I) இதயம் சரியான முறையில் துடிக்காமல் இருக்கலாம். அதற்கு அவசரமாக சிகீச்சை தேவைப்படும் (j) குத்தப்பட்ட கவட்டை பகுதியில் அறுவை சிகீச்சை சரிபாடு. இதனால் மருத்துவமனையில் நீண்ட நாட்கள் தங்கியிருக்க வேண்டியது வரலாம் (k) தோல் அரிப்பு போன்ற சிறு விளைவுகள் (l) கான்ட்ராஸ்ட் மீடியம் காரணமாக சிறுநீரகம் செயல்படாமை அல்லது அதன் வலுகுறைதல்
20-ல் ஒருவருக்கு (0.01 சதவிகிதம்)	(m) குத்தப்பட்ட இடத்தில் பெரிய அளவிலான சிராய்ப்பு அல்லது வீக்கம்
பெரும்பாலான மக்களுக்கு	(n) சிறிய அளவிலான சிராய்ப்பு

நோயாளி ஒப்புதல்

செயல்முறையை எனக்கு மேற்கொள்ளுமாறு கேட்டுக்கொள்கிறேன்

	கையெழுத்து	பெயர்	தேதி	நேரம்
நோயானி (பாதுகாவலர்) உறவுமுறை				
சாட்சி		•	,	
மருத்துவர்				
மொழிபெயர்ப்பானர்				







CORONARY ANGIOGRAM REPORT

PATIENT NAME : Mr. THANDAPANI. P UHID

: MHI202381538

AGE/GENDER

: 60 YEARS / MALE

IP NO

: MHI202381538

D.O.A

: 30.12.2023

CONSULTANT

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

D.O.P

: 30.12.2023

Cardiology and Electrophysiology

30.12.2023 DONE BY DR. JAISHANKAR 3509 ASSISTED BY SN. SATHYA MR. TAMIL 5 MINS TECHNICIAN

HEIGHT 165CMS PHYSICIAN ASSISTANT MS. SHALINI WEIGHT **54 KGS**

CATH DATE

CATH NO

CATH DURATION

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 OMs. 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.

95, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 #

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(medway-hospitals

@medwayhospitals

94457 94457 1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)





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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In @medway-hospitals

@medwayhospitals

1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

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



Mr.THANDAPANI P

60/Male/MHI202381543 30/12/2023/IPH2023002637

Dr.K.JAISHANKAR

MHI/NUR/2022/048

DATE &		
1	observation / Action	Signature
TIME		with Emp.No
3	\$ pt Cot Lamillion to Pl pt is Constions	
20/2	Governed pt Bp-121/64 AR-486/at	0
,	Spo_ 60-1.	0200
K/. v.	De strin me esse too done	
	pt iv line Thrested.	
	=> pt @poo 8:30 Am.	
11:55	of pt shifted to cet Lats @11:55	on
	CATHA LAR	
301122	spatient received From RL to	
	cath lab. Pt concious and oriented	Prett
12.05	-> vitale stable IV line left side	
	patent	Pero213
12.10	-s storile drapping done procedure	
	CIPS Started	Disers
12-20	> Rt Padial artery approach under	
	loal anesthesia.	Prous
12.70	- S INJ: NTG 100 Mg + INJ: DIFZEM 25mg	
	TA given 0/B Dr. J. (Jir)	PHONE
12-25	-STNJ: Heparin 2000 DV given 0/R	
	or Js (sir)	3220
12-25	-> HP: 85 bHAt BP: 145/75@1)mmHg	
	Spor: 100% vitak Stable	20257
1230	-sprocedure CAG dore. Rt Pedial	
	ortery sheath removed. Tight plats	0
	bandage applied, no oozing ho Konahu	1
Document	Signature Name Emp . No. Date	Time
endorsed by	Cathyla only 30/12/20	12.30
* (Sat ry : 0016 30/12/27	ر کری ا



DATE & TIME			Signature with Emp.No		
15.30 b:30	reports hour Phi umamage The property points The post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the pos	reliving Nots. reliving Nots. reliving Notes. lousion & Dreches. bril fluids. d. et. Discharge No. charge suramany.	staff m cen L ted pt B 1. Rp-21	5 P - 28 L	Posses
Document endorsed by	Signature	JAMADEN)	Emp. No.	Date Soll YV	Time







Every heart beat counts

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

Procedure Monitoring Sheet (Cath Lab)

Mr.THANDAPANI P

Patient Nam 60/Male/MHI202381543 30/12/2023/IPH2023002637

UHID / IP:

Dr.K.JAISHANKAR

Consultant : ______

Age / Sex: 64/M

Ward Unit:

pi

Diagnosis: BICUSPID ADOLTIC VANCE

COI	isuitant .		<u> </u>	naí	لهان دادناال	ייד עוקבע	D-1 : Op/:-
	Pre	Procedure Che	ecklist (Please tick ap	propriately – To	be filled by the V	Vard Nurse)	
		PARAMET	ERS		YES	NO	NA
Vital si	gns : BP: 127 189	Temp: % ⊱ P			-		
Urine v	oided						
Bowel	preparation						
Pre-pro	ocedure medical	tion administere			/		
Proced	lure site marked			,			
Skin pr	eparation done						
NPO	@ 8:30 A	м.					
Loose	Tooth removed						
Contac	t lenses / Eye g	lasses removed				1	
Prosth	esis present	-				1	•
Jewelle	ery/Nail polish re	emoved					
Checke	ed for Allergies ((Drug / food)					
IV line/	In-situ						
Conse	nt taken						
Investi	gation reports / [Documents rece	ived				
Signati	ure of Nurse :	02			Date & Time :	S-UMA N	1AHEOWAR
		Intra – Pro	ocedural Record (1	o be filled by the	Cath Lab Nurse))	
Time	HR / min	RR / min	BP mmHg	SpO₂%	Medication	/ Remarks	Sign. of Nurse
18 20	06 hH. 1	20 holist	107/2000	300Y-		-	20093

Time HR/min RR/min BP mmHg Sp02% Medication / Remarks Sign. of Nurse

20 12.20 26 bt/mt 20 bx/mt 127 180 (31) 100 /- P20235

12.30 25 bt/mt 20 bx/mt 145 175 (31) 100 /- P20235

Procedure, gat Over

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

	cation : 1		<u>. Le O</u>		· . .	Route :	<u>R+</u>	Radia)	orteny ap	proad
BP: <u>[]</u> Brack Distal P	is 1751 vial juise:	<u>િ</u>		mmHg, HR Felt	: <u>85 bH m</u> , Puncture Site	L, RR:	201 ozénaj	no hen	2:1007 2:1007	<u>/. </u>
Advise										
♦ Obs		nctur ulse i	e site in <u> </u>	e for bleeding	hours ng i_d artery.				, ,	
a) b) c) ♦ Rer to ti	If patient If dressir If limbs a move C ne consu ecial instr	coming is are C	nplair Loos old /	Absent Pul	iscomfort ed with Blood	12/23			A 3 rd 8 7	
					DOST PROCE		OCC DV		lame & Signature	of Consultant
ate & Time	BP	HR	RR	 SpO2%	POST PROCE Site Evalu		T	emity Status	Remarks	Sign. of Nurse
										J Signification
					<u> </u>					+
					,					
Nurses I	Notes :	<u> </u>			,		l		1	
	Pi	ФC	ed	me	CAG de	ne. f	2+	Radial	adoy	Sheath
remov	ned.	Tig	ght	- plast	CAG de hon barda	ge	appl	ied, no	0021ng 1	10
hem	atom	<u>a</u>					•			
Patient s				Recovery F	Stable Room Patien	_	tical		er <u>PL</u> : 30/12/128 10 45	





Mr.THANDAPANI P

60/Mule/MHI202381543 30/12/2023/IPH2023002637

Dr.K.JAISHANKAR





Every heart beat counts

(A Unit of United A!)	iance Healthcare Pvt Ltd)				near t 1		Jui115
	BRADEN S	CALE FOR PREDICTI	NG PRESSURE INJUR	Y RISK Dat	20 20	12	24
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	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 of discomfort in 1 or 2 extremities	4: No Impairment Responds to verba commands. Has no sensor deficit which would limi ability to feel or voice pain o discomfort	<u> </u>	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 onl requires changing at routin intervals		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 hour during waking hours	n 5	3	
MOBILITY ability to change and control body position	Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body- or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequer changes in position withou assistance		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		3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every mea Never refuses a mea Usually eats a total of 4 of more servings of meat an diary products. Occasionall eats between meals. Doe not require supplementation	3 y y s	3	
FRICTION	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently	2. Potential Problem Moves feebly or requires minimum/ assistance. During a move skin probably slides to some extent against sheets,	3. No Apparent Problem Moves in bed and in chair independently strength to lift up completely during move. Nor chair			3	
& SHEAR	slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down		Initial & Emp. No of Staff Nurse	0	19	
Score	Interpretation: Minimal Risk: 23 - 19; At Risk /	Mild Risk: 18 - 15; Moderate Risk: 14 - 13; H	ligh Risk: 12 - 10; Severe Risk: 9 - 6	Initial & Emp. No of Sr. Staff Nurse		Z	





PAIN RE-ASSESSMENT & MONITORING CHART

Mr.THANDAPANI P

60/Malc/MHI202381543 30/12/2023/IPH2023002637

Dr.K.JAISHANKAR



MHI/NUR/2022/052



Every heart beat counts

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.
11:40	0/10	No priù		_		2 on	Jeel 605
14:45) 10 10	No priñ	_	_		<u></u>	Jul
16:45	0/10	No pri	-			O (Jeux 10097
Tis:				Pt Got i	is changed		
							·
			-				
					•		

Date & Time	Pain Score	(dull, achy	ain Character sharp, stabbing, shooting, referred / radiant pain)	Duration	Location / Site	Interven	tions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
1	•								
						· .			
,c									
	, ;	<u> </u>			P/	IN SCALES			
' : (28 weel	PIPPS (s to <u><</u> 38	3 weeks)	6 or less = Minimal to no 7 - 12 = Mild pain - Provid >12 = Moderate to severe	de comfort me		n			
(38 we	CRIES eks - 2 m	onths)				of gestation. A maximal score of 10 is pessic administration is indicated for a sc		,	
	ACC Sca		0: Relaxed & comfortable	e, 1-3: Mild d	iscomfort, 4-6: Mode	rate discomfort, 7-10: Severe discomfor	rt / pain / both	-	
Wong-Baker FACES Pain Rating Scale (7 years - 12 years) Wong-Baker FACES Pain Rating Scale (7 years - 12 years) O D D D D D D D D D D D D			0 2	4 Hurts Little More	6 Hurts Even More	8 10 Hurts (hole Lot Worst None	perical Rating Scale (age m	ore than 12 7 8 See	9 10
Observa	cal care I ation Tool ator / com	(CPOT)	COMPLIANCE WITH VE	Absence of m NTILATION (in ubated patien Relaxed, 1 - Te	novements or normal ntubated patients): 0 nts): 0 - Talking on no ense, Rigid, 2 - Very Te	osition, 1 - Protection, 2 - Restlessness / / - Tolerating Ventilator or Movement , 1 - C mal tone or no sound, 1 - Sighing, Moanin nse, Rigid	oughing but tolerating, 2 - Fighting	ventilator (or)	
	harmacol terventior		Cutaneous Stimulation a Thermal Therapies (no lo	i <mark>nd massage:</mark> onger than 15	E - Positioning; F - R to 20 minutes); G - Co	- Music; D - Physical and mental exercise ubbing / Massage the skin Id application; H - Hot application; I - Sho erferntial therapy Psycho-social therap	rtwave diathermy	eling; L - Family	counseling
Pharmac	ological l	nterventio	ns as per doctor's prescrip	tion					









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 30(12)									
Date			<u>} </u>				<u> </u>		
<u> </u>	Time	11:30		ļ		ļ	 		
S. No.	PARAMETERS								
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	o							
2	Bedridden recently >3 days or major surgery within four weeks	Ø		_					
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)	Ø							
5	Entire leg swollen (Assess for both legs)	0							
6	Localized tenderness along the deep venous system (Assess for both legs)	D							
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	,D							
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	D							
9	Previously documented DVT (Assess for both legs)	Q							
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.	Ø							
FINAL SCORE		0							
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		Low							
DVT prophylaxis started		□Yes □No	☐ Yes ☐ No	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	□ Yes □ No	
	Signature & Emp. No. of RN								
	Signature & Emp. No. of Sr. RN	2							
	·	ಎರಿನ್							



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(A Unit of United Alliance Healthcare Pvt Ltd)



Mr.THANDAPANI P

60/Male/MHI202381543 30/12/2023/IPH2023002637

Dr.K.JAISHANKAR



MHI/NUR/2022/046



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Wastella-	Date	30/1/23	galalas							
Variables		11,30			- -					
History of falling	No	<u>6</u>	(0)	0	0	0	0	0	0	0
(immediate or within 6 months)	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis	No	0	0	0	0	0	0	0	0	0
(≥ 2 medical diagnosis)	Yes	(15)	/15	15	15	15	15	15	15	15
Intravenous Therapy /	No	<u>Ø</u>	(O)	0	0	0	0	0_	0	0
Heparin Lock / Tubes Insitu	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID			>							
None / Bed Rest / Nurse Assist		<u>(6)</u>	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			0		_					
Normal / Bed Rest / Wheel Chair		(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	(6)	0	0	0	0	0	0	О
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS										
Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives,	No	0	0	0	0	0	0	0	0	0
immunosuppresent, anticonvulsants,	Yes	(15)	(15)	15	15	15	15	15	15	15
anti-hypertensives, hypoglycemics and psychotropics										
Total Score		30	30							
Low Risk (0 - 24)			_							
Medium Risk (25 - 44)				,						
High Risk (45 or above)		-	7							
Signature & Emp. No. of RN		Opr	0 6100	_						
Signature & Emp. No. of Sr. RN		P	100						<u> </u>	
		901 0 -	24: Low	Risk; 2	5 - 44: N	ledium	Risk; 45	or abo	ve: High	n Risk

									_	-
INTERVENTIONS	Date	20/1/27	2/1/2						-	
Tick as per the Risk Score	Time	11:30	50/10				_			
<u> </u>	Tillie	162	14hes	_			_			
Low Risk Interventions (0 - 24)					ļ	}			 	
Familiarize the patient with the immediate surround					ļ	ļ		 	ļ	
Remind the patient to use call bell before getting ou		<u></u>	~		ļ	<u> </u>				
Keep the two side rails in the raised position at all ti	imes for	/				<u> </u>		·		
all patients regardless of age	'al ' al .	ļ							 	
Keep the call bell, bedside table, water, glasses wi	ithin the	/								
patient's easy reach Remove excess equipment or furniture to make	a elega	├				 				
path	a Cleai	/	C ·							
Keep the patient's bed in the low position at all times	sexcept	 		·	<u> </u>		-	_		
during procedure	о слоор.	_	 						İ	
Teach fall-prevention techniques, such as sitting t	up for a	<i>i</i>							<u> </u>	
moment before rising from the bed	•	[· · ·				Ì			
Bed wheels should be locked							Ī			
Encourage family participation in the patient's care			/							
Ensure that floor of the bathroom is dry and not slipp	pery		_							
Review medications for potential side effects the	hat can									
promote falls										
Use safety belts during movement in wheelchair						<u> </u>				
The patients are not ambulated by themselves. The	ey are to	_]				ł	
be ambulated only with assistance			/]				1	
Medium risk interventions (25 - 44)			-			1		_		
Apply all the low risk interventions					ļ				.	
Tie yellow fall risk tag in the bed and Wheel chair / St					ļ	ļ			<u> </u>	
Make sure that proper transfer precautions are in for heavy or debilitated patients in a bed or wheel										
on a toilet seat	Chair of	_			}					ı
Use restraints and bed monitors as ordered by the c	doctor			,				_	-	
Allow the patient to ambulate only with assistance		 	_		Ì					
Consider peak effects of the medications that effects	cts level	 				†			<u> </u>	
of consciousness, gait and elimination when p		_								
patient's care	_	<u> </u>	ļ		ļ	ļ			<u> </u>	
Do not leave patients unattended in diagno	stic or									
treatment areas										
Accompany the patient while going to bathroom					ļ			_	ļ <u> </u>	
Advice the patient to use grab bars near the toilet, t	oathtub,	ー]
and shower					ļ					
Make sure the family and other visitors understa	and the	,								
restrictions mentioned above							ļ			
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 stretc	her	├─-			1	<u> </u>				
Locate the high-risk patients in a room close to the		 		_		 			 -	$\vdash \dashv$
station										
Answer these patients call bells as quickly as possit	ble									
Provide a commode at bedside (if appropriate)									<u> </u>	
Urinal/bedpan should be within easy reach (if appro	opriate)									
Encourage family members or other visitors to s	tay with]	
them		ļ.——	<u> </u>		ļ	ļ .	<u> </u>	ļ <u>.</u>	<u> </u>	
If appropriate, consider using protection devices	s: safety			,			}			
belts Signature & Franchis	-4.53	N ~	me/-		1					
Signature & Emp. No.		0201	1000				<u> </u>	ļ		<u> </u>
Signature & Emp. No. of S	Sr. RN	\mathcal{U}_{-}	1//				<u> </u>			
		005g/	99)							
	•		· -							•

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, Inc. 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





Prepared By



