

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. SATHISH KUMAR K

42/Male/MHI202400014

08/01/2024/IPH2024000071

Dr. K. JAISHANKAR



MHI/IPD/2022/002



Every heart beat counts

ADMISSION SLIP

Admitting Doctor: Dr. Jaishankar K

Specialty: Cardiology

Advised Date & Time: 8/01/2024 - 8.33 PM

Provisional Diagnosis:

Ventricular tachycardia.

Reason for Admission: ☐ Medical Management ☒ Surgical Management

☐ Others (please specify details) _____

Admission Type: ☐ Day Care ☐ ER ☒ Ward

☐ ICU _____ (Specify details)

Surgery / Procedure Name (if planned):

CATH + EPST + RFA

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

Expected Duration of Stay:

3 days

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

Payer: ☒ Self ☐ Insurance ☐ Others: CGHS (Self) CGHS (Service)

Instructions to Nurse (if any):

- Investigations
- vitals monitoring

Any other Instructions (if any):

Doctor's Signature

Dr. Jaishankar

Name

Dr. K. Jaishankar

Reg. No.

49448

Date

8/1/24

Time

8:33

For admission desk staff only:

Room Category: ☐ General Ward
☐ Single Room
☒ Twin Sharing
☐ Deluxe Room
☐ Suite Room
☐ Others _____

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

08/01/2024

8.33 pm

08/01/2024

8.33 pm

Source: ☐ OPD
☐ ER
☒ Direct

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

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

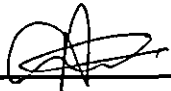
Front office Staff Signature

Name

Emp. No.

Date

Time



Abhishek

169

8/1/24

8.33 pm



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Mr.SATHISH KUMAR K

42/Malc/MHI202400014

08/01/2024/IPH2024000071

Dr.K.JAISHANKAR



MHI/HOSP/2022/129



ADMISSION FORM

Marital Status Yes	Full Address : NO. 17B Pranav orchid Alapakkam Chengalpattu 603001		Telephone Number 9500689420
Occupation 203			
Referred from Dr. Pillai	Date of Time of Admission 08.01.2024	Date & Time of Discharge 10/01/24 @ 18.00	Total No. of Days 3 days
UNIT cardi.	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		
FINAL DIAGNOSIS			ICD Code
SCROT - UT			I47.1
H/O DC CARDIO VERSION CCH - 31.12.2023			
Good LV FUNCTION			I50.1
SYSTEMIC HYPERTENSION.			I10
DATE	OPERATION / PROCEDURES		ICPM Code
9.1.24	CORONARY ANGIOGRAM DONE 9.01.24 - NORMAL EPICARDIAL CORONARIES		88.50
	2. SUCCESSFUL ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION USING 3D ENSITE FOR FOR VENTRICULAR TACHYCARDIAS FROM RUC - 7 EPICARDIAL EXITS AT ANTERIOR, POSTERIOR, SEPTAL REGION DONE ON 09-01-2024		04.3
DATE	TYPE OF ANESTHESIA		
9/1/24	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL		
DISCHARGE STATUS			
<input type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input checked="" type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to			
Signature of the Consultant For: [Signature]		Signature of Medical Records Officer [Signature]	

S.No. : 5

AUTHORISATION FOR TREATMENT I PAYMENT

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

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

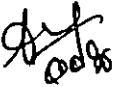
இதன் மூலமாக நான் நிர்வாகம், மருத்துவம், தாதியர், ஏனைய மருத்துவ ஊழியர்கள் எனக்கு / நோயாளி-க்கு தேவைப்பட்ட சோதனைகளை செய்து மருந்துகளை கொடுக்கவும். மயக்க மருந்துகள் கொடுத்து செய்முறைகள்/அறுவை சிகிச்சை செய்யவும் அதிகாரம் வழங்குகிறேன். நான் / இதில் குறித்துள்ள நோயாளின் செலவுக்கான தொகை முழுவதும் செலுத்த இதன்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

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.

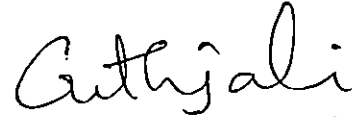


செனிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி 8/11/2024

Date 8.33 pm



எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

உறவுமுறை

Nature of Relationship



Mr.SATHISH KUMAR K

42/Male/MHI202400014

08/01/2024/IPH2024000071

Dr.K.JAISHANKAR



MHI/IP/2022/008

GENERAL CONSENT FOR ADMISSION

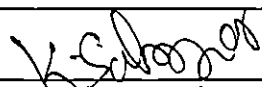

I, Mr. Sathish Kumar K the ☒ Patient or ☐ Representative of patient have
(please tick the correct option above and below)

☐ Read

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

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

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

	Signature / Thumb Impression*	Name	Date	Time
Patient		SATHISH KUMAR	8/1/2024	8:33
Surrogate/Guardian (if applicable #)		GEE THANJALI (Write name and relationship with patient)	8/1/2024	8:33
Reason for surrogate consent	Patient is unable to give consent because:			
Witness			8/1/2024	8:33
Interpreter (if applicable)			8/1/2024	8:33

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



JCI ACCREDITED



NABH ACCREDITED



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DISCHARGE SUMMARY

IP No.	IPH2024000071	D.O.A	: 08/01/2024
UHID	MHI202400014	D.O.P	: 09/01/2024
Name	Mr. SATHISH KUMAR. K	Room No.	: 103
Age / Gender	42 Years / MALE		
Consultant	: Dr. JAISHANKAR.K MD., DM., FIAMS Director and Clinical Lead Cardiology and Electrophysiology	D.O.D	: 10/01/2024

DIAGNOSIS:

RVOT - VT.

H/O DC CARDIO VERSION (GH - 31.12.2023)

GOOD LV FUNCTION

SYSTEMIC HYPERTENSION

PROCEDURE:

1. CORONARY ANGIOGRAM DONE ON 09.01.2024 - NORMAL EPICARDIAL CORONARIES.
2. SUCCESSFUL ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION USING 3D ENSITE FOR VENTRICULAR TACHYCARDIAS FROM RVOT - ? EPICARDIAL EXITS AT ANTERIOR, POSTERIOR, SEPTAL REGION DONE ON 09.01.2024.

BRIEF HISTORY:

Mr. Sathish Kumar. K, 42 years/male, Presented with complaints of palpitation associated with sweating and giddiness on 31.12.2023. History of DC cardio version done on GH hospital on 31.12.2023. He was referred to Medway heart institute on 02.01.2024, evaluated in OPD and diagnosed as RVOT - VT. He was advised for Coronary angiogram + Electrophysiology study + radiofrequency ablation using 3D ensite for which he has been admitted.

No H/O fever, cough, vomiting, diarrhea.

Known case of systemic hypertension.

N/K/C/O Type II diabetes mellitus, RHD / CKD, BA, seizure disorder or Hypothyroidism.

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

HR - 80bpm
BP - 130/70mmHg
SPO₂ - 97% in room air
CVS - S1S2 (+)

#3, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

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CNS

Medway Group of Hospitals



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1800 572 3003

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

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

Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/118



M. SATHISH KUMAR. K

UHID: MHI202400014



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INVESTIGATIONS:

BLOOD(06.01.2024) : Hb – 14.8gm/dl, TC- 9720cells/cumm, PLT – 346000 lacs/cumm, Urea – 16mg/dl, Creatinine- 0.78mg/dl, Na+ - 139mmol/l, K+- 4.87 mmol/l, INR – 1.1.

TACHYCARDIA ECG: VT AT 184BPM, LBBB, RAD, II, III, AVF POSITIVE, I, AVL NEGATIVE, V1 – V2 NEGATIVE, V3 – V6 POSITIVE.

ECG: RBBB, NSR @ 80BPM.

CXR: No cardiomegaly, BVM +, B/L lung fields clear.

SCREENING ECHO(06.01.2024): No RWMA. Normal LV function. EF – 62%. Normal RV function. Trivial MR. Trivial TR. No PAH. No clot / vegetation / effusion. RVOT normal, measures: 29mm.

POST RFA INVESTIGATIONS:

ECG: normal sinus tachycardia , HR – 119bpm, RBBB.

SCREENING ECHO (09.01.2024): S/P RFA. No pericardial / pleural effusion. Chambers normal sized. Global hypokinesia. Mild LV systolic dysfunction. EF – 46%. Normal RV systolic function. Grade I diastolic dysfunction. ACI valves are normal. IAS / IVS intact. Trivial MR. Trivial TR. No PAH. No clot / vegetation.

COURSE IN THE HOSPITAL:

Mr. Sathish Kumar. K, 42 years/male, was admitted with above mentioned complaints. Basic investigation was done. He underwent Coronary Angiogram by Right femoral access which revealed **NORMAL EPICARDIAL CORONARIES** followed by **SUCCESSFUL ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION USING 3D ENSITE FOR VENTRICULAR TACHYCARDIAS FROM RVOT - ? EPICARDIAL EXITS AT ANTERIOR , POSTERIOR, SEPTAL REGION DONE ON 09.01.2024.** His post procedure period was uneventful and shifted to CCU. Right femoral access site normal, peripheral pulses well felt, no hematoma/soakage. Post RFA ECG showed normal sinus rhythm and ECHO showed no pericardial effusion. He was observed in ICU and shifted to ward. His medications are optimized and he is being discharged in a stable clinical condition.

CONDITION ON DISCHARGE:

Patient Conscious / Oriented / Afebrile

General condition Stable

GCS - 15/15

Temp - 98.6°F

PR - 78/min

BP - 120/90mmHg

SPO2 - 96% in room air

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PATIENT
HELPLINE
94557 94557
1800 572 3003

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

Medway Centre of Excellence (Chennai)

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



JCI ACCREDITED NABH ACCREDITED

NAME: M. SATHISH KUMAR. K

UHID: MHI202400014

IP.NO: YPH2924000071



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ADVICE MEDICATIONS:

Sl. NO	NAME OF THE DRUGS WITH GENERIC NAME	DOSAGE	FREQUENCY			ROUTE	RELATION SHIP WITH MEAL	DURATION
			M	A	N			
1.	TAB. AMIODARONE	200 MG	1	1	1	ORAL	AFTER FOOD	X 5 DAYS
2.	TAB. AMIODARONE	200 MG	1	0	1	ORAL	AFTER FOOD	X NEXT 5 DAYS
3.	TAB. AMIODARONE	200 MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
4.	TAB. LASILACTONE (SPIRONOLACTONE, FRUSEMIDE)	20/50MG	½	0	0	ORAL	AFTER FOOD	TO CONTINUE
5.	TAB. LOSARTAN	25 MG	0	0	1	ORAL	AFTER FOOD	TO CONTINUE
6.	TAB. DOLO (PARACETAMOL)	650 MG	1	1	1	ORAL	AFTER FOOD	X 3 DAYS
7.	TAB. PAN (PANTOPRAZOLE)	40 MG	1	0	0	ORAL	BEFORE FOOD	X 3 DAYS
8.	TAB. ALPRAX (ALPRAZOLAM)	0.25 MG	0	0	1	ORAL	AFTER FOOD	X 3 DAYS

DISCHARGE ADVICE: REST FOR 2 WEEKS

DIET	LOW FAT, SALT & DIABETIC DIET.
PHYSICAL ACTIVITIES	DAILY WALKING FOR 30 MINS.
REVIEW	REVIEW WITH DR. JAISHANKAR. K AFTER 2 WEEKS WITH ECG, RFT REPORTS.

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.

[Signature]

discharge summary."

[Signature]

CONSULTANT SIGNATURE

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

Typed by: Ezhilarasi.

Dr. K. JAISHANKAR
Reg. No: 49448

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

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

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

MHI/HOSP/2022/118



Medway Hospitals
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Mr. SATHISH KUMAR K

42/Male/MHI202400014

08/01/2024/IPH2024000071

Dr. K. JAISHANKAR



MHI/IP/2022/107

Medway Heart Institute
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INPATIENT INITIAL ASSESSMENT

Date: 21/12/23

Time of arrival in ward: 22.00

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others Nil

Vital Signs: Temp: 98 (°F) | Pulse / HR: 80 (beats/min) | BP: 130/70 (mmHg)

Respiration: 22 (breaths/min) | SpO₂: 97 (%) | Height: 167 (cms) | Weight: 84.3 (kgs) | BMI: 24.3 kg/m²

Pain: ☐ Yes ☒ No. If Yes, Score: 0/10

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

Duration: _____ Location: _____

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

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

A 42y/m came with H/O palpitation associated with sweating x 1 day.
H/O giddiness on & off x 1 day.
H/O DC visited in G/H hospital on 31.12.23. Now, got admitted here for further evaluation.

PAST MEDICAL HISTORY (with duration of illness):

Diabetes Mellitus: ☐ Yes ☒ No. If Yes, duration: _____ Hypertension: ☒ Yes ☐ No. If Yes, duration: 3yrs

Others:

Past Surgical History:

Present Medication (for Medication Reconciliation):

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1	T. GALAPTIN	40mg	P/O	1-1-1	05.1.24	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

SYSTEMIC EXAMINATION

CVS:

5162 P

Respiratory System:

BAE P

Gastrointestinal System:

Soft, non-tender

Central Nervous System:

NRAD : O/C's - 15/15

Urinary / Reproductive / Locomotor System:

normal

Skin / Ophthalmic / ENT

normal.

Suspected of contagious disease: ☐ Yes ☒ No

Immuno compromised status: ☐ Yes ☒ No

Isolation required:

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

Psychological Evaluation:

☒ Normal ☐ Anxious ☐ Depressed ☐ Others: _____

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

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

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

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

Is the BMI < 20.5? ☐ Yes ☒ No

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

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

Provisional Diagnosis:

RVOT - V1
Palpitation for evaluation / SHTN (but not on medication)
Woods V function EF - 69 /

Plan of Care:

Admit ✓ Dr. Jaishankar - post op preparation
pasted for CABG + EPS + RFA tomorrow - pre-medication
- NPO from AM - 2ry : magnex 1gm
- consent in between shifting.

Investigations Advised:

reports enclosed

Diet Advice:

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

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

PFE: Patient Family Education

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

Others:

	Signature	Name	Reg. No.	Date	Time
Resident Doctor	<i>[Signature]</i>	DR. Anusup	130559	08/11/24	22:00
Consultant	<i>[Signature]</i>	Dr. K. Jaishankar	49448	8/11/24	23:00
Patient Attendant	<i>[Signature]</i>	Relationship WIFE	—	8/11/24	22:00

CONSENT FORM FOR CRITICAL CARE (ICU)

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

☐ Read

☐ I have been explained in detail by the treating doctor and I understand about the condition of me / and my patient or my patient's illness and I am aware of the all the possible outcomes

☐ Been explained this consent form in English / Tamil which I fully understand and understood the information provided about ICU Treatment

I acknowledge that, I had the opportunity to discuss with the doctor about the condition of myself or my patient, treatment options, procedures needed to improve the patient's condition. I hereby give consent to treat the illness of myself or my patient and to do emergency procedures like Endotracheal Intubation including other methods of securing airway, mechanical ventilation, central venous access, arterial lines and further methods of monitoring which are needed to improve or treat my condition.

CENTRAL VENOUS CATHETER INSERTION

Brief description of the Procedure:

A Central venous catheter or central line is a long, soft, thin, hollow tube placed into a large vein (blood vessel). Compared to a peripheral line, central line is larger, longer and is placed into a large vein in the neck, upper chest or groin.

Intended benefits:

Common reasons for having a central line include:

- To give IV medications over a long period of time because a large vein can tolerate an IV catheter for a longer time than a small vein. Examples of such medications are antibiotics and chemotherapy.
- To rapidly deliver large amounts of fluid or blood, for example when a person is in shock.
- To give multiple drug infusions in critically ill patients
- To directly measure blood pressure in a large or central vein. This can help determine how much fluid a person needs.
- For patients who require frequent blood draws to be sent to the laboratory, the central line allows for blood to be drawn without repeatedly pricking the patient.
- To deliver nutrition directly into the blood when food or liquids cannot be given through the mouth, stomach, or intestine.
- To give vasopressors (Blood pressure increasing drugs) for a patient in shock, as giving vasopressors through peripheral line can cause injury to the small blood vessels.
- In some cases, two of the lumens on the central line can be used to perform dialysis, with one lumen used to take blood out of the vascular system and another lumen used to return the dialyzed blood to the body.

Possible risks and complications:

- Discomfort during placement: Discomfort can result from the needle stick and placement of the catheter at the time it is inserted.
- Bleeding: Bleeding can occur at the time the catheter is inserted. The bleeding is usually mild and stops by itself
- Infection: Any tube (catheter) entering the body can make it easier for bacteria from the skin to get into the bloodstream. Special care in cleaning and bandaging the skin at the catheter site can decrease the risk of infection.
- Thrombosis
- Arrhythmia
- Pneumothorax (Collapsed lung): When a central venous catheter is placed in the chest area, if the needle passes through or misses the vein, the needle could pierce the lung causing the lung to collapse. If this happens, lung will be re inflated by placing a tube between the ribs to remove the air that has leaked from the lung.

I have been explained the implications of not undergoing this procedure like:

- Worsening of clinical condition of the patient.
- Repeated pricking for blood samples.
- Difficulty in getting peripheral venous access.
- When high dose vasopressors are needed, ischemia to the distal part of the limb.

Alternative Forms of Treatment: Peripheral Venous Access

ENDOTRACHEAL INTUBATION

Brief description of the Procedure:

Endotracheal Intubation is often an emergency procedure that's performed on people who are unconscious or who can't breathe on their own. Endotracheal Intubation maintains an open airway and helps prevent suffocation. A flexible plastic tube is placed into your / your patient's trachea through the mouth to help you breathe. The trachea, also known as the windpipe, is a tube that carries oxygen to the lungs.

The size of the breathing tube is matched to the age and throat size. The tube is kept in place by a small cuff of air that inflates around the tube after it is inserted. The trachea begins just below the larynx, or voice box, and extends down behind the breastbone, or sternum. Trachea then divides and becomes two smaller tubes: the right and left main bronchi. Each tube connects to one of the lungs. The bronchi then continue to divide into smaller and smaller air passages within the lung. The trachea is made up of tough cartilage, muscle, and connective tissue. Its lining is composed of smooth tissue. Each time you / your patient breathes in, the windpipe gets slightly longer and wider. It returns to its relaxed size as you breathe out. You can have difficulty breathing or may not be able to breathe at all if any path along the airway is blocked or damaged. This is when Endotracheal Intubation can be necessary. Endotracheal Intubation keeps your airway open. This allows oxygen to pass freely to and from your lungs as you breathe.

Intended benefits:

The procedure might be needed for you / your patient for any of the following reasons:

- to open airways so that patient can receive anaesthesia, medication, or oxygen
- to protect your / your patient's lungs
- when patient has stopped breathing or is having difficulty breathing
- when patient needs help to breathe
- when patient has a head injury and cannot breathe on his / her own
- when patient needs to be sedated for a period of time in order to recover from a serious injury or illness

Possible risks and complications:

- Injury to teeth or dental work
- Injury to the throat or trachea
- Bleeding
- Lung complications or injury
- Aspiration (stomach contents and acids that end up in the lungs)
- Other Risks (if any): _____


Possible alternatives:

Non invasive ventilation can be helpful in a few situations. But when Endotracheal Intubation is required, there can be no alternative treatment offered.

I am now aware of the intended benefits, possible risks and complications, and available alternatives to the said procedure. I am also aware that results of any procedure can vary from patient to patient; and I declare that no guarantees have been made to me regarding success of this procedure. I am aware that while majority of patients have an uneventful procedure and recovery, few cases may be associated with complications. I am aware of the common risks and complications associated with this procedure as listed above, and understand that it is not possible to list all possible risks and complications of any procedure.

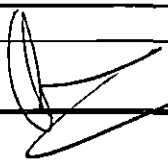
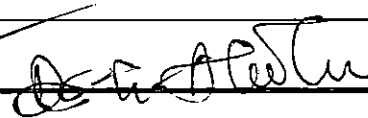
For the above-mentioned procedures that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said procedure on myself or my above-named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives.

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

	Signature / Thumb Impression*	Name	Date	Time
Patient				
Surrogate/Guardian (if applicable #)		R. UMAPATHY <small>(Write name and relationship with patient)</small>	9/1/24	16:00
Reason for surrogate consent	Patient is unable to give consent because:			
Witness				
Interpreter (if applicable)				

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

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

	Signature	Name	Reg. No.	Date	Time
Doctor			90800	9/1/24	16:00

உயிர்காப்பு சிகிச்சைக்கான (அவசர சிகிச்சைப் பிரிவு / ஐசியு) ஒப்புதல் படிவம்

என்ற பெயர் கொண்ட ☐ நோயாளியான அல்லது ☐ நோயாளியின் பிரதிநிதியான நான், இந்த ஒத்திசைவு படிவத்தை (மேலே மற்றும் கீழே உள்ளவற்றில் சரியான விருப்பத்தேர்வை தயவுசெய்து டிக் செய்யுங்கள்)

☐ வாசித்திருக்கிறேன்

☐ சிகிச்சையளிக்கும் மருத்துவரால் எனக்கு விளக்கி கூறப்பட்டிருக்கிறது மற்றும் எனது / எனது நோயாளியின் தற்போதைய நிலைமை அல்லது எனது நோயாளியின் நோய் பாதிப்பையும் மற்றும் ஏற்பட சாத்தியமுள்ள அனைத்து விளைவுகளையும் நான் அறிந்திருக்கிறேன் மற்றும் புரிந்து கொண்டிருக்கிறேன்.

☐ நான் முழுமையாகப் புரிந்து கொள்கின்ற தமிழ் மொழியில் இந்த ஒப்புதல் படிவம் விளக்கப்பட்டிருக்கிறது மற்றும் ஐசியு சிகிச்சை பற்றி தரப்பட்ட தகவலை நான் புரிந்து கொண்டிருக்கிறேன்.

எனது அல்லது எனது நோயாளியின் உடல்நிலை, சிகிச்சை விருப்பத்தேர்வுகள், நோயாளியின் நிலையை மேம்படுத்துவதற்கு தேவைப்படும் மருத்துவ சேவைகள் பற்றி மருத்துவரிடம் விவாதிக்க எனக்கு வாய்ப்பிருந்தது என்று நான் உறுதியளிக்கிறேன். எனது / எனது நோயாளியின் நோய்க்கு சிகிச்சையளிக்கவும் சுவாசப்பாதையை பாதுகாக்க / உருவாக்குவதற்கான பிற வழிமுறையை செயற்கை சுவாச வழிமுறை, மத்திய சிரை அணுவசதி இதய துணி துணிக்குழல்கள் உட்பட முக்கப் பெருங்குழல்களுக்குள் குழாய் செருகுதல் போன்ற அவசரநிலை மருத்துவ செயல்முறைகளை செய்யவும் இதன்வழியாக நான் ஒப்புதல் அளிக்கிறேன். மேலும் எனது நிலைமைக்கு சிகிச்சையளிக்க அல்லது அதனை மேம்படுத்த தேவைப்படும் கண்காணிப்பு வழிமுறைகளை மேற்கொள்ளவும் ஒப்புதல் அளிக்கிறேன்.

மைய சிரையில் கதிட்டர் உட்செருகல்

மருத்துவ செயல்முறையின் சுருக்க விவரணை:

ஒரு மைய சிரை கதிட்டர் அல்லது மைய லைன் என்பது, ஒரு நீளமான, மென்மையான, மெல்லிய, துவாரமுள்ள குழாய் ஒரு பெரிய நாளத்திற்குள் (இரத்த நாளத்திற்குள்) செலுத்தப்படக்கூடியதாகும். மையத்திற்கு அப்பாலுள்ள புற லைனோடு ஒப்பிடுகையில், மைய லைன் என்பது பெரியது மற்றும் நீளமானது; கழுத்து, மேற்புற மார்பு அல்லது இடுப்பு கவட்டையில் உள்ள பெரிய நாளத்திற்குள் வைக்கப்படுவதற்குரியது.

அடைய திட்டமிடப்படும் பலன்கள்:

மைய லைனை பொருத்துவதற்கான பொது காரணங்களுள் கீழ்க்கண்டவை உள்ளடங்கும்:

- ஒரு சிறிய நாளத்தைவிட, ஒரு பெரிய நாளமானது நீண்ட காலஅளவிற்கு ஒரு IV கதிட்டரை தாங்கும் என்பதால், நீண்ட காலஅளவிற்கு IV மருந்துகளை வழங்குவதற்காக. ஆன்ட்டிபயாட்டிக் மருந்துகள் மற்றும் கீமோதெரபி போன்றவை இதற்கான மருந்துகளின் எடுத்துக்காட்டுகளாகும்.
- அதிக அளவிற்கு திரவம் அல்லது இரத்தத்தை அதிவேகமாக வழங்குவதற்கு; எடுத்துக்காட்டாக ஒரு நயர் அதிர்ச்சியில் ஆழ்ந்திருக்கும்போது.
- உயிருக்கு ஆபத்தான நிலையிலுள்ள நோயாளிகளுக்கு ஒன்றுக்கு மேற்பட்ட புல மருந்து உட்செலுத்தல்களை வழங்குவதற்கு.
- ஒரு பெரிய அல்லது மைய சிரை / நாளத்தில் நேரடியாக இரத்தஅழுத்தத்தை அளவிடுவதற்கு. ஒரு நபருக்கு எந்தஅளவு திரவம் தேவைப்படுகிறது என்பதை தீர்மானிக்க இது உதவக்கூடும்.
- பரிசோதனைபடுத்திற்கு அடிக்கடி இரத்த மாதிரிகளை அனுப்ப வேண்டிய தேவையுள்ள நோயாளிகளுக்கு திரும்பத்திரும்ப நோயாளிக்கு ஊசிக்குத்தி இரத்தம் எடுப்பதற்கு பதிலாக, எளிதாக இரத்தம் எடுக்க மைய லைன் வகை செய்கிறது.
- வாய், வயிறு அல்லது குடல் வழியாக தர இயலாதபோது ஊட்டச்சத்துகளை நேரடியாக இரத்தத்திற்குள் கலக்குமாறு வழங்குவதற்கு.
- புறவெளி லைன் வழியாக வாசோபிரெசர்ஸ் - ஐ வழங்குவது சிறிய இரத்த நாளங்களுக்கு சேதத்தை விளைவிக்கும் என்பதால், அதிர்ச்சியில் ஆழ்ந்துள்ள ஒரு நோயாளிக்கு வாசோபிரெசர்ஸ்களை (இரத்த அழுத்தத்தை அதிகரிப்பதற்கான மருந்துகள்) வழங்குவதற்கு.
- சில நேர்வுகளில், டயலாலிசிஸ் செய்வதற்கு மைய லைன் மீது இரண்டு குழல்களைப் பயன்படுத்தலாம். இரத்தநாள அமைப்பிலிருந்து இரத்தத்தை எடுப்பதற்கு ஒரு குழலையும், டயலாசிஸ் செய்யப்பட்ட இரத்தத்தை உடலுக்கு திரும்ப அனுப்புவதற்கு மற்றொரு குழலையும் பயன்படுத்தலாம்.

சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள்:

- பொருத்தப்படும்போது அசௌகரியம்: ஊசியால் குத்தும்போது மற்றும் கதிட்டரைப் பொருத்தும் நேரத்தில் அதனை உட்செலுத்துகின்ற நேரத்தில் அசௌகரியம் ஏற்படக்கூடும்.
- இரத்தக்கசிவு: கதிட்டர் உட்செலுத்தப்படும் நேரத்தில் இரத்தக்கசிவு நிகழக்கூடும். இந்த இரத்தக்கசிவு வழக்கமாக மிகச்சிறிய அளவில் லேசாக இருக்கும் மற்றும் அது தானாகவே நின்றுவிடும்.
- தொற்று: உடலுக்குள் நுழைக்கப்படும் எந்தவொரு குழாயும் (கதிட்டர்), சருமத்திலிருந்து பாக்கிரியா இரத்த ஓட்டத்திற்குள் கலப்பதற்கு இதனை எளிதானதாக ஆக்கிவிடும். கதிட்டர் பொருத்தப்படும் இடத்தை தூய்மைப்படுத்துவது மற்றும் பேண்டேஜ் செய்வதில் சிறப்பு கவனம் செலுத்தப்படுவது தொற்றுக்கான இடர்வாய்ப்பைக் குறைக்கக்கூடும்.
- இரத்தஉறைவு
- ஒழுங்கற்ற இதயத்துடிப்பு
- நுரையீரல் உறைக்காற்று நோய் (நுரையீரல் துவண்டு மடிதல்): மார்பு பகுதியில் ஒரு மைய சிரைகதிட்டர் பொருத்தப்படும்போது ஊசி சிரை / நாளத்தின் வழியாக கடந்து செல்லுமானால் அல்லது அதை தவறவிடுமானால் அந்த ஊசி நுரையீரலுக்குள் ஊடுருவி, நுரையீரல் துவண்டு மடிவதை விளைவிக்கும். இது நிகழமானால், நுரையீரலிலிருந்து வெளியே கசிந்திருக்கின்ற காற்றை அகற்றுவதற்கு விளைவுகளுக்கு இடையே ஒரு குழாயை வைப்பதன் மூலம் நுரையீரல் மீண்டும் மீட்டி வீக்கம் பெறுமாறு செய்யப்படும்.

இந்த மருத்துவ செயல்முறையை மேற்கொள்ளவில்லை எனில், கீழ்க்கண்டவை போன்ற விளைவுகள் நிகழலாம் என்று எனக்கு விளக்கிக் கூறப்பட்டிருக்கின்றன:

- நோயாளியின் மருத்துவ / உடல்நிலை மோசமடைதல்.
- இரத்த மாதிரிகளுக்காக திரும்பத்திரும்ப ஊசி குத்துவது.
- புறவெளி இரத்தநாள அணுவசதியை பெறுவதில் சிரமம்.
- அதிக அளவிலான வாசோபிரெசர்ஸ் தேவைப்படும்போது உறுப்பின் தொலைதூரப் பகுதிக்கு இரத்தஓட்டத்தை

சிகிச்சையின் மாற்று வழிமுறை வடிவங்கள்: புறவெளி சிரை / நாளத்திற்கு அணுவசதி

முச்சுப் பெருங்குழலுள் குழாய் செருகுதல்

மருத்துவ செயல்முறையின் சுருக்கமான விவரணை:

முச்சுப் பெருங்குழலுள் குழாய் செருகுதல் (Endotracheal Intubation) என்பது, தாங்களை சுயமாக சுவாசிக்க இயலாத அல்லது நினைவிழந்துவிட்ட நபர்களுக்கு செய்யப்படும் ஒரு அவசரநிலை சிகிச்சை செயல்முறையாகும். இது, ஒரு திறந்தநிலை முச்சுப்பாதையை பராமரிக்க வகை செய்கிறது மற்றும் முச்சுத்திணைல் நிகழாமல் தடுக்கிறது. நீங்கள் சுவாசிப்பதற்கு உதவி, உங்கள் கழுத்து / உங்களுக்கு நோயாளியின் முச்சுக்குழலுக்குள் ஒரு நெகிழ்வுத்திறன் கொண்ட பிளாஸ்டிக் குழாய் வாய் வழியாகப் போடுவதற்குரியது. முச்சுக்குழாய் என்றும் அழைக்கப்படுகின்ற இந்த முச்சுக்குழல், ஆக்சிஜனை நுரையிரல்களுக்கு எடுத்துச்செல்லும் ஒரு குழாயாகும். சுவாசிப்பதற்கான இந்த குழாயின் அளவு நோயாளியின் வயது மற்றும் தொண்டை அளவிற்குப் பொருத்தமானதாக தேர்வு செய்யப்படும். உட்செலுத்தப்பட்டதற்குப் பிறகு குழாயை சுற்றி வீரீயடைகின்ற காற்றின் ஒரு சிறிய சுற்றப்பட்டடையின் மூலம் உட்செலுத்தப்பட்ட குழாய் அதே இடத்தில் இருக்குமாறு வைக்கப்படும். முச்சுக்குழாய், குரல்வளைக்கு சற்றுக்கீழே தொடங்குகிறது மற்றும் மார்பு எலும்பிற்கு பின்னே வரை அது நீள்கிறது. அதன்பிறகு முச்சுக்குழாய் இரு சிறு குழல்களாக பிரிகிறது: வலது மற்றும் இடது பிரதான முச்சு சிறுகுழாய்கள் ஒவ்வொரு சிறுகுழாயும், ஒவ்வொரு நுரையிரலோடு இணைக்கப்பட்டிருக்கிறது. இந்த முச்சு சிறுகுழாய், அதன்பிறகு நுரையிரலுக்குள் சிறு சிறு காற்றுப் பாதைகளாக தொடர்ந்து பிரிகின்றன. முச்சுக்குழாய் என்பது, கடினமான குருத்தெலும்பு, தசை மற்றும் இணைப்புத்திக் ஆகியவற்றால் உருவானது. இதன் அகவுறை மிருதுவான திசுக்களால் ஆனது. ஒவ்வொரு முறையும் நீங்கள் / உங்களுக்கு நோயாளி காற்றை உள்ளே சுவாசிக்கும்போது முச்சுக்குழாய் சற்றே நளமானதாக மற்றும் விரிவானதாக ஆகிறது. முச்சு வெளியே விரும்போது அதன் முந்தைய தளர்வான நிலைக்கு அது திரும்புகிறது. முச்சுப்பாதையில் எந்தவொரு இடமும் சேதமடைந்திருக்குமானால் அல்லது தடை பட்டிருக்குமானால் உங்களுக்கு சுவாசிக்க இயலாமல் போகலாம் அல்லது சுவாசிப்பதில் சிரமம் இருக்கலாம். இத்தகைய தருணத்தில் தான் முச்சுப் பெருங்குழலுள் குழாய் செருகுதல் அவசியமாக இருக்கக்கூடும். இந்த செயல்முறை உங்களுக்கு முச்சு / காற்றுப்பாதையை அடைப்பிற்றி திறந்த நிலையில் வைக்கிறது. நீங்கள் சுவாசிக்கும்போது உங்களுக்கு நுரையிரலிலிருந்து மற்றும் நுரையிரலுக்கு ஆக்சிஜன் தடையின்றி, தாராளமாக சென்று வருவதை இது அனுமதிக்கிறது.

அடையத் திட்டமிடப்பட்டுள்ள பலன்கள்:

கீழ்வரும் ஏதாவதொரு காரணத்திற்காக இந்த மருத்துவ செயல்முறை உங்களுக்கு / உங்களுக்கு நோயாளிக்குத் தேவைப்படக்கூடும்:

- உணர்விழப்பு மருந்து, பிற மருந்துகள் அல்லது ஆக்சிஜன் போன்றவற்றைப் பெறுவதற்காக முச்சுப்பாதையை திறந்த நிலையில் வைப்பது.
- உங்களுக்கு / உங்களுக்கு நோயாளியின் நுரையிரலைப் பாதுகாப்பது
- சுவாசிக்க உதவி:
- சுவாசிப்பதை நோயாளி நிறுத்திவிட்டபோது அல்லது சுவாசிப்பதில் சிரமம் இருக்கும்போது
- சுவாசிப்பதற்கு நோயாளிக்கு உதவி தேவைப்படும்போது
- நோயாளிக்கு தலைக்காயம் ஏற்பட்டிருக்கும்போது மற்றும் தானாகவே அவரால் சுவாசிக்க இயலாதபோது
- ஒரு கடுமையான காயம் அல்லது நோயிலிருந்து மீண்டு வருவதற்காக நீண்ட காலஅளவிற்கு ஒரு நோயாளி உணர்விழப்பு மருந்தின் கீழ் அல்லது மயக்க நிலையின் கீழ் வைக்கப்படுவது அவசியமாக இருக்கும்போது.

சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள்:

- பற்கள் அல்லது பற்கட்டமைப்பிற்கு காயம்
- தொண்டை அல்லது முச்சுக்குழாயில் காயம்
- இரத்தக்கசிவு
- நுரையிரல் சிக்கல்கள் அல்லது காயம்
- உறுஞ்சி வெளியீடுதல் (வயிற்றிலுள்ள உணவுப்பொருட்களும், அமிலங்களும் நுரையிரல்களில் சேர்ந்திருக்கும்போது)
- பிற இடர்கள் (ஏதும் இருக்குமானால்):

சாத்தியமுள்ள மாற்று வழிமுறைகள்:

உடலுக்குள் ஊடுருவாத சுவாச ஏதுவாக்கல் முறையானது, சில சூழ்நிலைகளில் உதவிகரமாக இருக்கக்கூடும். ஆனால், முச்சுப் பெருங்குழலுள் குழாய் செருகுதல் அவசியப்படும்போது, வேறு மாற்று சிகிச்சை முறைகள் வழங்கப்படுவதற்கு வழியில்லை.

மேற்குறிப்பிடப்பட்ட மருத்துவ செயல்முறையின் மூலம் அடையத் திட்டமிடப்பட்டுள்ள பலன்கள், சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள், இந்த செயல்முறைக்கு கிடைக்கக்கூடிய பிற மாற்று வழிமுறைகள் பற்றி இப்போது நான் அறிந்திருக்கிறேன். எந்தவொரு மருத்துவ செயல்முறையிலும் அதன் முடிவுகள் நோயாளிக்கு நோயாளி வேறுபடக்கூடும் என்பதையும் நான் அறிந்திருக்கிறேன்; மற்றும் இந்த மருத்துவ செயல்முறையின் வெற்றி குறித்து எனக்கு எந்தவித உத்தரவாதங்களும் அளிக்கப்படவில்லை என்பதையும் நான் உறுதிபட தெரிவித்துக்கொள்கிறேன். பெரும்பான்மையான நோயாளிகளுக்கு அசம்பாவிதம் இல்லாமல் அறுவைசிகிச்சை மற்றும் மீண்டு குணமடைதல் நிகழ்கின்ற நேரவில், சில நேரங்களில் சிக்கல்கள் ஏற்படக்கூடும் என்பதையும் நான் அறிந்திருக்கிறேன். மேலே குறிப்பிடப்பட்டுள்ள இந்த மருத்துவ செயல்முறையோடு தொடர்புடைய பொதுவான இடர்கள் மற்றும் சிக்கல்களை நான் அறிந்திருக்கிறேன். எந்தவொரு மருத்துவ செயல்முறையிலும் ஏற்பட சாத்தியமுள்ள ஆபத்துகள் மற்றும் சிக்கல்கள் அனைத்தையும் பட்டியலிட சாத்தியமில்லை என்பதையும் நான் புரிந்துகொள்கிறேன். இந்த மருத்துவ செயல்முறையின் தன்மை மற்றும் சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள் மற்றும் உத்தேசிக்கப்படும் நன்மைகள் மற்றும் சாத்தியமுள்ள மாற்றுமுறைகள் பற்றி நான் அல்லது மேலே பெயர் குறிப்பிடப்பட்டுள்ள எனது நோயாளி முழுமையாக அறிந்திருக்கும் நிலையில் எனக்கு விளக்கப்பட்ட மேற்கண்ட மருத்துவ செயல்முறைக்கு சுயவிரும்பத்துடன் எனது ஒப்புதலை நான் அளிக்கிறேன்.

மேலே பெயர் குறிப்பிடப்பட்டுள்ள நோயாளியான / நோயாளியின் பிரதிநிதியான நான், இப்படிவத்தில் கையொப்பமிடும் தேதியில் 18 ஆண்டுகள் வயதுக்கு மேற்பட்ட, சீரான நல்ல மனநலம் கொண்ட நபராக இருக்கிறேன் மற்றும் எந்தவித அச்சம், அச்சுறுத்தல் அல்லது தவறான கண்ணோட்டம் இல்லாமல் இச்செயல்முறைக்கு ஒப்புதல் அளிக்கிறேன் என்று இதன் மூலம் நான் மேலும் உறுதிமொழியளிக்கிறேன்.

நோயாளி	கையொப்பம் / கட்டிடவிரல் ரேகை*	பெயர்	தேதி	நேரம்
பதிலாளர் / பாதுகாவலர் (பொருந்துமானால் *)		(பெயர் & நோயாளிக்கு என்ன உறவுமுறை என்பதை எழுதவும்)		
பதிலாளர் ஒப்புதல் வழங்குவதற்கு காரணம்	நோயாளியால் ஒப்புதல் வழங்க இயலவில்லை; ஏனெனில்:			
சாட்சி				
மொழிபெயர்ப்பாளர் (பொருந்துமானால்)				

*ஆண்டுகளுக்கு வலது பெருவிரல் மற்றும் பெண்ணுக்கு இடது பெருவிரல் ரேகை பதிவு | # உரிய வயது வராதவராக அல்லது ஒப்புதல் கொடுக்க இயலாதவராக நோயாளி இருந்தால் மட்டுமே.

கீழே, கையொப்பமிட்டுள்ள மருத்துவராகிய நான், திட்டமிடப்பட்ட ஆயுதங்கள் / நடைமுறை குறித்த தன்மை, ஏற்பட சாத்தியமுள்ள ஆபத்துகள் மற்றும் சிக்கல்கள், கிடைக்கும் என்று கருதப்படும் நன்மைகள், எதிர்பார்க்கப்படும் நடைமுறைக்குப் பின் சிகிச்சை, மற்றும் சாத்தியமுள்ள மாற்று வழிமுறைகள் பற்றி நோயாளியிடம் / நோயாளியின் பிரதிநிதியிடம் எடுத்துக்கூறி விளக்கியுள்ளேன். மேலும் அவர், இந்த ஆவணத்தில் விவரிக்கப்பட்டபடி, தகவலை முழுமையாக புரிந்துகொண்டுள்ளார் என்பதை நான் உறுதியாக நம்புகிறேன்.

	கையொப்பம்	பெயர்	பதிவு எண்.	தேதி	நேரம்
மருத்துவர்					



DOCTOR'S PROGRESS NOTES

DATE	NOTES
	C / D / B Dr. K. Jaishankar.
9/01/24 9.30 Cath no. 1	Procedure: Coronary Angiogram + Electrophysiology study + Radio frequency ablation using 3D map.
	In SAP, using 2% xylocaine as local anesthesia.
	Approach: RFA & RFA.
	Sheath: 6Fr.
	Catheter: HIS, CS, RV, RFA ablation (Cool flex, small cath).
	<u>Coronary Angiogram:</u>
	LAD: Normal, Bifurcated into LAD & LEX.
	LAD: Type III vessel. LAD & Branches appear as normal.
	LCx: Non Dominant. LCx & Branches appear as normal.
	RCA: Dominant. RCA & Branches appear as normal.
	<u>Impression:</u>
	Normal epicardial, coronary.
	Right dominant system.
	<u>Advice:</u>
	Medical management.

DATE	NOTES
9/1/24 12:00	EPS + RFA. Using 3D trust: BCT was easily induced & Programmed stimulation protocols. TCL - varied between 330 to 250ms. LBBB + RAD. Then was 1:1 VA ^{conduction.} conduction & intermittent VA Block. Tachycardia was mapped by 3D trust RVOT activation & pacing mapping done & point of origin was narrow down to anterior superior, septal (sept of RVOT) midway between anterior & posterior wall) the LCC, RCL, RLC & RVOT, MA, were also mapped during Tachycardia. RVOT region showed signals 20 to 30ms ahead of surface QRS. & This region targeted of RF ablation, therapy, flexibility, small size. Using 1st flex RFA, (30, 60, 60 - sec) resulted in termination of Tachycardia ^{Several} Several times. However the power could not reach 20 so different catheters used for mapping. Post RFA: BN ICD - NSVT Induced. Final Disposition: RVOT - VT ? epicardial exit. RF ablation done - anterior, superior, septal aspect of RVOT. Advice: To consider redo epicardial mapping. if recurrence.



DOCTOR'S PROGRESS NOTES

DATE	NOTES
9/1/24 12:20	<p>Post cath order:</p> <ul style="list-style-type: none"> • Immobilize @ Lower Limb. • watch hematoma / Bleeding • monitor vital. • To do ECG & Screening Echo. • TAB. AMIODARONE 200mg TDS x 5 days • TAB. AMIODARONE 200mg BD x Next 5 days. • TAB. AMIODARONE 200mg OD - To continue. • TAB. DOLO 650mg TDS • TAB. PAN 40mg OD • TAB. ALPRAX 0.25mg HS. • Discharge tomorrow. • Shift to CCU & IV fluids. • need shift by evening. after Dr. J's round.
9/1/24 3:45 pm	<p>Dr. Jaishankar 44444</p> <p>9/1/24: Dr. G. Alekh.</p> <p>Came Down From Cath lab.</p> <p>S/P COG + ECG + RFA done today.</p> <p>pt Stable.</p> <p>HR = 90/50.</p> <p>SpO₂ = 98% on RA.</p> <p>BP = 130/96.</p> <p>S/P am: 5.52 @</p> <p>Rs: 3000 @</p> <p>R/D = 50/1.</p>

Cns: normal, her = 15/8

DATE	NOTES
	- Dogs on per chart
	- 30 chart
	- vitals Monthly -
	- Immobilize (Ple -
	- diff Bleeding / Haematomas
	- To do ECG / seeing Echo
	- road shift by evening
	9/18/10



9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 10

counts

DATE	NOTES
9/1/24 6:45pm	S.B. Dr. Sujith B. (Dmo)
	ECG Sp - EPS + RFA.
	pt received toward.
BP-100/60mm HR-84bpm SpO2-98% on RA	pt reviewed. - no complaint
3/300 0/400ml	SpE pt conscious oriented, Afebrile
	SpE w/ - Leds (+) / Arterial Re - RFA (+)
	Ad- - vitals monitoring - follow up chest - Immobilize @ LL. - w/ E bloodwork/hemato - Inform SOP - w/ E decontaminate
	BS 183573.

DATE

NOTES

09/1/24

23:00

S/B Dr. Anusuyg

S/P CAGI + EPST

patient reviewed.

C/O generalised fixedness

O/E patient conscious, oriented,

S/E CUS - S1S2 (+)

R& - BAE (+)

CNS - NIPND

L/E (+) Radial pressure bandage (+)

Advice

- monitor vitals

- continue the drugs as per chart

- w/f hematoma / desaturation

Ery. magnex

(D2)

Vitals stable

10/1/24

134559



Mr. SATHISH KUMAR K

42/Male/MHI202400014

08/01/2024/IPH2024000071

Dr. K. JAISHANKAR



08/01/2024/041

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DOCTOR'S PROGRESS NOTES

DATE	NOTES
10/1/24	S/B Dr. Jaishankar Team.
9 AM	- Pt reviewed
	- G/L = Canadian, oriented
	PR-73/min, BP-120/90
	SpO ₂ 96% RA
	CMI = S ₄ ⊕
	R1 = BAC ⊕
	Grossi - ⊕
	Adw
	- Cont the same
	- plan d/c today
	- Rest for 2 weeks
	- Remi after 2 weeks
	2 ECG & RFT
	97211.

42/Male/MHI202400014

08/01/2024/IPH2024000071

Dr.K.JAISHANKAR



Screening Echo

Date & Time	S/P RFA
09.01.2024	
4:02pm	<ul style="list-style-type: none"> - No pericardial / pleural effusion - Chambers normal sized - Global Hypokinesia - Mild LV systolic dysfunction - Normal RV systolic function - Grade I diastolic dysfunction - A1 values are normal. - IAS / IVE intact - Trivial MR. - Trivial TR. NO PAH - No clot vegetation
	HR during study: 82 bpm
	<div> <div> LVIDD: 45mm LVIDS: 33mm EF: 46% </div> <div> Simpson's EF: EDV: 81ml ESV: 45ml EF: 44% </div> </div>
	TAPSE: 15mm TRPA: 16 mmHg RVSP: 26 mmHg
	Done by: Zibiah (PA, RES)
	MH / 0053 / AD.

Dr.K.JAISHANKAR



DATE	6/1/24		
COLOUR	PALE YELLOW		
REACTION			
SPECIFIC GRAVITY			
APPEARANCE	SLIGHTLY TURBID		
ALBUMIN	NIL		
SUGAR	NIL		
ACETONE			
BILE SALT			
BILE PIGMENT			
UROBILINOGEN			
PUS CELLS	2-3		
EPITHELIAL CELLS	1-2		
RBC	NIL		
CASTS	NIL		
CRYSTALS	NIL		
OTHERS	NIL		

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



Even heart heat counts

42/Male/MHI202400014

08/01/2024/IPH2024000071

Dr.K.JAISHANKAR



ACTUAL WEIGHT 64.3 kgs HbA_{1c} -

PREVIOUS DIABETIC MEDICATIONS.....1

[illegible]

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

BLOOD GROUP

O - POSITIVE

INVESTIGATION SHEET

Mr. SATHISH KUMAR K

42/Male/MHI202400014

08/01/2024/IPH2024000071

Dr. K. JAISHANKAR



Date	6/1/24						
HAEMATOLOGY							
Hb	14.8						
P.C.V	45.8						
Platelets	3,46,000						
TLC	9720						
Polymorphs	60.2						
Lymphocytes	28.7						
Eosinophils	4.7						
Mono / Basophils	5.7 / 0.7						
E.S.R							
BIO-CHEMISTRY							
Urea	16						
Creatinine	0.78						
Sodium	139						
Potassium	4.87						
Bicarbonate							
Chloride							
Magnesium							
Calcium							
Phosphorus							
LFT							
T.Bilirubin							
D.Bilirubin							
I.Bilirubin							
S.G.O.T							
S.G.P.T							
ALP							
GGT							
Total Protein							
S.Albumin							
CARDIAC ENZYMES							
Troponin I							
CKNAC - CPK							
CK - M.B. MASS							
LDH							
Ntpro bnp							

[illegible]



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(A Unit of United Alliance Healthcare, Inc.)

Mr.SATHISH KUMAR K

42/Male/MHI202400014

08/01/2024/1PH2024000071

Dr.K.JAISHANKAR



MH/IP/2022/074



Every heart beat counts

VITAL INFORMATION SHEET

BLOOD GROUP "O" POSITIVE

ON ADMISSION

Height in CM

Weight in Kg.

167 cm

6A.3Kg

Diagnosis: RVD - VT

Procedure :

[illegible]

EARLY WARNING SCORE MONITORING CHART

Name: _____

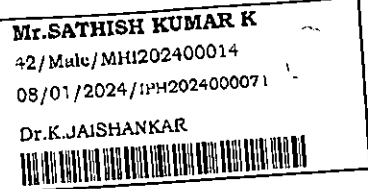
Age/Sex: _____

Patient Id No: _____

NEWS key		DATE	TIME	DATE	TIME
0					
1					
2					
3					
A+B					
Respirations					
Breath/ min					
>25					
21-24					
18-20					
15-17					
12-14					
9-11					
<8					
>96					
94-95					
92-93					
<91					
>96 on oxygen					
95-96 on O2					
93-94 on O2					
>93 on air					
88-92					
86-87					
84-85					
<83%					
A= Air					
O2litre/ min					
Device					
>220					
201-219					
181-200					
161-180					
141-160					
121-140					
111-120					
91-100					
81-90					
71-80					
61-70					
51-60					
<50					
mmHg					
>131					
121-130					
111-120					
101-110					
91-100					
81-90					
71-80					
61-70					
51-60					
41-50					
31-40					
<30					
Alert					
Confusion					
V					
P					
U					
>39.1 degree Celsius					
38.1-39.0					
37.1-38.0					
36.1-37.0					
35.1-36.0					
<35.0					
NEWS Total					
Monitoring Frequency					
Escalation of Care Y/N					
Initials by RN					
Initials by Sr. RN					

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

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




Medway
Heart
Institute

Every heart beat counts

[illegible]

[illegible]

Date	From:	To:	Bed No:	INTAKE & OUTPUT CHART											
24 Hrs : Started Time :				Ended Time :											
NPO Started at :				NPO Over at :											
SHIFT	Morning			Afternoon			Night			Restricted Fluid (RF)					
INTAKE	660ml														
OUTPUT	560ml														
Total Intake:				Total Output:				Difference:							
INTAKE (ml)							OUTPUT (ml)								
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
8:30	4-20 200					200	9:00	260					260		
9:00	4-15 900					400									
10:00	4-10 100					560	11:30	360					560		
11:00	4-10 700					660									
discharged															
<div>  Nurse </div>															

Every heart beat counts

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Patient Details (Affix Label here)
Name: Mr. Sathish Kumar
UHID: 2024000014
DOB: 42Y Sex: M
DOA: 8/1/24
Consultant: Dr. Sathish Kumar

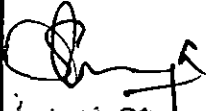

Diagnosis: R. CAG + EPS + RFA / STN / EF - 46%
Height: 167 cms Weight: 64.3 Kgs Food allergies: Yes/No; if yes, specify:
Religious Beliefs: ☐ Vegetarian ☐ Non Vegetarian ☐ Eggetarian ☐ Jain
Diet Prescription: 1600 calories, low fat, low salt diet, 2500ml Fluid restriction

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

(A) Patient's related Medical History				
1) Weight Change (overall change in past 6 months)				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No weight change/gain	<5%	5-10%	10-15%	>15%
2) Dietary Intake				
Duration:				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No change	Sub-optimal solid diet	Full liquid diet/moderate overall decrease	Hypo-caloric liquid diet	Starvation
Enteral / Parenteral Nutrition				
Adequate / Excessive	Sub-optimal	Inadequate	Typo-caloric feeds	Starvation
3) Gastrointestinal Symptoms Duration:				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
No symptoms	Nausea	Vomiting/moderate GI symptoms	Diarrhoea	severe anorexia
4) Functional Capacity (Nutrition related functional impairment) Duration:				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
None /improved	Difficulty with ambulation	Difficulty with normal activity	Light activity	Bed / chair-ridden with no or little activity
5) Co-morbidity (Disease and its relationship to nutrition requirements)				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Healthy	Mild co-morbidity	Moderate co-morbidity/ age >75 years	severe co-morbidity	Very severe multiple co-morbidity
(B) Physical examination				
1) Decreased fat stores or loss of subcutaneous fat				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Normal	Mild	Moderate		Severe
2) Sign of muscle wasting				
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Normal	Mild	Moderate		Severe
Total Score = Sum of above 7 components				
Nutritional Status : Based on this patient is				
Well Nourished		<input checked="" type="checkbox"/> (7 to 14) 9		
Moderately Malnourished		<input type="checkbox"/> (15 to 18)		
Severely Malnourished		<input type="checkbox"/> (19 to 35)		
Nutrition Interventions:				
<input checked="" type="checkbox"/> Oral		<input type="checkbox"/> Enteral <input type="checkbox"/> Parenteral		
Diet counselling provided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Fort - night <input type="checkbox"/> Monthly		
Frequency of re-assessment: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Daily		Calorie count: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Dietitian Signature / Name / Date / Time:

8/26/24 9/1/24 16:00

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>9/11/24. 16:00</p>	<p>A 42 years old male came w/ c/o palpitation was assessed to be well - nourished as evident by SGA K/C/O - SH TN patient <u>shifted</u> to cath lab for procedure (CPA + EPS + RFA) - kept on NBM. patient <u>received</u> to ward. NBM over. patient tolerated liquid diet can initiate soft solid diet.</p>	 02861
<p>10/11/24. 10:00</p>	<p>educated the patient & family on 1600 calories, low fat, low salt, 2500ml fluid restricted diet <u>on discharge</u>. Emphasized on \$small frequent meals. <u>plet chart</u> given on discharge. diet modifications & clarifications done.</p>	 02860



Mr. SATHISH KUMAR K

42/Male/MHI202400014

08/01/2024/IPH2024000071

Dr. K. JAISHANKAR



re)

PSYCHOLOGICAL WELLBEING REPORT

Date: 10/1/24

Time: 11.35 am.

Unit: 201B.

Clinical diagnosis: CAG, EPS + RFA

Surgery/ Procedure:

Impression: Functioning well.

- calm affect, oriented, responsive
- sleep & appetite @
- no psychological distress reported.

Employee ID: MHI275954

[Signature]
Signature of the Psychologist:



PATIENT TRANSFER FORM DIAGNOSTICS / PROCEDURES

Diagnosis: RVOT - VT

Allergies if any: NKDA

From (Area)	To (Area)	Date	Time	Reason for Transfer / Name of Procedure
20B - B	CATH LAB	9/1/24	8:30	EPs + RFA

Method of Transfer: ☐ On Bed ☐ On Wheelchair ☐ On Stretcher

ASSESSMENT OF PATIENT:

General condition of Patient: ☒ Conscious ☐ Semi-conscious ☐ Un-conscious

Language Barrier: ☐ Yes ☒ No ☐ If Yes, specify: _____

Fall Risk Category: ☐ Low Risk ☐ Medium Risk ☒ High Risk

Vital Signs (to be documented at the time of shifting):

Temp (°F)	RR (breaths/min)	Pulse (beats/min)	SpO ₂ (%)	BP (mmHg)	Pain Score
97°F	22 b/m	80 b/m	97%	110/70 mmHg	0/10

Pain Scale used: ☐ PIPPS (28 weeks to ≤ 38 weeks) ☐ CRIES (38 weeks - 2 months)
☐ FLACC Scale (2 months - 7 years) ☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years)
☐ Numerical Rating Scale (>12 years) ☐ CPOT (ventilator / comatose)

Any pre-medication given: Inj. Magnex 1 gm

Any critical information: _____

Any specific recommendation: _____

	Signature	Name	Emp. No.	Date	Time
Handover by	<u>S. Jay</u>	<u>S. Dhanalakshini</u>	<u>0212</u>	<u>9/1/24</u>	<u>8:30</u>
Handed over to	<u>Pij</u>	<u>Pouja S</u>	<u>0233</u>	<u>9/1/24</u>	<u>8:35</u>

After Procedure:


Procedure completed: ☒ Yes ☐ No | Any critical information: Nil

Vital Signs (to be documented at the time of shifting):

Temp (°F)	RR (breaths/min)	Pulse (beats/min)	SpO ₂ (%)	BP (mmHg)	Pain Score
98°F	20 b/m	90 b/m	99%	130/70 mmHg	1/10

Pain Scale used: ☐ PIPPS (28 weeks to ≤ 38 weeks) ☐ CRIES (38 weeks - 2 months)
☐ FLACC Scale (2 months - 7 years) ☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years)
☒ Numerical Rating Scale (>12 years) ☐ CPOT (ventilator / comatose)

	Signature	Name	Emp. No.	Date	Time
Handover by	<u>Pij</u>	<u>Pouja S</u>	<u>0233</u>	<u>9/1/24</u>	<u>15:20</u>
Handed over to	<u>A</u>	<u>Athiya</u>	<u>0240</u>	<u>9/1/24</u>	<u>15:20</u>

Mr. SATHISH KUMAR K 42/Male/MHI202400014 05/01/2024/IPH2024000071 Dr. K. JAISHANKAR 		TROPHYSIOLOGY & ABLATION PROCEDURE + CAG	
Patient Na	Sex: M/F	No: UHID	
Consultant			

CONDITION AND PROCEDURE

Dr.*Jaishankar* has explained that I have the following condition:

Each and every heartbeat is preceded by an electrical wave that travels from the right-upper corner of the heart called the sinus node (the natural pacemaker in the heart) to spread to the upper chambers (atria) and then through the junction of the top and bottom portions of the heart, called the AV Node and Bundle of HIS to the lower chambers (ventricle). This electrical wave then dies out and a fresh wave starts again from the sinus node for the next beat.

Diseases of the Sinus node can seriously delay the origin of heart beats resulting in a slow heart rate (Bradycardia) that can cause giddiness or loss of consciousness. In some disorders the rate of the heart is higher (Tachycardia) than the normal. This may be because an abnormal area in the heart either the atria (Supraventricular - SVT) or the ventricles (Ventricular - VT) starts behaving like the sinus node, but at a very fast rate. This can cause palpitations, chest discomfort, giddiness or breathlessness. In some other conditions an abnormal link of connection between the atria and the ventricle (Accessory Pathway) can cause the electrical wave to return back to the atria from the ventricle and then again back to the ventricle to cause a circus like movement of the electrical wave that causes the heart to gallop at rates over 200 per minute.

The abnormal sites of impulse creation or the abnormal links of communication can be accurately pin pointed by mapping with electrical wires that are kept in various key locations of the heart and mapping the progress of the electrical wave as it excites the heart.

After an injection of local anesthetic, a fine wire about 2mm in thickness (Catheter) is put into the vein in the groin / neck through a sheath that has a bleeding, preventing valve. The catheter is carefully passed into and maneuvered in to a particular region in the heart. In this fashion three to five catheters are inserted into various region of the heart and the other end of the catheter is connected by a junction box to a sophisticated computer called an Electrophysiology Laboratory.

The study of the electrical wave from the different regions of the heart that are displayed simultaneously on a multichannel monitor with electronic cursors help in accurately identifying the location of any abnormal focus that is discharging or abnormal connections that are conducting electrical waves and to diagnose the illness (Electrophysiology Study) and further on treat it by Radiofrequency Ablation.

RISKS OF THIS PROCEDURE

The risk of coronary angiography depends on:

- The nature of coronary artery disease
- The pumping status of the heart
- 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 (I) Perforation of the heart and blood vessels by the catheter that may require a surgery or reparative procedure
1 in 100 people (0.01%)	(j) the heart may not beat in a proper rhythm which will need urgent treatment (k) Surgical repair of the groin puncture site. This may need a longer stay in hospital. (l) Minor reaction to contrast medium such as hives. (m) Loss/impairment of kidney function due to the contrast medium
1 in 20 people (0.05%)	(n) Major bruising or swelling at the groin puncture site
Most People	(o) Minor bruising

PATIENT CONSENT:

I acknowledge that Dr has explained my medical condition and the proposed procedure. I understand the risks of the procedure, the anaesthetic including the risks that are specific to me and the likely outcomes if complications occur. The Doctor has explained other relevant treatment options their risks and my right to refuse the treatment. He has explained my prognosis and the risks of not having the procedure. I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction. I understand that in the unlikely event of complications, I may require a blood transfusion, an additional procedure or surgery. The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly. I understand that no guarantee has been made that the procedure will improve the condition

On the basis of the above statements,

I AGREE TO HAVE THE PROCEDURE

	Signature	Name	Date	Time
Patient/Guardian with relationship	<i>K. Selvaraj</i>	MR. SATNISH KUMAR	9/1/24	7.00
witness	<i>R. Uma Pathi</i>	MR. UMADATHI (UNCLE)	9/1/24	7.00
Doctor	<i>[Signature]</i>	Dr. Salai Sudhan	9/1/24	7.00
Interpreter				

மின்உடலியங்கியல் & உறுப்புநீக்கல் மருத்துவ செயல்முறைக்கான ஒப்புதல்

நோயாளியின் பெயர்	வயது:	பாலினம்: ஆண்/பெண்
மருத்துவர்:	வார்டு & படுக்கை எண்:	UHID

நோய் நிலைமை மற்றும் மருத்துவ செயல்முறை

எனக்கு கீழ்க்கண்ட நோய் / பாதிப்பு நிலைகள் இருப்பதாக மருத்துவர்..... விளக்கியிருக்கிறார்:

ஒவ்வொரு இதயத்துடிப்பிற்கும் முன்னதாக ஒரு மின்சார அலை, சைனஸ் முனை (இதயத்தின் இயற்கையான பேஸ்மேக்கர்) என அழைக்கப்படும் இதயத்தின் வலது மேற்புற மூலையிலிருந்து பயணித்து இதயத்தின் மேற்புற அறைகளுக்கு (அட்ரியா) பரவுகிறது; அதன்பிறகு AV முனை மற்றும் HIS-ன் தொகுப்பு என அழைக்கப்படும் இதயத்தின் மேல் மற்றும் கீழ்ப்பகுதிகளில் உள்ள சந்திப்புகள் வழியாக இதய கீழறைகளுக்கு (வெண்ட்ரிகிள்) அந்த மின்சார அலை பயணிக்கிறது. இந்த மின்சார அலை அதன்பிறகு முடிவுக்கு வருகிறது மற்றும் அடுத்த இதயத்துடிப்பிற்காக சைனஸ் முனையிலிருந்து ஒரு புதிய அலை மீண்டும் பயணிக்கத் தொடங்குகிறது.

சைனஸ் முனையில் ஏற்படும் நோய்கள், இதயத்துடிப்புகளின் தோற்றத்தை கடுமையாக தாமதிக்கச் செய்யும்; இதனால், உணர்விழப்பு நிலை அல்லது மயக்கத்தை விளைவிக்கின்ற மெதுவான இதயத்துடிப்பு (குறை இதயத்துடிப்பு) ஏற்படுகிறது. சில சீர்கேடுகளில் இதயத்துடிப்பு வேகம் இயல்பானதை விட அதிகமாக (மிகை இதயத்துடிப்பு) இருக்கும். இதய மேலறை (சுப்ராவெண்ட்ரிக்ஞல் - SVT) அல்லது இதய கீழறையில் (வெண்ட்ரிகுலர்-VT) ஒரு இயல்புக்கு மாறான பகுதி, சைனஸ் முனையைப்போல, ஆனால் மிக வேகமான விகிதத்தில் செயல்படுவதால் இது நிகழக்கூடும். இது, படபடப்புகளையும், மார்பு அசௌகரியத்தையும் மயக்கம் அல்லது சுவாசசிரமத்தையும் விளைவிக்கக்கூடும். வேறுசில பாதிப்பு நிலைகளில் இதய மேலறைக்கும், இதய கீழறைக்கும் இடையிலான ஒரு இயல்புக்கு மாறான இணைப்பு, இதய கீழறையிலிருந்து, மேலறைக்கு மின்சார அலையை திரும்பப்போகமாறு விளைவிக்கும் மற்றும் அதன்பிறகு, கீழறைக்குத் திரும்ப வருமாறு செய்வதால், மின்சார அலை சுழற்சி போன்ற இயக்கத்தை அது உருவாக்கும். இதனால் ஒரு நிமிடத்திற்கு 200-க்கும் அதிகமான இதயத்துடிப்புகளோடு இதயம் வேகமாக விரைவதை இது விளைவிக்கும்.

இந்த உந்துவிசை உருவாக்கத்தின் இயல்புக்கு மாறான அமைவிடங்கள் அல்லது தகவல் பரிமாற்றத்தின் இயல்புக்கு மாறான இணைப்புகளை இதயத்தின் பல்வேறு முக்கிய அமைவிடங்களில் வைக்கப்படும் மின்சார வயர்களின் மூலம் வரைபடமாக்குவதன் வழியாக துல்லியமாக கண்டறிய முடியும். இதயத்தை மின்சார அலை கிளர்ச்சியூட்டுகிறபோது அதன் முன்னேற்றத்தை இதன்மூலம் மேப்பிங் செய்ய முடியும்.

குறிப்பிட்ட அமைவிடத்தில் தரப்படும் மயக்க மருந்து உட்செலுத்திய பிறகு சுமார் 2 மி.மீ. அடர்த்தி கொண்ட ஒரு மெல்லிய கம்பி (கதிட்டர்), இரத்தக்கசிவை தடுக்கின்ற ஒரு வால்வைக் கொண்டிருக்கும் ஒரு உறை வழியாக, இடுப்புக்கவட்டை / கழுத்திலுள்ள சிறை நரம்பு வழியாக உட்செலுத்தப்படுகிறது. இதயத்தில் ஒரு குறிப்பிட்ட பகுதிக்குள் செல்லுமாறு இந்த கதிட்டர் மிக கவனத்தோடு அனுப்பப்படுகிறது. இந்த வழிமுறையின் மூலம் இதயத்தின் பல்வேறு பகுதிகளுக்குள் 3 முதல் ஐந்து கதிட்ரல்கள் வரை உட்செலுத்தப்படுகின்றன. கதிட்டரின் மற்றொரு முனையானது, ஒரு மின்உடலியங்கியல் பரிசோதனையாக என அழைக்கப்படும் ஒரு நவீன கணினியுடன் ஒரு ஐங்ஷன் பாக்கஸ் மூலம் இணைக்கப்பட்டிருக்கும்.

இதயத்தின் பல்வேறு பகுதிகளிலிருந்து, மின்சார அலையின் மீது செய்யப்படும் ஆய்வு எலக்ட்ரானிக் கர்சர்கள் உடன் கூடிய ஒரு மல்டிசேனஸ் மானிட்டரில் அதேநேரத்தில் காட்சிப்படுத்தப்படுகின்றன. மின்சார அலைகளை வெளியேற்றுகின்ற அல்லது இயல்புக்கு மாறான கூர்நோக்க அமைவிடத்தை அல்லது இவைகளை கடத்துகின்ற இயல்புக்கு மாறான பிணைப்புகளை துல்லியமாக அடையாளம் காண இது உதவுகிறது. அத்துடன் நோயை துல்லியமாக அடையாளம் கண்டு உறுதிசெய்யவும் மற்றும் (மின்உடலியங்கியல் ஆய்வு) அதன்பிறகு கதிரியக்க அதிர்வெண் நீக்கத்தின் வழியாக அதற்கு சிகிச்சையளிக்கவும் இது உதவுகிறது.

இம்மருத்துவ செயல்முறையின் இடர்கள்

கரோனரி ஆஞ்சியோகிராஃபியில் ஏற்படும் இடர்கள் கீழ்க்கண்டவற்றை சார்ந்திருக்கிறது:

- கரோனரி தமனி நோயின் தன்மை
- இதயத்தின் இரத்தத்தை உடலின் பிற உறுப்புகளுக்கு பம்பு செய்யும் திறன்நிலை.
- உங்களது வயது மற்றும் பொதுவான உடல்நலம்

நிகழக்கூடிய மிகத் தீவிரமான இடர்களுள் இவைகள் சில; ஆனால், இவைகள் மட்டும் முழுமையான பட்டியல் அல்ல:

10,000 நபர்களில் 1 நபருக்கும் குறைவாக (0.0001%)	(a) கதிர்வீச்சு சிகிச்சையினால் ஏற்படக்கூடிய சரும காயம்; இதன் விளைவாக சருமத்தின் மேற்பரப்பு சிவந்துவிடும்
1000 நபர்களில் 1 நபருக்கும் குறைவாக (0.001%)	(b) பக்கவாதத்தையும் மற்றும் நீண்டகால திறனிழப்பையும் (c) மாரடைப்பையும் விளைவிக்கக்கூடும்.

	<p>(d) எக்ஸ்-ரே கான்ட்ராஸ்ட் மீடியத்தின் (டை / சாயம்) ஒரு ஆபத்தான எதிர்வினை. இது நிகழுமானால், ஆஸ்துமா, அதிர்ச்சி மற்றும் வலிப்புத்தாக்கங்கள் போன்ற கடுமையான எதிர்வினைகள் உங்களுக்கு வரக்கூடும். 2,50,000 முதல் 4,00,000 வரையிலான ஊசி மருந்து செலுத்தலில் ஒரு நபருக்கு உயிரிழப்பு - மிக மிக அரிதான நேர்வுகளில்.</p> <p>(e) காலில் துளையிட்ட இடத்தில் பெரிய அறுவைசிகிச்சைக்கான அவசியம்.</p> <p>(f) அவசர நிலை நிகழ்வாக இதய அறுவைசிகிச்சை அல்லது ஆஞ்சியோபிளாஸ்டிக்கான அவசியம்.</p> <p>(g) எக்ஸ்-ரே / ஊடுகதிருக்கு வெளிப்படுவதால் உயர்ந்திருக்கும் ஆயுட்கால இடர்வாய்ப்பு</p> <p>(h) உயிரிழப்பு</p> <p>(i) அறுவைசிகிச்சை அல்லது பழுதுநீக்கும் மருத்துவ செயல்முறை அவசியப்படுகிறவாறு கிட்டீரால் இதயம் மற்றும் இரத்தநாளங்களில் துளை விழுதல்.</p>
1 in 100 people (0.01%)	<p>(j) முறையான லயத்துடன் இதயத்தாடிப்பு இருக்காது; இதற்கு அவசரசிகிச்சை தேவைப்படும்.</p> <p>(k) இடுப்பு கவட்டையில் துளையிட்ட அமைவிடத்தில் அறுவைசிகிச்சை சார்ந்த பழுதுநீக்கல்; மருத்துவமனையில் நீண்டகாலம் தங்கி சிகிச்சைப்பெறுவது இதற்கு அவசியமாக இருக்கலாம்.</p> <p>(l) கான்ட்ராஸ்ட் மீடியத்திற்கு தோலரிப்பு போன்ற சிறிய எதிர்வினை.</p> <p>(m) கான்ட்ராஸ்ட் மீடியத்தின் காரணமாக சிறுநீரக செயல்திறன் இழப்பு / பாதிப்பு</p>
1 in 20 people (0.05%)	<p>(n) இடுப்புக் கவட்டையில் துளையிட்ட அமைவிடத்தில் பெரிய அளவிலான சிராய்ப்பு காயம் அல்லது வீக்கம்</p>
Most People	<p>(o) சிறிய அளவிலான சிராய்ப்பு காயம்</p>

நோயாளியின் ஒப்புதல்:

சிகிச்சையளிக்கும் மருத்துவர் எனது மருத்துவ நிலை குறித்தும் மற்றும் செய்ய திட்டமிடப்பட்டிருக்கும் மருத்துவ செயல்முறை குறித்தும் டாக்டர் விளக்கியிருக்கிறார் என நான் உறுதி செய்கிறேன். எனக்கு குறிப்பாக பொருந்துகின்ற இடர்கள் உட்பட, இந்த மருத்துவ செயல்முறை, உணர்விழப்பிற்கான மருந்து ஆகியவற்றில் உள்ள இடர்கள் / சிக்கல்கள் எழுமானால், அதனால் நிகழ சாத்தியமுள்ள விளைவுகள் உட்பட இச்செயல்முறையின் இடர்களை நான் புரிந்து கொண்டுள்ளேன். தொடர்புடைய பிற சிகிச்சை விருப்பத்தேர்வுகள், அவைகளின் இடர்கள் மற்றும் இச்சிகிச்சையை ஏற்க மறுப்பதற்கு எனக்கு இருக்கும் உரிமை ஆகியவை பற்றியும் மருத்துவர் விளக்கிக் கூறியிருக்கிறார். எனது மருத்துவ / நோய் நிலை குறித்தும் மற்றும் இச்சிகிச்சை செயல்முறையை மேற்கொள்ளாததால் ஏற்பட வாய்ப்புள்ள இடர்கள் பற்றியும் அவர் விளக்கியிருக்கிறார். எனது தற்போதைய உடல்நிலை பாதிப்பு, செய்யப்படவுள்ள மருத்துவ செயல்முறை, அதன் இடர்வாய்ப்புகள் மற்றும் எனது சிகிச்சை விருப்பத்தேர்வுகள் பற்றி கேள்விகள் கேட்கவும், கவலைகளை வெளிப்படுத்தவும் எனக்கு வாய்ப்பளிக்கப்பட்டது என்றும் மற்றும் நான் முழு திருப்தியடையும் வகையில் என்னுடைய அனைத்து கேள்விகளும், கவலைகளும் விவாதிக்கப்பட்டன மற்றும் பதிலளிக்கப்பட்டன நிகழ்வதற்கு அரிதான சிக்கல்கள் ஏற்படும் நேர்வில் இரத்தமேற்றல், ஒரு கூடுதல் மருத்துவ செயல்முறை அல்லது அறுவைசிகிச்சை எனக்குத் தேவைப்படலாம் என்று நான் புரிந்து கொள்கிறேன். சிகிச்சை செயல்முறையின்போது உயிருக்கு ஆபத்தான நிகழ்வுகள் நிகழுமானால், அவைகளுக்கு உரியவாறு சிகிச்சையளிக்கப்படும் என்று மருத்துவர் என்னிடம் விளக்கிக் கூறியிருக்கிறார். இந்த சிகிச்சை செயல்முறையானது எனது நோய் நிலையை குணமாக்கி மேம்படுத்தும் என்பதற்கு உத்தரவாதம் ஏதும் செய்யப்படவில்லை என்றும் நான் புரிந்துகொள்கிறேன்.

மேற்கூறப்பட்ட அறிக்கைகளின் அடிப்படையில்,

இந்த மருத்துவ செயல்முறை எனக்கு செய்யப்படுவதற்கு நான் சம்மதிக்கிறேன்.

	கையொப்பம்	பெயர்	தேதி	நேரம்
நோயாளி/பாதுகாவலருடனான உறவுமுறை				
சாட்சி				
மருத்துவர்				
மொழிபெயர்ப்பாளர்				



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CORONARY ANGIOGRAM REPORT *Very heart beat counts*

(A Unit of United Alliance Healthcare Pvt Ltd)

PATIENT NAME : MR. SATHISH KUMAR. K	UHID : MHI202400014
AGE/GENDER : 42 YEARS / MALE	IP NO : IPH2024000071
CONSULTANT : Dr. Jaishankar. K MD., DM., FIAMS	D.O.A : 08.01.2024
Director and Clinical Lead	D.O.P : 09.01.2024
Cardiology and Electrophysiology	

CATH DATE	09.01.2024	DONE BY	DR. JAISHANKAR
CATH NO	3567	ASSISTED BY	SN. SATHYA
CATH DURATION	5 MINS	TECHNICIAN	MR. TAMIL
HEIGHT WEIGHT	CMS KGS	PHYSICIAN ASSISTANT	MS. SHALINI

CLINICAL DIAGNOSIS: RVOT – VT 1ST EPISODE, H/O DC CARDIOVERSION (GH – 31.12.2023), GOOD LV FUNCTION, SYSTEMIC HYPERTENSION.

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 FEMORAL ARTERY
SHEATH : 6FR
CATHETER : 6FR JL / JR
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 DIAGONALS AND SEPTALS. LAD AND BRANCHES ARE FREE OF DISEASE.

LCX - NON-DOMINANT AND GIVES RISE TO OMs. LCX AND BRANCHES ARE FREE OF DISEASE.

RCA - DOMINANT AND GIVES RISE TO PDA AND PLV BRANCHES. RCA AND BRANCHES ARE FREE OF DISEASE.

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IMPRESSION:

NORMAL EPICARDIAL CORONARIES
GOOD LV FUNCTION
RIGHT DOMINANT SYSTEM

ADVICE:

MEDICAL MANAGEMENT

PLAN:

ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION USING 3D ENSITE.

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. 10000

"I understood the contents of the discharge summary."

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**ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION REPORT***Every heart beat counts*

(A Unit of United India Healthcare Pvt Ltd)

USING 3D ENSITE

PATIENT NAME : Mr. SATHISH KUMAR. K
AGE/ SEX : 42YEARS/ MALE
CONSULTANT : Dr. Jaishankar. K MD., DM., FIAMS
 Director and Clinical Lead
 Cardiology and Electrophysiology

UHID : MHI202400014
IP NO : IPH2024000071
D.O.A : 08.01.2024
D.O.P : 09.01.2024

CATH DATE	09.01.2024	DONE BY	DR. K.JAISHANKAR
CATH NO	3568 / 3569	ASSISTED BY	SR. SANDHIYA
CATH DURATION	4 HOURS	TECHNICIAN	Mr. JAYAGAR
FLUORO TIME	5859SECONDS	PHYSICIAN ASSISTANT	PA. SHALINI
HEIGHT	167 CMS	WEIGHT	64.3 KGS

CATHETERIZATION PROCEDURE: AFTER OBTAINING INFORMED CONSENT, PATIENT WAS BROUGHT TO THE CATH LAB FOR EP STUDY + RFA IN STABLE HEMODYNAMICS. UNDER SAP, PROCEDURE DONE UNDER LOCAL ANAESTHESIA AND SELDINGER TECHNIQUE.

ACCESS : RIGHT FEMORAL VEIN X 3 (2 – 6Fr FOR CS, HIS BUNDLE & RV),
 (8Fr – ABLATION CATHETER)
 RIGHT FEMORAL ARTERY – ARTERIAL BP

SITE	CATHETERS
HIS	6F QUADRIPOlar
RV	6F QUADRIPOlar
CS	6F DECAPOlar
LV	6F DECAPOlar
MAPPING & ABLATION	8F FLEXABILITY COOL PATH CATHETER & ENSITE 3D PATCH

INDICATION : RVOT – VT 1ST EPISODE, H/O DC CARADIOVERSION (GH – 31.12.2023).

BASAL ECG: RBBB, NSR @ 80BPM.

TACHYCARDIA ECG (31.12.2023) : VT AT 184BPM, LBBB, RAD, II, III, AVF POSITIVE, I, AVL NEGATIVE, V1 – V2 NEGATIVE, V3 – V6 POSITIVE.

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PATIENT HELPLINE
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ECHO : NO RWMA. NORMAL LV FUNCTION. EF – 62%. NORMAL RV FUNCTION. TRIVIAL MR. TRIVIAL TR. NO PAH. NO CLOT / VEGETATION. EFUSION. RVOT NORMAL, MEASURES: 29MM.

CORONARY ANGIOGRAM : NORMAL EPICARDIAL CORONARIES

VITALS: HR – 96BPM, BP: 180/110MMHG, SPO2: 99% ON RA

ELECTROPHYSIOLOGY STUDY:

BASAL INTERVALS

PP	845 MS
RR	850 MS
PR	138MS
QRS	132 MS
QT	416 MS
QTC	452 MS
AH	60 MS
HV	40 MS
AVW	290 MS

TACHYCARDIA ANALYSIS:

THERE WAS BASELINE 1:1 VA CONDUCTION WITH INTERMITTENT VA BLOCK.

A REGULAR BOARD QRS COMPLEX TACHYCARDIA WAS INDUCED BY PROGRAMMED VENTRICULAR STIMULATION PROTOCOLS .

TACHYCARDIA CYCLE LENGTH – 330 TO 250MS WITH VARYING VA CONDUCTION.

LEAD I, II, III, AVF - POSITIVE, LEAD AVL , V1-V2 – NEGATIVE AND V3 TRANSITION NOTED – S/O RVOT - ? EPICARDIAL EXITS.

RADIOFREQUENCY ABLATION:

USING 'NAVX' 3 D ENSITE MAPPING – ACTIVATION, ENTRAINMENT & PACE MAPPING WERE DONE.THE POINT OF ORIGIN WAS NARROWED DOWN TO ANTERIOR , SUPERIOR AND SEPTAL ASPECT OF RVOT (MIDWAY BETWEEN ANTERIOR & POSTERIOR WALLS). THE LCC, RCC, NCC, LVOT , MA, GREAT CARDIAC VEIN WERE ALSO MAPPED FOR EARLY SIGNALS.

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RVOT REGION SHOWED SIGNALS 20 TO 30 MS AHEAD OF SURFACE QRS. THIS SITE WAS TARGETED FOR RF ABLATION USING FLEXABILITY COOL PATH CATHETER , POWER: 30W/ TEMPERATURE: 60° / DURATION: 60-120 SEC ENERGIES DELIVERED & RESULTED IN TERMINATION OF TACHYCARDIA SEVERAL TIMES.

HOWEVER SINCE THE POWER COULD NOT EXCEED 20 W, DIFFERENT CATHETERS WERE USED. FURTHER VT INDUCTION ATTEMPTED NO CLINICAL VT INDUCED AND ON ISOPRENALINE NSVT NOTED.

POST RFA:

- INTERVALS ARE WITHIN NORMAL RANGE.
- ON ISOPRENALINE NSVT NOTED.

IMPRESSION:

- VENTRICULAR TACHYCARDIAS FROM RVOT - ? EPICARDIAL EXITS
- SUCESSFUL RF ABLATION OF RVOT - VT AT ANTERIOR , POSTERIOR, SEPTAL REGION.

ADVICE:

CONTINUE ANTIARRHYTHMICS DRUGS.

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

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NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.			
9/1/24	CATH LAB				
8.35	⇒ patient received from II nd floor to cath lab. pt conscious and oriented	Pi 0213			
8.40	⇒ vitals stable. IV line right and left side patent. VIP score 0/05.	Pi 0213			
9.00	⇒ HR: 96 b/min BP: 186/110 mmHg SpO ₂ : 99%				
9.20	⇒ IVF: NS 50ml/hr started O/B Dr. JS (Sir)	Pi 0213			
9.20	⇒ sterile drapping done. procedure CAG + EPS + RFA started	Pi 0213			
9.30	⇒ Rt femoral artery & venous approach under local anaesthesia	Pi 0217			
9.35	⇒ INT: Heparin 1000 ^{IV} given O/B Dr. JS (Sir) O ₂ 4 L/min started O/B Dr. JS (Sir)	Pi 0217			
9.40	⇒ HR: 93 b/min BP: 162/81 (95) mmHg SpO ₂ : 100% vitals stable.	Pi 0213			
9.45	⇒ procedure CAG done. successfully. followed by EPS + RFA started.	Pi 0213			
10.15	⇒ INT: Heparin 1000 ^{IV} given O/B Dr. JS (Sir)	Pi 0213			
10.25	⇒ HR: 98 b/min BP: 147/88 (91) mmHg SpO ₂ : 100% vitals stable.	Pi 0213			
10.35	⇒ INS: Fentanyl 25mcg IV given + INT: Emetet 4mg IV given O/B Dr. JS (Sir)	Pi 0213			
11.20	⇒ HR: 94 b/min BP: 154/98 (112) mmHg SpO ₂ : 100% vitals stable	Pi 0213			
11.55	⇒ INT: Heparin 1000 ^{IV} given O/B Dr. JS (Sir)	Pi 0213			
13.00	⇒ INT: Heparin 1000 ^{IV} given O/B Dr. JS (Sir)	Pi 0213			
Document endorsed by	Signature	Name	Emp. No.	Date	Time
		Sathish	0016	9/1/24	13.00

[illegible]

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

Mr. SATHISH KUMAR K
42/Male/MHI202400014
/2024/IPH2024000071
Dr. K. JAISHANKAR

HI/OT/2022/086

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PATIENT LABEL

Name of the Procedure: EPS+RFA+CAG Location: Cath Lab II Date & Time: 9/1/24

Does the Procedure involve Procedural Sedation: ☒ Yes ☐ No

SIGN IN <u>9.20</u> Before Induction of Procedural Sedation (Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure)		TIME OUT <u>9.30</u> After procedural Sedation and before procedure (Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure)		SIGN OUT <u>14.15</u> When Doctor indicates that the Procedure is completed	
Patient Confirmation		All team members introduce themselves by Name and Role		To be done for each procedure in case of multiple procedures	
Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Name of the Procedure done written down	<input checked="" type="checkbox"/> Yes
Procedure	<input checked="" type="checkbox"/> Yes	Procedures <u>EPS+RFA</u>	<input checked="" type="checkbox"/> Yes	Name and site of all specimens / investigations confirms labeling and sent to lab	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA
Side	<input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA	Side <u>Rt Femoral artery & venous</u> Expected Blood loss <u>NA</u> approach	<input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA		
Consent	<input checked="" type="checkbox"/> Yes	Position <u>Supine</u>	<input checked="" type="checkbox"/> Yes	Any recovery concerns: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> None	
Known Allergy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify	Consent	<input checked="" type="checkbox"/> Yes	If Yes, Pls. specify:	
		Required equipment and implants available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Difficult airway / aspiration risk / dentures	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, equipment and assistance available	Essential Imaging displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Possibility of hypothermia	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, warmer in place	Antibiotic prophylaxis within last 60 minutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Name of the Antibiotic given		Any Equipment / instrument problem that needs to be addressed: <input type="checkbox"/> Yes <input type="checkbox"/> None	
		Venous Thromboembolism Prophylaxis Provided	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	If Yes, Pls. specify:	
All concerned anesthesia equipment and medication check complete		Anticipated duration briefed	<input checked="" type="checkbox"/> Yes		
<input type="checkbox"/> Spo2 <input type="checkbox"/> NIBP <input checked="" type="checkbox"/> Others pls. specify <u>ECG</u>		Anticipated blood loss briefed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Pre OP medication taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>INJ: MAGNEX 1g IV</u>	Adequate fluids and blood available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Required equipment for procedure available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	Team briefed on any critical or unexpected steps	<input checked="" type="checkbox"/> Yes	Corrective action:	
		For procedural sedation cases			
		Any patient specific concerns:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
		Intra procedure glycemic control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Any concerns about sterility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		

Anaesthetist / Doctor giving Procedural Sedation <u>Dr. K. Jaishankar</u>	Doctor performing the Procedure: <u>Dr. K. Jaishankar</u>	Nurse: <u>R/n parcha</u> <u>0020</u>	Technician: <u>Mr. Ram</u> <u>0007</u>	Others Please Specify:
Date: <u>9/1/24</u> Time: <u>14.30</u>	Date: <u>9/1/24</u> Time: <u>14.30</u>	Date: <u>9/1/24</u> Time: <u>14.30</u>	Date: <u>9/1/24</u> Time: <u>14.30</u>	Date: <u>9/1/24</u> Time: <u>14.30</u>

Procedure Monitoring Sheet (Cath Lab)

Every heart beat counts

Patient Name : **Mr. SATHISH KUMAR K**
42/Male/MHI202400014
08/01/2024/1PH2024000071
UHID / IP : **Dr. K. JAISHANKAR**
Consultant :

Age / Sex : **42Y/M**
Ward Unit : **11ND FLOOR**
Diagnosis : **RVOT - VT**

Pre Procedure Checklist (Please tick appropriately – To be filled by the Ward Nurse)

PARAMETERS	YES	NO	NA
Vital signs : BP: 110/70 Temp: 97 ... Pulse: 80 RR: 20 ... SPO2: 97	<input checked="" type="checkbox"/>		
Urine voided	<input checked="" type="checkbox"/>		
Bowel preparation			<input checked="" type="checkbox"/>
Pre-procedure medication administered	<input checked="" type="checkbox"/>		
Procedure site marked			<input checked="" type="checkbox"/>
Skin preparation done	<input checked="" type="checkbox"/>		
NPO FROM 4.00	<input checked="" type="checkbox"/>		
Loose Tooth removed			<input checked="" type="checkbox"/>
Contact lenses / Eye glasses removed			<input checked="" type="checkbox"/>
Prosthesis present			<input checked="" type="checkbox"/>
Jewellery/Nail polish removed			<input checked="" type="checkbox"/>
Checked for Allergies (Drug / food)			<input checked="" type="checkbox"/>
IV line/In-situ	<input checked="" type="checkbox"/>		
Consent taken	<input checked="" type="checkbox"/>		
Investigation reports / Documents received	<input checked="" type="checkbox"/>		
Signature of Nurse : [Signature]	Date & Time : 8/1/24 @ 8.20		

Intra – Procedural Record (To be filled by the Cath Lab Nurse)

Time	HR / min	RR / min	BP mmHg	SpO2%	Medication / Remarks	Sign. of Nurse
9.30	97 b/min	20 b/min	140/132 (124)	99%	—	[Signature]
9.45	96 b/min	22 b/min	123/103 (123)	100%	—	[Signature]
10.00	84 b/min	22 b/min	113/83 (113)	100%	—	[Signature]
10.45	107 b/min	22 b/min	174/99 (112)	100%	—	[Signature]
10.55	211 b/min	22 b/min	135/89 (107)	100%	—	[Signature]
11.45	205 b/min	22 b/min	139/108 (115)	100%	—	[Signature]
12.05	93 b/min	22 b/min	156/97 (116)	100%	—	[Signature]
12.45	190 b/min	22 b/min	128/88 (104)	100%	—	[Signature]

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

Time : 14.20

Route : Rt femoral artery & venous approach

Complication : Nil

BP : 136/98 (118) mmHg, HR : 92 b/min, RR : 22 b/min, SpO2 : 100%

Distal Pulse: Felt, Puncture Site: no oozing & hematoma

Advise:

- ◆ Shift To: Ward / ICU
- ◆ Bed rest up to 8 hours
- ◆ Observe puncture site for bleeding
- ◆ Watch for Pulse in Rt femoral artery.
- ◆ Diet Normal Diet Rt femoral venous

- ◆ Inform Duty Medical Officer SOS
 - a) If patient complains of any Discomfort
 - b) If dressing is Loose or Socked with Blood
 - c) If limbs are Cold / Absent Pulse

- ◆ Remove Rt femoral arterial & venous dressing on 10/1/24 at 9.50 AM / PM after informing to the consultant.

- ◆ Special instruction if any: Nil

[Signature]
Name & Signature of Consultant

POST PROCEDURE OBSERVATION

Date & Time	BP	HR	RR	SpO2%	Site Evaluation	Extremity Status	Remarks	Sign. of Nurse
<u>9/1/24</u> 14.40	<u>130/64</u>	<u>92</u>	<u>20</u>	<u>100%</u>	<u>No oozing & no bleeding</u>	<u>Good</u>	<u>-</u>	<u>[Signature]</u>
<u>15.00</u>	<u>136/70</u>	<u>92</u>	<u>22</u>	<u>100%</u>	<u>No oozing & no bleeding</u>	<u>Good</u>	<u>-</u>	<u>[Signature]</u>

Nurses Notes :

procedure CAG + EPS + RFA^{3D} done. Rt femoral arterial and venous sheath removed. Tight plaster bandage applied. no oozing & hematoma

Condition at the end of procedure : ☒ Stable ☐ Critical

Patient shift to : ☐ Recovery Room ☐ Patient Room ☒ CCU ☐ Other

Name & Signature of the Nurse :

Date & Time : 9/1/24

[Signature]

@ 15.20

Procedure Monitoring Sheet (Cath Lab)

Patient Name :

Mr.SATHISH KUMAR K

Age / Sex :

42/Male/MHI202400014

UHID / IP :

08/01/2024/IPH2024000071

Ward Unit :

Consultant :

Dr.K.JAISHANKAR

Diagnosis :



Pre Procedure Checklist (Please tick appropriately – To be filled by the Ward Nurse)

PARAMETERS	YES	NO	NA
Vital signs : BP:..... Temp:..... Pulse:..... RR:..... SPO2:			
Urine voided			
Bowel preparation			
Pre-procedure medication administered			
Procedure site marked			
Skin preparation done			
NPO			
Loose Tooth removed			
Contact lenses / Eye glasses removed			
Prosthesis present			
Jewellery/Nail polish removed			
Checked for Allergies (Drug / food)			
IV line/In-situ			
Consent taken			
Investigation reports / Documents received			
Signature of Nurse :	Date & Time :		

Intra – Procedural Record (To be filled by the Cath Lab Nurse)

Time	HR / min	RR / min	BP mmHg	SpO2%	Medication / Remarks	Sign. of Nurse
13.00	96b/min	22br/min	141/95(112)	100%	—	P2023
13.30	102b/min	22br/min	144/97(116)	100%	—	P2023
14.00	98b/min	24br/min	150/99(116)	100%	—	P20176
14.15	94b/min	20br/min	156/98(118)	100%	—	P20176
Procedure got over						

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

Time : _____ Route : _____

Complication :

BP : _____ mmHg, HR : _____, RR : _____, SpO2 : _____

Distal Pulse: _____, Puncture Site: _____

Advise:

- ◆ Shift To: Ward / ICU
- ◆ Bed rest up to _____ hours
- ◆ Observe puncture site for bleeding
- ◆ Watch for Pulse in _____ artery.
- ◆ Diet

- ◆ Inform Duty Medical Officer SOS
 - a) If patient complains of any Discomfort
 - b) If dressing is Loose or Socked with Blood
 - c) If limbs are Cold / Absent Pulse
- ◆ Remove _____ dressing on _____ at _____ AM /PM after informing to the consultant.
- ◆ Special instruction if any:

Name & Signature of Consultant

POST PROCEDURE OBSERVATION

Date & Time	BP	HR	RR	SpO2%	Site Evaluation	Extremity Status	Remarks	Sign. of Nurse

Nurses Notes :

Condition at the end of procedure : ☐ Stable ☐ Critical

Patient shift to : ☐ Recovery Room ☐ Patient Room ☐ CCU ☐ Other _____

Name & Signature of the Nurse :

Date & Time :



NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 8/1/24 Time of Arrival: 21:30 Mode of Admission: ☒ Walking ☐ Wheelchair ☐ Stretcher

Accompanied by Relative: ☒ Yes ☐ No If Yes, Name of the Relative: MRS. GEETHANJALI

Relationship with Patient: WIFE Contact Person's Name: _____ Relationship: _____

Contact No.: 9500689420 Primary language spoken: ☒ Tamil ☐ English ☐ Indian ☐ International

Interpreter needed: ☐ Yes ☒ No

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

Menstrual History : LMP : _____ Menopause: _____

Medical History : DM / HTN / Co - Morbidity : X 24 YEAR 23 Yes If yes specify

Drugs History : Antiplatelet _____ (Specify)

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

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

If Yes, specify details: NIL

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

Vital Signs: Temp: 98 (°F) | Pulse / HR: 80 (beats/min) | BP: 130/70 (mmHg)

Respiration: 22 (breaths/min) | SpO₂: 97 (%) | CBG: 132 (mg/dl) | Height: 167 (cms) | Weight: 64.3 (kgs)

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

If Yes, specify: NIL

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

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

Duration: _____ Location: _____

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

Nutritional Screening:

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

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

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

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: MR. CATHERINE Time: 22:00

Orient Patient if: ☒ Conscious

Orient Patient Attendant if: ☐ Unconscious ☐ Disoriented

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

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

Functional Assessment:

Particular	Assessment	Remarks	Outcome
Visual Impairment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hearing Impairment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Chewing Difficulty	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Walking Difficulty	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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

Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13;

High Risk: 12 - 10; Severe Risk: 9 - 6

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

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

Witnessed by: _____ Signature: _____ Relationship: _____

MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)

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

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk interventions (25 - 44)

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

High-risk interventions (above 45)

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

Initial Assessment to Special Needs and Vulnerability of Patient:

	Yes	No	Remarks (please specify)
Terminally ill patients		✓	
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		✓	
Has colostomy been done		✓	
Any other potential needs of the patient		✓	

DVT RISK ASSESSMENT

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

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

Risk Score Interpretation (Probability of DVT):

Tick the score obtained (✓)

Final Score

		✓	Action Taken	Date	Time
Low Risk	-2 to 0	0	—	8/1/24	21:45
Moderate Risk	1 to 2				
High Risk	3 to 8				

Personal Belongings / Valuables:

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

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

Patient / Patient's Attendant	Sign.	Name	Emp. No.	Date	Time
	Guthali	MRS. GRETIANALI	WIFE	8/1/24	21:45
Nurse	84	A. ALBINUS	0086	8/1/24	21:45
Unit In-Charge	Nae	S. Nalini	0084	8/1/24	22:10

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 8/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: RVOT - VT

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Date of surgery: -

Allergies if any: NKDA

On room air / oxygen: ON ROOM AIR

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 22 (breaths/min)

BP: 130/70 (mmHg) | SpO₂: 97 (%) | Height: 167 (cms) | Weight: 64.3 (kgs) | BMI: 24.3 kg/m²

Others: Nil

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Normal Diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: EPS + RFA FOR RVOT TMRW
NPO FROM 4:00

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. ALBINUS	0088	9/1/24	7:00
Handover taken by		S. Dhanalakshini	0212	9/1/24	7:30
Document endorsed		S. Nalini	0024	9/1/24	8:00



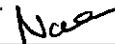
NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S	SITUATION Diagnosis: <u>PNOT-VT</u> NEWS / PEWS Score: <u>—</u> Ventilator day: <u>—</u> Peripheral line day: Right: <u>D</u> Left: <u>D</u> Ryle's Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: <u>—</u> Urinary Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day: <u>—</u> Barrier nursing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MDR: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, specify organism: <u>—</u> GCS: <u>15/15</u> POD: <u>—</u> Central line days: <u>—</u> VIP Score: <u>0/5</u>
B	BACKGROUND Type of surgery: <u>—</u> Date of surgery: <u>—</u> Allergies if any: <u>NKDA</u> On room air / oxygen: <u>RA</u> IV fluids on flow: <u>—</u> Complaints / New Symptoms in last shift: <u>—</u>
A	ASSESSMENT Vital Signs: Temp: <u>97°F</u> Pulse / HR: <u>80</u> (beats/min) Respiration: <u>22</u> (breaths/min) BP: <u>110/70</u> (mmHg) SpO ₂ : <u>97</u> (%) Height: <u>167</u> (cms) Weight: <u>64.3</u> (kgs) BMI: <u>24.3</u> kg/m ² Others: <u>—</u> Pain Score: <u>0/10</u> Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: <u>50</u> Fall Risk Protocol: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High Braden Score: <input checked="" type="checkbox"/> Minimal Risk: 23-19 <input type="checkbox"/> At Risk-Mild Risk: 18-15 <input type="checkbox"/> Moderate Risk: 14-13 <input type="checkbox"/> High Risk: 12-10 <input type="checkbox"/> Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Wound Dressing done: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Current diet: <u>Normal Diet</u> Drains: <u>—</u>
R	RECOMMENDATION Referral doctors: <u>—</u> Pending medications: <u>—</u> Pending medication indent: <u>—</u> Pending lab reports / Investigations: <u>—</u> Critical value alert and its corrections: <u>—</u> Changes in nursing care plan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, modified care plan date: <u>—</u> Pending follow-up orders: <u>—</u> Special instructions if any: <u>NPO 4AM, Today plan EPS + RFA.</u>

	Signature	Name	Emp. No.	Date	Time
Handover given by		S. Dhandraashini	0212	9/1/24	8:30
Handover taken by		S. Nalini	0283	9/1/24	8:30
Document endorsed		S. Nalini	0024	9/1/24	9:0

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
8/1/24	Morning Duty Notes -	
7:00	⇒ Pt handing over taken from Night Duty staff.	S. D. J.
	⇒ Pt conscious & Oriented.	
	⇒ Pt V/S & I/O chart checked & paraded.	
7:30	⇒ Pt Tj. Magnex 1 gm Test class given.	
	⇒ Pt IV line present. Tj. Magnex 1 g	
	⇒ Pt NPO 4 AM IV given	
	⇒ Pt Today plan EPS + RFA.	S. D. J.
	⇒ Pt has shifted to Cath lab.	
8:00	⇒ Pt handing over given to all reports to Cath lab. staff.	
	Pt only X-ray reports & Not firm informed Dr. Jaishankar.	
Document endorsed by	Signature Nee	Name S. Nalini
		Emp. No. 0084
		Date 9/1/24
		Time 9:10



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 9/1/24

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: RND + VT

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: ☒ Left: ☒

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: LAC + EP + RFA

Allergies if any: NKA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: -

Date of surgery: 9/1/24

IV fluids on flow: INF NL - 50cc/hr

A

ASSESSMENT

Vital Signs: Temp: 98.6°F | Pulse / HR: 90 (beats/min) | Respiration: 20 (breaths/min)

BP: 132/106 (mmHg) | SpO₂: 98 (%) | Height: 167 (cms) | Weight: 64.3 (kgs) | BMI: 24.3 kg/m²

Others: -

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

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

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

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

Current diet: -

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

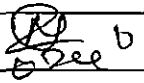
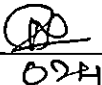
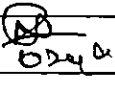
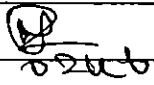
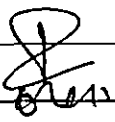
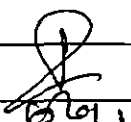
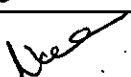
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: -

Pending follow-up orders: -

Special instructions if any: NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		Alathiyar	0240	9/1/24	18:30
Handover taken by		Rajasima	0201	9/1/24	18:30
Document endorsed		S. Nalini	0084	9/1/24	20:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.			
9/1/24 @ 15:30	<u>Receiving Notes.</u> ⇒ pt taken over from Cathlab Haff, pt Conscious & Oriented, pt today CAC+APT RFA done. ⇒ pt ECG taken, CBC checked & Reported 16:00 ⇒ pt RT Radial femoral approach, No oozing & hematoma ⇒ pt IIV 10-50ml/hr on flow, pt roped with no 16:30 ⇒ pt had lunch. ⇒ medicine given as per drug chart. 17:20 ⇒ pt shifted to Ward.	 0240  0240  0240  0240			
9/1/24	<u>Receiving Notes</u> Patient received from 18:30 O.V. ⇒ pt Conscious & Oriented ⇒ pt No chart writing 19:00 ⇒ pt handing over given by Night duty staff	  0240			
Document endorsed by	Signature 	Name S. Nalini	Emp. No. 0084	Date 9/1/24	Time 20:00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

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

S

SITUATION

Diagnosis: PUST - UT

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: 10 Left: 10

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 10/5

B

BACKGROUND

Type of surgery: CAG + EP + RFA

Date of surgery: 9/1/24

Allergies if any: NKA

On room air / oxygen: RA

IV fluids on flow: JUE NS 50 ml/hr

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 97.6°F | Pulse / HR: 92 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 97% | Height: 164 cms | Weight: 64.5 (kgs) | BMI: 24.3 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☒ NA

Current diet: -

Drains: 7

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -


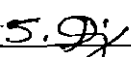
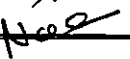
Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		S. Nalini	0241	10/1/24	7:30
Handover taken by		S. Nalini	0242	10/1/24	7:30
Document endorsed		S. Nalini	0004	10/1/24	8:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date:

10/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: PT VOT - UT

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: D2

Day:

Day:

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: CAG + EP + RFA

Date of surgery: -

Allergies if any: NKA

On room air / oxygen: RA

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 97.6 (°F) | Pulse / HR: 92 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 97 (%) | Height: 107 (cms) | Weight: 64.3 (kgs) | BMI: 24.3 kg/m²

Others: -

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

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

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

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

Current diet: -

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		S. Devarachari	0212	10/1/24	12:30
Handover taken by		S. Agalwala	0066	10/1/24	12:45
Document endorsed		S. Agalwala	0024	10/1/24	13:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
10/1/24	<u>Morning Duty Notes</u>	
7:30	⇒ Pt handing over taken from Night Duty staff. ⇒ Pt conscious & Oriented. ⇒ Pt V/S & I/O chart checked & Recorded.	S.D. 0212
8:00	⇒ Pt Due medication given. ⇒ Pt V/S & I/O chart checked & Recorded.	S.D. 0212
12:30	⇒ Pt. handing over given to evening duty staff.	S.D. 0212
	<u>Discharge notes</u>	
14:30	Pt discharge summary explained Vital signs used & monitored	
16:30	T - 96.0 F. BP - 110/70 BP - 110/70 mmHg, RR - 18 BLM SpO2 - 98% Bilious cleared. CP line removed Pt discharged	Geo
17:30	Pt discharged at 17:30	Geo
Document endorsed by	Signature Nes	Name S-Nalini
		Emp. No. 0024
		Date 10/1/24
		Time 13:00

ADULT NURSING CARE PLAN

Mr. SATHISH KUMAR K
42/Male/MH1202400014
08/01/2024/IPH2024000071
Dr. K. JAISHANKAR



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 8/1/24 Time: 22:00		Modified Date: Time:		
Reason for Modification:		Diagnosis: RVOT - VT		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M E N <i>pt is on normal diet</i>	 <i>dy</i>
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M E N <i>SpO₂ - 95%</i>	 <i>dy</i> <i>08/01</i>
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M E N <i>I/O chart is maintained</i>	 <i>dy</i> <i>08/01</i>

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

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input checked="" type="checkbox"/> Encourage the use of call bell <input checked="" type="checkbox"/> Obtain interpreter if needed <input checked="" type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M E N Pt well communicated	 dy pab
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input checked="" type="checkbox"/> Observe and report any medication reaction <input checked="" type="checkbox"/> Provide proper measures of wound care <input checked="" type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input checked="" type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input checked="" type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input checked="" type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M E N Medications are given	 dy 006
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nad	S. Nalini	0084	8/1/24	18:00

ADULT NURSING CARE PLAN

Mr. SATHISH KUMAR K
42/Male/MHI202400014
08/01/2024/IPH2024000071
Dr. K. JAISHANKAR



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 9/1/24 Time: 7.00

Modified Date: Time:

Reason for Modification:

Diagnosis: RVOT - VT

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt had NPO 4 AM	5.DJ 02
			E Pt had Regular diet	Dr. Jaishankar
			N Pt had Regular diet	Dr. Jaishankar
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Pt on Room air	5.DJ 02
			E Pt on Room air	Dr. Jaishankar
			N Pt on Room air	Dr. Jaishankar
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M output monitored	5.DJ 02
			E Pt IVP 1L	Dr. Jaishankar
			N Pt IVP 1.5 L 500 ml / L	Dr. Jaishankar

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt mobilized well	5.9.21
			E pt mobilized on bed	DDH
			N pt mobilized well	Self
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M pt voided voided	5.9.21
			E pt (N) Elimination Pattern.	DDH
			N pt (N) Elimination pattern	Self
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input checked="" type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M pt skin is (N) Integrity	5.9.21
			E pt maintain (N) Skin Integrity	DDH
			N pt maintain (N) Skin Integrity	Self

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M Pt communication well E Pt communication block N Pt communication well	5/2/12 [Signature] [Signature]
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M Pt Due medication given E Pt medication given as per drug chart N Pt medication given	5/2/12 [Signature] [Signature]
Endorsed by	Signature	Name	Emp. ID	Date	Time
	[Signature]	E. Nalin	0024	9/1/24	1600

ADULT NURSING CARE PLAN

Dr. SATHISH KUMAR K
42 / Male / MHI202400014
08/01/2024 / IPH2024000071
Dr. K. JAISHANKAR



MHI/NUR/2022/044



Every heart beat counts

Initial Date: 10/1/24 Time: 8-00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAL EPST REN.		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt had @ diet E Pt had ON normal diet N	S. D. J. S. J. S.
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Pt on room air E Pt on room air N	S. D. J. S. J. S.
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Pt take oral fluid. E monitor no fluid N	S. D. J. S. J. S.

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobility <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt mobilized well.	S.D. 02/12
			E pt well mobilized	Sw
			N	
ELIMINATION <input checked="" type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as toley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M pt @ elimination Pattern.	S.D. 02/12
			E pt not holding	Sw
			N	
SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M pt maintain skin integrity	S.D. 02/12
			E maintained normal skin	Loxo
			N	

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input checked="" type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M Pt well groomed E Pt well groomed N	S.D. 5/21/2 J. L.
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV <input type="checkbox"/> CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M Pt ID Band checked E checked ID band N	S.D. 5/21/2 J. L.
COMFORT AND SLEEP <input checked="" type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input checked="" type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M E N	
OBSERVATION <input type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M Pt vital sign checked. E monitored vital signs N	S.D. 5/21/2 J. L.
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input checked="" type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input checked="" type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M Pt Psychological Support E provided psychological support N	S.D. 5/21/2 J. L.

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt communication well. E pt cooperation communication N	S D 2/1/1 Sub
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M pt medication given. E due drug given N	S D 02/1 Sub
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>Nee</i>	S. Nalini	0027	10/1/24	14:00



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.
8/1/24 22:00	0/10	No Pain	-	-	-	dy 0080	Nas 024
9/1/24 2:00	0/10	No Pain	-	-	-	dy 0080	Nas 024
6:00	0/10	No Pain	-	-	-	dy 0080	Nas 024
		PT Received from ICU @ 15:30					
15:30	0/10	No pain	-	-	-	dy 0080	Nas 024
16:30	0/10	No pain	-	-	-	dy 0246	Nas 024
22:00	0/10	No pain	-	-	-	dy 0080	Nas 024
6:00	0/10	No pain	-	-	-	dy 0080	Nas 024
10:00	0/10	No pain	-	-	-	dy 021	Nas 024



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort				4
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals				4
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours				4
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance				4
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation				4
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair					3
					TOTAL SCORE			23
					Initial & Emp. No. of Staff Nurse:			4 / 11
					Initial & Emp. No. of Sr. Staff Nurse:			11 / 25

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	1	1
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	3	3
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	3	3
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3
TOTAL SCORE					23	18	18
Initial & Emp. No. of Staff Nurse:					533	22	24
Initial & Emp. No. of Sr. Staff Nurse:					102	102	102

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

Date: 10/1/24
Time: 12:00







SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	6	
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	
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	6	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	6	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	
TOTAL SCORE					23	23	
Initial & Emp. No. of Staff Nurse:					5.95		
Initial & Emp. No. of Sr. Staff Nurse:					24		

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



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

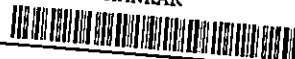
		Date	8/1/24	9/1/24	10/1/24			
		Time	22:00	6:00	6:00			
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	0	0	0				
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0	0				
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0	0				
5	Entire leg swollen (Assess for both legs)	0	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0	0				
9	Previously documented DVT (Assess for both legs)	0	0	0				
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0	0				
FINAL SCORE		0	0	0				
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		Low	Low	Low				
DVT prophylaxis started		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature & Emp. No. of RN								
Signature & Emp. No. of Sr. RN								



Medway Hospitals
The way to better health
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Mr. SATHISH KUMAR K
42/Male/MHI202400014
08/01/2024/IPH2024000071
Dr. K. JAISHANKAR



MHI/NUR/2022/046



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	8/1/24	9/1/24	9/1/24	9/1/24	10/1/24	10/1/24			
	Time	22:00	2:00	11:00	20:00	8:00	14:00			
History of falling (Immediate or within 6 months)	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics										
	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		30	50	50	50	56	30			
Low Risk (0 - 24)										
Medium Risk (25 - 44)		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
High Risk (45 or above)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Signature & Emp. No. of RN			5.55			5.55				
Signature & Emp. No. of Sr. RN			24			24				

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

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date	8/1/24	9/1/24	9/1/24	9/1/24	10/1/24	10/1/24			
	Time	22:00	8:00	14:00	20:00	8:00	14:00			
Low Risk Interventions (0 - 24)										
Familiarize the patient with the immediate surroundings		✓	✓	✓	✓	✓	✓			
Remind the patient to use call bell before getting out of bed		✓	✓	✓	✓	✓	✓			
Keep the two side rails in the raised position at all times for all patients regardless of age		✓	✓	✓	✓	✓	✓			
Keep the call bell, bedside table, water, glasses within the patient's easy reach		✓	✓	✓	✓	✓	✓			
Remove excess equipment or furniture to make a clear path		✓	✓	✓	✓	✓	✓			
Keep the patient's bed in the low position at all times except during procedure		✓	✓	✓	✓	✓	✓			
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed		✓	✓	✓	✓	✓	✓			
Bed wheels should be locked		✓	✓	✓	✓	✓	✓			
Encourage family participation in the patient's care		✓	✓	✓	✓	✓	✓			
Ensure that floor of the bathroom is dry and not slippery		✓	✓	✓	✓	✓	✓			
Review medications for potential side effects that can promote falls		✓	✓	✓	✓	✓	✓			
Use safety belts during movement in wheelchair		✓	✓	✓	✓	✓	✓			
The patients are not ambulated by themselves. They are to be ambulated only with assistance		✓	✓	✓	✓	✓	✓			
Medium risk interventions (25 - 44)										
Apply all the low risk interventions		✓	✓	✓	✓	✓	✓			
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher		✓	✓	✓	✓	✓	✓			
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat		✓	✓	✓	✓	✓	✓			
Use restraints and bed monitors as ordered by the doctor		✓	✓	✓	✓	✓	✓			
Allow the patient to ambulate only with assistance		NA	✓	✓	✓	✓	✓			
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care		NA	✓	✓	✓	✓	✓			
Do not leave patients unattended in diagnostic or treatment areas		✓	✓	✓	✓	✓	✓			
Accompany the patient while going to bathroom		✓	✓	✓	✓	✓	✓			
Advice the patient to use grab bars near the toilet, bathtub, and shower		✓	✓	✓	✓	✓	✓			
Make sure the family and other visitors understand the restrictions mentioned above		✓	✓	✓	✓	✓	✓			
High-risk interventions (45 or above)										
Apply all the low and medium risk interventions		✓	✓	✓	✓	✓	✓			
Tie red fall risk tag in the bed, wheel chair and stretcher		✓	✓	✓	✓	✓	✓			
Locate the high-risk patients in a room close to the nurses' station		✓	✓	✓	✓	✓	✓			
Answer these patients call bells as quickly as possible		✓	✓	✓	✓	✓	✓			
Provide a commode at bedside (if appropriate)		✓	✓	✓	✓	✓	✓			
Urinal/bedpan should be within easy reach (if appropriate)		✓	✓	✓	✓	✓	✓			
Encourage family members or other visitors to stay with them		✓	✓	✓	✓	✓	✓			
If appropriate, consider using protection devices: safety belts		✓	✓	✓	✓	✓	✓			
Signature & Emp. No. of RN		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			
Signature & Emp. No. of Sr. RN		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

[illegible]

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

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

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

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

Written Material given and explained (if any)

Reports Given :

	Given	Pending	NA		Given	Pending	NA
Discharge Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diet Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECG Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT Scan Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doppler Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT Scan Film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ECHO Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray Film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compact Disk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Other Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse Agastya Signature : SA

[illegible]

Additional Details (if any):

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

	Sign.	Name	Reg. No.	Date	Time
Transferring Doctor		Dr. H. Alshar	91310	9/1/24	14:12
Receiving Doctor		Dr. Mohamed Ayman	16522	9/1/24	20:00

Part C (to be filled by Nurses)

Check for	Transferring Nurse	Receiving Nurse
Drains	<input type="checkbox"/> Chest <input type="checkbox"/> Abdominal <input type="checkbox"/> Others: <u>NIL</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory	Air Way Type: <input type="checkbox"/> Patent <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: _____ Oxygen Therapy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes via: _____ Rate: _____ l/min	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NG Tube / Oral	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> For Feeding <input type="checkbox"/> Gastric Suction <input type="checkbox"/> Fluid Restriction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Foley's Catheter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intravenous Access	<input checked="" type="checkbox"/> Peripheral Line <input type="checkbox"/> Central Venous Line <input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pressure Injury	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Score	Fall Risk: <u>SO</u> WELLS: _____ NEWS / PEWS: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Belongings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Handover Details	Medication Administration Record explained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Lab & Diagnostic Reports handed over: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Attendant Informed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, give details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details (if any):

	Sign.	Name	Emp. No.	Date	Time
Transferring Nurse		Nathiya	0240	9/1/24	17:20
Receiving Nurse		Agasthya	0116	9/1/24	17:30



Medway Hospitals
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MHI/IP/2022/116



Every heart beat counts

VIP SCALE (VISUAL INFUSION PHLEBITIS)

PATIENT NAME : Mr.SATHISH KUMAR K
42/Male/MHI202400014
08/01/2024/IPH2024000071
AGE / SEX : Dr.K.JAISHANKAR



IP No. / UHID No

Ward / Bed No. 203-B,

ANY SCORE>0 SHOULD BE MONITORED IN EVERY SHIFT

DATE	TIME	SITE	SCORE	DESCRIPTION	ACTION	FOLLOW UP	S / N EMP No.
9/1/24	8:00	RT Brachial	0/5	patent	flushed	Observation	S.Dj
	16:00	RT Brachial	0/5	patent	flushed	followed	S.Dj
	20:00	RT Brachial	0/5	patent	flushed	followed	S.Dj
10/1/24	8:00	RT Brachial	0/5	patent	flushed	followed	S.Dj
				IV line	removed		
9/1/24	8:00	LT Brachial	0/5	patent	flushed	Observation	S.Dj
	16:00	LT Brachial	0/5	patent	flushed	followed	S.Dj
				IV line	removed		

[illegible]

Clinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given				
			Time ↓					
DRUG NAME T. Amiodarone			8:00	10/01				
Dose 200mg	Route PO	Frequency 1-1 x5 days						
Dr. Sign & Reg. No. / Seal		Start Date & Time	14:00					
		Stop Date & Time						
Additional Info:			20:00					
DRUG NAME T. Domo			8:00	10/01				
Dose 600mg	Route PO	Frequency 1-1 x3 days						
Dr. Sign & Reg. No. / Seal		Start Date & Time	14:00					
		Stop Date & Time						
Additional Info:			20:00					
DRUG NAME T. Pan			8:00	10/01				
Dose 400mg	Route PO	Frequency 1-00						
Dr. Sign & Reg. No. / Seal		Start Date & Time						
		Stop Date & Time						
Additional Info:								
DRUG NAME T. Alprax				10/01				
Dose 0.25mg	Route PO	Frequency 001						
Dr. Sign & Reg. No. / Seal		Start Date & Time	20:00					
		Stop Date & Time						
Additional Info:								
DRUG NAME T. Lasix done			8:00	10/01				
Dose 20mg	Route PO	Frequency 1-20						
Dr. Sign & Reg. No. / Seal		Start Date & Time	16:00					
		Stop Date & Time						
Additional Info:								
Area In-charge Nurse Signature:								

REGULAR PRESCRIPTIONS To be filled in by Doctors only ↓			Date →	To be filled by Nursing Staff only. Sign and time given									
			Time ↓										
DRUG NAME 7. Co-sartan			8:30										
Dose 250	Route PO	Frequency 1/1/1											
Dr. Sign & Reg. No. / Seal [Signature]		Start Date & Time 29/1/20											
		Stop Date & Time 16/10/20											
Additional Info:			20:00	20:00									
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
Area In-charge Nurse Signature:				[Signature]									

[illegible]

[illegible][illegible]

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
08/11/24	22:00	Low salt, Low fat	[Signature]	134559					
09/11/24	14:00	NPD	[Signature]	134559					
9/11/24	16:00	NORMAL DIET	[Signature]	134559					
10/11/24	8:00	Normal diet	[Signature]	134559					

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
9/11/24	Morning	Dowadhasini	0212	S		Morning			
9/11/24	Evening	Nathiya	0240	[Signature]		Evening			
9/11/24	Night	E. Calhoun	0208	E.C		Night			
10/11/24	Morning	Dowadhasini	0212	S		Morning			
10/11/24	Evening	Aguetaja	0116	S		Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			

MEDICATION / DRUGS