



MRD CHECKLIST

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



Patient De Mrs. SARADA NARAYANAN
Name: 66/Female/MHI202380+83
UHID: 27/12/2023/1PH2023002606
DOB: Dr.K.JAISHANKAR
DOA:
Consultant:

HI/IPD/2022/002



Every heart beat counts

ADMISSION SLIP

Admitting Doctor: **DR. JAISHANKAR**

Speciality: **cardiology**

Advised Date & Time: **27/12/23 @ 9:14 AM**

Provisional Diagnosis:

PSVT - Revealed with INT - Atherosclerosis of LV stent (17/8/23)
9 ANNRJ - Normal LV function

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):

EPS + 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:

ESI

Instructions to Nurse (if any):

- Monitor vitals
- pulse preparation
- inform Cath lab

Any other Instructions (if any):

Doctor's Signature

Name

Reg. No.

Date

Time

Dr. S. Jayanthi
170318

DR. S. JAYANTHI

1703-18

27/12/23

11 AM

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

27/12/23

9:14 AM

27/12/23

9:14 AM

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

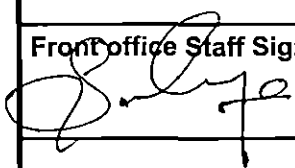
Front office Staff Signature

Name

Emp. No.

Date

Time



Sundararaj

2209

27/12/23

9:14 AM

ADMISSION FORM

| | | |
|--|--|---|
| Marital Status Married | Full Address no. 25/6, Annai Nagar, Selaiyer, Tambaram, Chennai - 73 | Telephone Number Mobile No. 8248749141 |
| Occupation - | Referred from Dr. Jaishankar | Date of Time of Admission 27/12/23 @ 9:14 AM |
| UNIT Cardiology | Date & Time of Discharge 28/12/23 @ 18:00 | Total No. of Days 1 day |
| MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. : | | |
| FINAL DIAGNOSIS | | ICD Code |
| PSVT - AVNRT, REVERTED WITH TNG. ADENOSINE 6mg | | I47.1 |
| NORMAL LV FUNCTION | | I50.1 |
| DATE | OPERATION / PROCEDURES | ICPM Code |
| 27/12/23 | CORONARY ANGIOGRAM → SUCCESSFUL ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION | 88.50 04.3 |
| DATE | TYPE OF ANESTHESIA | |
| 27/12/23 | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input checked="" type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL | |
| DISCHARGE STATUS | | |
| <input checked="" type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to | | |
| Signature of the Consultant Dr. J. Jayanthi 170318 | | Signature of Medical Records Officer Dr. J. Jayanthi 170318 |

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 otherwise as may be deemed necessary and / or advisable in the diagnosis and treatment of my illness / patient..... ^{MRS} *Sandya Nandiparan* who is my *Wife*..... (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 the 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.

[Signature]
செவிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date

27/12/23


எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

உறவுமுறை

Nature of Relationship

14 us band

Patient De Mrs. SARADA NARAYANAN
Name: 66/Female/MH1202380+83
UHID: 27/12/2023/IPH2023002606
DOB:
DOA: Dr. K. JAISHANKAR
Consultant: 

MH/1P/2022/008

GENERAL CONSENT FOR ADMISSION

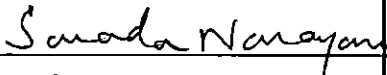


I, MRS. Sarada Narayanan the ☐ Patient or ☐ Representative of patient have
(please tick the correct option above and below)

☐ 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 |  | SARADA NARAYANAN | 27/12/23 | 9:14 AM |
| Surrogate/Guardian (if applicable #) |  | S. SATHYA NARAYANAN <small>(Write name and relationship with patient)</small> | 27/12/23 | 9:14 AM |
| Reason for surrogate consent | Patient is unable to give consent because: | | | |
| Witness |  | Soundarya. | 27/12/23 | 9:14 AM |
| Interpreter (if applicable) | | | | |

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



DISCHARGE SUMMARY

| | | | |
|--------------|--|----------|--------------|
| IP No. | IPH2023002606 | D.O.A | : 27/12/2023 |
| UHID | MHI202380483 | D.O.P | : 27/12/2023 |
| Name | Mrs. SARADA NARAYANAN | Room No. | : 105 |
| Age / Gender | 66Years / FEMALE | | |
| Consultant | : Dr. JAISHANKAR.K MD., DM., FIAMS Director and Clinical Lead Cardiology and Electrophysiology | D.O.D | : 28/12/2023 |

DIAGNOSIS:

PSVT – AVNRT
REVERTED WITH INJ.ADENOSINE 6MG – 17.03.2023
NORMAL LV FUNCTION

PROCEDURE:

1. CORONARY ANGIOGRAM DONE ON 27.12.2023 – NORMAL EPICARDIAL CORONARIES.
2. SUCCESSFUL ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION USING 3D ENSITE FOR TYPICAL AVNRT - SLOW PATHWAY MODIFICATION DONE ON 27.12.2023.

BRIEF HISTORY:

Mrs. Sarada Narayanan, 66 years/Female, Presented with history of palpitation on & off associated with shortness of breath (+). Complaints of chest pain radiating to jaw. History of one episode of palpitation reverted with inj.adnosine 6mg IV on 17.03.2023. She was referred to Medway heart institute on 26.10.2023, evaluated in OPD and diagnosed as PSVT – AVNRT. She was advised for Coronary angiogram + Electrophysiology study + radiofrequency ablation using 3D ensite for which she has been admitted.

No H/O Syncope or pre syncope, fever, cough, vomiting, diarrhea.

N/K/C/O DM, SHT, RHD / CKD, BA, seizure disorder or Hypothyroidism.

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

HR - 96bpm
BP - 130/80mmHg
SPO₂ - 97% in room air
CVS - S1S2 (+)
RS - BAE (+)

Abdomen - Soft, BS (+)

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PATIENT RELIEF LINE
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1800 572 3003

Medway Group of Hospitals

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

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 4454 |
|------------------------------------|---|

MHI/HOSP/2022/118



NAME: Mrs. SARADA NARAYANAN

UHID: MHI202380483



IP.NO. IHH2023002606
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INVESTIGATIONS:

BLOOD(25.10.2023): Hb – 12.4gm/dl, TC- 4100 cells/cumm, Urea – 21.60 mg/dl, Creatinine- 0.64 mg/dl, Na+ – 141mmol/l, K+- 4.69 mmol/L, INR – 0.9.

BASAL ECG: NSR, HR – 96BPM, within normal limits.

TACHYCARDIA ECG : SVT @ 180BPM, NARROW QRS COMPLEX, SHORT RP, S/O AVNRT.

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

SCREENING ECHO(26.10.2023): Chambers normal sized. No RWMA. Normal LV systolic function. EF – 68%. Grade I diastolic dysfunction. Normal RV systolic function. Aortic valve sclerosis. No AS/ AR. Trivial MR. Trivial TR. No PAH. No clot / vegetation / effusion.

POST RFA INVESTIGATIONS:

ECG: sinus rhythm, HR – 82bpm, Within Normal Limits.

SCREENING ECHO: S/P EP + RFA. All chambers normal sized. No RWMA. Normal LV systolic function. EF – 62%. Normal RV systolic function. Aortic valve sclerosis. Trivial MR. Trivial TR. No PAH. No clot / vegetation / effusion.

COURSE IN THE HOSPITAL:

Mrs. Sarada Narayanan, 66 years/Female, was admitted with above mentioned complaints. Basic investigation was done. She underwent Coronary Angiogram by Right femoral access which revealed Normal epicardial coronaries followed by **SUCCESSFUL ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION USING 3D ENSITE FOR TYPICAL AVNRT - SLOW PATHWAY MODIFICATION DONE ON 27.12.2023.** Her 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. She was observed in ICU and shifted to ward. Her medications are optimized and she 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 | BP | - 110/77mmHg |
| PR | - | 73/min | SPO2 | - 96% in room air |

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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 4454

MHI/HOSP/2022/118



NAME: Mrs. SARADA NARAYANAN

UHID: MHI202380483



IP.NO: IPH202102006

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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. PAN (PANTOPRAZOLE) | 40 MG | 1 | 0 | 1 | ORAL | BEFORE FOOD | X 3 DAYS |
| 2. | TAB. ALPRAX (ALPRAZOLAM) | 0.25 MG | 0 | 0 | 1 | ORAL | AFTER FOOD | X 3 DAYS |
| 3. | TAB. COMBIFLAM | 400/325MG | 1 | 1 | 1 | ORAL | AFTER FOOD | X 3 DAYS |

DISCHARGE ADVICE

| | |
|---------------------|---|
| DIET | LOW FAT DIET. |
| PHYSICAL ACTIVITIES | DAILY WALKING FOR 30 MINS. |
| REVIEW | REVIEW WITH DR. JAISHANKAR. K AFTER 1 MONTH WITH ECG. |

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)

CONSULTANT SIGNATURE

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

Typed by: Ezhilarasi.

Dr. K. JAISHANKAR
Reg. No: 49448

Sarada Narayanan
"I understood the Content of the
discharge summary."

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CORONARY ANGIOGRAM REPORT

| | |
|---|------------------------------|
| PATIENT NAME : Mrs. SARADA NARAYANAN | UHID : MHI202380483 |
| AGE/GENDER : 66 YEARS / FEMALE | IP NO : IPH2023002606 |
| CONSULTANT : Dr. Jaishankar. K MD., DM., FIAMS | D.O.A : 27.12.2023 |
| Director and Clinical Lead | D.O.P : 27.12.2023 |
| Cardiology and Electrophysiology | |

| | | | |
|---------------|------------|---------------------|------------------|
| CATH DATE | 27.12.2023 | DONE BY | DR. JAISHANKAR.K |
| CATH NO | 3482 | ASSISTED BY | SN. SATHYA |
| CATH DURATION | 5 MINS | TECHNICIAN | MR. RAM |
| HEIGHT | 156CMS | PHYSICIAN ASSISTANT | MS. SHALINI |
| WEIGHT | 56KGS | | |

CLINICAL DIAGNOSIS: PSVT – AVNRT, REVERTED WITH INJ.ADENOSINE 6MG – 17.03.2023, NORMAL LV FUNCTION.

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 + RADIO FREQUENCY ABLATION USING 3D ENSITE.

(Signature)

CONSULTANT SIGNATURE

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

To visit at www.medwayhospitals.com

Dr. K. JAISHANKAR
Reg. No: 49448

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

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



94457 94457
1800 572 3003

Medway Group of Hospitals

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

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 4454

MHI/HOSP/2022/118



INPATIENT INITIAL ASSESSMENT

Date: 27/12/23

Time of arrival in ward: 9:50 Am

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 98 (°F) | Pulse / HR: 96 (beats/min) | BP: 130/80 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 97 (%) | Height: 156 (cms) | Weight: 56 (kgs) | BMI: 24.2 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

Patient was admitted with Complaints of palpitations
on & off since 2017.

e/o SOB while walking (+), Now admitted for CAG + EP
Study + RFA
- H/o PSVT Reverted with INT. ADENOSINE 6mg IV stat (17/3/23)

PAST MEDICAL HISTORY (with duration of illness):

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

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. | TAB. METX L | 25mg | p/o | 1-0-1 | 17/12/23 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | TAB. ASA | 75mg | p/o | 1-0-0 | 25/12/23 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | TAB. ATORVA | 10mg | p/o | 0-0-1 | 25/12/23 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | TAB. NITROCONTIN | 2.6mg | p/o | 1-0-0 | 25/12/23 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Family History:

No significant Family Hx

Personal / Social History (Tick whichever is applicable)

Lifestyle: ☐ Sedentary ☐ Active Occupation: Housewife

Smoking: ☐ Yes ☒ No

Alcohol: ☐ Yes ☒ No

Recreational Drug Use: ☐ Yes ☒ No

Others: _____

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

Menopause x 19 yrs back
Obstetric Code :- P₂L₂ → ♂ } NVD

General Physical Examination:

Pallor: ☐ Yes ☒ No

Icterus: ☐ Yes ☒ No

Clubbing: ☐ Yes ☒ No

Edema: ☐ Yes ☒ No

Lymphadenopathy: ☐ Yes ☒ No

SYSTEMIC EXAMINATION

CVS:

SS (F)

Respiratory System:

BAE (F)

Gastrointestinal System:

Soft, BS (F)

Central Nervous System:

NRND

Urinary / Reproductive / Locomotor System:

N

Skin / Ophthalmic / ENT

N

Suspected of contagious disease: ☐ Yes ☒ No

Immuno compromised status: ☐ Yes ☒ No

Isolation required: ☐ Yes ☒ No, if yes, ☐ Contact ☐ Airborne ☐ Droplet

Psychological Evaluation:

☒ Normal ☐ Anxious ☐ Depressed ☐ Others: _____

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

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

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

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

Is the BMI < 20.5? ☐ Yes ☒ No

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

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

Provisional Diagnosis:

PSVT - Reverted with INT. Adenosine 6mg IV stat
- ? AVNRT → Normal LV function. (11/13/25)

Plan of Care:

→ CAG + EP study + RFA today
→ Monitor vitals - pre-procedure preparation
→ Follow drug class - NPO from 6:45am

Investigations Advised:

(7)

Diet Advice:

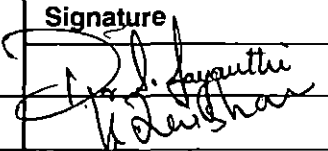
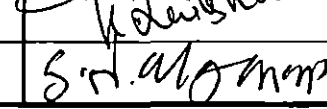

- ☒ Nil per Oral
 ☐ Clear liquid diet
 ☐ Normal liquid diet
 ☐ Diabetic liquid diet
☐ Semisolid diet
 ☐ Soft solid diet
 ☒ South Indian normal diet
 ☐ North Indian normal diet
☐ Neutropenic liquid diet
 ☐ Others: _____

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

PFE: Patient Family Education

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

Others:

| | Signature | Name | Reg. No. | Date | Time |
|-------------------|---|-------------------------|----------|----------|-------|
| Resident Doctor |  | DR. S. JAYANTHI | 170318 | 27/12/23 | 10 AM |
| Consultant |  | DR. Jaisankar | 49448 | 27/12/23 | 12:15 |
| Patient Attendant |  | Relationship HUSBAND | - | 27/12/23 | 10:00 |

PRE/POST OPERATIVE ECHO

Patient: Mrs. SARADA NARAYANAN
Name: 66/Female/MHI202380+83
UHID: 27/12/2023/IPH2023002606
DOB: Dr. K. JAISHANKAR



| Date & Time | |
|-------------|----------------------------------|
| | Screening Echo Report |
| | S/P EP + RFA |
| | - All Chambers normal sized |
| | - No RWMA |
| | - Normal LV systolic function |
| | - Normal RV systolic function |
| | - Aortic Valve sclerosis. |
| | - Trivial MR |
| | - Trivial TR / no PAH |
| | - No abt / vegetation / effusion |
| | HR: 80bpm |
| | Done By |
| | - Ms. Gokeshwari K |
| | (Cardiac Tech / MHI/10/20) |
| | 27/12/23 |
| | 3.50 pm |

Mrs. SARADA NARAYANAN

66/Female/MH1202380+83

27/12/2023/IPH2023002606

Dr. K. JAISHANKAR



Medway Hospitals

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



MHI/IP/2022/041



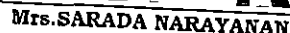
Every heart beat counts

DOCTOR'S PROGRESS NOTES

| DATE | NOTES |
|---------------------|---|
| 27/12/23 1:30 PM | C/D/B Dr. K. Jaishankar. |
| | Procedure: Coronary Angiogram + Electrophysiology study + Radio frequency ablation using SD tract |
| | ↓ SAP, using 2% xylocaine as local anaesthesia. |
| | Approach: RFA & RFA |
| | Sheath: bfr |
| | Catheter: RV, His, LS, RF ablation. |
| | <u>Coronary Angiogram:</u> |
| | LMCA: Normal, Bifurcated into LAD & LCX. |
| | LCX: Non Dominant. Normal. |
| | LAD: Type II Vessel. Normal. |
| | RCA: Dominant. Normal. |
| | Impression: Normal epicardial coronary. |
| | Right dominant system. |
| | <u>Advice:</u> |
| | Medical management. |

| DATE | NOTES |
|------|---|
| | Electrophysiology study + Radio frequency ablation. |
| | No VA conduction |
| | A regular narrow QRS tachycardia was induced with Isoprenaline & programmed atrial stimulation Protocol. |
| | Tachycardia cycle length - 310ms. |
| | multiple jump & echo was noted. |
| | His system pre could not pulling 'A' signal VDD, could entrain the Tachycardia & |
| | PPI - TCL (490-280) = 70115 & VAHV response. |
| | AH - 230 during tachycardia & same atrial activation pattern. |
| | Thus, the Tachycardia defined as Typical AVNRT & slow pathway signal. |
| | <u>RFA:</u> |
| | Using 3D naïve RA geometry was created CS OS was mapped & slow pathway signal was mapped. Using RF ablation catheter site was targeted RF energy was deliver 40, 50, 60-120 seconds resulted in stable functional rhythms. few more consolidation was done at same ablation region. |
| | Post test test RFA: |
| | No Tachycardia induced. |
| | Inconsistent jump & echo was noted. |
| | AVN - 220 ms on ISO. |
| | AVNRP - 300 / 250 / 170 ms. |
| | <u>Final Impression:</u> |
| | Typical AVNRT |

Successful ablation done for slow pathway modification done



66/Female/MHI202380+83

27/12/2023/IPH2023002606

Dr.K.JAISHANKAR



Every heart beat counts

MHI/IP/2022/041


DOCTORS' NOTES

| DATE | NOTES |
|------|--|
| | <p>General Examination: Post cath order.</p> <ul style="list-style-type: none"> • Immobilize (R) lower limb. • watch hematoma / Bleeding. • monitor vital • To do ECG / Screening Echo. • TAB. LOMBIFLAN TDS. • TAB. PAN 40mg OD • TAB ALPRAX 0.25g HS. • Shift to CCU & IV fluid. • ward shift by evening. • Discharge tomorrow. |
| | <p>for. <i>g. e. h. a. n. k. a.</i> Dr. <i>g. e. h. a. n. k. a.</i></p> |

| DATE | NOTES |
|-----------------|---|
| 27/12/2023 | C/S/B DR. ANISH (1st) |
| | |
| | - PT. REVIEWED |
| | - HD SAMPLE |
| | - EPP CAG + EPS + RFA DONE TODAY |
| | - NIL COMMENTS |
| | |
| | - PAIN - TO IMMERSION (R LEG X-ENTRY) |
| | WOUND SITES 505 |
| | DIC TOMORROW |
| | SCANNING ECG + ECG |
| | <i>Anish</i> |
| | <i>an</i> |
| | Dr. Anish Nelson Reg. No: 88434 |
| 27/12/23 | C/S/B Dr. Elango Raman (DMD) |
| 6:00pm | pt. received in ward from cath lab |
| | <u>POD-0</u> procedure done: CAG + EPS + RFA |
| | for typical ANRT |
| PR - 96/min | |
| BP - 130/80mmHg | |
| RIE - 20/min | |
| SpO2 - 97% (RA) | |
| | A/C - POSIT - revealed E inf. Adenosine being used |
| | O/E: conscious, oriented, afebrile |
| | S/E: |
| | CX: C1, C2 (+) |
| | RS: BAE (+) |
| | <u>Advice:</u> |
| | - Immobilize lower limb |
| | - W/F - Bleeding / Hematom. |
| | - Followup day chart. |

Elango
17/12/2023

[illegible]

| DATE | NOTES |
|------------------|---|
| 27/12/23 | S/S Do. Mohamed Lythum |
| 10am | S/P EAG + EPS + RFA. for Atypical AX/NRT. |
| | Patient conscious oriented afebrile |
| Vitals Stable | CVS → S, S2 ⊕ RS → BAE ⊕ P/A → S/P, NT. |
| | Adm - Monitor vitals - To follow drug chart - W/F bleeding / Hematoma Plan: D/C tomorrow. |
| |  165307 |



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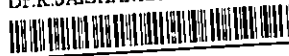
Mrs. SARADA NARAYANAN
66/Female/MHI202380+83
27/12/2023/IPH2023002606

Dr. K. JAISHANKAR



Every heart beat counts

DOCTOR



IS

DATE

NOTES

28/12/23

8:00

O/B: Dr. Jaishankar team.

No palpitate

No pain at (R) Inguinal Region

No SOB

No chest pain

O/B: Consen

R

CUS: S/S ⊕

CSF

BP: 110/70

As of CUS

Plan: Discharge today

PALSO

10/12/23

MICROBIOLOGY SHEET

| | | | |
|------------------|----------|--|--|
| DATE | 27/10/23 | | |
| COLOUR | | | |
| REACTION | | | |
| SPECIFIC GRAVITY | 1.010 | | |
| APPEARANCE | | | |
| ALBUMIN | | | |
| SUGAR | | | |
| ACETONE | | | |
| BILE SALT | | | |
| BILE PIGMENT | | | |
| UROBILINOGEN | NORMAL | | |
| PUS CELLS | | | |
| EPITHELIAL CELLS | | | |
| RBC | NIL | | |
| CASTS | NIL | | |
| CRYSTALS | NIL | | |
| OTHERS | NIL | | |
| | | | |

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

DIABETIC CHART

Mrs. SARADA NARAYANAN

66 / Female / MHI202380+83

27 / 12 / 2023 / IPH2023002606

Dr. K. JAISHANKAR



ACTUAL WEIGHT 56kg HbA_{1c} NIL

PREVIOUS DIABETIC MEDICATIONS —

| DATE | TIME | BLOOD SUGAR | DIABETIC DRUG | Sign. | ENDORSED BY |
|---------|-------|-------------|---------------|--------------------|-------------|
| 7/12/23 | 10.00 | 134 mg/dl | — | <i>[Signature]</i> | DR. Salai |
| 7/12/23 | 15.15 | 114 mg/dl | — | <i>[Signature]</i> | DR. Salai |
| | | | | | |
| | | | | | |
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INSTRUCTIONS FOR INSULIN INFUSIONS

| <ul style="list-style-type: none"> * Mix 40u short acting Insulin in 40 ml. of normal Saline (IU - 1 ml.) * Start Insulin Infusion 1-2 u / hr (1-2 ml / hr.). * Monitor Blood Glucose hourly (every 2nd hourly when stable) and adjust Insulin rate according to the following Algorithm. * Target Blood Sugar 150-200 mgs. * To monitor K⁺ separately. Urine Acetone <input type="text"/> | BLOOD SUGAR mg / dl | INSULIN INFUSION |
|--|------------------------|--|
| | < 100 | Stop Infusion for 30 mins, recheck Glucose level, if B.S. is still <100 give Glucose and recheck B.S. every 30 mins, until the level is above 150. Then restart infusion with rate 1 u / hour. |
| | 150-200 | Adjust Infusion rate to 2u / hr. |
| | 201-250 | Adjust Infusion rate to 4u / hr. |
| | 251-300 | Adjust Infusion rate to 6u / hr. |
| | 301-350 | Adjust Infusion rate to 8u / hr. |
| | 351-400 | Adjust Infusion rate to 10u / hr. |
| | >400 | Adjust Infusion rate to 20u / hr. |

BLOOD GROUP

INVESTIGATION SHEET

Mrs. SARADA NARAYANAN

66/Female/MHI202380+83

27/12/2023/IPH2023002606

Dr. K. JAISHANKAR



| | | | | | | |
|------------------------|-----------|--|--|--|--|--|
| Date | 25/10/23 | | | | | |
| HAEMATOLOGY | | | | | | |
| Hb | | | | | | |
| P.C.V | | | | | | |
| Platelets | | | | | | |
| TLC | 4,100 | | | | | |
| Polymorphs | 68.4 | | | | | |
| Lymphocytes | 28.2 | | | | | |
| Eosinophils | 2.5 | | | | | |
| Mono / Basophils | 5.7 / 0.2 | | | | | |
| E.S.R | | | | | | |
| BIO-CHEMISTRY | | | | | | |
| Urea | 21.60 | | | | | |
| Creatinine | 0.64 | | | | | |
| Sodium | 141 | | | | | |
| Potassium | 4.69 | | | | | |
| Bicarbonate | | | | | | |
| Chloride | | | | | | |
| Magnesium | | | | | | |
| Calcium | | | | | | |
| Phosphorus | | | | | | |
| LFT | | | | | | |
| T.Bilirubin | 0.191 | | | | | |
| D.Bilirubin | 0.091 | | | | | |
| I.Bilirubin | 0.100 | | | | | |
| S.G.O.T | 27 | | | | | |
| S.G.P.T | 22 | | | | | |
| ALP | | | | | | |
| GGT | | | | | | |
| Total Protein | | | | | | |
| S.Albumin | | | | | | |
| CARDIAC ENZYMES | | | | | | |
| Troponin I | | | | | | |
| CK-MB - CPK | | | | | | |
| LDH | | | | | | |
| Ntpro bnp | | | | | | |

[illegible]



EARLY WARNING SCORE MONITORING CHART

Name: _____

Age/Sex: _____

Patient Id No: _____

| NEWS key | | DATE | TIME | DATE | TIME |
|----------------------------|--------------|-------|-------|-------|-------|
| 0 | NEWS key | 27/12 | 10:00 | 27/12 | 10:00 |
| 1 | NEWS key | 27/12 | 11:00 | 27/12 | 11:00 |
| 2 | NEWS key | 27/12 | 12:00 | 27/12 | 12:00 |
| 3 | NEWS key | 27/12 | 13:00 | 27/12 | 13:00 |
| A+B | Respirations | 27/12 | 14:00 | 27/12 | 14:00 |
| Breath/ min | | 27/12 | 15:00 | 27/12 | 15:00 |
| A+B | SpO2 Scale 1 | 27/12 | 16:00 | 27/12 | 16:00 |
| Oxygen Saturation (%) | | 27/12 | 17:00 | 27/12 | 17:00 |
| SpO2 scale 2 oxygen | | 27/12 | 18:00 | 27/12 | 18:00 |
| saturation (%) use scale 2 | | 27/12 | 19:00 | 27/12 | 19:00 |
| if target range is 88-92 % | | 27/12 | 20:00 | 27/12 | 20:00 |
| in hypercapnic | | 27/12 | 21:00 | 27/12 | 21:00 |
| respiratory failure only | | 27/12 | 22:00 | 27/12 | 22:00 |
| use scale 2 under the | | 27/12 | 23:00 | 27/12 | 23:00 |
| direction of qualified | | 27/12 | 00:00 | 27/12 | 00:00 |
| ician | | 27/12 | 01:00 | 27/12 | 01:00 |
| Air or Oxygen ? | | 27/12 | 02:00 | 27/12 | 02:00 |
| A= Air | | 27/12 | 03:00 | 27/12 | 03:00 |
| O2litre/ min | | 27/12 | 04:00 | 27/12 | 04:00 |
| Device | | 27/12 | 05:00 | 27/12 | 05:00 |
| C | | 27/12 | 06:00 | 27/12 | 06:00 |
| Blood Pressure | | 27/12 | 07:00 | 27/12 | 07:00 |
| >220 | | 27/12 | 08:00 | 27/12 | 08:00 |
| 201-219 | | 27/12 | 09:00 | 27/12 | 09:00 |
| 181-200 | | 27/12 | 10:00 | 27/12 | 10:00 |
| 161-180 | | 27/12 | 11:00 | 27/12 | 11:00 |
| 141-160 | | 27/12 | 12:00 | 27/12 | 12:00 |
| 121-140 | | 27/12 | 13:00 | 27/12 | 13:00 |
| 111-120 | | 27/12 | 14:00 | 27/12 | 14:00 |
| 91-100 | | 27/12 | 15:00 | 27/12 | 15:00 |
| 81-90 | | 27/12 | 16:00 | 27/12 | 16:00 |
| 71-80 | | 27/12 | 17:00 | 27/12 | 17:00 |
| 61-70 | | 27/12 | 18:00 | 27/12 | 18:00 |
| 51-60 | | 27/12 | 19:00 | 27/12 | 19:00 |
| <50 | | 27/12 | 20:00 | 27/12 | 20:00 |
| Diastolic BP | | 27/12 | 21:00 | 27/12 | 21:00 |
| mmHg | | 27/12 | 22:00 | 27/12 | 22:00 |
| >131 | | 27/12 | 23:00 | 27/12 | 23:00 |
| 121-130 | | 27/12 | 00:00 | 27/12 | 00:00 |
| 111-120 | | 27/12 | 01:00 | 27/12 | 01:00 |
| 101-110 | | 27/12 | 02:00 | 27/12 | 02:00 |
| 91-100 | | 27/12 | 03:00 | 27/12 | 03:00 |
| 81-90 | | 27/12 | 04:00 | 27/12 | 04:00 |
| 71-80 | | 27/12 | 05:00 | 27/12 | 05:00 |
| 61-70 | | 27/12 | 06:00 | 27/12 | 06:00 |
| 51-60 | | 27/12 | 07:00 | 27/12 | 07:00 |
| 41-50 | | 27/12 | 08:00 | 27/12 | 08:00 |
| 31-40 | | 27/12 | 09:00 | 27/12 | 09:00 |
| <30 | | 27/12 | 10:00 | 27/12 | 10:00 |
| D | | 27/12 | 11:00 | 27/12 | 11:00 |
| Consciousness | | 27/12 | 12:00 | 27/12 | 12:00 |
| Score for New onset of | | 27/12 | 13:00 | 27/12 | 13:00 |
| confusion | | 27/12 | 14:00 | 27/12 | 14:00 |
| (no score if chronic) | | 27/12 | 15:00 | 27/12 | 15:00 |
| E | | 27/12 | 16:00 | 27/12 | 16:00 |
| >39.1 degree | | 27/12 | 17:00 | 27/12 | 17:00 |
| Celsius | | 27/12 | 18:00 | 27/12 | 18:00 |
| 38.1-39.0 | | 27/12 | 19:00 | 27/12 | 19:00 |
| 37.1-38.0 | | 27/12 | 20:00 | 27/12 | 20:00 |
| 36.1-37.0 | | 27/12 | 21:00 | 27/12 | 21:00 |
| 35.1-36.0 | | 27/12 | 22:00 | 27/12 | 22:00 |
| <35.0 | | 27/12 | 23:00 | 27/12 | 23:00 |
| NEWS Total | | 27/12 | 00:00 | 27/12 | 00:00 |
| Monitoring Frequency | | 27/12 | 01:00 | 27/12 | 01:00 |
| Escalation of Care Y/N | | 27/12 | 02:00 | 27/12 | 02:00 |
| Initials by RN | | 27/12 | 03:00 | 27/12 | 03:00 |
| Initials by Sr. RN | | 27/12 | 04:00 | 27/12 | 04:00 |

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 |



Mrs.SARADA NARAYANAN

СП ИИИ202380+83

2/4043/IPH2023002606

Dr.K.JAISHANKAR

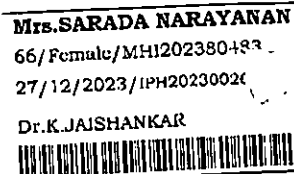


MH/1P/2022K



Every heart beat counts

[illegible]



MHI/IP/2022/0

 **Medway
Heart
Institute**

Every heart beat counts

[illegible]

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Mrs. SARADA NARAYANAN

66/Female/MHI202380+83

27/12/2023/1PH2023002606

Dr. K. JAISHANKAR



Diagnosis: DM - CAG + EPS + RFA / RVT - AVN RT.

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

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

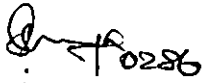
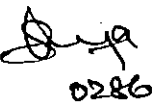
Diet Prescription: 1600 calories, Low Fat, Low salt diet.

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

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

Dietitian Signature / Name / Date / Time:

[Signature]
0286 27/12/23/12:00

| DATE AND TIME | DIETITIAN NOTES | SIGNATURE |
|---------------------------|--|---|
| <p>27/12/23 12:00</p> | <p>A 27 years old female came & no complaints was assessed to be well-nourished as evident by SGA.</p> <p>NO - Co-morbidity</p> <p>patient shifted to cathlab for procedure (CAG). Kept on NBM. patient received to G.U. NBM over. patient tolerated liquid diet can initiate soft solid diet.</p> <p>Educated the patient and family on 1600 calories, Low Fat, Low salt ^{and diabetes}. Emphasized on small frequent meals. Diet modifications & classifications done. Diet chart given on discharge.</p> | <p> 0286</p> <p> 0286</p> |



PATIENT TRANSFER FORM DIAGNOSTICS / PROCEDURES

Diagnosis: PSVT - AURT

Allergies if any: NKDA

| From (Area) | To (Area) | Date | Time | Reason for Transfer / Name of Procedure |
|-----------------------|-----------|----------|------|---|
| 1 ST FLOOR | CATHLAB | 27/12/23 | | CAG + 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: NIL

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

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

| Temp (°F) | RR (breaths/min) | Pulse (beats/min) | SpO ₂ (%) | BP (mmHg) | Pain Score |
|-----------|------------------|-------------------|----------------------|-----------|------------|
| 98°F | 22b/m | 80b/m | 97% | 130/80 | 0/5 |

Pain Scale used: ☐ PIPPS (28 weeks to ≤ 38 weeks) ☐ CRIES (38 weeks - 2 months)

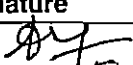

☐ FLACC Scale (2 months - 7 years) ☐ Wong-Baker FACES Pain Rating Scale (7 years - 12 years)

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

Any pre-medication given: NIL

Any critical information: NIL

Any specific recommendation: NIL

| Handover by | Signature | Name | Emp. No. | Date | Time |
|----------------|---|------------|----------|----------|-------|
| |  | A. ALBINUS | 0088 | 27/12/23 | 10.00 |
| Handed over to |  | V. Abinaya | 0202 | 27/12/23 | 10.00 |

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 |
|-----------|------------------|-------------------|----------------------|-------------|------------|
| 98.6 | 22b/min | 92b/min | 100% | 145/68 (90) | 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)

| Handover by | Signature | Name | Emp. No. | Date | Time |
|----------------|---|------------|----------|----------|-------|
| |  | V. Abinaya | 0202 | 27/12/23 | 15.10 |
| Handed over to | | | | | |

CONSENT FOR ELECTROPHYSIOLOGY & ABLATION PROCEDURE

| | | | |
|----------------------|---|-------------|------------|
| Patient Name: | Mrs. SARADA NARAYANAN | Sex: | M/F |
| | 66/Female/MHI202380+83 | | |
| | 27/12/2023/IPH2023002606 | | |
| Consultant: | Dr. K. JAISHANKAR | UHID | |
| |  | | |

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:

- (i) The nature of coronary artery disease
- (ii) The pumping status of the heart
- (iii) Your age and general health

These are some of the more serious risks that can happen, but are not the only risks:

| | |
|------------------------------------|--|
| Less than 1 in 10,000 (0.0001%) | (a) skin injury from radiation, causing, reddening of the skin |
| 1 in 1000 people (0.001%) | (b) A stroke. This can cause paralysis and long term disability (c) Heart attack. |

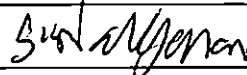
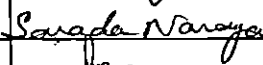

| | |
|--------------------------------|---|
| | (d) A dangerous reaction to the x-ray contrast medium (dye). If this happens, you may have severe reactions such as asthma, shock and convulsions. Death in extremely rare cases about 1 in 2,50,000 to 4,00,000 injections. (e) Need for major surgery to the leg at the puncture site. (f) Need for emergency heart surgery or angioplasty. (g) A higher lifetime risk from x-ray exposure. (h) Death (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. Taishankar 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 |  | MRS. SARADA NARAYANAN | 27/12/23 | 10.00 |
| witness |  | MR. SATHYA NARAYANAN (HUSBAND) | 27/12/23 | 10.00 |
| Doctor |  | Dr. Salaisudhan | 27/12/23 | |
| 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 (வெண்ட்ரிக்ளின்) 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 தாமதிகச் செய்யும்; இதனால், உணர்விறப்பு நிலை அல்லது மயக்கத்தை விளைவிக்கின்ற மெதுவான இதயத்துடிப்பு (குறை இதயத்துடிப்பு) ஏற்படுகிறது. சில சீர்கேடுகளில் இதயத்துடிப்பு வேகம் இயல்பானதை விட அதிகமாக (மிகை இதயத்துடிப்பு) இருக்கும். இதய மேலறை (சுப்ராவெண்ட்ரிக்ளூல் - SVT) அல்லது இதய கீழறையில் (வெண்ட்ரிக்ளூல்-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 திரும்பப்போகாமாறு 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 சிரை நரம்பு வழியாக உட்செலுத்தப்படுகிறது. இதயத்தில் ஒரு குறிப்பிட்ட பகுதிக்குள் செல்லுமாறு இந்த கதிட்டர் மிக கவனத்தோடு அணுப்பப்படுகிறது. இந்த வழிமுறையின் மூலம் இதயத்தின் பல்வேறு பகுதிகளுக்குள் 3 முதல் ஐந்து கதிட்டர்கள் வரை உட்செலுத்தப்படுகின்றன. கதிட்டரின் மற்றொரு முனையானது, ஒரு மின்உடலியங்கியல் பரிசோதனையாக என அழைக்கப்படும் ஒரு நவீன கணினியுடன் ஒரு ஐங்ஷன் பாக்கல் 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 நிகழமானால், 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 கதிட்டரால் இதயம் மற்றும் இரத்தநாளங்களில் துளை விழுதல்.</p> |
| 1 in 100 people (0.01%) | <p>(j) முறையான லயத்துடன் இதயத்துடிப்பு 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 பாக்டர் 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 புதிலளிக்கப்பட்டன நிகழ்வதற்கு அரிதான சிக்கல்கள் ஏற்படும் நேர்வில் இரத்தமேற்றல், ஒரு கூடுதல் மருத்துவ செயல்முறை அல்லது அறுவைசிகிச்சை எனக்குத் தேவைப்படலாம் என்று நான் புரிந்து கொள்கிறேன். சிகிச்சை செயல்முறையின்போது உயிருக்கு ஆபத்தான நிகழ்வுகள் நிகழமானால், 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 உறுதிமுறை | | | | |
| சாட்சி | | | | |
| மருத்துவர் | | | | |
| மொழிபெயர்ப்பாளர் | | | | |

ANGIOGRAM / CORONARY ANGIOPLASTY

| | | | |
|---------------------|--|-------------|------|
| Patient Name | Mrs. SARADA NARAYANAN 66 / Female / MHI202380483 27/12/2023 / IPH2023002606 | Sex: | M/F |
| Consultant | Dr. K. JAISHANKAR  | No: | UHID |

CONDITION AND PROCEDURE

Dr. T. S. Sathyan has explained that I have the following condition:

Fat (cholesterol) and calcium can build up in the arteries like rust in old pipes. It can stop the flow of blood to the heart. This can cause angina or a heart attack. The Coronary Angiography procedure is performed to show up the amount of disease in the coronary arteries, the blood vessels that supply the heart with blood. After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin/hand. The tube is carefully passed into each coronary artery in turn. A series of video pictures are taken using x-rays and an iodine containing contrast medium (x-ray dye). The contrast medium may be injected into the main pumping chamber of the heart (left ventricle). This helps us to find out whether you have any narrowing or blockage of your coronary arteries. The doctor can then tell you which treatment is best for you after carefully studying and discussing your pictures. This may be an operation such as a coronary by-pass or a procedure called an angioplasty (the arteries are widened using a small sausage shaped balloon). Sometimes, drugs alone may be a suitable option.

RISKS OF THIS PROCEDURE

The risk of coronary angiography depends on:

- (i) The nature of coronary artery disease (ii) The pumping status of the heart (iii) Your age and general health

These are some of the more serious risks that can happen, but are not the only risks:

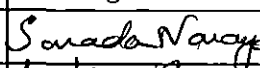
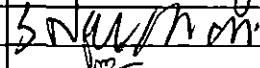

| | |
|--|--|
| Less than 1 in 10,000 (0.0001%) | (a) skin injury from radiation, causing, reddening of the skin |
| 1 in 1000 people (0.001%) | (b) A stroke. This can cause paralysis and long term disability (c) Heart attack. (d) A dangerous reaction to the x-ray contrast medium (dye). If this happens, you may have severe reactions such as asthma, shock and convulsions. Death in extremely rare cases about 1 in 2,50,000 to 4,00,000 injections. (e) Need for major surgery to the leg at the puncture site. (f) Need for emergency heart surgery or angioplasty. (g) A higher lifetime risk from x-ray exposure. (h) Death |
| 1 in 100 people (0.01%) | (i) the heart may not beat in a proper rhythm which will need urgent treatment (j) Surgical repair of the groin puncture site. This may need a longer stay in hospital. (k) Minor reaction to contrast medium such as hives. (l) Loss/impairment of kidney function due to the contrast medium |
| 1 in 20 people (0.05%) | (m) Major bruising or swelling at the groin puncture site |
| Most People | (n) Minor bruising |

PATIENT CONSENT:

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

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE

| | Signature | Name | Date | Time |
|------------------------------------|---|--------------------------------|----------|-------|
| Patient/Guardian with relationship |  | MRS. SARADA NARAYANAN | 27/12/23 | 10.00 |
| witness |  | MR. SATHYA NARAYANAN (HUSBAND) | 27/12/23 | 10.00 |
| Doctor |  | Dr. Sathya Sathyan | 27/12/23 | 10.00 |
| Interpreter | | | | |

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

நிலை மற்றும் செயல்முறை

பின்வரும் சூழ்நிலையை நான் கொண்டிருப்பதாக மருத்துவர் அவர்கள் விளக்கினார்.

பழைய இரும்புக் குழாய்களில் துருபிடிப்பதைப் போல், தமனிகளில் கொழுப்பு மற்றும் கால்சியம் சேரும். இது ஆன்ஜினா அல்லது மாரடைப்பினை ஏற்படுத்துகிறது. இதயத்திற்கு ரத்தத்தினை வழங்கும் ரத்தக்குழாயான இதயச்சுவர் சிறை தமனிகளில் நோயின் அளவினை கண்டறிய கரோனாரி ஆக்டுசியோகிராஃபி செயல்முறை மேற்கொள்ளப்படும். ஒரு லோக்கல் அனஸ்தீடிக் (மயக்க மருந்து) வழங்கப்பட்ட பின், ஒரு சிறிய குழாயானது (கத்தீட்டர்) கவட்டை/கையினுள்ள தமனியில் செலுத்தப்படும். இந்த குழாய் ஒவ்வொரு இதயச்சுவர் சிறை தமனிகளிலும் மாற்றி மாற்றி கவனமாக வரிசையாக செலுத்தப்படும். எக்ஸ்ரே மற்றும் பிற அயோடின் கொண்டுள்ள கான்ட்ராஸ்ட் மீடியத்தினை (எண்ஸ்ரே டைட்) பயன்படுத்தி, பல வீடியோ படங்கள் வரிசையாக எடுக்கப்படும். இதயத்தின் முக்கிய ஏற்றியிறைத்தல் அறையில் (இடதுபக்க இருதய கீழறை) இந்த கான்ட்ராஸ்ட் மீடியம் உட்செலுத்தப்படலாம். இது இதயத்தின் அளவினை மதிப்பிடவும் மற்றும் அது எவ்வாறு பம்பு செய்கிறது என்பதை மதிப்பிடவும் மேற்கொள்ளப்படும். இப்படங்கள் நமக்கு இதயச்சுவர்சிறை தமனிகள் குறித்த ஒரு படத்தினை வழங்கும். இது உங்களுக்கு ஏதேனும் அடைப்பு இருக்கிறதா என்பதை கண்டறிய உதவும். பின்னர் உங்கள் படங்களை கவனமாக பார்த்த பின் மருத்துவரால் உங்களுக்கு ஏற்ற சிகிச்சையை மேற்கொள்ள முடியும். இவை பை-பாஸ் அறுவை சிகிச்சையாகவும் இருக்கலாம் அல்லது ஆன்ஜியோபிளாஸ்டிக் (புளூன் வடிவம் கொண்டதொரு சிறிய சாசேஜ் கொண்டு தமனியை அகலப்படுத்துதல்) என்னும் ஒரு செயல்முறையாகவும் இருக்கலாம். சில நேரங்களில் மருந்துகள் மட்டுமே போதுமானதாக இருக்கலாம்.

கிச்செயல்முறையிலுள்ள கிடர்பாடுகள்

இதயச்சுவர் சிறை ஆன்ஜியோகிராஃபியிலுள்ள கிடர்பாடுகள் பின்வருபவைகளையே சார்ந்திருக்கும்

(i) இதயச்சுவர் சிறை தமனி நோயின் தன்மை (ii) இதயத்தின் ஏற்றியிறைத்தல் நிலை (iii) இதயத்தின் வயது மற்றும் பொது ஆரோக்கியம்
ஏற்பட வாய்ப்புள்ள சில தீவிர கிடர்பாடுகள் பின்வருமாறு. ஆனால் கிடைக்கக்கூடிய மட்டுமே முழுமையான கிடர்பாடுகள் அல்ல

| | |
|--|--|
| 10.00-ல் ஒருவருக்கும் கீழ் (0.0001 சதவிகிதம்) | (a) கதிர்வீச்சின் காரணமாக ஏற்படும் தோல் பாதிப்பு, சருமம் சிவந்து போதல் |
| 1000-ல் ஒருவருக்கு (0.001 சதவிகிதம்) | (b) வலிப்பு, இது பக்கவாதம் மற்றும் நீண்டநாள் ஊனத்தை ஏற்படுத்தலாம் (c) மாரடைப்பு (d) எக்ஸ்-ரே கான்ட்ராஸ்ட் மீடியத்தின் (டைட்) ஆபத்தான விளைவுகள், இவை ஏற்பட்டால் உங்களுக்கு ஆஸ்துமா, அதிர்ச்சி மற்றும் வலிப்பு போன்றவைகள் ஏற்படலாம். 2,50,000 முதல் 4,00,000 ஊசிகளில் ஒன்று மரணத்தையும் விளைவிக்கலாம். (e) குத்தப்பட்ட இடத்தில் பெரிய அறுவை சிகிச்சை மேற்கொள்ள வேண்டியது வரலாம். (f) அவசரகால இதய அறுவை சிகிச்சை அல்லது ஆன்ஜியோபிளாஸ்டிக் தேவைப்படலாம். (g) எக்ஸ்ரே கதிர் பாதிப்பு காரணமாக அதிக வாழ்நாள் அச்சுறுத்தல் கிடர்பாடு. (h) இறப்பு |
| 100-ல் ஒருவருக்கு (0.01 சதவிகிதம்) | (I) இதயம் சரியான முறையில் துடிக்காமல் இருக்கலாம். அதற்கு அவசரமாக சிகிச்சை தேவைப்படும் (j) குத்தப்பட்ட கவட்டை பகுதியில் அறுவை சிகிச்சை சரிபாடு. இதனால் மருத்துவமனையில் நீண்ட நாட்கள் தங்கியிருக்க வேண்டியது வரலாம் (k) தோல் அரிப்பு போன்ற சிறு விளைவுகள் (l) கான்ட்ராஸ்ட் மீடியம் காரணமாக சிறுநீரகம் செயல்படாமை அல்லது அதன் வலு குறைதல் |
| 20-ல் ஒருவருக்கு (0.01 சதவிகிதம்) | (m) குத்தப்பட்ட இடத்தில் பெரிய அளவினை சிராய்ப்பு அல்லது வீக்கம் |
| பெரும்பாலான மக்களுக்கு | (n) சிறிய அளவினை சிராய்ப்பு |

நோயாளி ஒப்புதல்

மருத்துவர் அவர்கள் என்னுடைய மருத்துவ நிலையையும் மற்றும் முன்மொழியப்பட்டுள்ள செயல்முறையையும் எனக்கு விளக்கினார். செயல்முறையிலுள்ள கிடர்பாடுகள், மயக்க மருந்துகள் உட்பட எனக்கு குறிப்பாக ஏற்படும் கிடர்பாடுகள் மற்றும் சிக்கல்கள் ஏற்பட்டால் என்னவாகும் என்பவைகளை நான் புரிந்து கொண்டள்ளேன். மருத்துவர் பிற தொடர்புள்ள சிகிச்சை விருப்பத் தேர்வுகள், அதன் கிடர்பாடுகள் மற்றும் சிகிச்சை மறுப்பதற்கான என்னுடைய உரிமை ஆகியவைகளையும் எனக்கு விளக்கினார். அவர் என்னுடைய முன் கணிப்புகள் மற்றும் செயல்முறையை மேற்கொள்ளாமல் இருப்பதால் ஏற்பட வாய்ப்புள்ள கிடர்பாடுகள் ஆகியவைகளையும் எனக்கு விளக்கினார். என்னுடைய நிலை குறித்து என்னால் கேள்வி எழுப்ப முடிந்தது மற்றும் என்னுடைய கவலைகளை தெரிவிக்கவும். செயல்முறை மற்றும் அதன் பலன்களை தெரிவிக்கவும் மற்றும் எனது சிகிச்சை விருப்பத்தேர்வுகள் குறித்த கவலைகளையும் என்னால் தெரிவிக்க முடிந்தது. என்னுடைய கேள்விகளும் மற்றும் கவலைகளும் கலந்தாலோசிக்கப்பட்டது மற்றும் எனக்கு திருப்திகரமான முறையில் அவற்றிற்கு பதிலளிக்கப்பட்டது. அசாதாரணமான சூழலில், எனக்கு கிரத்தமேற்றதல், ஒரு கூடுதல் செயல்முறை அல்லது அறுவைசிகிச்சை தேவைப்படலாம் என்பதை நான் புரிந்து கொண்டுள்ளேன். உயிருக்கு ஆபத்தினை விளைக்கும் நிகழ்வுகள் ஏற்பட்டால் அதற்கு உடனடியாக சிகிச்சையளிக்கப்படும் என்பதை எனக்கு விளக்கினார். கிச்செயல்முறையினால் என்னுடைய நிலை மேம்படும் என்பதற்கு எத்தகைய உத்தரவாதமும் இல்லை என்பதை நான் புரிந்துகொண்டுள்ளேன்.

செயல்முறையை எனக்கு மேற்கொள்ளுமாறு கேட்டுக்கொள்கிறேன்

| | கையெழுத்து | பெயர் | தேதி | நேரம் |
|------------------------------|------------|-------|------|-------|
| நோயாளி (பாதுகாவலர்) உறவுமுறை | | | | |
| சாட்சி | | | | |
| மருத்துவர் | | | | |
| மொழிபெயர்ப்பாளர் | | | | |

ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION USING 3D

ENSITE REPORT

| | | | |
|---------------------|-------------------------------------|--------------|-----------------|
| PATIENT NAME | : Mrs. SARADA NARAYANAN | UHID | : MHI202380483 |
| AGE/GENDER | : 66 YEARS / FEMALE | IP NO | : IPH2023002606 |
| CONSULTANT | : Dr. Jaishankar. K MD., DM., FIAMS | D.O.A | : 27.12.2023 |
| | Director and Clinical Lead | D.O.P | : 27.12.2023 |
| | Cardiology and Electrophysiology | | |

| | | | |
|---------------|--------------|---------------------|-------------------|
| CATH DATE | 27.12.2023 | DONE BY | DR. K. JAISHANKAR |
| CATH NO | 3483 / 3484 | ASSISTED BY | MS. SATHYA |
| CATH DURATION | 1.5 HOURS | TECHNICIAN | MR. RAM |
| FLUORO TIME | 1476 SECONDS | PHYSICIAN ASSISTANT | MS. SHALINI |
| HEIGHT | 156CMS | WEIGHT | 56 KGS |

ACCESS : RIGHT FEMORAL VEIN (2 X 6 FR SHEATH) (1 X 7 FR)

| SITE | CATHETERS |
|--------------------|------------------|
| HIS | 6F QUADRIPOlar |
| RV | 6F QUADRIPOlar |
| CS | 6F DECAPOlar |
| MAPPING & ABLATION | 7F THERAPY CURVE |

INDICATION: PSVT – AVNRT

REVERTED WITH INJ.ADENOSINE 6MG – 17.03.2023

TACHYCARDIA ECG: SVT @ 180BPM, NARROW QRS COMPLEX. SHORT RP, S/O AVNRT.

BASAL ECG : NSR, HR – 96BPM.

ECHO : GOOD BIVENTRICULAR FUNCTION

CORONARY ANGIOGRAM : NORMAL EPICARDIAL CORONARIES

ELECTROPHYSIOLOGY STUDY:

BASELINE INTERVALS ARE NORMAL.

| | |
|-----|--------|
| AH | 80 ms |
| HV | 51 ms |
| P-P | 679 ms |
| R-R | 679 ms |
| P-R | 127 ms |
| QRS | 127 ms |
| QT | 393 ms |
| QTc | 477 ms |



JCI ACCREDITED NABH ACCREDITED

NAME: Mrs. SARADA NARAYANAN

UHID: MHI202380483



IP NO: IPH2023002606

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

| | |
|--------|---------------------|
| AVWB | 360 ms |
| AVNERP | S1 500ms / S2 330ms |

NO ANTEGRADE PRE-EXCITATION PATTERN NOTED

BASELINE NO VA CONDUCTION

A REGULAR NARROW QRS TACHYCARDIA WAS INDUCED WITH ISOPRENALINE & PROGRAMMED ATRIAL STIMULATION PROTOCOLS.

AH JUMP AND ECHO WAS NOTED BEFORE INITIATION OF TACHYCARDIA

TACHYCARDIA CYCLE LENGTH – 310MSEC.

HIS SYNCHRONOUS PVC COULD NOT PULL SUBSEQUENT 'ATRIAL' SIGNAL.

VOD PACING COULD ENTRAIN THE TACHYCARDIA WITH POST PACING INTERVAL PPI – TCL (490 – 299) = >115MS AND V-A-H-V RESPONSE.

THUS, TACHYCARDIA DEFINED AS TYPICAL AVNRT.

RADIO FREQUENCY ABLATION:

USING "NAVX" ENSITE 3D MAPPING - ACTIVATION, RA GEOMETRY WAS CREATED AND POSTEROSEPTAL REGION WAS TAGGED FOR SLOW PATHWAY SIGNALS.

THE POSTEROSEPTAL REGION OF RA AND CORONARY SINUS OS WAS MAPPED FOR SLOW PATHWAY SIGNALS. GOOD SLOW PATHWAY SIGNALS NOTED

RF ENERGY DELIVERED USING 7FR ST JUDE THERAPY ABLATION CATHETER IN THE REGION OF SLOW PATHWAY IN KOCH'S TRIANGLE (TEMPERATURE 40°, 50 W, 60-120 SECONDS), RESULTED IN STABLE JUNCTIONAL RHYTHM.

FEW MORE CONSOLIDATION ENERGIES WERE DELIVERED IN THE SAME AND ADJOINING REGION.

POST RADIO FREQUENCY ABLATION:

| | |
|----|-------|
| AH | 67 ms |
| HV | 51 ms |

INCONSISTENT JUMP AND ECHO WAS NOTED.

NO TACHYCARDIA COULD BE INDUCED DESPITE VIGOROUS STIMULATION PROTOCOLS WITH AND WITHOUT ISOPRENALINE.

POST RFA INTERVALS ARE NORMAL.

PROCEDURE WAS UNEVENTFUL.

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

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1800 572 3003

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

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

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

MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED

NAME: Mrs. SARADA NARAYANAN

UHID: MHI202380483



IP NO: JPH2023002606
Every heart beat counts
(A Unit of United Alliance Healthcare Pvt Ltd)

IMPRESSION:

TYPICAL AVNRT
SUCCESSFUL RFA - SLOW PATHWAY MODIFICATION DONE

ADVICE:

REVIEW AFTER 1 MONTH WITH ECG.

CONSULTANT SIGNATURE

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

Dr. K. JAISHANKAR
Reg. No: 49448

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

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



94457 94457
1800 572 3003

Medway Group of Hospitals

| | | | | |
|------------------------------|---------------------------|-----------------------------|------------------------------|----------------------------|
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MHI/HOSP/2022/118

DES PROGRESS NOTES

[illegible]

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

MHI/OT/2022/086



Mrs. SARADA NARAYANAN
66/Female/MHI202380+83
27/12/2023/IPH2023002606

Dr. K. JAISHANKAR



Name of the Procedure : CATH + EPST + RFA Location : Cath lab Date & Time : 27/12/23

Does the Procedure involve Procedural Sedation : ☐ Yes ☒ No

| | | | | | |
|---|---|--|--|---|--|
| SIGN IN <u>12:10</u> Before Induction of Procedural Sedation | | TIME OUT <u>12:15</u> After procedural Sedation and before procedure | | SIGN OUT <u>13:20</u> When Doctor indicates that the Procedure is completed | |
| (Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure) | | (Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure) | | | |
| Patient Confirmation | | All team members introduce themselves by Name and Role | | To be done for each procedure in case of multiple procedures | |
| Identify by two identifiers | <input checked="" type="checkbox"/> Yes | Identify 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>CATH + EPST + RFA</u> | <input checked="" type="checkbox"/> Yes | Name and site of all specimens / investigations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA | |
| Side | <input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA | Side <u>Rt femoral artery and venous approach</u> | <input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA | confirms labeling and sent to lab | |
| Consent | <input checked="" type="checkbox"/> Yes | Position <u>Supine</u> | <input checked="" type="checkbox"/> Yes | Any recovery concerns : <input type="checkbox"/> Yes <input checked="" 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 : <u>Observation</u> | |
| Difficult airway / aspiration risk / dentures | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, equipment and assistance available | Required equipment and implants available | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | | |
| Possibility of hypothermia | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, warmer in place | Essential Imaging displayed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | Any Equipment / instrument problem that needs to be addressed : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None | |
| All concerned anesthesia equipment and medication check complete | <input checked="" type="checkbox"/> SpO2 <input checked="" type="checkbox"/> NIBP <input type="checkbox"/> Others pls. specify <u>ECG</u> | Antibiotic prophylaxis within last 60 minutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | If Yes, Pls. specify : | |
| Pre OP medication taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name of the Antibiotic given | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | Corrective action : <u>I</u> | |
| Required equipment for procedure available | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | Venous Thromboembolism Prophylaxis Provided | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | | |
| | | Anticipated duration briefed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | | |
| | | Anticipated blood loss briefed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | | |
| | | Adequate fluids and blood available | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | | |
| | | Team briefed on any critical or unexpected steps | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | | |
| | | For procedural sedation cases | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None | | |
| | | Any patient specific concerns : | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA | | |
| | | Intra procedure glycaemic control | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None | | |
| | | Any concerns about sterility | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None | | |

| | | | | |
|--|---|---|---|---|
| Anaesthetist / Doctor giving Procedural Sedation | Doctor performing the Procedure : | Nurse : <u>SN Kathiravan</u> | Technician : <u>Perumal</u> | Others Please Specify : |
| Date : <u>27/12/23</u> Time : <u>13:35</u> | Date : <u>27/12/23</u> Time : <u>13:35</u> | Date : <u>27/12/23</u> Time : <u>13:35</u> | Date : <u>27/12/23</u> Time : <u>13:35</u> | Date : <u>27/12/23</u> Time : <u>13:35</u> |

Procedure Monitoring Sheet (Cath Lab)

Patient Name : Mrs. SARADA NARAYANAN
66 / Female / MHI202380+83
UHID / IP : 27/12/2023 / IPH2023002606
Consultant : Dr. K. JAISHANKAR

Age / Sex : 66Y / F
Ward Unit : 1ST FLOOR
Diagnosis : PSVT - AVNRT

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

| PARAMETERS | YES | NO | NA |
|--|---------------------------------------|----|----|
| Vital signs : BP: <u>130/80</u> Temp: <u>97.8</u> Pulse: <u>80</u> RR: <u>22</u> SPO2: <u>97</u> | ✓ | | |
| Urine voided | ✓ | | |
| Bowel preparation | | | ✓ |
| Pre-procedure medication administered | | | |
| Procedure site marked | | | ✓ |
| Skin preparation done | ✓ | | |
| NPO FROM <u>7:00</u> | ✓ | | |
| 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 : <u>[Signature]</u> | Date & Time : <u>27/12/23 @ 11:45</u> | | |

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

| Time | HR / min | RR / min | BP mmHg | SpO2% | Medication / Remarks | Sign. of Nurse |
|--------------------|----------|----------|------------|-------|----------------------|--------------------|
| 12:20 | 96b/min | 22b/min | 118/85(92) | 100% | — | <u>[Signature]</u> |
| 12:35 | 112b/min | 22b/min | 152/70(99) | 100% | — | <u>[Signature]</u> |
| 12:55 | 108b/min | 22b/min | 151/78(96) | 100% | — | <u>[Signature]</u> |
| 13:10 | 101b/min | 22b/min | 167/65(95) | 100% | — | <u>[Signature]</u> |
| 13:20 | 101b/min | 22b/min | 145/68(90) | 100% | — | <u>[Signature]</u> |
| procedure got over | | | | | | |
| | | | | | | |
| | | | | | | |

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

Time : 13:25 Route : RT femoral artery venous

Complication : NI Apparatus

BP : 145/85(95) mmHg, HR : 94/24/min, RR : 22/1/min, SpO2 : 100%

Distal Pulse : felt, Puncture Site : no oozing no hematoma

Advise:

- ◆ Shift To: Ward / ICU
- ◆ Bed rest up to 12 hours
- ◆ Observe puncture site for bleeding
- ◆ Watch for Pulse in RT femoral 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 RT femoral arterial dressing on 28/12/23 at 12.15 AM /PM after informing to the consultant.

◆ Special instruction if any:

NI

[Signature]
Name & Signature of Consultant

POST PROCEDURE OBSERVATION

| Date & Time | BP | HR | RR | SpO2% | Site Evaluation | Extremity Status | Remarks | Sign. of Nurse |
|--------------------|---------------|-----------|-----------|-------------|------------------------------|------------------|----------|--------------------|
| <u>27/12 13:45</u> | <u>135/80</u> | <u>96</u> | <u>22</u> | <u>100%</u> | <u>no oozing no hematoma</u> | <u>Good</u> | <u>-</u> | <u>[Signature]</u> |
| <u>14:15</u> | <u>147/92</u> | <u>98</u> | <u>22</u> | <u>100%</u> | <u>LI</u> | <u>LI</u> | <u>-</u> | <u>[Signature]</u> |
| <u>14:45</u> | <u>136/82</u> | <u>92</u> | <u>22</u> | <u>100%</u> | <u>LI</u> | <u>LI</u> | <u>-</u> | <u>[Signature]</u> |
| <u>15</u> | | | | | | | | |
| | | | | | | | | |

Nurses Notes :

CAG + EPS + PFA procedure done RT femoral artery and venous sheath, removed tight pressure bandage dyspnoea no oozing no hematoma

Condition at the end of procedure : ☒ Stable ☐ Critical

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

Name & Signature of the Nurse : [Signature]

Date & Time : 27/12/23
15:00



NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 27/12/23 Time of Arrival: 9.45 Mode of Admission: ☐ Walking ☐ Wheelchair ☐ Stretcher

Accompanied by Relative: ☒ Yes ☐ No If Yes, Name of the Relative: MR. SATIYA NARAYANAN

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

Contact No.: 8248749141 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 : _____ Yes If yes specify

Drugs History : Antiplatelet 7. ASA 75mg (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: 130/80 (mmHg)

Respiration: 22 (breaths/min) | SpO₂: 98 (%) | CBG: 134 (mg/dl) | Height: 156 (cms) | Weight: 56 (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: MRS. CATHERINE Time: 10.30

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 Crutches / Cane / Walker Furniture | | 0 |
| | | 15 |
| | | 30 |
| Intravenous Therapy / Heparin Lock / Tubes Insitu | No | 0 |
| | Yes | 20 |
| Gait Normal / Bed Rest / Wheel Chair Weak Impaired | | 0 |
| | | 10 |
| | | 20 |
| Mental Status Oriented to own stability Overestimated or forgets limitations | | 0 |
| | | 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>15</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):

Final Score

Tick the score obtained (✓)

| | | ✓ | Action Taken | Date | Time |
|---------------|---------|---|--------------|----------|-------|
| Low Risk | -2 to 0 | 0 | — | 27/12/23 | 10:00 |
| 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):

| | Sign. | Name | Emp. No. | Date | Time |
|-------------------------------|-------|----------------------|-------------------------|----------|-------|
| Patient / Patient's Attendant | | MR. SATHYAN ARAYANAN | Relationship HUSBAND | 27/12/23 | 10:00 |
| Nurse | | A. ALBINUS | 0088 | 27/12/23 | 10:00 |
| Unit In-Charge | | Dhananand | 0005 | 27/12/23 | 12:15 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 27/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: PSVT - AUNRT

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: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Allergies if any: NKDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

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

BP: 130/80 (mmHg) | SpO₂: 97 (%) | Height: 156 (cms) | Weight: 56 (kgs) | BMI: 24.2 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: -

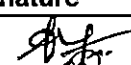


Pending lab reports / Investigations: -

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: TODAY PLAN CAG + EPS + RFA
NPO FROM 7.00

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|---|----------------|----------|----------|-------|
| Handover given by |  | A. ALBINUS | 0088 | 27/12/23 | 11:45 |
| Handover taken by |  | Sathya | 0066 | 27/12/23 | 11:45 |
| Document endorsed |  | Dr. Jaishankar | 0005 | 27/12/23 | 11:45 |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. |
|----------------------|---|----------------------------|
| 27/12/23 | <u>ADMISSION NOTES</u> | |
| 10:00 | Patient came with the complaints of Palpitation. INT. ADENOSINE given & reverted. Plan for CAG + EPS + RFA. NPO from 7:00. Old ECG is enclosed. | <i>[Signature]</i> 0088 |
| 10:30 | Part Preparation done. Scrub given. IV line placed in Both Brachial veins. | <i>[Signature]</i> 0088 |
| | <u>SHIFTING NOTES:</u> | |
| 11:45 | Patient shifted to Cath Lab for CAG + EPS + RFA. NPO from 7:00. PSUT PAD. ADENOSINE GIVEN & Reverted. All ECG Enclosed. | <i>[Signature]</i> 0088 |
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| | | |
| Document endorsed by | Signature <i>[Signature]</i> | Name Dhanan |
| | | Emp. No. 0005 |
| | | Date 27/12/23 |
| | | Time 10:30 |

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 27.12.23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: POVT - AURRT
NEWS / PEWS Score: _____
Ventilator day: _____
Peripheral line day: Right: 0/1 Left: 0/1
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: _____
Allergies if any: NDA
On room air / oxygen: ON RA
Complaints / New Symptoms in last shift: _____

Date of surgery: _____
IV fluids on flow: _____

A

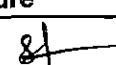


ASSESSMENT

Vital Signs: Temp 97.7 (°F) | Pulse / HR: 86 (beats/min) | Respiration: 24 (breaths/min)
BP: 130/60 (mmHg) | SpO₂: 97 (%) | Height: 154 (cms) | Weight: 56 (kgs) | BMI: 24.2 kg/m²
Others: _____
Pain Score: 0/10 Pain Scale used: ☒ RPPS / ☐ CRIS / ☐ FLACC / ☐ Wong-Baker FACES Pain Rating Scale / ☒ NRS / ☐ CPOT
Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High
Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☒ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☒ No ☐ NA Wound Dressing done: ☐ Yes ☒ No ☐ NA
Current diet: Soft diet Drains: _____

R

RECOMMENDATION

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

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|---|-----------|----------|----------|-------|
| Handover given by |  | P. Subha. | 0270 | 27/12/23 | 16.00 |
| Handover taken by |  | P. Subha. | 0271 | 27/12/23 | 17.00 |
| Document endorsed |  | S. Palini | 0274 | 28/12/23 | 16.00 |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. |
|----------------------|---|-------------------------|
| 27/12/23 | Receiving notes on 27/12/23 | |
| 15-15 | * pt Received from cath lab to CCU @ 15-15. pt is conscious and oriented. pt haemodynamic - caly monitoring. HR-90b/min, SpO ₂ -96% on Room Air, BP-130/60 mmHg. | Shy 0270 |
| 16-00 | * ECG @ CCU was taken @ Recorded. pt had Juice @ Food. | Shy 0270 |
| 17-00 | * vitals monitoring. | |
| 17-50 | Shifting notes * pt is conscious @ oriented. vitals are monitoring on Room Air. pt files @ reports handed over given to 1 st floor staff. | Shy 0270 |
| 17-59 | Received notes pt received from CCU to 1 st Floor while pt conscious and oriented vitals normal | Shy |
| 19-30 | pt case file handed over to @ night duty Shy | Shy |
| Document endorsed by | Signature Nae | Name S. Nalini |
| | Emp. No. 0024 | Date 28/12/23 |
| | Time 10:00 | |



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date:

27/12/23

Shift:

☐ Morning

☒ Evening

☐ Night

S

SITUATION

Diagnosis:

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right:

Left: 0

Ryle's Tube: ☐ Yes ☒ No

Day:

Urinary Catheter: ☐ Yes ☒ No

Day:

Barrier nursing: ☐ Yes ☒ No

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

GCS: 15/15

POD:

Central line days:

VIP Score:

B

BACKGROUND

Type of surgery:

Allergies if any:

On room air / oxygen:

Complaints / New Symptoms in last shift:

Date of surgery:

IV fluids on flow:

A

ASSESSMENT

Vital Signs: Temp: 98.7 (°F) | Pulse / HR: 76 (beats/min) | Respiration: 18 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 96 (%) | Height: 156 (cms) | Weight: 56 (kgs) | BMI: 24.2 kg/m²

Others:

Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NB8 / CPOT

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

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

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

Current diet: soft diet

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-----------|-----------|----------|----------|-------|
| Handover given by | | R. Sushma | 0001 | 27/12/23 | 10:00 |
| Handover taken by | | S. Nalini | 0002 | 28/12/23 | 8:00 |
| Document endorsed | | S. Nalini | 0004 | 28/12/23 | 14:00 |

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 28/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: PSUT - AWRPT

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: — Left: D2

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day:

Day:

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: —

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: NKDA

On room air / oxygen: RA

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

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

BP: 120/80 (mmHg) | SpO₂: 97 (%) | Height: 156 (cms) | Weight: 56 (kgs) | BMI: 24.2 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: soft diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: —

| | Signature | Name | Emp. No. | Date | Time |
|-------------------|-------------|-------------|----------|----------|-------|
| Handover given by | [Signature] | [Signature] | 0204 | 28/12/23 | 8:00 |
| Handover taken by | — | Discharged | — | — | — |
| Document endorsed | [Signature] | S. Nalini | 0204 | 28/12/23 | 14:00 |

NURSES PROGRESS NOTES

| Date & Time | Observations / Action | Signature with Emp. No. | | | |
|-------------------------|---|-------------------------|----------|----------|-------|
| | <u>MORNING DUTY NOTES</u> | | | | |
| 28/12/22 | | | | | |
| @ | => pt hand over given to | | | | |
| 7.30 | taken from Night duty shift | <u>Jan</u> on. | | | |
| 8.00 | => PT conscious and orientation | | | | |
| 8.30 | => pt due drugs are given as per drug chart => pt Vitals are checked. | <u>Jan</u> on. | | | |
| 9.00 | => PT 2nd band checked => pt had normal diet. | <u>Jan</u> on. | | | |
| 10.30 | => Administered the Medication => pt Mobilized well. | | | | |
| 11.00 | => pt Vitals are checked and Recorded. | | | | |
| | => Today Plan for discharge | <u>Jan</u> on. | | | |
| 12.30 | => D/O Chart monitored. => pt handing over to evening duty shift. | | | | |
| | <u>Discharge notes</u> | | | | |
| 13.00 | S/S/B on Jaishankar's on 013 today plan OK. | <u>Def</u> over | | | |
| 14.00 | => pt had a good, Dehydration was | | | | |
| 15.00 | Given pt Pilling closed | | | | |
| 17.00 | => Discharge summary explained to the patient's attenders => ID card removed. | <u>Def</u> over | | | |
| | | | | | |
| Document endorsed by | Signature | Name | Emp. No. | Date | Time |
| | <u>Nae</u> | S. Nalini | 0001 | 28/12/22 | 14.00 |

ADULT NURSING CARE PLAN

Mrs. SARADA NARAYANAN
66/Female/MHI202380483
27/12/2023/IPH2023002606
Dr. K. JAISHANKAR



MHI/NUR/2022/044



Every heart beat counts

| Initial Date: 27/12/23 Time: 10-00 | | Modified Date: Time: | | |
|--|--|--|--|---------------------|
| Reason for Modification: | | Diagnosis: | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
| NUTRITION <input type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs | <input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed | M E PT on Regular diet N PT is on Normal diet | [Signature] 0088 |
| OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing | <input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing | M E PT on Room air SPO ₂ 98% N SPO ₂ - 95% | [Signature] 0088 |
| 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 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 PT is on oral fluids | [Signature] 0088 |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|--|--|-----------------------|-----------------|
| MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature) | M Pt Mobilized well | Jy 0088 |
| | | | E Pt mobilized well | Jy 0276 |
| | | | N Pt well Mobilized | Pr. |
| ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns | <input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M Elimination is good | Jy 0088 |
| | | | E Elimination is good | Jy 0276 |
| | | | N Pt @ pathem. | Pr. |
| 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 Skin is intact | Jy 0088 |
| | | | E Skin is Intact | Jy 0276 |
| | | | N Skin is Intact | Pr. |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|--|--|---|-------------------------------|-----------------|
| HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs | <input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution | M Pt is on self hygiene | Jy 008 |
| | | | E Pt is self washing | |
| | | | N Pt is on self hygiene | P. 001 |
| 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 type="checkbox"/> Patient will have no life-threatening situations | <input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed) | M ID Band ⊕ | Jy 008 |
| | | | E ID Band ⊕ | P. 001 |
| | | | N ID band ⊕ | P. 001 |
| 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 type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy | M Pt sleep pattern good | Jy 008 |
| | | | E Pt sleep pattern good | P. 001 |
| | | | N - | |
| OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will have normal range of vital parameters | <input 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 vital signs is checked | Jy 008 |
| | | | E vital signs is checked | P. 001 |
| | | | N v/s checked | P. 001 |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT <input checked="" type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others: | <input 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 Psychological support given | Jy 008 |
| | | | E Psychological support given | P. 001 |
| | | | N - | |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|--------------------|--|--|---|--|
| COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others: | | <input 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 <i>Good</i> E PT Communication <i>Good</i> N | <i>dy</i> 0005 <i>dy</i> 0005 |
| 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 type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order | M Medications are given E due drugs are given N | <i>dy</i> 0005 <i>dy</i> 0005 |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | <i>[Signature]</i> | <i>Dhananand</i> | 0005 | | |

ADULT NURSING CARE PLAN

Mrs. SARADA NARAYANAN
66/Female/MHI202380483
27/12/2023/IPH2023002606
Dr. K. JAISHANKAR
Consent

| Initial Date: 28/12/23 Time: 8:00 | | Modified Date: Time: | | |
|---|---|--|-------------------------------------|-----------------|
| Reason for Modification: | | Diagnosis: PSVT | | |
| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
| NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs | <input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed | M pt had normal diet. E N | Jan on |
| 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 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 N | Jan on |
| 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 pt I/O chart Monitored. E N | Jan on |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|--|---|--|--------------------------|
| MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility | <input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature) | M pt Mobilized well E N | <u>Sen</u> <u>on.</u> |
| 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-continence 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 / consistenc / volume / Hemetemeses as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention | M pt Normal Elimination Pattern E N | <u>Sen</u> <u>on</u> |
| 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 pt Maintain normal skin Integrity. E N | <u>Sen</u> <u>on</u> |

| Patient Specific Problems / Needs | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|--|--|--------------------------------|-----------------|
| HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs | <input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution | M pt groomed well E N | Jan |
| SAFETY <input type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV <input type="checkbox"/> CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others: | <input 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 present E N | Jan |
| 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 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 vitals checked E N | Jan |
| PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others: | <input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern | <input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance | M — E N | |

| Patient Specific Problems / Needs | | Measurable Goals | Nursing Interventions | Evaluation | Sign & Initials |
|---|-----------|---|---|--|---------------------------|
| COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback | <input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence | M pt communication well E N | Jas |
| SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others: | | <input checked="" type="checkbox"/> To manage on time | <input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order | M pt due drugs are given E N | Jas on |
| Endorsed by | Signature | Name | Emp. ID | Date | Time |
| | Nae | S. Nalini | 0024 | 28/12/23 | 8:00 |



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 | 4 | 4 | |
| MOBILITY ability to change and control body position | 1. Completely Immobile Does not make even slight changes in body or extremity position without assistance | 2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently | 4. No Limitation Makes major and frequent changes in position without assistance | 4 | 4 | 4 | |
| NUTRITION usual food intake pattern | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation | 4 | 4 | 4 | |
| FRICTION & SHEAR | 1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction | 2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down | 3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair | | 3 | 3 | 3 | |
| | | | | | TOTAL SCORE | 23 | 23 | 23 |
| | | | | | Initial & Emp. No. of Staff Nurse: | 008 | 527 | 816 |
| | | | | | Initial & Emp. No. of Sr. Staff Nurse: | 008 | 527 | 816 |

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

| | | | | | | | |
|--|---|--|---|--|---|----------|--|
| SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort | 1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body | 2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body | 3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities | 4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort | 4 | | |
| MOISTURE degree to which skin is exposed to moisture | 1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned | 2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift | 3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day | 4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals | 4 | | |
| ACTIVITY degree of physical activity | 1. Bedfast Confined to bed | 2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair | 3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair | 4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours | 4 | | |
| MOBILITY ability to change and control body position | 1. Completely Immobile Does not make even slight changes in body or extremity position without assistance | 2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently | 3. Slight Limited Makes frequent through slight changes in body or extremity position independently | 4. No Limitation Makes major and frequent changes in position without assistance | 4 | | |
| NUTRITION usual food intake pattern | 1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days | 2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement | 3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs | 4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation | 4 | | |
| 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: | 5/10/23 | |
| | | | | | Initial & Emp. No. of Sr. Staff Nurse: | 28/12/23 | |







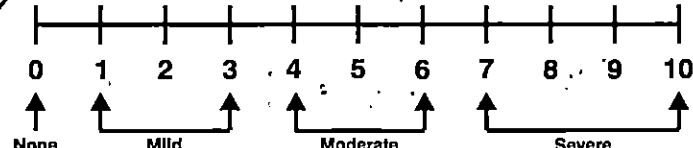
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

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. |
|----------------|------------|---|----------|-----------------|---------------|--------------------------|---------------------------------|
| 27/12 10:00 | 0/10 | No Pain | - | - | - | guy 0086 | Do 0005 |
| 15:30 | 0/10 | No pain | - | - | - | guy 0276 | Nag 0024 |
| 16:30 | 0/10 | No pain | - | - | - | guy 0276 | Nag 0024 |
| 17:30 | 0/10 | No pain | - | - | - | guy 0276 | Nag 0024 |
| 21:30 | 0/10 | No pain | - | - | - | guy 0276 | Nag 0024 |
| 23:50 | 0/10 | No pain | - | - | - | guy 0276 | Nag 0024 |
| 5:00 | 0/10 | No pain | - | - | - | guy 0276 | Nag 0024 |
| 8:00 | 0/10 | No Pain | - | - | - | Jan 0024 | Nag 0024 |
| 10:00 | 0/10 | No Pain | - | - | - | Jan 0024 | Nag 0024 |

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

PAIN SCALES

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

Pharmacological Interventions as per doctor's prescription









DVT RISK ASSESSMENT

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

| | | Date | 27/12 | 28/12 | | | | | |
|---|---|--|--|---|---|---|---|---|---|
| | | Time | 10.30 | 12.00 | | | | | |
| S. No. | PARAMETERS | | | | | | | | |
| 1 | Active cancer (on-going treatment or diagnosed within 6 months or palliative care) | 0 | 0 | | | | | | |
| 2 | Bedridden recently >3 days or major surgery within four weeks | 0 | 0 | | | | | | |
| 3 | Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs) | 0 | 0 | | | | | | |
| 4 | Collateral (nonvaricose) superficial veins present (Assess for both legs) | 0 | 0 | | | | | | |
| 5 | Entire leg swollen (Assess for both legs) | 0 | 0 | | | | | | |
| 6 | Localized tenderness along the deep venous system (Assess for both legs) | 0 | 0 | | | | | | |
| 7 | Pitting edema, greater in the symptomatic leg (Assess for both legs) | 0 | 0 | | | | | | |
| 8 | Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs) | 0 | 0 | | | | | | |
| 9 | Previously documented DVT (Assess for both legs) | 0 | 0 | | | | | | |
| 10 | Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESKD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture. | 0 | 0 | | | | | | |
| FINAL SCORE | | 0 | 0 | | | | | | |
| Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8 | | Low | Low | | | | | | |
| DVT prophylaxis started | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature & Emp. No. of RN | | [Signature] | [Signature] | | | | | | |
| Signature & Emp. No. of Sr. RN | | [Signature] | [Signature] | | | | | | |



MODIFIED MORSE FALL RISK ASSESSMENT CHART

| Variables | Date | 27/12/23 | 27/12 | 27/12 | 28/12 | | | | | |
|---|------|---|---|---|--|----|----|----|----|----|
| | Time | 10.30 | 16.06 | 20.00 | 8.00 | | | | | |
| History of falling (immediate or within 6 months) | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Yes | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| Secondary diagnosis (≥ 2 medical diagnosis) | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Yes | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Intravenous Therapy / Heparin Lock / Tubes Insitu | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Yes | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| AMBULATORY AID | | | | | | | | | | |
| None / Bed Rest / Nurse Assist | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Crutches / Cane / Walker | | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Furniture | | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| GAIT | | | | | | | | | | |
| Normal / Bed Rest / Wheel Chair | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Weak | | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| Impaired | | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| MENTAL STATUS | | | | | | | | | | |
| Oriented to own stability | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Overestimated or forgets limitations | | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Yes | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Total Score | | 35 | 35 | 35 | 35 | | | | | |
| Low Risk (0 - 24) | | | | | | | | | | |
| Medium Risk (25 - 44) | | ✓ | ✓ | ✓ | ✓ | | | | | |
| High Risk (45 or above) | | | | | | | | | | |
| Signature & Emp. No. of RN | |  6088 |  6088 |  6088 |  6088 | | | | | |
| Signature & Emp. No. of Sr. RN | |  6088 |  6088 |  6088 |  6088 | | | | | |

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

| INTERVENTIONS <i>Tick as per the Risk Score</i> | Date | | | | | | | | | |
|---|------|-----------|-----------|-----------|-----------|--|--|--|--|--|
| | Time | 10-30 | 16-00 | 20-00 | 24-00 | | | | | |
| 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 | | NA | NA | ✓ | ✓ | | | | | |
| Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat | | NA | NA | ✓ | ✓ | | | | | |
| Use restraints and bed monitors as ordered by the doctor | | ✓ | ✓ | ✓ | ✓ | | | | | |
| Allow the patient to ambulate only with assistance | | ✓ | ✓ | ✓ | ✓ | | | | | |
| Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care | | ✓ | ✓ | ✓ | ✓ | | | | | |
| Do not leave patients unattended in diagnostic or treatment areas | | ✓ | ✓ | ✓ | ✓ | | | | | |
| Accompany the patient while going to bathroom | | ✓ | ✓ | ✓ | ✓ | | | | | |
| Advise the patient to use grab bars near the toilet, bathtub, and shower | | ✓ | ✓ | ✓ | ✓ | | | | | |
| Make sure the family and other visitors understand the restrictions mentioned above | | ✓ | ✓ | ✓ | ✓ | | | | | |
| High-risk interventions (45 or above) | | | | | | | | | | |
| Apply all the low and medium risk interventions | | | | | | | | | | |
| Tie red fall risk tag in the bed, wheel chair and stretcher | | | | | | | | | | |
| Locate the high-risk patients in a room close to the nurses' station | | | | | | | | | | |
| Answer these patients call bells as quickly as possible | | | | | | | | | | |
| Provide a commode at bedside (if appropriate) | | | | | | | | | | |
| Urinal/bedpan should be within easy reach (if appropriate) | | | | | | | | | | |
| Encourage family members or other visitors to stay with them | | | | | | | | | | |
| If appropriate, consider using protection devices: safety belts | | | | | | | | | | |
| Signature & Emp. No. of RN | | Signature | Signature | Signature | Signature | | | | | |
| Signature & Emp. No. of Sr. RN | | Signature | Signature | Signature | Signature | | | | | |

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

| Barriers to Learning | | Plan to Address Factors |
|---|---|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Vision / Hearing limitations | <input type="checkbox"/> Use of Interpreter |
| <input type="checkbox"/> Limited Reading Abilities | <input type="checkbox"/> Physical barriers | <input type="checkbox"/> Educate family |
| <input type="checkbox"/> Religious / Cultural Factors | <input type="checkbox"/> Language barriers | <input type="checkbox"/> Simple Language |
| <input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions | <input type="checkbox"/> Low motivation / desire to learn | <input type="checkbox"/> Written Instructions |
| Completed By : Date <u>27/12/23</u> Time <u>10.00</u> | | Nurse Signature : <u>[Signature]</u> |

Learning Record

| Need | Date | Visit 1 | | | Date | Visit 2 | | | Date | Visit 3 | | | Signature |
|---|-----------------|---------|---|-----|-----------------|---------|---|-----|------|---------|---|---|------------------------------|
| | | L | P | O | | L | P | O | | L | P | O | |
| Disease | <u>27/12/23</u> | | | | <u>28/12/23</u> | | | | | | | | Doctor |
| <input checked="" type="checkbox"/> Information on Disease / Diagnostics | | | P | OOV | | | P | OOJ | | | | | <u>[Signature]</u> 134553 |
| <input checked="" type="checkbox"/> Treatment | | | P | OPV | | | P | OOJ | | | | | |
| Medications | | | | | | | | | | | | | Doctor / Nurse |
| <input checked="" type="checkbox"/> Information on Safe and Effective use of medicines | | | P | OPV | | | P | OOJ | | | | | <u>[Signature]</u> 0988 |
| <input checked="" type="checkbox"/> Information on drug / drug and drug / food interactions | | | | | | | | | | | | | |
| <input type="checkbox"/> Discharge Medications | | | | | | | | | | | | | |
| Surgical Instructions | | | | | | | | | | | | | Nurse |
| <input type="checkbox"/> Pre - Operative Instructions | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care) | | | P | OOV | | | P | OOV | | | | | |
| Pain Management | | | | | | | | | | | | | Nurse |
| <input type="checkbox"/> Reporting of pain | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Pain Management | | | P | OO | | | P | OOV | | | | | |
| Safe and effective use of medical Equipment (if required) | | | | | | | | | | | | | Doctor / Nurse |
| Name of Equipment | | | | | | | | | | | | | |
| Rehabilitation Techniques | | | | | | | | | | | | | |

B NALLAGAN

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

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

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

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

Written Material given and explained (if any)

| |
|--------------|
| <p>_____</p> |
|--------------|

Reports Given :

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

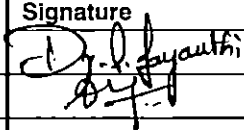
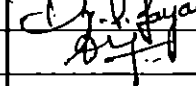
Name of Attendant / Patient : SARADA NARAYANAN Signature : Sarada Narayanan

Name of Discharge Nurse Pavithra

Signature Pavithra

Inter Disciplinary Team Rounds (IDTR) Checklist



Date: 27/10/23 Time: 10.45

| Checklist | Yes | No | NA | Action / Remarks | |
|---|--|-----------------------|-------------------------|------------------|----------------|
| MEDICAL | | | | | |
| Daily Consultant Visit | ✓ | | | | |
| Plan of care discussed | ✓ | | | | |
| Discharge Planning | | | | | |
| Others if any | | | | | |
| NURSING | | | | | |
| Safety Precautions Ensured | ✓ | | | | |
| Care of Lines and Tubes | ✓ | | | | |
| Infection Control Measures | | | | | |
| Skin Care | ✓ | | | | |
| Response to assistance | | | | | |
| Others if any | | | | | |
| DIETICIAN | | | | | |
| Diet Adequate | ✓ | | | | |
| Special Request | | | | | |
| PHYSIOTHERAPIST | | | | | |
| Available for Assistance for Activities of Daily Living | | | | | |
| Others if any | | | | | |
| PATIENT CARE SERVICES | | | | | |
| Room Cleaning satisfactory | | | | | |
| Room Amenities Adequate | | | | | |
| Billing Update available | | | | | |
| Non-Availability of any service | | | | | |
| Spiritual Needs (if yes specify) | | | | | |
| Others if any | | | | | |
| Inter Disciplinary Team Members | | | | | |
| Doctor | Signature:  | Name: DR. S. JAYANTHI | Reg. / Emp. No.: 170318 | Date: 27/12 | Time: 11:00 AM |
| Nursing Staff | Signature:  | Name: A. ALBIN | Reg. / Emp. No.: 0088 | Date: 27/12 | Time: 11:00 |
| Dietician | | | | | |
| Physiotherapist | | | | | |
| Patient Care Service Staff | | | | | |

[illegible]

Additional Details (if any):



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

| | Sign. | Name | Reg. No. | Date | Time |
|---------------------|---|------------------------------------|------------------------------------|----------|------|
| Transferring Doctor |  | Dr. Anish Nelson Reg. No: 88434 | Dr. Anish Nelson Reg. No: 88434 | 27/12/22 | 17.5 |
| Receiving Doctor |  | Dr. K. Anusuya | 184559 | 27/12/22 | 18.0 |

Part C (to be filled by Nurses)

| Check for | Transferring Nurse | Receiving Nurse |
|----------------------------|---|---|
| Drains | <input type="checkbox"/> Chest <input type="checkbox"/> Abdominal <input checked="" 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 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>SP</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 type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Patient Attendant Informed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, give details: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Details (if any):

| | Sign. | Name | Emp. No. | Date | Time |
|--------------------|---|------------|----------|----------|-------|
| Transferring Nurse |  | D. Shree | 0270 | 27/12/22 | |
| Receiving Nurse |  | P. Anusuya | 0072 | 27/12/22 | 18.00 |



Medway
Heart
Institute

Every heart beat counts

PATIENT NAME : Mrs.SARADA NARAYANAN
66/Female/MH1202380+83
27/12/2023/IPH2023002606

AGE / SEX : Dr.K.JAISHANKAR

Ward / Bed No.

[illegible]

[illegible]

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. COMBIFAM

8-00

Dose

Route

P.O.

Frequency

6-6-1

Dr. Sign & Reg. No. / Seal

Start Date & Time

27/12/23 @ 12:00

14-00

Stop Date & Time

Additional Info:

20-00

DRUG NAME

T. PAM

7-00

Dose

Route

P.O.

Frequency

1-0-1

Dr. Sign & Reg. No. / Seal

Start Date & Time

27/12/23 @ 12:00

19-00

Stop Date & Time

Additional Info:

DRUG NAME

T. AMOX

Dose

Route

P.O.

Frequency

0-0-1

Dr. Sign & Reg. No. / Seal

Start Date & Time

27/12/23 @ 12:00

21-00

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:

N/A

N/A

Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Medway Heart Institute

[illegible][illegible]

[illegible]

[illegible]