

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)	/	
- Anaesthesia Consent - (8 thing) - Date, Time, Name & Sign. of both Patient & Anesthetist		
- Anaesthesia Assessment Sheet		
- Surgery Consent - (8 things) - Date, Time, Name & Sign of both Patient & Surgeon		
- Surgery Notes - Post Operative Plan		
- Pain Scoring System		
- Blood Transfusion if done		
- High Risk Procedures		
- A copy of the Discharge Summary	/	



Medway Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Patient Details (Affix Label here)

Name: MRS. BOOPATHYAMMAL

UHID: MHI 2023002610

DOB: Sex: F

DOA: 27/12/23

Consultant: Dr. G. GNANAVELO



Every heart beat counts

ADMISSION SLIP

Admitting Doctor: Dr. GNANAVELO

Speciality: Cardiology

Advised Date & Time: 27/12/2023 @ 10:38 A.M

Provisional Diagnosis:

ACCELERATED HYPERTENSION
SEVERE LV SYSTOLIC DYSFUNCTION - ET

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):

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

Expected Duration of Stay: 7 day

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

Payer: ☒ Self ☐ Insurance ☐ Others: _____

Instructions to Nurse (if any):

Any other Instructions (if any):

Doctor's Signature

[Signature]

Name

Dr. G. GNANAVELO

Reg. No.

39769

Date

27/12/23

Time

10:38

For admission desk staff only:

Room Category: ☐ General Ward

☐ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☒ Others CCU

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

27/12/23

10:38 A.M

27/12/23

10:38 A.M

Source: ☐ OPD

☐ ER

☒ Direct

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

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

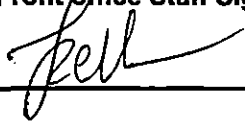
Front Office Staff Signature

Name

Emp. No.

Date

Time



Peelma banu

MHI 0264

27/12/23 10:38 A.M



Patient: Mrs. BOOPATHYAMMAL N
Name: 70/Female/MH1202381510
UHID: 27/12/2023/IPH2023002610
DOB: Dr. G. GNANAVELU
DOA:
Consult:

MHI/HOSP/2022/129



ADMISSION FORM

Marital Status M	Full Address 43/104 Ashoka NAGAR, Arumbakkulam CH-106	Telephone Number 9550276332 9094602772
Occupation —		
Referred from Dr. Gnanavelu	Date of Time of Admission 27/12/23 @ 10:38 AM	Date & Time of Discharge 28/12/23 @ 10:00 AM
UNIT CCU	Total No. of Days 1 Day 2 hr.	
MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		
FINAL DIAGNOSIS		ICD Code
ACUTE PULMONARY EDEMA		J81.0
ACCELERATED HYPERTENSION		I10
SEVERE LV SYSTOLIC DYSFUNCTION EF-30%		I50.1
OLD CVA + LEFT HEMIPARESIS (2018)		I69.0
TYPE II DIABETES MELLITUS		E11.9
DATE	OPERATION / PROCEDURES	ICPM Code
—	—	
DATE	TYPE OF ANESTHESIA	
—	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL	
DISCHARGE STATUS		
<input type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input checked="" type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to		
Signature of the Consultant 9.12.20		Signature of Medical Records Officer S. Alen Sag 2023

AUTHORISATION FOR TREATMENT I PAYMENT

I hereby authorise the Administration, Medical and Nursing and Paramedical, Staff of the Hospital Investigate, treat and administer such drugs as may be necessary and to perform such operation under anaesthesia or other wise as may be deemed necessary and / or advisable in the diagnosis and treatment of my illness / patient.....MRS: Boopathiamma who is my Mother (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 their attendants have been removed to a place of safety / handed over to the next of kin and I absolve the hospital of any responsibility with regard to any loss.

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

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

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.


செவிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி

Date 27/12/23


எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian


உறவுமுறை

Nature of Relationship


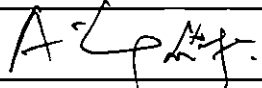
GENERAL CONSENT FOR ADMISSION

I, MRS. Boopathyammal N 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.

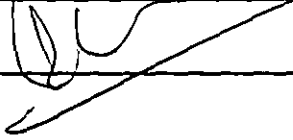
	Signature / Thumb Impression*	Name	Date	Time
Patient				
Surrogate/Guardian (if applicable #)		↓ GNANAVEL (Write name and relationship with patient)	27/12/23	10:38 AM
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		↓ GNANAVEL	27/12/23	10:38 AM
Interpreter (if applicable)				

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

ADMISSION CRITERIA FOR INTENSIVE CARE UNIT


S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE	
1	Hemodynamic instability defined as		
	Pulse less than 40 or more than 150 beats/minute		
	Systolic arterial pressure less than 80 mm Hg or 20 mm Hg below the patient's usual pressure		
	Mean arterial pressure less than 60 mm Hg		
	Diastolic arterial pressure more than 120 mm Hg		
2	Respiratory rate more than 35 breaths/minute		
	Cardio-vascular System		
	Acute myocardial infarction		
	Cardiogenic shock		
	Complex arrhythmias requiring close monitoring and intervention		
	Acute congestive heart failure with respiratory failure and / or requiring hemodynamic support		
	Hypertensive emergencies		
	Unstable angina, particularly with dysrhythmias, hemodynamic instability, or persistent chest pain		
	Post cardiac arrest		
	Cardiac tamponade or constriction with hemodynamic instability		
3	Dissecting aortic aneurysms		
	Complete heart block		
	Miscellaneous Conditions		
4	Septic shock with hemodynamic instability		
	Hemodynamic monitoring		
	Clinical conditions requiring ICU level nursing care		
5	Post procedure elective admission		
	Post Coronary Angioplasty		
	Post Cardio-vascular Surgery		
	Following angiographic procedure		
6	Complication resulting from the angiographic procedure including any significant change in pulse in the affected extremity, neurologic changes, persistent bleeding, or persistent nausea and vomiting post-procedure		
	Significant findings on diagnostic angiography warranting further therapy that would necessitate inpatient admission is also a reasonable indication for admission		
	Admission at the time of the study is encouraged if problems are suspected or arise		
7	Pulmonary System		
	Acute respiratory failure requiring ventilatory support (Invasive / Non-Invasive)		
	Pulmonary emboli with hemodynamic instability		
	Patients in an intermediate care unit (HDU / Recovery room) who are demonstrating respiratory deterioration		
	Need for nursing / respiratory care not available in such intermediate care units		
	Massive hemoptysis		
8	Respiratory failure needing imminent intubation		
	Renal failure		
	Oliguria or anuria for more than 12 hours		
9	Metabolic acidosis (pH < 7.35)		
	Patients requiring hemodialysis can be performed in ICU when the blood pressure is borderline		

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

Doctor	Signature	Name	Reg. No.	Date	Time
		Dr. Anish Nelson	91810	28/12/23	11:10

DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

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

Doctor	Signature	Name	Reg. No.	Date	Time
		Dr. Anish Nelson Reg. No: 88434	Dr. Anish Nelson Reg. No: 88434	28/12/23	13:00



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DISCHARGE AGAINST MEDICAL ADVICE

IP No.	IPH2023002610	D.O.A	: 27/12/2023
UHID	MHI202381510	D.O.D	: 28/12/2023
Name	Mrs. BOOPATHYAMMAL. N	Room No.	: CCU
Age / Gender	70Years / FEMALE		
Consultant	: Dr. G. Gnanavelu. MD., DM., (cardio) FACC Chief Cardiologist		

DIAGNOSIS:

ACUTE PULMONARY EDEMA
ACCELERATED HYPERTENSION
SEVERE LV SYSTOLIC DYSFUNCTION EF – 30%
OLD CVA-LEFT HEMIPARESIS (2018)
TYPE II DIABETES MELLITUS

BRIEF HISTORY:

Mrs. Boopathyammal. N, 70 years / Female, Presented with complaints of sudden onset shortness of breath, NYHA class IV since 5.00 am, associated with mild chest pain, fever, cough and cold – since 2 days. She came to Medway heart institute on 27.12.2023 for evaluation and further management.

No H/O Syncope or presyncope, vomiting, diarrhea.

Known case of CVA , systemic hypertension and Type II diabetes mellitus on medication.

N/K/C/O RHD, CKD, BA, and Seizure disorder, dyslipidemia

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

HR	-	85bpm
BP	-	180/110 mmHg
SPO ₂	-	98%
CVS	-	S1S2 (+)
RS	-	Basal crepts (+)
Abdomen	-	Soft, BS (+)
CNS	-	H/O left hemiparesis , GCS – 15/15

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

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94557 94557
1800 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
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Medway Centre of Excellence (Chennai)

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4451
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E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED
INVESTIGATIONS:

BLOOD (27.12.2023) :

UHID: MHI202381510



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Test Name	Result	Reference Value	Units
HAEMOGLOBIN	13.9	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
UREA	43	14 - 40	mg/dl
CREATININE	1.10	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mg/dl
SODIUM	144	135 - 150	Meq/l
POTASSIUM	3.71	3.5 - 5.0	Meq/l
TWBC	10330	4000 - 10000	Cells/ Cumm
PLATELET	282000	Male - 1.5 - 3.5 Female - 1.5 - 3.7	Lakhs/Cumm
Trop - I	36.9	< 19 negative	Ng/l

BLOOD (27.12.2023) :

Test Name	Result	Reference Value	Units
UREA	58	14 - 40	mg/dl
CREATININE	1.38	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mg/dl
SODIUM	140	135 - 150	Meq/l
POTASSIUM	2.99	3.5 - 5.0	Meq/l

ECG : Sinus rhythm , HR - 67bpm, LVH+, T wave inversion in lead I and aVL

ECHO(27.12.2023): Dilated LA. RWMA (+) septum, anterior, mid inferior hypokinetic. All apical segments apex thinned. Apex aneurysmal. Moderately severe LV systolic dysfunction. Increased LV filling pressure. Normal RV systolic function. Aortic valve sclerosis. Mitral annular calcium present. Trivial AR. No AS. Mild MR. Trivial TR. Mild PAH. LV apical clot present. Minimal pericardial effusion anterior to RV, behind RA. Mild bilateral pleural effusion. No vegetation.

CXR: cardiomegaly, increased bronchovascular markings.

COURSE IN THE HOSPITAL:

Mrs. Boopathyammal. N, 70 years / Female, was tachypneic, SPO2 - 70% in RA with bilateral crepts admitted in CICU, connected to NIV support, started on diuretics and NTG infusion. Trop I showed minimal elevation. ECG - LVH+, T wave inversion in lead I and aVL, Echo done showed EF - 30% (Severe LV systolic dysfunction) and global hypokinesia and LV apical clot. Anti heartfailure medications and anticoagulants were started. Patient condition gradually improved and was weaned off NIV and O2 support. Patient required further stabilization in ward but relatives requested discharge at request - thus patient is discharged on below medications.

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

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PATIENT
HELPLINE
94557 94557
1800 572 3003

Medway Group of Hospitals

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

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

Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/118



JCI ACCREDITED NABH ACCREDITED

UHID: MHI202381510



IP NO. MPH2023002610

ADVICE MEDICATIONS:

Every heart beat counts
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Sl. NO	NAME OF THE DRUGS WITH GENERIC NAME	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
			M	A	N			
1.	TAB. APIXABAN	2.5 MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
2.	TAB. CORDARONE	200 MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
3.	TAB. DILNIP	10 MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
4.	TAB. CARDIVAS	3.125 MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
5.	TAB. VALENTAS	100 MG	½	0	½	ORAL	AFTER FOOD	TO CONTINUE
6.	TAB. CLOPILET A	75/75 MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
7.	TAB. TONACT	20 MG	0	0	1	ORAL	AFTER FOOD	TO CONTINUE
8.	TAB. LASIX	40 MG	½	½	0	ORAL	AFTER FOOD	TO CONTINUE
9.	TAB. ALDACTONE	25 MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
10.	TAB. PAN	40 MG	1	0	1	ORAL	BEFORE FOOD	TO CONTINUE
11.	TAB. UDAPA	10 MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
12.	TAB. AZEE	500 MG	1	0	0	ORAL	AFTER FOOD	X 3 DAYS
13.	TAB. PULMOCLEAR	1 TAB	1	0	1	ORAL	AFTER FOOD	X 3 DAYS
14.	SYP. BROZEDEX SF	5 ML	1	1	1	ORAL	AFTER FOOD	X 3 DAYS
15.	SYP. KCL	15 ML	1	1	1	ORAL	AFTER FOOD	TO CONTINUE

DISCHARGE ADVICE	
DIET	LOW FAT, SALT & DIABETIC DIET
PHYSICAL ACTIVITIES	AS TOLERATED & AVOID STRENUOUS ACTIVITIES
FLUID RESTRICTION	800 – 1000 ML/DAY
REVIEW	REVIEW WITH DR. GNANAVELU. G AFTER 1 WEEK WITH UREA, CREATININE, SODIUM, POTASSIUM & TC REPORTS.

To report: If temp > 101 °F / Difficulty in breathing / chest pain / Giddiness/ palpitations.
Any other significant symptoms. In case of emergency Contact: Medway Hospitals @ 4310 8959.

Dr. G. Gnanavelu MD, DM (cardio), FACC
Chief Cardiologist
Reg. No: 39469

Dr. G. Gnanavelu. G MD., DM., (cardio) FACC
Chief Cardiologist

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

f @MedwayHospitals
Typed by: Ezhilarasu

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94557 94557
1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

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

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

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

MHI/HOSP/2022/118



JCI ACCREDITED



NABH ACCREDITED



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

Discharge at Request

Mrs. Boopathammal N

DOA - 27/12/2023

DOD - 28/12/2023

Patient was admitted with c/o sudden onset shortness of breath, NYHA Class IV since 5AM, associated with mild chest pain, fever, cough and cold - since 2 days. No associated symptoms of palpitations.

Patient is a k/c/o DM/HTN/old CVA (2018)

On arrival - patient was tachypneic, SpO₂ - 70% in RA, with bilateral creps

Patient was admitted in CICU, connected to NIV support, started on diuretics and NTG infusion. Trop I showed minimal elevation. ECG - LVH, TWI_s in I and aVL, ECHO done showed EF - 30% (Severe LVSD) and global hypokinesia and LV apical clot. Antifailure medications and anticoagulants were started. Patient condition gradually improved and was weaned off NIV and O₂ support. Patient required further stabilisation in ward but relatives requested discharge at request - thus patient is discharged on below medications.

To review in Cardiology OPD - Dr. G. Gnanavelu in 1 week with Na, K, Urea, Creat, TC results.

DD - Acute Pulmonary Edema, Accelerated HTN, Severe LVSD - EF - 30%, DM, HTN, Old CVA (2018),

Medications to continue -

Fluid restriction - 800-1000ml/day

T. Apixaban 2.5mg 1-0-1

T. Cordarone 200mg 1-0-1

T. Dilnir 10mg 1-0-1

T. Cardivas 3.125mg 1-0-1

T. Valentas 100mg 1/2-0-1/2

T. Clopilet-A 75/75 1-0-0

T. Tonact 20mg 0-0-1

T. Lasix 20mg 1-0-1-0

T. Aldactone 25mg 1-0-0

T. Pan 40mg 1-0-1

T. Udapa 10mg 1-0-0

Syp KCl 15ml 1-1-1

For 3 days -

T. Azee 500mg 1-0-0

Syp Brozedex SF 5ml 1-1-1

T. Pulmoclear 1-0-1

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T. Tonact 20mg 0-0-1

T. Lasix 20mg 1-0-1-0

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T. Pan 40mg 1-0-1

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INFORMED CONSENT FOR LEAVING / DISCHARGE AGAINST MEDICAL ADVICE

- I/We the attendants of patient Mr./Mrs./Ms./Master Mrs. BOOPATHYAMMAL N
S/O ~~W/O~~ Mr. Esthy have been explained about the medical
condition of self/our patient in the language which I / we Understand by
Dr. ANISH as mentioned below.
 - Clinical Diagnosis : RESOLVING ACUTE PULMONARY EDEMA, CCF, HTN, SEVERE LVSD.
 - Present Condition : STABLE
 - Treatment planned / required : WARM SATURATIONS, DIURETICS.
 - Possible outcomes of continuing the treatment : WORSENING PULMONARY
 - Complications of not continuing the treatment : HEMORRHAGE
- I / We would request the concerned health professional to discharge me/our patient immediately by discontinuing
the medical management / procedure.
- I/we in my/our full senses, without any correction and unreservedly and solemnly hereby declare that I/We am/are
entirely responsible for any consequences that may arise due to such a discharge against medical advice. At any
point of time, now or in the future, I/we will not hold the concerned health professionals and staff of Medway Heart
Institute responsible / liable for any consequences that may arise due to such a discharge against medical advice.
- I/we also undertake the responsibility of paying all the amounts that are payable to Medway Heart Institute before
leaving the hospital Premises.
- If the patient is unable to sign, then mention the reason : SICKNESS.

	NAME	SIGN	DATE	TIME
Patient / Representative with Relationship	<u>Mrs. Boopathyammal</u>	<u>[Signature]</u>	<u>28/12/23</u>	<u>13:30</u>
Witness	<u>GNANAVEL</u>	<u>[Signature]</u>	<u>28/12/23</u>	<u>13:30</u>
Doctor	Dr. Anish Nelson Reg. No: 88434	<u>[Signature]</u>	<u>28/12/2023</u>	<u>13:30</u>

Emergency Department Consent Form

Authorization for Medical Examination / Treatment & Diagnosis

I/We MRS. BOOPATHYAMMAL the undersigned, hereby agree and give consent for the therapeutic/diagnostic treatment at Medway Heart Institute I / We have been clearly explained, in a language I / We understand, the need of therapeutic / diagnostic treatment for me / my dependent. I hereby voluntarily consent / Authorize to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusion by Emergency Physicians, primary care-giver or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care.

I / We further give consent to take care of me / my dependent to arrange for routine or emergency medical care and treatment necessary to preserve my health / the health of my dependent.

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> ICU Admission | <input type="checkbox"/> Ventilator | <input type="checkbox"/> Intubation | <input type="checkbox"/> Central Line |
| <input type="checkbox"/> Artery Line | <input type="checkbox"/> Bladder Catheter | <input type="checkbox"/> Ryle's Tube | <input type="checkbox"/> Suturing |
| <input type="checkbox"/> ICD | <input type="checkbox"/> LP | <input type="checkbox"/> Radiology Imaging | |
| <input type="checkbox"/> Bedside USG | <input checked="" type="checkbox"/> IV/IA Line | <input type="checkbox"/> Lab Investigation (Blood Test) | |
| <input checked="" type="checkbox"/> Others, if any: _____ | | | |

In making medical decisions on my behalf for the benefit of me / my dependent, I direct that the care-giver attempt to contact me / my attenders. However, if medical care becomes essential, I give permission to the care-giver to make decisions regarding such treatment as deemed appropriate by the Doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the care-giver on me / my behalf for my benefit / for the benefit of my dependent, I authorize the care-giver to obtain, review and inspect any and all information bearing upon me / my dependent's health.

I acknowledge that no guarantees have been made to me / my attenders as to the effect of such examinations or treatment on the condition of me / my dependent and that I / We are responsible for all reasonable charges in connection with the care and treatment rendered to me / my dependent during this period.

ACCIDENTAL EXPOSURE OF HEALTH CARE WORKER

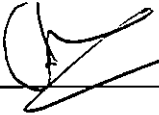
I / We understand, that if any health care worker is exposed to me / my dependent's blood or other body fluid, (a optional), can test blood for disease including hepatitis, HIV and syphilis.

ASSIGNMENT OF BENEFITS AND GUARANTEE OF PAYMENT

I / We hereby authorize and direct my insurance provider or company to make payments to **Medway Heart Institute**
I also agree to settle my bills in prompt manner.


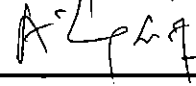
STATEMENT OF INTERPRETER (WHERE APPROPRIATE)

I / We have interpreted the information above to the person giving consent to the best of my ability and in a way which I / We believe they understand.

	Signature	Name	Date	Time
Doctor		Dr. H. Arasu	27/12/23	8:30
Interpreter (if applicable)				

The information given contains nature and purpose of care and the related risk. There is opportunity to clarify any doubts regarding scope of the consent.

I / We have read this consent and agree to its scope and contents. I / We will not hold **Medway Heart Institute Chennai** or its doctors / staff responsible in the event of any untoward complications.

	Signature	Name	Relation	Date	Time
Patient					
Patient Representative		G. N. NAVEEL	Son	27/12/23	8:30
Witness		G. N. NAVEEL	Son	27/12/23	8:30

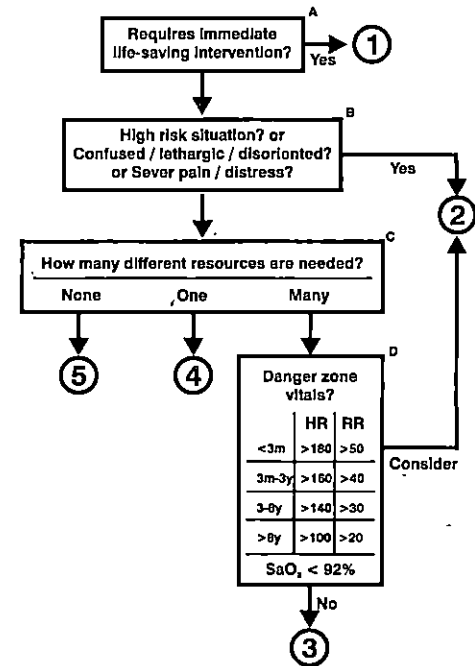
DOCTORS INITIAL ASSESSMENT - EMERGENCY

Part A (to be filled by Nurses)

Date of Arrival: 27/12/23 Time: 8-10 ☒ Non MLC ☐ MLC no.: -

Vital Signs: Temp: 72.4 (°F) Pulse / HR: 100 (beats/min) BP: 250/140 (mmHg)
Respiration: 32 (breaths/min) SpO₂: 68 (%) JRA CBG: 203 (mg/dl)

GLASGOW COMA SCALE (GCS)				
	Adult	Child < 4 Years	Infant	
EYE OPENING	Spontaneous	Spontaneous	Spontaneous	4
	To sound	To sound	To sound	3
	To Pressure	To Pressure	To Pressure	2
	None	None	None	1
	NonTestable (NT)	NonTestable (NT)	NonTestable (NT)	
VERBAL RESPONSE	Oriented	Oriented	Coos, Babbles	5
	Confused	Confused	Irritable cry	4
	Words	Words	Cries to Pressure	3
	Sounds	Sounds	Moans to Pressure	2
	None	None	None	1
BEST MOTOR RESPONSE	NonTestable (NT)	NonTestable (NT)	NonTestable (NT)	
	Obeys Commands	Obeys Commands	Follows Commands	6
	Localising	Localising	Localising	5
	Normal flexion	Normal flexion	Normal flexion	4
	Abnormal flexion	Abnormal flexion	Abnormal flexion	3
	Extension	Extension	Extension	2
	None	None	None	1
	NonTestable (NT)	NonTestable (NT)	NonTestable (NT)	
Non Testable (NT) / Total Score = /15.				



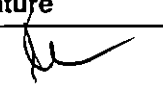
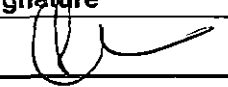
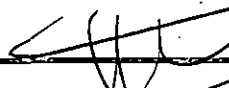
Triage Priority: ☐ Level 1 ☐ Level 2 ☒ Level 3 ☐ Level 4 ☐ Level 5

Triage completed by	Signature	Name	Emp. No.	Date	Time
	<i>[Signature]</i>	Mahabeshwari B	80.2	27/12/23	8-10

Part B (to be filled by Doctors)

Chief Complaints:

40 Sudden onset of SOB, Myo-clonic body moving @ 3am. H/o chest pain @ H/o Angina / cold @
No H/o Palpitation - H/o fever 2 days ago

Investigation:					
CBC <input type="checkbox"/>	RP2 <input type="checkbox"/>	LFT <input type="checkbox"/>	PT / INR <input type="checkbox"/>		
ECG <input type="checkbox"/>	ABG <input type="checkbox"/>	UR <input type="checkbox"/>	S. Electrolyte <input type="checkbox"/>		
Viral Marker <input type="checkbox"/>	Thyroid Profile <input type="checkbox"/>	2D ECHO <input type="checkbox"/>	Chest X-ray <input type="checkbox"/>		
CT Brain <input type="checkbox"/>	Blood Culture <input type="checkbox"/>	Urine Culture <input type="checkbox"/>	USG <input type="checkbox"/>		
Blood Grouping & Typing <input type="checkbox"/>	PAN-CT <input type="checkbox"/>	Creatinine <input type="checkbox"/>	Troponin-I <input type="checkbox"/>		
Others:					
Abnormality & Findings (investigations):					
Treatment Plan: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>High flow High flow O₂ via mask</p> <p>3. Low 100% O₂ SAt</p> <p>4. Antibiotic 5mg stat</p> <p>5. NTG iv @ 1.2ml/hr</p> </div> <div style="width: 45%;"> <p>CCU Admission</p> <p>NIU</p> </div> </div>					
Initial Assessment Completed by	Signature	Name	Reg. No.	Date	Time
		Dr. G. Ashu	91810	28/12/23	8-30
Referral					
Referred to Speciality	Consultant Name		Informed Time	Seen at	
Cardiology	Dr. A. Ganarath Dr. Siva (Dr.)		8-10 AM	8-15	
Outcome: <input checked="" type="checkbox"/> Admission <input type="checkbox"/> Discharge <input type="checkbox"/> Transfer <input type="checkbox"/> LAMA <input type="checkbox"/> Others: _____					
Transferred to: <input type="checkbox"/> Ward: _____ <input checked="" type="checkbox"/> ICU: _____ <input type="checkbox"/> OT: _____ <input type="checkbox"/> OP: _____ <input type="checkbox"/> Others: _____					
ER Physician	Signature	Name	Reg. No.	Date	Time
		Dr. G. Ashu	91810	28/12/23	8-30
Receiving Physician	Signature	Name	Reg. No.	Date	Time
		Dr. G. Ashu	91810	28/12/23	11:00



INPATIENT INITIAL ASSESSMENT

Date: 28/12/23

Time of arrival in ward: 11:00

Allergies (if Yes, specify details):

Drugs ☐ Yes ☐ No

Blood Transfusion ☐ Yes ☐ No

Food ☐ Yes ☐ No

Others

Vital Signs: Temp: 98°F | Pulse / HR: 95 (beats/min) | BP: 150/100 (mmHg)

Respiration: 20 (breaths/min) | SpO₂: 98% | Height: 150 (cms) | Weight: 50 (kgs) | BMI: 22.22 gm

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

Go Sudden onset of SOB, Nyct - class IV
since 5am today. No chest pain (+)
No cough/cold (+). No No palpitation.
No fever 2 days ago.

PAST MEDICAL HISTORY (with duration of illness):

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

Others:

old ECA

Past Surgical History:

Present Medication (for Medication Reconciliation):

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1)	T. DILNIP	10mg	P.O	101 -	26/12/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2)	T. Arkamint	10-1mg	P.O	101 -	"	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)	T. Enam	10mg	P.O	101 -	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4)	T. Betaloc	25mg	P.O	101 -	"	<input type="checkbox"/> Yes <input type="checkbox"/> No
5)	T. clopidet	75mg	P.O	OD -	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6)	T. Tonaet	10mg	P.O	101 -	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7)	T. Monobals	10mg	P.O	101 -	"	<input type="checkbox"/> Yes <input type="checkbox"/> No
8)	T. Tonaet	10mg	P.O			<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Family History:

nil significant f/Hx/O CD

Personal / Social History (Tick whichever is applicable)

Lifestyle: ☐ Sedentary ☐ Active Occupation: _____

Smoking: ☐ Yes ☒ No

Alcohol: ☐ Yes ☒ No

Recreational Drug Use: ☐ Yes ☒ No

Others: _____

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

At least Menopausal

General Physical Examination:

Pallor: ☐ Yes ☒ No

Icterus: ☐ Yes ☒ No

Clubbing: ☐ Yes ☒ No

Edema: ☐ Yes ☒ No

Lymphadenopathy: ☐ Yes ☒ No

SYSTEMIC EXAMINATION

CVS:

S1S2 (+)

Respiratory System:

Clear (+)
BIL crept (+)

Gastrointestinal System:

Soft, BS (+)

Central Nervous System:

Ⓡ hemiparesis ~~admission~~, GCS = 15/18

Urinary / Reproductive / Locomotor System:

0 -

Skin / Ophthalmic / ENT

0

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:

- Acute pulmonary edema / CHF
- Secu LVSD
- Acc. HT
- old cong.

Plan of Care:

- acc admission
- NIV
- 3-4L O2
- vitals monitoring
- I/O chart
- 2mg as per chart
- Foley's Catheter
- family updated
- fluid restriction
800ml - 1L/day

Investigations Advised:

Case | RFT | ~~ES~~ PPS | BAH | BCG | CRR / Geha
 Andhra ezym. (Trop-I) -

Diet Advice:

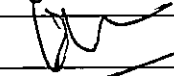


- ☐ Nil per Oral ☐ Clear liquid diet ☐ Normal liquid diet ☐ Diabetic liquid diet
☐ Semisolid diet ☐ Soft solid diet ☐ South Indian normal diet ☐ North Indian normal diet
☐ Neutropenic liquid diet ☐ Others: _____

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

Others:

	Signature	Name	Reg. No.	Date	Time
Resident Doctor		Dr. G. Alister	91810	27/12/23	4.15
Consultant		Dr. G. Annamalai	39469	27/12/23	11.15
Patient Attendant		Relationship: SON M. G. Rao	—	27/12/23	11.15



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



Mrs. BOOPATHYAMMAL N
70/Female/MHI202381510

Date of Reg: 27/12/2023 08:59 AM



MHI/IP/2022/041

edway
art
stitute
at counts

Mrs. Boopathy Jole

DOCTOR'S PROGRESS NOTES

DATE	NOTES
	sp. Paridubay Team
28/12/23	
@ 8:15	20/F, klu. of ces cut / cut on R, T2m cont
	also sudden onset SOB, clam IV rxm
	none today Morning
	No do chest pain / fever cough / sp
	at counts
	discharge at night
	SpO ₂ 67% → 88% (12L O ₂)
	RR 25 / 140
	R 100 / mm
	Cx 1 - 5L
	Rx rxm
	5L up
	Bkth screen
	Collected hyperkalemia of R (An > Tw)
	BP 30 / 1 / severe up
	gr. Green up
	Severe R/L Plt 62 mm Hg
	Mod R/L Mild OK
	Mod R/L OK
	Ins Phosphorus / Appt / Phosphorus
	Rec
	Cx 1 - 5L
	Td T, acute
	Wp

[illegible]

Dr.G. GNANAVELU

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MHI/IP/2022/041



Every heart beat counts

DOCTOR'S PROGRESS NOTES

[illegible]



DOCTOR'S PROGRESS NOTES

DATE	NOTES
28/12/23 8 AM	S/B Dr. Gnanavelu team - - Pt reviewed C/o cough (+) expectoration O/c: Conscious, oriented. PR - 70/min, BP - 100/60. SpO ₂ 97% on 2L O ₂ Cm = 8.4 (+) Rt = 8.8 (+) Basal abd (+) Wt/Cr - 58/1.38 Na/K - 140/2.99 CRP - 109 Adu Wt apical clot (+) - Pt supplementation - Others cont the same Dri clear on 60 - 40 v slc Advised 1 - 1 Pt D/C Today at request Shankar

Date: 27/12/23

Time: 4pm

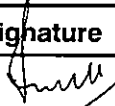
Doctor's Name: Dr. Anish Nelson
Reg. No: 88434

ICU PROGRESS NOTES

ICU SCORES (as Appropriate)	CLIF ACLF / AD score: SOFA score:	MELD score: SAPS II score:	AARC score: APACHE II score:
ICU Day Background SOB CARDIAC PAIN } K. ROMS RECENTLY HAD (A/C PHLEBITIS) SEVERE WSD (CLF - EF 30% COFMS) OLD CVA (2018)	Issues last 24 hours LV CLF - 2.9 x 1.7 cm -		
Central nervous system Conscious / oriented / sedated with Sedation score GCS - E V M Pupils Pain score Drains	Cardiovascular system HR - 72 Rhythm - Cardiac Output - BP - 140/70 CVP - Cardiac Medications:		
Respiratory system Oxygen supplementation - 2L - 94% Saturation / PaO2- Ventilator : Spontaneous / Controlled ALL CHRS Last C x R - Drains - RECENT A/C BL	GIT P/A S.V Bowels - Y / N Loose stools / Melena Drains NG tube : Y / N Day NGA- USG CT		
Nutrition & Fluids Oral feeds / NG feeds TPN - formula used Supplements Calories / Proteins achieved : 600ml IV fluids - 24 hour Urine output 100-150ml/hr Fluid balance Creatinine clearance Acidosis Lactate RRT - SLED / IHD / CRRT	Microbiology Invasive lines 1. 2. Foley's Yes / No ET Tube / Tracheostomy tube - Y / N Day Culture reports Antimicrobials with days 1. 2. 3.		
Labs Hb TC Platelets Urea Creatinine Na K Bilirubin AST ALT INR Others	DVT prophylaxis - Y/N Drugs : Mechanical - TEDS / SCD Stress Ulcer Prophylaxis - Y/N Drugs Pressure sore Y / N Alpha bed Y / N		

Plan for the day

- BP / LUP morning
- Continue dialysis and fluid management
- PR - 100ml/day on LUP
- NTU - 2:2 + overnight
- Na, K, UREA, creat, ECG, CXR morning

Doctor	Signature	Name	Reg. No.	Date	Time
	 can	Dr. Anish Nelson Reg. No: 88434	Dr. Anish Nelson Reg. No: 88434	28/12/23	4pm

Date : 27/12/23

Time : 9.00 pm

Doctor's Name : Dr. madhukar J

ICU PROGRESS NOTES

ICU SCORES
(as Appropriate)

CLIF ACLF / AD score:
SOFA score:

MELD score:
SAPS II score:

AARC score:
APACHE II score:

ICU Day
Background

80% / 20%
Twob / 20%
Accelerated hypertension
LVH + LV clot
old CVA
KID - HTN, Hb low & albumin low. needs to med for HTN for few days.

Issues last 24 hours

Central nervous system

Conscious / oriented / sedated with

Sedation score

GCS - E V M

Pain score

Pupils

Drains

Cardiovascular system

HR - 96/L Rhythm - NSH Cardiac Output -

BP - 170/80 mmHg CVP -

Cardiac Medications:

Respiratory system

Oxygen supplementation -

Saturation / PaO2 -

Ventilator : Spontaneous / Controlled



Last C x R -
Drains -

GIT

P/A

Bowels - Y (N) Loose stools / Melena

Drains

NG tube : Y / N

Day NGA-

USG

CT

Nutrition & Fluids

Oral feeds / NG feeds

TPN - formula used

Supplements

Calories / Proteins achieved :

IV fluids -

24 hour Urine output

Fluid balance

Creatinine clearance

Acidosis

Lactate

RRT - SLED / IHD / CRRT

Microbiology

Invasive lines

1.

2.

Foley's (Yes) / No

ET Tube / Tracheostomy tube - Y / N Day

Culture reports

Antimicrobials with days

1.

2.

3.

Labs

Hb 13.9

TC 10/330 Platelets

Urea

Creatinine 1.10

Na 144

K - 3.7

Bilirubin

AST

ALT

INR

36.9

Others

DVT prophylaxis - Y/N

Drugs : LVLT Mechanical - TEDS / SCD

Stress Ulcer Prophylaxis - Y/N

Drugs

Pressure sore - Y/N

Alpha bed Y/N

Plan for the day

Plan

- I/O chart
- HR / Ltr / day
- overnight B/DAT / HIV
- TED stockings.
- chest EXR
- may require H₂N₂ / COVID / spine for PTB
- w/h up.
- other AF chart.
- Next Ltr / ex / m
- CRP + Rb factor; HbA_{1c}.

8/12/23.

→ mod B

kel caution

[Signature]
WSPN.

[Signature]
WSPN.

Doctor	Signature	Name	Reg. No.	Date	Time
	<i>[Signature]</i>	<i>[Signature]</i>	Dr. Madhukar.J Reg. No. 103767	28/12/23.	9:00

Dr. Madhukar.J
Reg. No. 103767

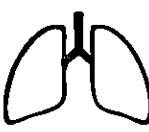


Date : 28/12/23

Time : 8am

Doctor's Name : Dr. Anish

ICU PROGRESS NOTES

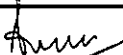
ICU SCORES (as Appropriate)	CLIF ACLF / AD score: SOFA score:	MELD score: SAPS II score:	AARC score: APACHE II score:
ICU Day Background SEVERE LUNG - 35% for RESOLVING PULMONARY EDEMA WITH + VV CDDT AND LVA HTN	Issues last 24 hours		
Central nervous system Conscious / oriented / sedated with Sedation score GCS - E V M Pupils Pain score Drains	Cardiovascular system HR - 85 Rhythm - Cardiac Output - BP - 100/70 CVP - Cardiac Medications:		
Respiratory system Oxygen supplementation - 22 - 25% Saturation / PaO2 - 94-95% on Ventilator : Spontaneous / Controlled  Last C x R - Drains -	GIT P/A 8am Bowels - Y / N Loose stools / Melena Drains NG tube : Y / N Day NGA- USG CT		
Nutrition & Fluids Oral feeds / NG feeds TPN - formula used Supplements Calories / Proteins achieved : IV fluids - 24 hour Urine output Fluid balance Creatinine clearance Acidosis Lactate RRT - SLED / IHD / CRRT	Microbiology Invasive lines 1. 2. Foley's Yes / No ET Tube / Tracheostomy tube - Y / N Day Culture reports Antimicrobials with days 1. 2. 3.		
Labs Hb TC Platelets Urea Creatinine 1.38 Na K 2.95 Bilirubin AST ALT INR Others	DVT prophylaxis - Y/N Drugs : Mechanical - TEDS / SCD Stress Ulcer Prophylaxis - Y/N Drugs Pressure sore Y / N Alpha bed Y / N		

Plan for the day

- DISCHARGE AT REQUEST

- FULL RESUMPTION 12/03

- REVIEW IN 24

Doctor	Signature	Name	Reg. No.	Date	Time
		Dr. Anish Nelson Reg. No: 88434	Dr. Anish Nelson Reg. No: 88434	28/03/23	8:30

CONSENT FORM FOR CRITICAL CARE (ICU)

I, MRS. BOOPATHYAMMAL N. the ☒ Patient or ☐ Representative of patient have (please tick the correct option above and below):

☒ Read

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

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

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

CENTRAL VENOUS CATHETER INSERTION

Brief description of the Procedure:

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

Intended benefits:

Common reasons for having a central line include:

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

Possible risks and complications:

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

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

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

Alternative Forms of Treatment: Peripheral Venous Access

ENDOTRACHEAL INTUBATION

Brief description of the Procedure:

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

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

Intended benefits:

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

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

Possible risks and complications:

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

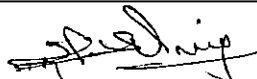

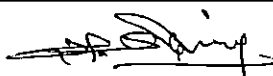
Possible alternatives:

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

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

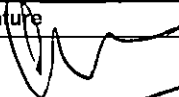
For the above-mentioned procedures that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said procedure on myself or my above-named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives.

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

	Signature / Thumb Impression*	Name	Date	Time
Patient				
Surrogate/Guardian (if applicable #)		 (Please name and relationship with patient)	27/12/23	11.15
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		Mr. Bookalan	27/12/23	11.15
Interpreter (if applicable)				

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

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

	Signature	Name	Reg. No.	Date	Time
Doctor		Dr. A. A. A. A. A.	91810	28/12/23	11.10

உயிர்காப்பு சிகிச்சைக்கான (அவசர சிகிச்சைப் பிரிவு / ஐசியு) ஒப்புதல் படிவம்

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

- ☐ வாசித்திருக்கிறேன்
- ☐ சிகிச்சையளிக்கும் மருத்துவரால் எனக்கு விளக்கி கூறப்பட்டிருக்கிறது மற்றும் எனது / எனது நோயாளியின் தற்போதைய நிலைமை அல்லது எனது நோயாளியின் நோய் பாதிப்பையும் மற்றும் ஏற்பட சாத்தியமுள்ள அனைத்து விளைவுகளையும் நான் அறிந்திருக்கிறேன் மற்றும் புரிந்து கொண்டிருக்கிறேன்.
- ☐ நான் முழுமையாகப் புரிந்து கொள்கின்ற தாழ்வு மொழியில் இந்த ஒப்புதல் படிவம் விளக்கப்பட்டிருக்கிறது மற்றும் ஐசியு சிகிச்சை பற்றி தரப்பட்ட தகவலை நான் புரிந்து கொண்டிருக்கிறேன்.

எனது அல்லது எனது நோயாளியின் உடல்நிலை, சிகிச்சை விருப்பத்தேர்வுகள், நோயாளியின் நிலையை மேம்படுத்துவதற்கு தேவைப்படும் மருத்துவ சேவைகள் பற்றி மருத்துவரிடம் விவாதிக்க எனக்கு வாய்ப்பிருந்தது என்று நான் உறுதியளிக்கிறேன். எனது / எனது நோயாளியின் நோய்க்கு சிகிச்சையளிக்கும் கவாசப்பாதையை பாதுகாக்க / உருவாக்குவதற்கான பிற வழிமுறையை செயற்கை கவாச வழிமுறை, மத்திய சிறை அணுகுவசதி இதய தமனி தமனிக்குழல்கள் உட்பட முச்சுப் பெருங்குழல்களுக்கு குழாய் செருகுதல் போன்ற அவசரநிலை மருத்துவ செயல்முறைகளை செய்யவும் இதன்வழியாக நான் ஒப்புதல் அளிக்கிறேன். மேலும் எனது நிலைமைக்கு சிகிச்சையளிக்க அல்லது அதனை மேம்படுத்த தேவைப்படும் கண்காணிப்பு வழிமுறைகளை மேற்கொள்ளவும் ஒப்புதல் அளிக்கிறேன்.

மைய சிறையில் கதிட்டர் உட்செருகல்

மருத்துவ செயல்முறையின் கருக்க விவரணை:

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

அடைய திட்டமிடப்படும் பலன்கள்:

மைய லைனை பொருத்துவதற்கான பொது காரணங்களுள் கீழ்க்கண்டவை உள்ளடங்கும்:

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

சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள்:

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

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

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

சிகிச்சையின் மாற்று வழிமுறை வடிவங்கள்: புறவெளி சிறை / நாளத்திற்கு அணுகுவசதி

மூச்சுப் பெருங்குழலுள் குழாய் செருகுதல்

மருத்துவ செயல்முறையின் சுருக்கமான விவரணை:

மூச்சுப் பெருங்குழலுள் குழாய் செருகுதல் (Endotracheal Intubation) என்பது, தாங்களே சுயமாக சுவாசிக்க இயலாத அல்லது நினைவிழந்துவிட்ட நபர்களுக்கு செய்யப்படும் ஒரு அவசரநிலை சிகிச்சை செயல்முறையாகும். இது, ஒரு திறந்தநிலை மூச்சுப்பாதையை பராமரிக்க வகை செய்கிறது மற்றும் மூச்சுத்திணறல் நிகழாமல் தடுக்கிறது. நீங்கள் சுவாசிப்பதற்கு உதவி, உங்களது / உங்களது நோயாளியின் மூச்சுக்குழலுக்குள் ஒரு நெகிழ்வுத்திரன் கொண்ட பிளாஸ்டிக் குழாய் ஊய் வழியாகப் பொருத்தப்படுகிறது. மூச்சுக்குழாய் என்றும் அழைக்கப்படுகின்ற இந்த மூச்சுக்குழல், ஆக்சிஜனை நுரையிரல்களுக்கு எடுத்துச்செல்லும் ஒரு குழாயாகும். சுவாசிப்பதற்கான இந்த குழாயின் அளவு நோயாளியின் வயது மற்றும் தொண்டை அளவிற்குப் பொருத்தமானதாக தேர்வு செய்யப்படும். உட்செலுத்தப்பட்டதற்குப் பிறகு குழாயை சுற்றி வீரிவைக்கின்ற காற்றின் ஒரு சிறிய சுற்றுப்பட்டையின் மூலம் உட்செலுத்தப்பட்ட குழாய் அதே இடத்தில் இருக்குமாறு வைக்கப்படும். மூச்சுக்குழாய், குரல்வலைக்கு சற்றுக்கீழே தொடங்குகிறது மற்றும் மார்பு ஏழம்பிற்கு பின்னே வரை அது நீள்கிறது. அதன்பிறகு மூச்சுக்குழாய் இரு சிறு குழல்களாக பிரிகிறது: வலது மற்றும் இடது பிரதான மூச்சு சிறுகுழாய்கள் ஒவ்வொரு சிறுகுழாயும், ஒவ்வொரு நுரையிரலோடு இணைக்கப்பட்டிருக்கிறது. இந்த மூச்சு சிறுகுழாய், அதன்பிறகு நுரையிரலுக்குள் சிறு சிறு காற்றுப் பாதைகளாக தொடர்ந்து பிரிகின்றன. மூச்சுக்குழாய் என்பது, கடினமான குருத்தெலும்பு, தசை மற்றும் இணைப்புத்திக் ஆகியவற்றால் உருவானது. இதன் அகவுறை மிருதுவான திசுக்களால் ஆனது. ஒவ்வொரு முறையும் நீங்கள் / உங்களது நோயாளி காற்றை உள்ளே சுவாசிக்கும்போது மூச்சுக்குழாய் சற்றே நளமனதாக மற்றும் வீரிவாதாக ஆகிறது. மூச்சை வெளியே வீரும்போது அதன் முந்தைய தளர்வான நிலைக்கு அது திரும்புகிறது. மூச்சுப்பாதையில் எந்தவொரு இடமும் சேதமடைந்திருக்குமானால் அல்லது தடை பட்டிருக்குமானால் உங்களால் சுவாசிக்க இயலாமல் போகலாம் அல்லது சுவாசிப்பதில் சிரமம் இருக்கலாம். இத்தகைய தருணத்தில் நான் மூச்சுப் பெருங்குழலுள் குழாய் செருகுதல் அவசியமாக இருக்கக்கூடும். இந்த செயல்முறை உங்களது மூச்சு / காற்றுப்பாதையை அடைப்பிற்றி திறந்த நிலையில் வைக்கிறது. நீங்கள் சுவாசிக்கும்போது உங்களது நுரையிரலிலிருந்து மற்றும் நுரையிரலுக்கு ஆக்சிஜன் தடையின்றி, தராளமாக சென்று வருவதை இது அனுமதிக்கிறது.

அடையத் திட்டமிடப்பட்டுள்ள பலன்கள்:

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

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

சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள்:

- பற்கள் அல்லது பற்கட்டமைப்பிற்கு காயம்
- தொண்டை அல்லது மூச்சுக்குழாயில் காயம்
- இரத்தக்கசிவு
- நுரையிரல் சிக்கல்கள் அல்லது காயம்
- உறிஞ்சி வெளியிழுத்தல் (வயிற்றிலுள்ள உணவுப்பொருட்களும், அமிலங்களும் நுரையிரல்களில் சேர்ந்திருக்கும்போது)
- பிற இடர்கள் (ஏதும் இருக்குமானால்):

சாத்தியமுள்ள மாற்று வழிமுறைகள்:

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

மேற்குறிப்பிடப்பட்ட மருத்துவ செயல்முறையின் மூலம் அடையத் திட்டமிடப்பட்டுள்ள பலன்கள், சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள், இந்த செயல்முறைக்கு கிடைக்கக்கூடிய பிற மாற்று வழிமுறைகள் பற்றி இப்போது நான் அறிந்திருக்கிறேன். எந்தவொரு மருத்துவ செயல்முறையிலும் அதன் முடிவுகள் நோயாளிக்கு நோயாளி வேறுபடக்கூடும் என்பதையும் நான் அறிந்திருக்கிறேன்; மற்றும் இந்த மருத்துவ செயல்முறையின் வெற்றி குறித்து எனக்கு எந்தவித உத்தரவாதங்களும் அளிக்கப்படவில்லை என்பதையும் நான் உறுதிப்படுத்திக்கொள்கிறேன். பெரும்பான்மையான நோயாளிகளுக்கு அசம்பாவிதம் இல்லாமல் அறுவைசிகிச்சை மற்றும் மீண்டு குணமடைதல் நிகழ்கின்ற நேரவில், சில நேரவுகளில் சிக்கல்கள் ஏற்படக்கூடும் என்பதையும் நான் அறிந்திருக்கிறேன். மேலே குறிப்பிடப்பட்டுள்ள இந்த மருத்துவ செயல்முறையோடு தொடர்புடைய பொதுவான இடர்கள் மற்றும் சிக்கல்களை நான் அறிந்திருக்கிறேன். எந்தவொரு மருத்துவ செயல்முறையிலும் ஏற்பட சாத்தியமுள்ள ஆபத்துகள் மற்றும் சிக்கல்கள் அனைத்தையும் பட்டியலிட சாத்தியமில்லை என்பதையும் நான் புரிந்துகொள்கிறேன்.

இந்த மருத்துவ செயல்முறையின் தன்மை மற்றும் சாத்தியமுள்ள இடர்கள் மற்றும் சிக்கல்கள் மற்றும் உத்தேசிக்கப்படும் நன்மைகள் மற்றும் சாத்தியமுள்ள மாற்றுமுறைகள் பற்றி நான் அல்லது மேலே பெயர் குறிப்பிடப்பட்டுள்ள என்னுடைய நோயாளி முழுமையாக அறிந்திருக்கும் நிலையில் எனக்கு விளக்கப்பட்ட மேற்கண்ட மருத்துவ செயல்முறைக்கு சுயவிருப்பத்துடன் எனது ஒப்புதலை நான் அளிக்கிறேன்.

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

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

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

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

மருத்துவர்	கையொப்பம்	பெயர்	பதிலு எண்.	தேதி	நேரம்

Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Patient Details (Affix Label here)
Name: MRS. Boopathi Arival
UHID: 20231510
DOB: 70Y Sex: Female
DOA: 27/12/23
Consultant: Dr. G. Gnanaseelan

Diagnosis: Acute pulmonary Edema / Accelerate HTN / EF 30% / T2DM
Height: 150 cms Weight: 50 Kgs Food allergies: Yes/No, if yes, specify: _____
Religious Beliefs: ☐ Vegetarian ☒ Non Vegetarian ☐ Eggetarian ☐ Jain
Diet Prescription: 1600 calories, Low fat, low salt, 1000ml fluid restricted



SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

Diabetic diet

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

Dietitian Signature / Name / Date / Time:

27/12/23 13:00

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>27/12/23 13:00</p>	<p>A 70 years old female came c/o sudden onset shortness of breath was assessed to be well - nourished as evident by SGA</p> <p>K/C/O - T2DM / SH TRV</p> <p>Patient <u>received</u> to CCU. Educated the patient & family on 1600 calories, low fat, low salt, Diabetic diet, 1000ml fluid restriction Emphasized on small frequent meals & Low glycemic control.</p>	<p> 0286</p>
<p>28/12/23 10:00</p>	<p>Educated the patient & family on 1600 calories, low fat, low salt, 1000ml Fluid restricted, Diabetic diet on <u>discharge</u>. Emphasized on small frequent meals & Low glycemic control. Diet modifications & clarifications done <u>Diet chart given on discharge</u></p>	<p> 0286</p>

PRE/POST OPERATIVE ECHO

Mrs. BOOPATHYAMMAL N

70/Female/MHI202381510

27/12/2023/IPM2023002610

Dr. G. GNANAVELU



Date & Time	
27/12/23	Screening Echo Report
4.55pm	
	IVS : 12mm
	PW : 12mm
	- Dilated LA.
	- RWMAT Septum, Anterior, mid Inferior hypokinetic
	- All apical segments Apex thinned. Apex fine myocardial
	- Moderately Severe LV systolic dysfunction
	- Grade II Diastolic dysfunction
	- Increased LV filling pressure
	- Normal RV systolic function
	- Aortic valve sclerosis, mitral annular calcium present
	- Trivial AR. NO AS
	- Mild MR.
	- Trivial TR. Mild PAN
	- LV apical clot present. measures: 2.9 X 1.7 cm
	- Minimal pericardial effusion Anterior to RV,
	Behind RA.
	- mild Bilateral pleural effusion
	- NO Vegetation.
	HR: 76 bpm
	- 8'
	LV Ld : 54mm EDV : 120 ml E/A : 0.91
	LV Ls : 46mm ESV : 80 ml med E/E' : 24.94
	EF : 32% EF : 31% TR gdt : 37 mmHg
	RVS P : 47 mmHg
	LA Volume : 76 ml
	- Done by
	Ms. Revathy (Cardiac Tech)



MICROBIOLOGY SHEET

MICROBIOLOGY-CULTURE REPORTS

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

Mrs. BOOPATHYAMMAL N

70 / Female / MHI202381510

27/12/2023 / IPH2023002610

Dr. G. GNANAVELU

**DIABETIC CHART**ACTUAL WEIGHT 60 kg HbA_{1c}

PREVIOUS DIABETIC MEDICATIONS

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
27/12/23	09:00	203 - ER.	-	meena	DR. AKILAN
4	14:00	104 mg/dl	-	[Signature]	DR. AKILAN
28/12/23	7:00	181 mg/dl	-	[Signature]	DR. MADHUKAR

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. 	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.

Urine Acetone


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


Every heart beat counts

BLOOD GROUP

INVESTIGATION SHEET
Mrs. BOOPATHYAMMAL N

70/Female/MHI202381510

27/12/2023/IPH2023002610

Dr.G. GNANAVELU



Date	27/12/23	28/12/23				
HAEMATOLOGY						
Hb	13.9					
P.C.V	41.9					
Platelets	282000					
TLC	10330					
Polymorphs	88.8					
Lymphocytes	7.0					
Eosinophils	0.6					
Mono / Basophils	2.3/0.3					
E.S.R						
BIO-CHEMISTRY						
Urea	43	58				
Creatinine	1.10	1.38				
Sodium	144	140				
Potassium	3.71	2.99				
Bicarbonate	27					
Chloride	100.9					
Magnesium uric acid	7.7					
Calcium	9.2					
Phosphorus	4.3					
LFT						
T.Bilirubin						
D.Bilirubin						
I.Bilirubin						
S.G.O.T						
S.G.P.T						
ALP						
GGT						
Total Protein						
S.Albumin						
CARDIAC ENZYMES						
Troponin I	36.9					
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp						

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

Mrs. BOOPATHYAMMAL N

70/Female/MH1202381510

27/12/2023/IPH2023002610

Dr.G. GNANAVELU



HYPERTENSION,
ECG NORM



MHI/IP/2022/074.



Every heart beat counts

VITAL INFORMATION SHEET

BLOOD GROUP	
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ON ADMISSION

Height in CM

Weight in Kg. $\pm 150 \text{ cm}$

$\pm 50 \text{ kg}$.

Diagnosis:

ACUTE PULMONARY EDEMA / CHF / SLYD / A. HTN / OLP / CVA

Procedure

[illegible]

EMERGENCY DEPARTMENT - NURSING INITIAL ASSESSMENT

Patient Name : MRS. BOOPATHYAMMAL N		Age : 70 y	Sex : M/F <input checked="" type="checkbox"/>	UHID No. : 20	Trage Level Green (<120 Min) <input checked="" type="checkbox"/> Yellow (<60 Min) <input type="checkbox"/> Orange (<10 Min) <input type="checkbox"/> Red (Immediate) <input type="checkbox"/>	
Patient Received Date & Time : 27/12/23 @ 8.10		Initial Assessment done at : 27/12/23 @ 8.20		Allergies : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Relatives are aware <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no Reason :	
Current Complaints : No Breathlessness						
Emergency Contact No.: 909462772			Name & Relationship: MR. UNANAVELU			
PRIMARY SURVEY						
Assess Response : <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Unresponsive <input type="checkbox"/> Bleeding <input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> No						
Airway : <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Noisy <input type="checkbox"/> Obstructed <input type="checkbox"/> Vomited		Breathing <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent		Pain Score : <input checked="" type="checkbox"/> 0 = No Pain <input type="checkbox"/> 1-3 = Mild Pain <input type="checkbox"/> 4-6 = Moderate Pain <input type="checkbox"/> 7-10 = Severe Pain		
Circulation : <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanosed <input type="checkbox"/> Absent		Temperature: <input type="checkbox"/> = Hot <input type="checkbox"/> = Normal <input type="checkbox"/> = Warm <input type="checkbox"/> = Cold		Chest pain Assessment : <input type="checkbox"/> Site <input type="checkbox"/> Onset <input type="checkbox"/> Character <input type="checkbox"/> Time <input type="checkbox"/> Radiates to <input type="checkbox"/> Exacerbating Factor <input type="checkbox"/> Severity		
SECONDARY SURVEY : Patient Past History:						
PAST MEDICATION HISTORY						
DRUGS		DOSE	ROUTE	FREQUENCY		
Tab. DILNIP		10mg	P/O	Bd		
Tab. Aspirin		100mg	P/O	Bd		
Tab. Enalapril		10mg	P/O	Bd		
Cardiac Arrest Resuscitation : Chest Compression Started Time : Electrical Cardioversion <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes : Time of First Shock& Joules/ Total No. of Shock :						
Stroke FAST Assessment :				Types of Ventilation : <input type="checkbox"/> Face Mask		
Facial Weakness : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess				<input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> ET / LMA Tube		
Affected Side : <input type="checkbox"/> Right <input type="checkbox"/> Left				<input type="checkbox"/> Others :		
Arm Weakness : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess				Time of First Assisted Ventilation :		
Affected Side : <input type="checkbox"/> Right <input type="checkbox"/> Left						
Speech Difficulties : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess						
VITAL SIGNS						
Time	Temp F/C	Pulse bts/min	Res. bths/min	BP mmHg	SpO ₂ %	CBG mg/dl
8.10	98.4	100	38	150/100	98%	203
8.40	98.8	75	20	200/120	100%	-
9.30	98.4	70	28	190/110	100%	-
9.55	98.2	78	26	180/100	100%	-
PUPILS Reaction to Light						
Right Left <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>						
Conscious level: A=Alert V=Voice P=Pain U=Unresponse						
<input checked="" type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U						
Special Instruction:						
Drug Name Time Dose Route						
2ml-Laxar 8.20 100mg IV						
Tab. Aspirin 9.00 5mg P/O						
Aspirin buccal 8.20 1 P/O						
Procedure (Tick)						
<input checked="" type="checkbox"/> IV Peripheral <input type="checkbox"/> Defibrillation <input checked="" type="checkbox"/> Monitor Vital signs <input type="checkbox"/> Nebulization <input type="checkbox"/> Bleeding Control <input type="checkbox"/> Suture <input type="checkbox"/> Ryles Tube <input type="checkbox"/> Urinary Catheterization <input type="checkbox"/> ET Insertion <input type="checkbox"/> TPI <input type="checkbox"/> Suction <input type="checkbox"/> ABG / VBG <input type="checkbox"/> Drain <input type="checkbox"/> CBG <input type="checkbox"/> Oxygen <input type="checkbox"/> Central / Arterial Line Insertion <input type="checkbox"/> LMA / BVM <input type="checkbox"/> ECG / X-RAY / Echo						

Doctor's Order :

ECOT, CBY done

DATE & TIME	NURSES NOTE	R/N SIGN WITH REG.NO.
27/12/23 8:10	Patient received from ER 48 Breathlessness vitals checked & recorded Temp- 98.4 ⁺ , R.R- 38b/mins, P.R- 100b/mins, BP- 250/140 mmHg, SpO2- 68% on room air start O2 NRBM mask O2 15 liter, ECOT done CBY- 203 w/ all DR. Siva sir Adv:- Give Lat- Lasix 40mg, augmentation w/ NTOT 25/45 1.2ml/hr on flow neb. budesonide 1	Jale 802
9:00 AM 9:55	Plan AMPA Patient Billing card chg and discharge	Jale 802
10:30 AM	Pt will for admission At 10:30 At cec admission @ 10:30	Jale 802
11:00	Patient shifted to cec @ 11:00	Jale 802

Explained that the hospital is not responsible for valuables or other personal belongings.

Relatives Name

Relatives Signature / Relationship with the patients:

Patient Outcome : ☐ Improved ☒ Unchanged ☐ Worsened ☐ Died

Disposition : ☒ Admission ☐ Discharge ☐ Transferred / Refer to other hospital / Time ☐

Handed Over Department Discharge summary Records & Reports	Handed Over by E.R./R/N Signature	Taken over by R/N :	Attendant signature	Date & Time
	Jale 802	At 10:30	A. L. K. K.	27/12/23 @ 11:00

NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 27/12/23 Time of Arrival: 11.00 Mode of Admission: ☐ Walking ☐ Wheelchair ☒ Stretcher

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

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

Contact No.: 9094602772 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: Ac. HTN Yes If yes specify

Drugs History: Antiplatelet: clopidogrel (Specify)

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

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

If Yes, specify details: -

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

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 72 (beats/min) | BP: 158/94 (mmHg)

Respiration: 22 (breaths/min) | SpO₂: 98 (%) | CBG: 203 (mg/dl) | Height: 150 (cms) | Weight: 50kg (kgs)

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

If Yes, specify: -

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

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

Duration: - Location: -

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

Nutritional Screening:

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

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

Type of Patient: ☒ Diabetic ☐ Non Diabetic Type of Diet: LOW SALT DIET

Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: MR. CATHERINE Time: 11.20

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toilet Use	<input type="checkbox"/>	<input checked="" 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: 12. 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

50

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk interventions (25 - 44)

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

High-risk interventions (above 45)

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

Initial Assessment to Special Needs and Vulnerability of Patient:

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

DVT RISK ASSESSMENT

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

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

Risk Score Interpretation (Probability of DVT):

Final Score

Tick the score obtained (✓)

Action Taken

Date

Time

Low Risk

-2 to 0

✓

Moderate Risk

1 to 2

High Risk

3 to 8

27/12/23 11:00

Personal Belongings / Valuables:

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

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

Patient / Patient's Attendant	Sign	Name	Emp. No.	Date	Time
	<i>A. L. P. 72</i>	<i>A. L. P. 72</i>	<i>SON</i>	<i>27/12/23</i>	<i>11-15</i>
Nurse	<i>Jho</i>	<i>Devi</i>	<i>0282</i>	<i>28/12/23</i>	<i>11-15</i>
Unit In-Charge	<i>Joy</i>	<i>JAYASEN</i>	<i>000</i>	<i>28/12/23</i>	<i>11-15</i>



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 21/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: Acute pulmonary edema, Ac. HFN, SLV, 1

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: 20 Left: —

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☐ Yes ☒ No Day: —

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: N/A

On room air / oxygen: NIV

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp 98.6 (°F) | Pulse / HR: 92 (beats/min) | Respiration: 20 (breaths/min)

BP: 115/75 (mmHg) | SpO₂: 98 (%) | Height: 155 (cms) | Weight: 60 (kgs) | BMI: 22.2 kg/m²

Others: —

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

Fall Risk Score: 5D 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: CBC, RFT, Troponin (quantitative) ~~STAT~~

Critical value alert and its corrections: —

Changes in nursing care plan: ☐ Yes ☐ No. If Yes, modified care plan date: N/A

Pending follow-up orders: Echo, X ray.

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by		Anetha	0282	27/12/23	12:00
Handover taken by		Ramya S	0257	27/12/23	13:30
Document endorsed		JAYAL	002	27/12/23	13:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 27/12/23

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: Acute pulmonary edema ^{HTN}
NEWS / PEWS Score: 15/15
Ventilator day: 0
Peripheral line day: Right: 0 Left: 0
Ryle's Tube: ☐ Yes ☒ No Day: 0/5
Urinary Catheter: ☐ Yes ☒ No Day: 0/5
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism:

B

BACKGROUND

Type of surgery: NKDA Date of surgery: -
Allergies if any: NKDA
On room air / oxygen: NIU PS FIO₂ - 40% IV fluids on flow: -
Complaints / New Symptoms in last shift: -

A

ASSESSMENT



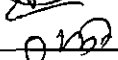
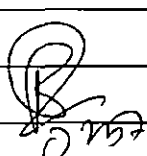
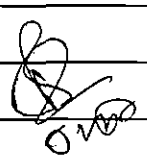
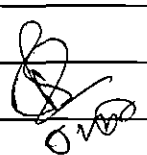
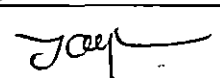
Vital Signs: Temp: 96 (°F) | Pulse / HR: 80 (beats/min) | Respiration: 22 (breaths/min)
BP: 130/82 (mmHg) | SpO₂: 99 (%) | Height: 150 (cms) | Weight: 60 (kgs) | BMI: 22.2 kg/m²
Others: 0/10
Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRST CPOT
Fall Risk Score: 10 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High
Braden Score: ☐ Minimal Risk: 23-19 ☒ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☒ No ☒ NA
Current diet: Low salt diet Drains: -

R

RECOMMENDATION

Referral doctors:
Pending medications:
Pending medication indent:
Pending lab reports / Investigations: x-ray @ 10 hr
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		Ramya S	0057	27/12/23	19:00
Handover taken by		S. P. Sathya	0211	27/12/23	19:00
Document endorsed		JAYARAJ	0001	27/12/23	19:00

NURSES PROGRESS NOTES					
Date & Time	Observations / Action			Signature with Emp. No.	
27/12/23 @ 13:30	Patient took over from morning duty staff. Patient in stable condition V/S checked & recorded. patient on CBD D ₁ + Inj. NTK 0.3ml/h on flow. patient on MV PS FIO ₂ - 40%. Peep - 8.				
15:00	patient had low salt diet.				
16:00	Administered medication as per drug chart.				
16:30	S/B DR. Sudhan advised to continue the same.				
17:30	Inj - Humane being given				
18:00	V/S checked & recorded.				
19:00	pt handed over to next duty staff				
Document endorsed by:	Signature 	Name JAY	Emp. No. 000	Date 27/12/23	Time 20:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 27/12/23

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: Acute Bilirubinemia / HTN GCS: 15/15
NEWS / PEWS Score: — POD: —

Ventilator day: —

Peripheral line day: Right: — Left: Brachial

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☒ Yes ☐ No Day: 01

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

Central line days: —

VIP Score: 01

B

BACKGROUND

Type of surgery: —

Date of surgery: —

Allergies if any: Uncertain

On room air / oxygen: NIV PS FIO2 4%

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 98.1 (°F) | Pulse / HR: 83 (beats/min) | Respiration: 16 (breaths/min)

BP: 138/68 (mmHg) | SpO₂: 100 (%) | Height: 180 (cms) | Weight: 60 (kgs) | BMI: 22.21

Others: —

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

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

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

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

Current diet: Low salt diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: Nil

Pending medication indent: —

Pending lab reports / Investigations: WBC, creat, int, R @ due

Critical value alert and its corrections: —




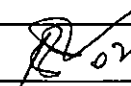

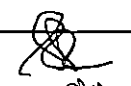
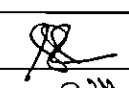


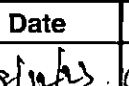
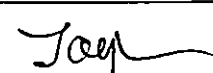
Changes in nursing care plan: ☐ Yes ☐ No. If Yes, modified care plan date: —

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>S. P. Datta</u>	<u>S. Renukadevi</u>	<u>0211</u>	<u>28/12/23</u>	<u>7:30</u>
Handover taken by	<u>[Signature]</u>	<u>Kanya S</u>	<u>0257</u>	<u>28/12/23</u>	<u>7:30</u>
Document endorsed	<u>Jay C</u>	<u>JAY C</u>	<u>001</u>	<u>28/12/23</u>	<u>7:30</u>

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.			
27/12/22 8:00 pm	Night duty Notes: → patient & patient Records taken over from evening duty staff. pt conscious & oriented. pt vitals are stable pt CVP ⊕. pt ⊕ peripheral line present & patent pt Abdomen soft	 024			
20:20	→ pt Had a diet. Administered the medication as per drug chart. → pt on NIV. PS. Peak 19.2 g Paep 59 FiO ₂ - 40%. → Dr. Anish Sr. Advised to NIV infusion stopped.	 024  024			
23:00	→ pt hourly I/O chart maintained & recorded. pt provide comfortable position sleeping well no other issues	 024			
28/12/22 00:00	→ pt haemodynamically stable → Dr. Madhukar Sr. Advised to pt Complaints of pain do to bang start to give	 024  024			
4:30	→ pt blood investigation was sent. Rt. Abt. Send to lab.				
5:00	→ pt Morning Care is given.	 024			
6:00	→ pt ECG given & CVP checked & recorded.	 024			
7:00	→ pt inj. Pain as IV given as per drug chart.	 024			
7:30	→ pt hand over to morning duty staff	 024			
Document endorsed by:	Signature 	Name JAYAPRASAD	Emp. No. 000	Date 28/12/22	Time 9:00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 28/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: Acute pulmonary edema (H70)
NEWS / PEWS Score: 15/15
Ventilator day: 0
Peripheral line day: Right: 0 Left: 0
Ryle's Tube: ☐ Yes ☒ No Day: 0
Urinary Catheter: ☒ Yes ☐ No Day: 0
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism: NA

B

BACKGROUND

Type of surgery: NA Date of surgery: NA
Allergies if any: UKDA
On room air / oxygen: on NP 2lit IV fluids on flow: NA
Complaints / New Symptoms in last shift: NA

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 76 (beats/min) | Respiration: 22 (breaths/min)
BP: 115/74 (mmHg) | SpO₂: 99 (%) | Height: 150 (cms) | Weight: 60 (kgs) | BMI: 26.7
Others: NA
Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale NA 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: Low salt diet Drains: NA

R

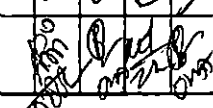
RECOMMENDATION

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

	Signature	Name	Emp. No.	Date	Time
Handover given by		Ramya J	0257	28/12/23	13:00
Handover taken by		Jayashree	000	28/12/23	13:00
Document endorsed		Jayashree	000	28/12/23	13:00

[illegible]

HAI BUNDLE

Date & Time of Intubation		Date of extubation:			Date of Reintubation:			Total Days					
DATE													
S.no	VAE Bundle	M	E	N	M	E	N	M	E	N	M	E	N
1	Elevate HOB 30° - 45° & patient not sliding down												
2	Perform hand hygiene before & after each respiratory care												
3	Perform regular oral care with antiseptic oral rinse if needed												
4	Review sedation target daily												
5	Assess readiness to wean and extubate to daily												
6	Drain condensate of the ventilator circuit before repositioning of patients												
7	Check and maintain appropriate ETT cuff pressure 25 - 30 cmH2o												
8	verify correct placement of the NG tube at regular interval												
9	Regular assessment of patient's tolerance to NG tube feeding												
10	Stress ulcer prophylaxis												
11	DVT prophylaxis												
Date & Time of Insertion		Date of Removal:			Date of Reinsertion:			Total days:					
DATE													
S.no	CLABSI Bundle	M	E	N	M	E	N	M	E	N	M	E	N
1	Perform hand hygiene												
2	Dressing intact and labelled properly												
3	Site inspected												
4	Catheter stabilized/no tension on line												
5	Dormant lumens clamped												
6	Caps changed-administering blood & if there is visual observation of blood in the caps												
7	Caps sanitized with alcohol before & after each use. "scrub the hub".												
8	Lumens flushed with minimum volume 10cc every 12 hours												
9	Iv bags and tubing's labelled properly												
10	All tubing changed every 24 hours												
Date & Time of Insertion		Date of Removal:			Date of Reinsertion:			Total days:					
27/12/23 @ 12.30		28/12/23 @ 11.00											
DATE													
S.no	CAUTI Bundle	M	E	N	M	E	N	M	E	N	M	E	N
1	Maintain sterility of closed urinary drainage	✓	✓	✓	✓								
2	Wash hands prior to handling the urinary drainage system & catheter	✓	✓	✓	✓								
3	Maintain unobstructed urinary flow & specimens from sampling port	✓	✓	✓	✓								
4	Keep collection bag below the bladder & off the floor	✓	✓	✓	✓								
5	Don't change indwelling catheter or collection bag routinely	✓	✓	✓	✓								
6	Tie/secure catheter to patient tubing to bed	✓	✓	✓	✓								
RN SIGNATURE / E. NO:													

SURGICAL SITE INFECTION

Ward :	Contact No :	Consultant Name :
Diagnosis :	Surgeon Name :	
Surgery / Procedure :	ASA GRADE : 1 2 3 4 5 E	
DOA :	DOS :	DOD :
Diabetes :	HB A1C	Pre op FBS : mg/dt Time :
Weight / BMI :		

PRE OPERATIVE PREPARATION

S.NO:	CRITERIA	DATE	TIME	RN NAME
1	Pre operative chlorhexidine bath (Previous day of surgery) - 1			
2	Pre operative skin preparation (Previous day of surgery)			
3	Pre operative chlorhexidine bath (On the day of surgery) - 1			
4	Pre operative chlorhexidine mouth wash gargle (on the day of surgery)			
5	Sterile preparation (before shifting to OT)			

TO BE FILLED BY OT NURSE

Incision Time :			Duration of Surgery :		
1ST DOSE OF ANTIBIOTICS DETAILS			IF SURGERY EXCEEDING MORE THAN 4 HOURS INTRA OPERATIVE ANTIBIOTICS DETAILS		
TIME	DRUG NAME	DOSE	TIME	DRUG NAME	DOSE

POST OPERATIVE ANTIBIOTICS DETAILS

DRUG NAME	DOSE	FREQUENCY	FROM	TO	TOTAL DOSAGES

ADULT NURSING CARE PLAN

Mrs. BOOPATHYAMMAL N
70/Female/MHI202381510
27/12/2023/1PH2023002610
Dr.G. GNANAVELU

MHI/NUR/2022/044



Initial Date: 27/12/23 Time: 11:00		Modified Date: Time:		
Reason for Modification:		Diagnosis: Acute pulmonary edema, Ac-HTN, ST, SVD, etc		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M — E pt on low salt diet N pt Had a low salt diet	OOR OOR well 230
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 NIV Support E pt on NIV PS Fio2 40% N pt on NIV PS Fio2 40%	OOR OOR well 230
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt maintain on electrolyte support E Encouraged oral intake N pt take oral fluids	OOR OOR well 230

Patient Specific Problems/ Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt mobilized on bed	<i>[Signature]</i>
			E pt mobilized on bed.	<i>[Signature]</i>
			N pt Bed mobilization	<i>[Signature]</i> 23.6
ELIMINATION <input checked="" type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenc / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M pt maintain normal elimination pattern.	<i>[Signature]</i>
			E pt on @ elimination pattern. CBD @ D,	<i>[Signature]</i>
			N pt maintain @ elimination as per @ integrity	<i>[Signature]</i> 23.6
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 on normal skin Integrity	<i>[Signature]</i>
			E pt @ skin integrity	<i>[Signature]</i>
			N pt maintain @ skin Integrity	<i>[Signature]</i> 23.6

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input checked="" type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M PT on well groomed E PT stay clean & wellgroomed N pre clean clean hygiene	D 0202 P 0202 W 0202
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no life-threatening situations	<input checked="" type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M PT ID Band in hand E PT ID band N PT ID Band present	D 0202 P 0202 W 0202
COMFORT AND SLEEP <input checked="" type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input checked="" type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M PT on comfort E PT on comfort sleep N PT comfort position	D 0202 P 0202 W 0202
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 Vitals are monitoring E fully V/S checked & recorded N PT Vitals record it	D 0202 P 0202 W 0202
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input checked="" type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input checked="" type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E Psychological support given N —	D 0202 P 0202 W 0202

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" 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 Maintain well communication E maintained verbally communication N pt maintained good communication	J J J
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 Drugs followed as per chart E Administered medication as per drug chart N Administered medication as per drug chart	J J J
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Jay L.	JAYASIN	0002	28/12/23	10:00

ADULT NURSING CARE PLAN

Mrs. BOOPATHYAMMAL N
70 / Female / MHI202381510
27/12/2023 / IPH2023002610
Dr. G. GNANAVELU

Initial Date: 28/12/23 Time: 8:00		Modified Date: Time:	
Reason for Modification:		Diagnosis: Acute Pulmonary Edema, Ac-HTN	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
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 on low-salt diet. E N
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	patient on NIV 2:2 M Np O ₂ 2lit E N
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	Vitals checked M Encourage oral intake E N

Q. Ona

Q. Ona

Q. Ona

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embollic 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 in bed freely. E N	[Signature] [Initials]
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 / consistenct / volume / Hemetemesi as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M pt on IBD D2 E N	[Signature] [Initials]
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M pt on @ skin integrity E N	[Signature] [Initials]

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input checked="" type="checkbox"/> Bed-Bath <input checked="" type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input checked="" type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input checked="" type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input checked="" type="checkbox"/> Change patient's gown daily <input checked="" type="checkbox"/> Encourage hand hygiene <input checked="" type="checkbox"/> Consider the patient's need for assistive devices <input checked="" type="checkbox"/> Apply moisturizing solution	M <i>pt stay clean & well groomed</i> E N	<i>R om</i>
SAFETY <input checked="" type="checkbox"/> Check ID Band <input checked="" type="checkbox"/> IV care <input type="checkbox"/> EVJ CENTRAL LINE <input checked="" type="checkbox"/> Side rails <input checked="" 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 checked="" type="checkbox"/> Raise side rails <input checked="" type="checkbox"/> Provide proper invasive line care <input checked="" type="checkbox"/> Keep bed locked and low at all time <input checked="" type="checkbox"/> Educate care providers to be the patient <input checked="" type="checkbox"/> Follow restrain policy (if needed)	M <i>pt ID band (+)</i> E N	<i>R om</i>
COMFORT AND SLEEP <input checked="" type="checkbox"/> Pain Control <input checked="" type="checkbox"/> Sleep Patterns <input checked="" type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have comfortable sleep <input checked="" type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input checked="" type="checkbox"/> Provide clean calm and restful environment <input checked="" type="checkbox"/> Provide privacy at all time <input checked="" type="checkbox"/> Monitor pain scale / sleep pattern <input checked="" type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M <i>pt on comfort sleep</i> E N	<i>R om</i>
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> Blood Sugar <input checked="" type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input checked="" type="checkbox"/> Monitor vital signs on ordered time <input checked="" type="checkbox"/> Assess physically for any abnormality <input checked="" type="checkbox"/> Inform doctor if there is any abnormality <input checked="" type="checkbox"/> Monitor GCS of patient <input checked="" type="checkbox"/> Determine and treat the underlying cause of altered LOC <input checked="" type="checkbox"/> Regular blood sugar monitoring as per doctors order	M <i>vital signs checked & recorded</i> E N	<i>R om</i>
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input checked="" type="checkbox"/> Spiritual Needs <input checked="" type="checkbox"/> Beliefs / Values / Customs <input checked="" type="checkbox"/> Anxiety and Coping Pattern <input checked="" type="checkbox"/> Identify Stressors <input checked="" type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will achieve spiritual needs <input checked="" type="checkbox"/> Patient will be able to control his feeling toward his illness <input checked="" type="checkbox"/> Patient will maintain normal psychological pattern	<input checked="" type="checkbox"/> Pray or encourage the patient to pray <input checked="" type="checkbox"/> Use inspirational words <input checked="" type="checkbox"/> Respond to spiritual needs as they arise <input checked="" type="checkbox"/> Evaluate spiritual needs <input checked="" type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input checked="" type="checkbox"/> Provide empathy and reassurance	M <i>psychological support given</i> E N	<i>R om</i>

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" 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 <i>patient verbally communicated.</i> E N	<i>[Signature]</i> <i>oms</i>
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input checked="" type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input 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 <i>Administered medication as per drug chart</i> E N	<i>[Signature]</i> <i>oms</i>
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>Jay</i>	<i>JACOBSON, J</i>	<i>002</i>	<i>2/12/25</i>	<i>1800</i>



Date: 27/12/23
Time: M.E.N

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	2	2	3
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	2	2	2
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	1	1	1
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2	2	2
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IVs for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	2	2	2
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		2	2	2
TOTAL SCORE					11	11	12
Initial & Emp. No. of Staff Nurse:					Madduram 155		
Initial & Emp. No. of Sr. Staff Nurse:					R. K. 202		

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	3	-	1
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	2	-	-
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	1	-	-
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2	-	-
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	2	-	-
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		2	-	-
				TOTAL SCORE	12	-	-
				Initial & Emp. No. of Staff Nurse:	08/12/23	-	-
				Initial & Emp. No. of Sr. Staff Nurse:	08/12/23	-	-

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



Mrs. BOOPATHYAMMAL N
70 / Female / MHI202381510
27/12/2023 / IPH2023002610

Dr. G. GNANAVELU



Consultant:

MHI/NUR/2022/052



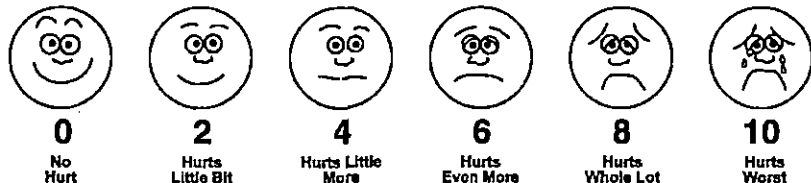
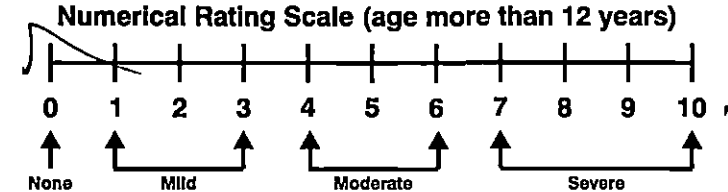
Every heart beat counts

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.
22/12/23 11:00	0/10	No pain.	-	-	-	meey 0226	JayL 0002
12:00	0/10	No pain	-	-	-	meey 0226	JayL 0002
13:00	0/10	No pain	-	-	-	R 0002	JayL 0002
14:00	0/10	No pain	-	-	-	R 0002	JayL 0002
15:00	0/10	No pain	-	-	-	R 0002	JayL 0002
16:00	0/10	No pain	-	-	-	R 0002	JayL 0002
17:00	0/10	No pain	-	-	-	R 0002	JayL 0002
18:00	0/10	No pain	-	-	-	R 0002	JayL 0002
19:00	0/10	No pain	-	-	-	R 0002	JayL 0002

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.
20.00	0/10	No pain	-	-	-	Kish 2002	Jay 600
21.00	0/10	No pain	-	-	-	Kish 2302	Jay 600
22.00	0/10	No pain	-	-	-	Kish 2302	Jay 600
23.00	0/10	No pain	-	-	-	Kish 2302	Jay 600

PAIN SCALES

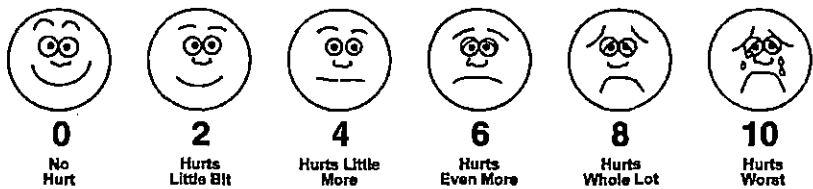
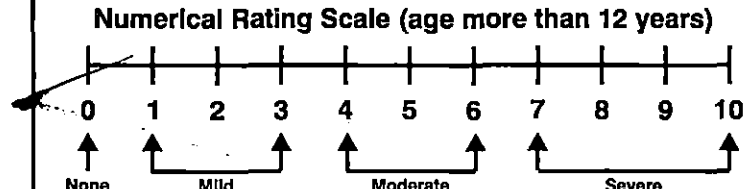
PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for Infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.	
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both	
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)		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-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counseling	
Pharmacological Interventions as per doctor's prescription		

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
27/12/23 24.00	0/10	No pain	—	—	—	un 23m	Jayboon
28/12/23 1.00	0/10	No Pain	—	—	—	0241	Jayboon
2.00	0/10	No Pain	—	—	—	0241	Jayboon
3.00	0/10	No Pain	—	—	—	0241	Jayboon
4.00	0/10	No Pain	—	—	—	0241	Jayboon
5.00	0/10	No Pain	—	—	—	0241	Jayboon
6.00	0/10	No Pain	—	—	—	0241	Jayboon
7.00	0/10	No Pain	—	—	—	0241	Jayboon
8.00	0/10	No pain	—	—	—	0241	Jayboon

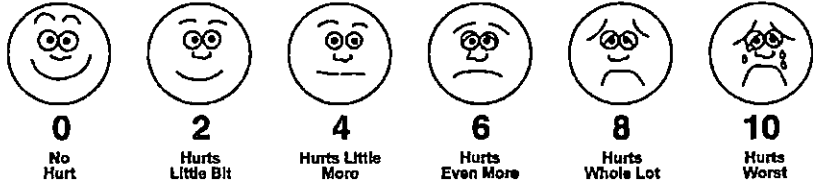
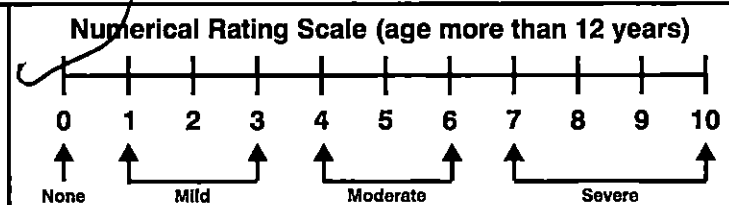
Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
9:00	0/10	no pain	—	—	—	R om	Jay son
10:00	0/10	no pain	—	—	—	R om	Jay son
11:00	0/10	no pain	—	—	—	R om	Jay son
12:00	0/10	no pain	—	—	—	R om	Jay son

PAIN SCALES

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

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)						Numerical Rating Scale (age more than 12 years) 
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Non-pharmacological Interventions	Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/counselling: K - Individual Counseling; L - Family counseling					

Pharmacological interventions as per doctor's prescription



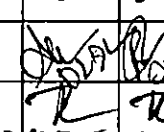
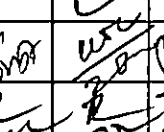
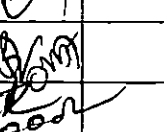
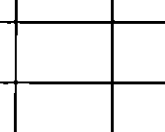
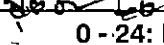

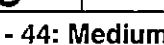
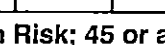
DVT RISK ASSESSMENT

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

		Date	Time						
		27/12/23	11:00	28/12/23	6:00				
S. No.	PARAMETERS								
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0						
2	Bedridden recently >3 days or major surgery within four weeks	0	0						
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0						
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0						
5	Entire leg swollen (Assess for both legs)	0	0						
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0						
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0						
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0						
9	Previously documented DVT (Assess for both legs)	0	0						
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0						
FINAL SCORE		0	0						
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8									
DVT prophylaxis started		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature & Emp. No. of RN									
Signature & Emp. No. of Sr. RN									



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	21/12/23	27/12/23	27/12/23	28/12/23					
	Time	11:00	12:30	21:00	8:00					
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		50	50	50	50					
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)		✓	✓	✓	✓					
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

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

[illegible]

VIP SCALE (VISUAL INFUSION PHLEBITIS)

PATIENT NAME **Mrs. BOOPATHYMMAL N**

IP No. / UHID No

70/Female/MHI202381510

27/12/2023/IPH2023002610

AGE / SEX :

Dr.G. GNANAVELU

Ward / Bed No.

ECU: 04.



ANY SCORE > 0 SHOULD BE MONITORED IN EVERY SHIFT

DATE	TIME	SITE	SCORE	DESCRIPTION	ACTION	FOLLOW UP	S / N EMP No.
27/12/23	11:00	1E Brachial	0/5	patient	Flushed	followed.	Amr
	12:00	1 Brachial	0/5	patient	flushed	followed	Dom
	2:00	2 Brachial	0/5	patient	Flushed	followed	not
28/12/23	8:00	3 Brachial	0/5	patient	flushed	followed.	Dom
				removed			
28/12/23	7:00	4 Brachial	0/5	inserted	flushed	followed.	Dom
				removed			

SL



Medway
Heart
Institute

[illegible]

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

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

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

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

Written Material given and explained (if any)

--

Reports Given :

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

Name of Attendant / Patient : GNA-NAVEL

Signature : A-L p 27

Name of Discharge Nurse : Ramya


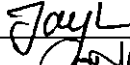
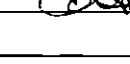
Signature : Ramya

Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 29/12/23 Time: 11-00

Checklist	Yes	No	NA	Action / Remarks
MEDICAL				
Daily Consultant Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plan of care discussed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others if any	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NURSING				
Safety Precautions Ensured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Care of Lines and Tubes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Control Measures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Response to assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DIETICIAN				
Diet Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PHYSIOTHERAPIST				
Available for Assistance for Activities of Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PATIENT CARE SERVICES				
Room Cleaning satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room Amenities Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Billing Update available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Availability of any service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spiritual Needs (if yes specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inter Disciplinary Team Members

	Signature	Name	Reg. / Emp. No.	Date	Time
Doctor		Dr. G. Gnana Velu	9810	29/12/23	11.15
Nursing Staff		JAYAL	0000	28/12/23	11.15
Dietician		Maria Catherine John Senior Dietitian	2457	28/12/23	11.15
Physiotherapist					
Patient Care Service Staff					

PHONE / VERBAL ORDER FORM / CRITICAL VALUE REPORTING FORM

☐ Telephone order ☐ Verbal order ☒ Critical value reporting form

Name of the Drug <input type="checkbox"/> N/A	Dose	Route	Additional information if any

Lab / Radiology Critical result reporting (if any): ☐ N/A Informed to Dr.: _____

Potassium - 2.99.

Non Medication Order (if any): ☐ N/A

Order Recipient Response: Please Tick

Write Down ☐ Yes ☐ No Read Back ☐ Yes ☐ No Confirm ☐ Yes ☐ No

Received by

Signature: *S. Permalatha*
Name: *S. Permalatha*
Emp. No.: *0211*

Date: *28/12/23*
Time: *5:25*

Ordering Physician / Informing Staff

Signature: _____
Name: _____ Date: _____
Emp. No.: _____ Time: _____


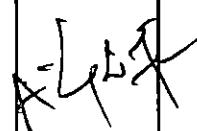
Action Taken (only in Cases Of Critical Value):

Kcl 40meq in 250ml NS - 50ml/hours.

Doctor	SIGNATURE	NAME	REG. NO.	DATE	TIME
	<i>S. Permalatha</i>	<i>S. Permalatha</i>	<i>103717</i>	<i>28/12/23</i>	



FAMILY COUNSELLING FORM

CONSULTANT- DR. GNANAVELU.			DIAGNOSIS Acute pulmonary Edema, Ac. HTN / ST-VD			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
28/12/23	Doctor.	Son-in-law	pt condition updated to family			 9/12/23
28/12/23	Doctor.	SON	pt condition updated to family			 9/12/23

[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. CORDARONE

Dose

200mg

Route

P.O.

Frequency

127.

Dr. Sign & Reg. No. / Seal

Start Date & Time 11.30

27/12/23

Stop Date & Time

Additional Info:

DRUG NAME

T. DILNIP

Dose

10mg

Route

P.O.

Frequency

107

Dr. Sign & Reg. No. / Seal

Start Date & Time 11.30

27/12/23

Stop Date & Time

Additional Info:

DRUG NAME

T. CARDIVAS

Dose

3.125mg

Route

P.O.

Frequency

127.

Dr. Sign & Reg. No. / Seal

Start Date & Time 11.40

27/12/23

Stop Date & Time

Additional Info:

DRUG NAME

T. VALENTIN

Dose

100mg

Route

P.O.

Frequency

1/2 - 1/2

Dr. Sign & Reg. No. / Seal

Start Date & Time 11.40

27/12/23

Stop Date & Time

Additional Info: CAPHS (PFT)

DRUG NAME

T. CLOPILET-A

Dose

175mg

Route

P.O.

Frequency

100

Dr. Sign & Reg. No. / Seal

Start Date & Time 11.40

27/12/23

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute


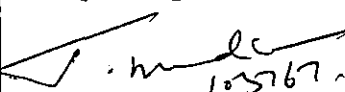
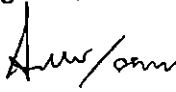

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute



REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given				
			Time ↓					
DRUG NAME INS. ACEXONE			7:00	7:00				
Dose 0.4mg	Route SL	Frequency BD						
Dr. Sign & Reg. No. / Seal 		Start Date & Time 28/12/23 @ 18:00						
		Stop Date & Time						
Additional Info:			19:00	19:00				
DRUG NAME SYP. KCL			8:00	8:00				
Dose 15ml	Route PO	Frequency 1-1-1						
Dr. Sign & Reg. No. / Seal 		Start Date & Time 28/12/23 @ 7:30	19:00					
		Stop Date & Time	20:00					
Additional Info:								
DRUG NAME SYP. BROZENDEx			8:00					
Dose 5ml	Route SL	Frequency 1-1-1						
Dr. Sign & Reg. No. / Seal 		Start Date & Time 28/12/23 @ 14:00	14:00					
		Stop Date & Time	20:00					
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:								

[illegible]

[illegible]

2007

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
24/12/23	11:00	Low salt / Low fat diet		94810					
28/12/23	8:00	Low salt / Low Fat		Dr. Anish Nelson Reg. No: 88434					

NURSE IDENTIFICATION RECORD

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

Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
25/12/23	Morning	Aalekh	0282	N		Morning			
27/12/23	Evening	Ramya - J	0257	J		Evening			
27/12/23	Night	S. Premalatha	0211	S		Night			
28/12/23	Morning	Ramya - J	0257	J		Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			



Where heart beat never stops...

REQUISITION FOR

Mrs. BOOPATHYAMMAL N

70/Female/MH1202381510

Name of Patient : 27/12/2023/IPH2023002610

Age / Sex : Dr.G. GNANAVELU

Consultant Name

IP No. :

DOA :

UHID No. :

Room No. : _____

[illegible]

Nurse Name _____

Pharm Bill & Name



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



Where heart beat never stops...

REQUISITION FOR MEDICINE

Name of Patient :
Age / Sex :
Consultant Name :
IP No. :
DOA : CCU
UHID No. :
Room No. :

S.No.	Date	Medicine Name	Qty.
1	27/12/23	T. Lorazepam 200mg	5
2	"	T. Diltiazem 10mg	5
3	"	T. Candesartan 3.125mg	5
4	"	T. Clopidogrel - A	5
5	"	T. Toradol 20mg	5
6	"	Inj. Lasix 20mg	2
7	"	T. Alclonixone 25mg	5
8	"	Inj. par 10mg	2
9	"	Syringe 5ml	15
10	"	Syringe 10ml	5
11	"	Under pad	2+3
12	"	Bed wipes	1
13	"	NIV mask (medium)	1
14	"	NIV circuit	1
15	"	Wet miter	1

(Signature)
Nurse Name

Pharm Bill & Name



Where heart beat never stops...

Room No. :

[illegible]

Pharm Bill & Name



Where heart beat never stops...

Medicine return

Room No. : .

[illegible]**Pharm Bill & Name**

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



Where heart beat never stops...

IP No. :

Name of Patient : Mrs. Boopathyammal DOA : CCU
Age / Sex : 70 Y / F UHID No. :

Age / Sex : 70Y / F

UHID No. :

Consultant Name :

Room No. :

[illegible]

Nurse Name

Pharm Bill & Name

**REQUISITION FOR MEDICINE**

Name of Patient : 1

Age / Sex :

Consultant Name :

IP No. :

DOA :

UHID No. :

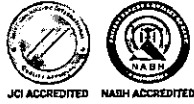
Room No. : 100

S.No.	Date	Medicine Name	Qty.
1.	25.12.22	Potassium 10ml	2
2.	"	Doxi Flow	1
3.	"	250ml NS	1
4.	"	12 G Urinary	1
5.	"	16 G Urinary	1
6.	"	Large for	1
7.	"	Doxi flush	1
8.	"	10 cm Distention	1
9.	"	SYP. KCl	1
10.	"	Inj. Cefot S. 3g	1
11.	"	Inj. Cefot S. 1.5g	2
12.	"	10 Pot	1
13.	"	100ml NS	2

Nurse Name

Pharm Bill & Name

Dis : Acute pulmonary edema / CHF / Severe



Mrs. BOOPATHYAMMAL N
70/Female/MHI202381510
27/12/2023/IPH2023002610
Dr. G. GNANAVELU

MHI/ICU/2022/076

Blood Group

Age 70Y			Sex F			Sheet No. ⑦
Height 160cm	Weight 62kg	BSA 1.6m ²	A			

SURGICAL PROCEDURE:

DATE OF SURGERY:

POST-OP DAY:

DATE	TIME	VENTILATORS PARAMETERS											BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂		pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
27/12/23	11:00	NIV PS	-	8	10	5		11.4	604	352	40%							
	12:00	N	-	8	12	5		10.4	864	629	40%							
	13:00	"	-	8	12	5		11.2	619	669	40%							
	14:00	"	-	8	11	5		11.0	601	614	40%							
	15:00	"	-	8	11	5		11.0	700	708	40%							
	16:00	NIV PS	-	8	12.5	5		10.8	603	613	40%							
	17:00	NIV PS	-	8	11.2	5		11.2	638	651	40%							
	18:00	pt on O ₂ 6 lit NP on flow																
	19:00	NIV PS	-	8	19.2	5		11	666	674	40%							
	20:00	NPO ₂ 2 litres on flow																

CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

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

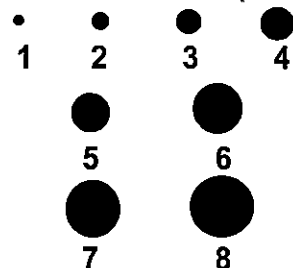
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

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

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

LIVERSIZE

N-Normal
E-Enlarged

△ 8: Acute pulmonary edema, CHF, severe LVSD,

MHI/ICU/2022/076



Mrs. BOOPATHYAMMAL N			Sheet No.	
70/Female/MHI202381510			(52)	
27/12/2023/IPH2023002610			Age	Sex
Dr. G. GNANAVELU			70 yrs	F
			Height	Weight
			160cm	60kg
			BSA	1.6m ²
			A	

SURGICAL PROCEDURE:

DATE OF SURGERY:

POST-OP DAY:

DATE	TIME	VENTILATORS PARAMETERS											BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂		pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
27/12/23	21:00		Pt	ON NPO ₂	2 litres													
	22:00	PS CRAP	14	8	24	8	10	7.0	171	721	40%							
	23:00	NIV PS	22	5	10	5		103	574	582	40%							
	00:00	NIV PS	21	5	10	5		10.4	574	518	40%							
	01:00	NIV PS	19	5	10	5		8.3	402	372	40%							
	02:00	NIV PS	21	5	9	5		5.9	294	312	40%							
	03:00	NIV PS	19	5	9	5		5.8	300	322	40%							
	04:00	NIV PS	15	5	10	5		6.7	385	385	40%							
	05:00	NIV PS	17	5	10	5		6.5	415	274	40%							
	06:00	NIV PS	16	5	10	5		5.6	428	291	40%							
	07:00		Pt	ON NPO ₂	2 litres													

CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

Oriented-5
Confused/Disoriented-4
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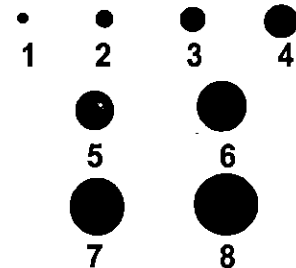
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PUPILS REACTION

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CARDIOVASCULAR

CAPILLARY REFILL

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EDEMA

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G-Generalised
O-Absent

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

NECK VEINS

JVP
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VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
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PULMONARY

WORK OF BREATHING

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N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

COLOUR
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Y-Yellow
W-White
Pk-Pink

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
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F-Firm
Tn-Tender
Ob-Obese
D-Distended

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

ASIS: ACUTE PULMONARY EDEMA | CHF | SEVERE LWS | OLD LVD / ACS HTN.

MHI/ICU/2022/076



Mrs. BOOPATHYAMMAL N 70 / Female / MHI202381510 27/12/2023 / PH2023002610 Dr. G. GNANAVELU			Sheet No. (3)	
Age 70 yrs	Sex Female	Height 160 cm	Weight 60 kg	BSA 1.6 m ²
				A

SURGICAL PROCEDURE:

DATE OF SURGERY:

POST-OP DAY:

DATE	TIME	VENTILATORS PARAMETERS										BLOOD GAS					
		MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FIO ₂	pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
28/12/23	8:00			PT ON		O ₂ 2 lit		WPA		SP.							
	9:00				11												
	10:00				11												
	11:00																
	12:00																
	13:00				11												
					11												

CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

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

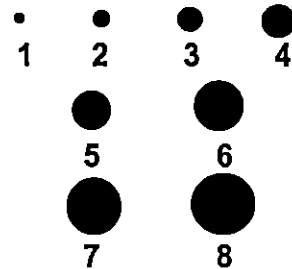
MOTOR

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

MOTOR ARMS/LEGS

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

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdominal
L-Laboured

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

BREATH SOUNDS

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

SECRETIONS

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

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

re LVSD / old CVA / Acc. HJN

Mrs. BOOPATHYAMMAL N
 70/Female/MHI202381510
 27/12/2023/1PH2023002610
 Dr. G. GNANAVELU

Sheet No.	(1)
B	Blood Group
Age	70Y
Sex	F
Height	160cm
Weight	60kg
BSA	1.6m ²



DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
27/12/23	11:00						11:00		clear	97	21	170 110							
"	12:00						12:00		clear	97	20	160 90							
"	13:00						13:00		clear	96	22	150 90							
"	14:00						14:00		B/L	98	20	130 71							
"	15:00						15:00		B/L	98	25	131 72							
"	16:00						16:00		B/L	99	22	165 80							
	17:00						17:00		B/L	93	20	165 90							
	18:00						18:00		B/L	96	21	155 84							
	19:00						19:00		B/L	92	22	158 78							
	20:00						20:00		B/L	98	25	140 90							

CRITICAL CARE FLOWCHART

	SHIFT	DAY	EVENING		NIGHT	
NEURO	TIME		11:00	15:00	19:00	23:00
	EYES		4	4	4	4
	VERBAL		5	5	5	5
	MOTOR		6	6	6	6
	ARMS R/L		St	St	St	St
	LEGS R/L		St	St	St	St
PUPILS	R.SIZE/REACTION		3/BR	3/BR	3/BR	3/BR
	L.SIZE/REACTION		3/BR	3/BR	3/BR	3/BR
CARDIO-VASCULAR	HEART SOUNDS		S1S2	S1S2	S1S2	S1S2
	VALVE CLICK		-	-	-	-
	CAPILLARY REFILL		+	+	+	+
	EDEMA		-	-	-	-
	NECK VEINS		N	N	N	N
PULMONARY	WORK OF BREATHING		TA	TA	TA	TA
	SUCTION		-	-	-	-
	SECREATIONS		-	-	-	-
GASTRO INTESTINAL	BOWEL SOUNDS		+	+	+	+
	ABDOMINAL TONE		SOFT	SOFT	SOFT	SOFT
	N/G POSITION		-	-	-	-
	GASTRIC RESIDUAL		-	-	-	-
	LIVER		N	N	N	N

	SHIFT	DAY	EVENING		NIGHT	
G.U.	DESCRIP.OF URINE		CL	CL	CL	CL
	PD - FUNCTION		-	-	-	-
	DRAINAGE		-	-	-	-
	PD - SITE		-	-	-	-
SKN	COLOUR		-	-	-	-
	Sx WOUND-CHEST		-	-	-	-
	LEG		-	-	-	-
	DRESSING		-	-	-	-
	PRESSURE SORE-SITE		-	-	-	-
	AREA		-	-	-	-
	DRESSING CONDITION		-	-	-	-
MISCELL	POSITION CHANGE		2HR4	2hrly	2hrly	2hrly
	CHEST-PHYSIO		PE	PE	PE	PE
	ACTIVITY		-	-	-	-
	S/N NAME		Moss	Penny	Penny	Penny
	TIME		11:00	15:00	19:00	23:00
	SIGNATURE		Moss	Penny	Penny	Penny

01st EVD, Acc. H+H.

Sheet No.

2


B

Mrs. BOOPATHYAMMAL N

70 / Female / MH1202381510

27 / 12 / 2023 / IPH2023002610

Dr. G. GNANAVELU



Age

70y

Sex

F

Height

± 160cm

Weight

60kg

BSA

1.6



DATE	TIME	BIOCHEMISTRY						VITAL PARAMETERS							CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
21/12/23	21:00						21:00		Bx/c	98.1	23	171/98	98°F						
	22:00						22:00		Bx/c	98.1	20	128/82	98°F						
	23:00						23:00		Bx/c	100.1	16	100/62	98°F						
28/12/23	00:00						00:00		Bx/c	99.1	17	98/57	98°F						
	01:00						01:00		Bx/c	100.1	18	93/56	98°F						
	02:00						02:00		Bx/c	99.1	17	92/56	98°F						
	03:00						03:00		Bx/c	99.1	18	95/54	98°F						
	04:00						04:00		Bx/c	100.1	16	100/51	98°F						
	05:00						05:00		Bx/c	99.1	17	92/56	98°F						
	06:00						06:00		Bx/c	100.1	18	98/56	98°F						
	07:00						07:00		Bx/c	97.1	22	97/58	98°F						

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME					7:00	
	EYES					4	
	VERBAL					5	
	MOTOR					6	
	ARMS R/L					St	
	LEGS R/L					St	
PUPILS	R.SIZE/REACTION					Br	
	L.SIZE/REACTION					3mm	
CARDIO-VASCULAR	HEART SOUNDS					S1S2	
	VALVE CLICK					-	
	CAPILLARY REFILL					+	
	EDEMA					-	
	NECK VEINS					N.	
PULMONARY	WORK OF BREATHING					TA	
	SUCTION					-	
	SECREATIONS					-	
GASTRO INTESTINAL	BOWEL SOUNDS					+	
	ABDOMINAL TONE					Soft	
	N/G POSITION					-	
	GASTRIC RESIDUAL					-	
	LIVER					N	

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE					Cl	
	PD - FUNCTION					-	
	DRAINAGE					-	
	PD - SITE					-	
	COLOUR					-	
SKN	Sx WOUND-CHEST					-	
	LEG					-	
	DRESSING					-	
	PRESSURE SORE-SITE					-	
	AREA					-	
	DRESSING CONDITION					-	
	POSITION CHANGE					2 hourly	
MISCELL	CHEST-PHYSIO					PE	
	ACTIVITY					-	
						.	
	S/N NAME					8:00	
	TIME					7:00	
	SIGNATURE					8:00	

ASIS: Acute Pulmonary edema / CHF / Severe LUSD / old BLD / ACS \$H-TN.

MHI/ICU/2022/076

Sheet No. 2	Mrs. BOOPATHYAMMAL N 70 / Female / MHI202381510 27/12/2023 / IPH2023002610 Dr. G. GNANAVELU		
B	Age 70yrs	Sex Female	
	Height 160cm	Weight 160kg	BSA 1.6m ²



DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd ^{cm} G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
28/12/23	8:00						8:00		B/LC	99	22	111/74	98°						
	9:00						9:00		B/LC	99	23	126/74	98°						
	10:00						10:00		B/LC	95	17	128/76	97.8						
	11:00						11:00		B/LC	98	19	130/71	97.8						
	12:00						12:00		B/LC	95	19	125/76	97.6						
	13:00						13:00		B/LC	94	20	130/80	97.6						

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME	11:00					
	EYES						
	VERBAL						
	MOTOR						
	ARMS R/L						
	LEGS R/L						
	PUPILS	R.SIZE/REACTION					
L.SIZE/REACTION							
CARDIO-VASCULAR	HEART SOUNDS						
	VALVE CLICK						
	CAPILLARY REFILL						
	EDEMA						
	NECK VEINS						
PULMONARY	WORK OF BREATHING						
	SUCTION						
	SECREATIONS						
GASTRO INTESTINAL	BOWEL SOUNDS						
	ABDOMINAL TONE						
	N/G POSITION						
	GASTRIC RESIDUAL						
	LIVER						

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

Mrs. BOOPATHYAMMAL N

70 / Female / MHI202381510

27/12/2023 / IPH2023002610

Dr. G. GNANAVELU



Blood Group

MHI/ICU/2022/076

Sheet No.

①

C

Age

70Y

Sex

F

Height

5'6"

Weight

266 lbs

BSA

1.6 m²

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		MTG	LAST		
27/12/23	11:00														1.2			
"	12:00	150	150											150	1.2			
"	13:00	150	300											300	0.6			
"	14:00	200	500											500	0.3			
"	15:00	250	750											750	0.3			
"	16:00	100	850											850	0.3			
"	17:00	50	900											900	0.3			
"	18:00	25	925											925	0.3			
"	19:00	100	1025											1025	0.3			
"	20:00	150	1175											1175	DL			

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

CRITICAL CARE FLOWCHART

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

CL-Clear
T-Turbid
Stained
HC-High Coloured

FUNCTION

Dr-Draining
B-Blocked

DRAINAGE

CL-Clear
BS-Blood

SITE

BS-Blood Stained
HA-Haematuria

C-Clean
R-Redness
BD-Block discoloration

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

CHEST PHYSIO

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

ACTIVITY

PE-Passive exercise
Am-Ambulated

TRANSDUCER ZERO

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

SKIN**COLOUR**

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE**SITE**

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

Mrs. BOOPATHYAMMAL N			Sheet No.		
70 / Female / MHI202381510			2		
27 / 12 / 2023 / IPH2023002610			Age	70y	Sex
Dr. G. GNANAVELU			Height	160 cm	Weight
E			Weight	60 kg	BSA
					1.6m ²
			C		

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	INFUSIONS					
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL							
27/12/23	21:00	100	1275											1275						
	22:00	100	1375											1375						
	23:00	100	1475											1475						
	00:00	75	1550											1550						
	01:00	25	1575											1575						
	02:00	20	1595											1595						
	03:00	20	1615											1615						
	04:00	20	1635											1635						
	05:00	20	1665											1665						
	06:00	20	1685											1685						
	07:00	50	1735											1735						

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

CRITICAL CARE FLOWCHART

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

CL-Clear
T-Turbid
Stained
HC-High Coloured

FUNCTION

Dr-Draining
B-Blocked

DRAINAGE

CL-Clear
BS-Blood

SITE

BS-Blood Stained
HA-Haematuria

C-Clean
R-Redness
BD-Block discoloration

MISCELLANEOUS**POSITION CHANGE**

Su-Supine
RL-Right lateral
LL-Left Lateral

CHEST PHYSIO

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

ACTIVITY

PE-Passive exercise
Am-Ambulated

TRANSDUCER ZERO

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

SKIN**COLOUR**

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE**SITE**

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx


IR-Infra Red
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Mrs. BOOPATHYAMMAL N			Sheet No.		
70/Female/MHI202381510			③		
27/12/2023/IPH2023002610			Age	70yrs	Sex
Dr.G. GNANAVELU			Height	160cm	Weight
			BSA	1.6m ²	C

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		ml	ml		
28/12/23	8:00	40												40	50	↓		
	9:00	100												140	70	↓		
	10:00	150												190	12	15		
	11:00	100												290		15		
	12:00	100												490		15		
	13:00	100												590		15		

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

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

CL-Clear
T-Turbid
Stained
HC-High Coloured

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B-Blocked

DRAINAGE

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BS-Blood

SITE

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TRANSDUCER ZERO

PARAMETER
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SURGICAL (SX) WOUND

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P-Positional
HL-Heparin Lock
B-Blocked

Mrs. BOOPATHYAMMAL N

70/Female/MHI202381510

27/12/2023/PH2023002610

Dr.G. GNANAVELU

Sheet No.

Name

UHID No.

Blood Group

Sex

F

Height

5'10"

Weight

56kg

BSA

1.6m²

D



Medway Hospitals®

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



JCI ACCREDITED



NABH ACCREDITED

MHI/ICU/2022/076



Every heart beat counts

FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
								AMT.	TOTAL														
27/12/23	11.00						1.2			1.2	1.2	74	SR						Wet	++			
"	12.00						1.2			2.4	-147.6	66	SR						Wet	++			
"	13.00						0.6			3.0	257	64	SR						Wet	++			
"	14.00						0.3	100	100	103.3	396.7	66	SR						Wet	++			
"	15.00						0.3	-	100	103.6	646.4	65	SR						Wet	++			
"	16.00						0.3	100	200	203.9	646.1	80	SR						Wet	++			
"	17.00						0.3	-	200	204.2	695.8	82	SR						Wet	++			
"	18.00						0.3	-	200	204.5	706.5	85	SR						Wet	++			
"	19.00						0.3	-	200	204.8	820.2	82	SR						Wet	++			
"	20.00							100	300	304.8	870.8	85	SR						Wet	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

Mrs. BOOPATHYAMMAL N				Sheet No.	
70/Female/MHI202381510					
27/12/2023/IPH2023002610					
Dr. G. GNANAVELU					
Height		Age	Sex	D	
160cm		70y	F		
Weight		BSA			
60kg		1.6 m ²			



FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
								AMT.	TOTAL														
27/12	21:00							100	400	404.8	870.2	88	Sinus						Warm	++			
	22:00							50	450	454.8	920.2	67	Sinus						Warm	++			
	23:00							-	450	454.8	1020.2	68	Sinus						Warm	++			
28/12	00:00							-	450	454.8	1095.2	84	Sinus						Warm	++			
	01:00							-	450	454.8	1120.2	74	Sinus						Warm	++			
	02:00							-	450	454.8	1140.2	69	Sinus						Warm	++			
	03:00							100	550	554.8	1060.2	67	Sinus						Warm	++			
	04:00							-	550	554.8	1080.2	73	Sinus						Warm	++			
	05:00							50	600	604.8	1060.2	72	Sinus						Warm	++			
	06:00							-	600	604.8	1080.2	66	Sinus						Warm	++			
	07:00							100	700	704.8	1030.2	67	Sinus						Warm	++			

CRITICAL CARE FLOWCHART

299
STAT DRUGS
TIME

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

	DAY	EVENING	NIGHT
PATIENT CARE			
BATH			✓
ORAL CARE			✓
EYE CARE			✓
BACK CARE			✓
DRESSING/EQUIPMENT			
CHANGED			
WOUND			—
CEN.LINE			—
I.V.SET			✓
TUBINGS			—
HUMIDIFIER H2O			—
ELECTRODES			—
ALARMS VERIFIED			
VENT - HUMIDIFIER			NIV.
-SETTINGS			FiO ₂ - 40%
HRT.RATE			78.
B.P.			100 / 82 mmHg

DATE	TIME	REMARKS / PLAN

[illegible]

Mrs. BOOPATHYAMMAL N				Sheet No.	
70/Female/MHI202381510					
27/12/2023/IPH2023002610					
Dr.G. GNANAVELU					
Age		Sex		②	
Foyes		Female			
Height	Weight	BSA	D		
±160cm	±60kg	1.6m ²			



MHI/ICU/2022/076



FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group:

DATE	TIME	INFUSIONS (contd.)					N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
							AMT.	TOTAL														
28/12/23	8:00						50	100	150	110	76	Sinus						vacuum + +				
	9:00						50	100	200	160	73	Sinus						vacuum + +				
	10:00						15	-	200	125	66	Sinus						vacuum + +				
	11:00						15	-	200	70	80	Sinus						vacuum + +				
	12:00						15	50	250	95	96	Sinus						vacuum + +				
	13:00						15	-	250	190	95	Sinus						vacuum + +				

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY ... 21 hours ... HRS

DRAINAGE: -

TOTAL INTAKE: 704.8 ml

URINE: 135ml

TOTAL OUTPUT: 1735 ml

TOTAL BALANCE: 1030.2 ml

P.T.O.

