

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



Mr. SENTHIL RAJARAM

49/Male/MHI202381299

26/12/2023/IPH2023002603

Dr. K. JAISHANKAR



MHI/IPD/2022/002



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ADMISSION SLIP

Admitting Doctor: DR. Jai Shankar

Speciality: Cardiologist

Advised Date & Time: 26/12/23 : 8:59 PM

Provisional Diagnosis:

DCM / ANRT

Reason for Admission: ☐ Medical Management ☐ Surgical Management

☒ Others (please specify details) EPRE

Admission Type: ☐ Day Care ☐ ER ☒ Ward

☐ ICU (Specify details)

Surgery / Procedure Name (if planned):

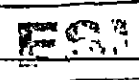
EPRE

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

Expected Duration of Stay: 3 days

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

Payer: ☐ Self ☐ Insurance ☐ Others:



Instructions to Nurse (if any):

Todo
Echo Screening
NPO An 4-6 AM
preprothrin / water

Any other Instructions (if any):

Doctor's Signature

for Dr. Jai Shankar

Name

Vidhya

Reg. No.

1000

Date

26/12

Time

11:00 AM

For admission desk staff only:

Room Category: ☒ General Ward

☐ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☐ Others _____

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

26.12.23

8.59 Pm

26.12.23

8.59 Pm

Source: ☒ OPD

☐ ER

☐ Direct

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

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

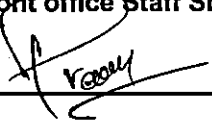
Front office Staff Signature

Name

Emp. No.

Date

Time



P. Raveen

0283

26.12.23

8.59 Pm



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Mr. SETHIL RAJARAM
49/Male/MHI202381299
26/12/2023/IPH2023002603
Dr. K. JAISHANKAR

MHI/HOSP/2022/129



ADMISSION FORM

Marital Status M	Full Address 31B Gurusantham Koil St. Avaniapuram Madurai - 625012		Telephone Number 9159889007
Occupation Gov			
Referred from DR. Jaishankar	Date of Time of Admission 26.12.23: 8:57 AM	Date & Time of Discharge 26/12/23 at 19.00	Total No. of Days Day 3
UNIT card.	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		
FINAL DIAGNOSIS			ICD Code
Non - Ischemic - CARDIO CARDIOMYOPATHY			I42.9
RECURRENT VT - MULTIPLE SHOCKS FROM DEVICE			
VT STORM 24TH & 25TH NOVEMBER			
MODERATE LV DYSFUNCTION EF 40%			I50.1
SIP AICD IMPLANTATION - EVERA XTR MEDTRONIC			I25.1
CAL - NORMAL EPICARDIAL CORONARIES 22/12/23			I25.8
SYSTEMIC HYPERTENSION			I10
DATE	OPERATION / PROCEDURES		ICPM Code
23/12/23	CORONARY ANGIOGRAPHY DONE ON 24/12/23 - NORMAL EPICARDIAL CORONARIES. ELECTROPHYSIOLOGY STUDY - RADIOFREQUENCY ABLATION USING 3D MAPPING DONE SUBSTRATE MODIFICATION DONE FOR SCAR VT		88.50 04.3
DATE	TYPE OF ANESTHESIA		
23/12/23	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input checked="" type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL		
DISCHARGE STATUS			
<input checked="" type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to			
Signature of the Consultant		Signature of Medical Records Officer	

AUTHORISATION FOR TREATMENT I PAYMENT

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

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

இதன் மூலமாக நான் நிர்வாகம், மருத்துவம், தாதியர், ஏனைய மருத்துவ ஊழியர்கள் எனக்கு / 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 / அல்லு நெருங்கிய உறவினரிடம் கொடுக்கப்பட்டுள்ளது. இந்த மருத்துவமனை எனது/நோயாளியின் எந்தவித நஷ்டத்திற்கு பொறுப்பில்லை என உறுதி செய்கிறேன்.

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.

S. Ganesan

செவிலியர் கையொப்பம்

Signature of Admitting Nurse

தேதி 26.12.23

Date

S. Ganesan

எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of the Patient / Relative / Gurdian

உறவுமுறை

Nature of Relationship

Wife



GENERAL CONSENT FOR ADMISSION


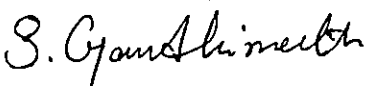
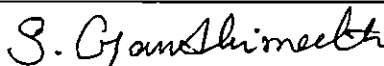
I, Mr. Senthil Rajaram the ☐ Patient or ☐ Representative of patient have
(please tick the correct option above and below)

☐ 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		R. Senthil	26.12.23	8.59 PM
Surrogate/Guardian (if applicable #)		S. GANDHIMATHI (Write name and relationship with patient)	26.12.23	8.59 PM
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		S. GANDHIMATHI	26.12.23	8.59 PM
Interpreter (if applicable)				

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



JCI ACCREDITED



NABH ACCREDITED



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DISCHARGE SUMMARY

IP No.	IPH2023002603	D.O.A	: 26/12/2023
UHID	MHI202381299	D.O.P	: 27/12/2023
Name	Mr.SENTHIL RAJARAM	Room No.	: GW
Age / Gender	49 Years /MALE		
Consultant	: Dr. JAISHANKAR.K MD., DM., FIAMS Director and Clinical Lead Cardiology and Electrophysiology	D.O.D	: 28/12/2023

DIAGNOSIS:

NON ISCHEMIC CARDIOMYOPATHY
RECURRENT VT – MULTIPLE SHOCKS FROM DEVICE
VT STORM (24TH & 27TH NOVEMBER 2023)
MODERATE LV DYSFUNCTION EF:40%
S/P AICD IMPLANTATION – EVERA XTVR MEDTRONIC -(16.07.2021,SAVEETHA HOSPITAL)
CAG – NORMAL EPICARDIAL CORONARIES (22.06.2021)
SYSTEMIC HYPERTENSION

PROCEDURE:

1. CORONARY ANGIOGRAM DONE ON 27.12.2023 – NORMAL EPICARDIAL CORONARIES
2. ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION USING 3D ENSITE DONE
SUBSTRATE MODIFICATION DONE FOR SCAR VT - MID MYOCARDIAL REGION ON 27.12.2023.

BRIEF HISTORY:

Mr.Senthil rajaram, 49 years/male, Presented with complaints of palpitation and chest pain on & off. History of recurrent shock 8 episodes, last episode on 24th & 27th November 2023. Initially he went to ESI hospital and treated conservatively. Then he was referred to medway heart institute on 14.12.2023 and evaluated in OPD he was advised for Coronary angiogram + Electrophysiology study + Radio Frequency Ablation using 3D ensite, for which he has been admitted.

No H/O fever, cough, diarrhea.

Known case of Systemic hypertension

N/K/C/O RHD / CKD, BA and Hypothyroidism.

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Medway Group of Hospitals

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

Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

MHI/HOSP/2022/118



NAME: Mr. SENTHIL RAJARAM

UHID: MHI202381299

IP.NO: IPHY23002601

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

HR - 48bpm
BP - 120/80mmHg
SPO₂ - 98% in room air
CVS - S1S2 (+)
RS - BAE (+)
Abdomen - Soft, Non Tenderness
CNS - NFND

INVESTIGATIONS:

BLOOD(15.12.2023): Hb – 14.2gm/dl, TC- 9010cells/cumm, Urea – 15.7mg/dl, Creatinine- 0.8mg/dl, Na+ – 140mmol/l, K+- 4.21 mmol/L, PLT – 209000 cells/cumm.

ECG: HR @ 45bpm.

CXR: Cardiomegaly, BVM+, B/L lung fields clear, PG in position, RV leads insitu.

ECHO(14.12.2023): Dilated LA and LV, RWMA (+), All apical segments apex thinned mid anterior basal and mid septum hypokinetic moderately LV systolic dysfunction EF:40%, Grade II DD, normal RV systolic function, thickened aortic valve, Trivial AR, mild AS, mild MR, Mild TR, Mild PAH, IAS / IVS intact, increased LV filling pressure, No clot / vegetation / effusion. Leads visualized, frequent ectopics present during study.

POST RFA INVESTIGATIONS:

ECG: Sinus rhythm, HR – 45bpm.

SCREENING ECHO(27.12.2023): S/P AICD, EP + RFA. Dilated LA and LV, RWMA (+). All apical segments, apex thinned basal and mid septum, mid inferior hypokinetic, moderate LV systolic dysfunction EF:40%, grade I DD, normal RV systolic function, thickened aortic valve, trivial AR, mild AS, mild MR, Trivial TR / no PAH, increased LV filling pressure, no clot / vegetation / effusion, leads visualized.

DEVICE INTERROGATION: lead and battery parameters were satisfactory, Mode: VVI, lower rate:40bpm, battery longevity: 8.4 years.

COURSE IN THE HOSPITAL:

Mr.Senthil rajaram, 49 years/male, was admitted with above mentioned complaints. Basic investigation was done. He underwent Coronary Angiogram by Right femoral artery access which revealed **NORMAL EPICARDIAL CORONARIES** followed by **ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION USING 3D ENSITE DONE SUBSTRATE MODIFICATION DONE FOR SCAR VT - MID MYOCARDIAL REGION ON 27.12.2023**. His post procedure period was uneventful and shifted to CCU. Right femoral access site normal, peripheral pulses well felt, no hematoma/soakage. Post RFA ECG showed normal sinus rhythm and ECHO showed no effusion. He was observed in ICU and shifted to ward. He advised for medical management for coronaries. His medications are optimized and he is being discharged in a stable clinical condition.

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Medway Centre of Excellence (Chennai)

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4454

MHI/HOSP/2022/118



NAME: Mr. SANKHAR BAJARAM

UHID: MHI202381299

Medway Heart Institute
IP.NO: IPH2023002603
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CONDITION ON DISCHARGE:

Patient Conscious / Oriented / Afebrile
General condition Stable

GCS - 15/15
Temp - 98.6°F
PR - 84/min
BP - 120/70mmHg
SPO2 - 97% in room air

ADVICE MEDICATIONS:

SL NO	NAME OF THE DRUGS WITH GENERIC NAME	DOSAGE	FREQUENCY			ROUTE	RELATION SHIP WITH MEAL	DURATION
			M	A	N			
1.	TAB. CORDARONE	100MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
2.	TAB. ENVAS	5MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
3.	TAB. CARDIVAS	3.125MG	1/2	0	1/2	ORAL	AFTER FOOD	TO CONTINUE
4.	TAB. ALDACTONE	25MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
5.	TAB. LASIX	40MG	1/2	0	0	ORAL	AFTER FOOD	TO CONTINUE
6.	TAB. PAN	40MG	1	0	1	ORAL	BEFORE FOOD	TO CONTINUE
7.	TAB. COMBIFLAM	400/325 MG	1	1	1	ORAL	AFTER FOOD	X 3 DAYS
8.	TAB. ALPRAX	0.25MG	0	0	1	ORAL	AFTER FOOD	X 2 WEEKS

DISCHARGE ADVICE

DIET	LOW FAT, DIABETIC DIET.
PHYSICAL ACTIVITIES	AS ADVISED.
REVIEW	REVIEW WITH DR.JAISHANKAR.K AFTER 1 MONTH.

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.

S. Gauslani
"I understand the Content of the discharge summary."
Dr. K. JAISHANKAR
Reg. No: 49448

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

Typed by: SANDHIYA

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MHI/HOSP/2022/118



INPATIENT INITIAL ASSESSMENT

Date: 26/12/2023

Time of arrival in ward: 21-35

Allergies (if Yes, specify details):

☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 97.5 (°F) | Pulse / HR: 48/min (beats/min) | BP: 120/80 (mmHg)

Respiration: 18 (breaths/min) | SpO₂: 98% (%) | Height: 165 (cms) | Weight: 55 (kgs) | BMI: 20.2 kg/m²

Pain: ☐ Yes ☒ No. If Yes, Score: _____

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

pt came to the family for chest pain on 10th Dec 2023
- Hypertension
- No breathing difficulty
- No chest - high level discomfort
- No fever

PAST MEDICAL HISTORY (with duration of illness):

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

Others: HT & RL

Past Surgical History:

S/P AICD Implantation - EVERA XTRE MEDTRONIC
- Moderate LV dysfunction
- S/P CAB

Present Medication (for Medication Reconciliation):

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
	T. Envas 2mg	2mg	oral	1/2 ow	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	T. LABRAS	3-12mg	oral	1/2 ow	✓	<input type="checkbox"/> Yes <input type="checkbox"/> No
	T. LABRAS	1mg	oral	o-o		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	T. ALPARONE	20mg	oral	1/2 ow	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	T. Laxix	20mg	oral	1-ow	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Family History:

no. of illmen in the family

Personal / Social History (Tick whichever is applicable)

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

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

General Physical Examination:

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

SYSTEMIC EXAMINATION

CVS:

- M1
- M2
- LVD

Respiratory System:

B/LAT (1)

Gastrointestinal System:

- NW
- Bowel sound.

Central Nervous System:

NW

Urinary / Reproductive / Locomotor System:

NW

Skin / Ophthalmic / ENT

Suspected of contagious disease: ☐ Yes ☐ No

Immuno compromised status: ☐ Yes ☐ No

Isolation required:

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

Psychological Evaluation:

☐ Normal ☐ Anxious ☐ Depressed ☐ Others: _____

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

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

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

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:

Dilated Cardiomyopathy, VT storm (24th Nov)

Plan of Care:

Admitted in CCU

Investigations Advised:

to do
 - Blood grouping
 - cross matching
 - Screening Echo

Diet Advice: 27/12/2023

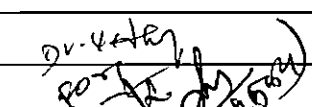
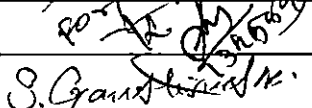
- ☒ Nil per Oral 4-00 AM
 ☐ Clear liquid diet
 ☐ Normal liquid diet
 ☐ Diabetic liquid diet
☐ Semisolid diet
 ☐ Soft solid diet
 ☐ South Indian normal diet
 ☐ North Indian normal diet
☐ Neutropenic liquid diet
☐ Others: _____

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. V. V. H. H. H.	15000	26/12/23	22:00
Consultant		DR. Jaisankar	48449	27/12/23	08:30
Patient Attendant	S. G. S. S. S.	Relationship - Wife	-	26/12/23	22:00



DOCTOR'S PROGRESS NOTES

DATE	NOTES
26/12/23	<p>CLBP done</p> <p>STPACD / STTN / LVD</p> <p>At position</p> <p>10.00 pm</p> <p>Pt Serial</p> <p>Comm</p> <p>Prick</p> <p>BP - 130/70 mm</p> <p>Ph - 78/min</p> <p>SpO2 98%</p> <p>Wt 1m</p> <p>HT. 170 cm / 60 kg</p> <p>NO 1st breath</p> <p>NO 1st breath</p>
26/12/23	<p>to do</p> <p>Ecto screening</p> <p>At Dr. Jayashankar</p> <p>NO from 40 min</p> <p>to do screening ECG</p> <p>Inf. Subcutaneous 19 ml / 61</p>
26/12/23	<p>Dr. Jaishankar & Team</p>
26/12/23	<p>Echo Screening</p> <p>Mo 1st, LVD</p> <p>Mo 1st</p> <p>Mild global hypokinesia of LV</p> <p>Mild W, BP 45/7</p> <p>Mild M of AR</p> <p>Acid level in RW</p> <p>pt conference</p> <p>Mo conference</p> <p>Comm</p> <p>8 48 min</p> <p>8 120/80</p> <p>Comm</p> <p>at 1m</p> <p>192 gtt</p> <p>to do</p> <p>MO from 40 min</p> <p>Shift to car lab</p> <p>@ 8 am ago</p> <p>Subcutaneous</p> <p>10 ml</p>

26/12/23

DATE	NOTES
27/12/23, 11:40 am	C/D/B Dr. K. Jaisankar.
	Procedure: Coronary Angiogram + Electrophysiology Study + Radio frequency ablation using 3D suite.
	↓ SAP, using 2-1. xylocaine as local anesthesia.
	Approach : RFA & RFV
	Sheath : 6 Fr.
	Catheter : RA , RV, H ₁ n, CS, RF ablation cat
	<u>Coronary Angiogram:</u>
	LMCA : Normal, Bifurcate into LAD & LCx
	LCx : Non Dominant, Normal
	LAD : Type III vessel, Normal.
	RCx : Dominant vessel. Normal.
	<u>Impression:</u>
	Normal epicardial coronary.
	Right dominant system.
	<u>Advice:</u>
	Medical management.

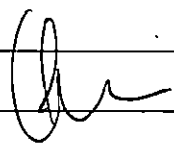


DOCTOR'S PROGRESS NOTES

DATE	NOTES
	Electrophysiology study + Radio frequency ablation.
	<u>Indication:</u> VT storm (24th & 27th November 2023)
	H/o multiple shocks from device.
	S/P AICD - 2021, moderate LV dysfunction.
	Non Tachemic cardiomyopathy.
	AVN - 400ms.
	Baseline no VA conduction.
	No Tachycardia could be induced with vigorous stimulation
	VT Protocol.
	<u>RFA:</u>
	Using naïve 3D thale mapping, LV Geometry was
	Created & Scar identified in mid myocardial
	region.
	LV entered & flex ablation catheter.
	Substrate mapping & Voltage activation map points
	were acquired.
	Between the Scar region & healthy area, the mid
	myocardial scarred zone was targeted &
	Posterior wall region showed mid diastolic & late
	Potential.
	During ablation several time VT could be induced
	followed by termination with ablation.
	Site targeted & RFA delivered at mid myocardial
	region & cool flex catheter (35, 43, 60-120 seconds)

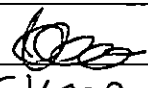
DATE	NOTES
	few more consolidation were defined in same region.
	Good fragmented - RF signal noted
	<u>Post RPA:</u>
	• Basal Interval was within Normal range.
	• No further VT induced.
	• Sheath removed & Pressure bandage applied.
	<u>Final Impression!</u>
	• Successful Substrate modification done for mid myocardial scar VT.
	<u>Post Cath Order:</u>
	• Immobilize (R) Lower limb for b/w
	• watch hematoma / Bleeding
	• monitor vitals.
	• To do : ECG / Screening Echo
	• TAB. COMBIFLAM TDS
	• TAB. ALPRAX 0-25mg HS
	• TAB. PAN 40mg OD.
	• shift to CCU & IV fluids.
	• ward shift by evening.
	• Discharge tomorrow.
dy. for Dr. Jaisankar 49444.	



DATE	NOTES
24/02/23 @ 13:30	c / s / n = De-h = Ache
	Cow Reel From Cath Lab - CAA + . Sp EPS + RFA done by
	AN = 45 m. BP = 120 68 - Sp 94% - JRA . the
	S/C: am: 1 h ⊕ as: BBA ⊕ LCA - off cus: rba.
	R. Day on per chd. If chd kinds mostly - immune (B U). w/p bleed/drenato egg/secur fch wand shift even
	 9/12/16

DATE	NOTES
27/12/23	USIB - Dr. sn Flango (Duo)
6:20pm	
	<u>POD-0</u> procedure done: CAG + EPS + RFA
	M: Dilated Cardiomyopathy, VT storm
PR - 147/min	
Bp - 120/70	O/E: conscious, oriented, afebrile
RR - 20/min	<u>S/E</u>
SpO2 - 94%	UAE: S, S2 (+)
	RS: BAEG
	P/A: 50/h
	Advice:
	- Immobilize (12) lower limbs
	- W/F - hematuria / bleeding
	- monitor vitals
	- Follow up drug chart only
	- Inform SOS
	- To do: ECG / screening
	EUHD
	Ch. 17/12/23

DOCTOR'S PROGRESS NOTES

DATE	NOTES
27/12/23 10pm.	S/p Dr. Mohamed Hydros
	S/p EPS + RFA.
	Patient comfortable
	conscious
	oriented
	Afebrile
Vitals Stable	CVS → S1L ⊕
	M → S1L ⊕
	P/A → soft, N9
	Adm
	- Immobilise @ lower limb
	- Monitor vitals
	- To follow drug chart
	- Plan: D/c tomorrow
	 (16/02/2024)

100-443887-100

MICROBIOLOGY SHEET

MICROBIOLOGY-CULTURE REPORTS

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

BLOOD GROUP

A⁺ positive

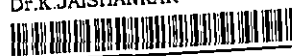
INVESTIGATION SHEET

Mr.SENTHIL RAJARAM

49/Malc/MHI202381299

26/12/2023/IPH2023002603

Dr.K.JAISHANKAR



Date	21/12/23					
HAEMATOLOGY						
Hb	14.2					
P.C.V	42.9					
Platelets	209000					
TLC	9010					
Polymorphs	28.2					
Lymphocytes	31.9					
Eosinophils	7.8					
Mono / Basophils	11.6/0.5					
E.S.R						
BIO-CHEMISTRY						
Urea	15.7					
Creatinine	0.8					
Sodium	140					
Potassium	4.21					
Bicarbonate						
Chloride						
Magnesium						
Calcium						
Phosphorus						
LFT						
T.Bilirubin	0.92					
D.Bilirubin	0.21					
I.Bilirubin	0.61					
S.G.O.T	29.5					
S.G.P.T	25.3					
ALP	59.3					
GGT						
Total Protien						
S.Albumin						
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp						

[illegible]

[illegible]

EARLY WARNING SCORE MONITORING

Name: _____

Age/Sex: _____

Patient Id No: _____

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

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

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



Date	From: 26/12/23	To: 27/12/23	Bed No: 6107	INTAKE & OUTPUT CHART												
24 Hrs : Started Time 7.00		Ended Time : 7.00														
NPO Started at :		NPO Over at :														
SHIFT	Morning		Afternoon	Night	Restricted Fluid (RF)											
INTAKE				300 ml												
OUTPUT				350 ml												
Total Intake: 300 ml		Total Output: 350 ml		Difference: 50 ml												
INTAKE (ml)							OUTPUT (ml)									
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by	
			Type of Fluid	Additions	Amount											
22.30	150					150	22.30	150					150			
3.50	150					300	5.50	200					350			
							Total Intake - 300 ml									
							Total Output - 350 ml									
							Balance - 50 ml									
															Doc	

0005



Date	From: 27/12/23	To: 29/12/23	Bed No:	607	INTAKE & OUTPUT CHART									
24 Hrs : Started Time :	4:00	Ended Time :	7:00											
NPO Started at :		NPO Over at :												
SHIFT	Morning	Afternoon	Night	Restricted Fluid (RF)										
INTAKE				500ml										
OUTPUT				600ml										
Total Intake:	850 ml	Total Output:	1650 ml	Difference:	200ml									
INTAKE (ml)														
Time	Oral	Tube Feeding	Intravenous Infusion			Total	OUTPUT (ml)							
			Type of Fluid	Additions	Amount		Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign
13:30	150				150	8:30	250					250ml		
16:30	150				350	16:30						1050ml		
18:30	150				500	21:35	300					1350		
21:00	100				600	6:10	800					1650		
21:35	150				750									
6:10	100				950									
							Total Intake - 850ml							
							Total Output - 1650ml							
							Balance 250ml							
							Nurse							

[illegible]

Mr. SENTHIL RAJARAM
49 / Male / MHI202381299
26/12/2023 / IPH2023002603

Dr. K. JAISHANKAR



Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Diagnosis: SATIN / BR 401 / S / P AED (2021) / CRY + BPS + RPA

Height: 165 cms Weight: 75 Kgs Food allergies: Yes / No; if yes, specify: Sweet Potato

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

Diet Prescription: 1000 calories, low fat, low salt, 2000 ml fluid restricted diet

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

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

Dietitian Signature / Name / Date / Time:

Maria Catherine John 23/12/23 17:00
Senior Dietitian

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>28/12/21, 17:00</p>	<p>A 49 years old male came to do palpitation & chest pain (left side) over around 10 he well nourished as evident by SUA.</p> <p>Kills - VAIN</p> <p>Patient shifted to Cathlab for procedure (CAU + OPS + RPA) and kept on NPO Patient moved to ward. NPO over Patient tolerated liquid diet. Can initiate on soft solid diet.</p>	<p><i>Catherine</i> 2401 Maria Catherine John Senior Dietitian</p>
<p>28/12/21, 10:00</p>	<p>Real intake is good. Educated the patient and family on food choices, low fat, low salt, no one fluid restricted diet on discharge. Emphasized on small frequent meals. Diet modification and clarification done. Diet chart given on discharge.</p>	<p><i>Catherine</i> 2404 Maria Catherine John Senior Dietitian</p>

PRE/POST OPERATIVE ECHO

Mr. SETHIL RAJARAM

49/Male/MHI2023S1299

26/12/2023/IPH2023002603

Dr. K. JAISHANKAR



Date & Time	Screening Echo Report
3.16pm 27/12/23	S/P ALD. EP+ RFA
	<ul style="list-style-type: none"> - Dilated LA and LV. - RWMA present: All Apical Segments, Apertumid, Basal and mid Septum, mid Inferior hypokinetic - Moderate LV systolic dysfunction. - Grade I Diastolic dysfunction. - Normal RV systolic function - Thickened Aortic Valve - Trivial Aa, mild As. - Trivial MR, mild MR. MR Jet Area: 4.2 cm² - Trivial TR / no PAH. - Increased LV filling pressure (LA Volume: 94 ml) - No clot / vegetation / Effusion. - Leads Visualized.
HR: 46 bpm	AV Vmax: 2.6 m/s Peak Gt: 27 mmHg mean Gt: 15 mmHg LVDD: 59 mm LVDS: 47 mm EF: 39% RVTDI: 14 cm/s TAPSE: 25 mm
	Done By
	- Ms. Lakshwan - K (Cardiac tech) MHI/10/80



Mr. SENTHIL RAJARAM	c)
49/Male/MHI202381299	
26/12/2023/IPH2023002603	
Dr.K.JAISHANKAR	

PSYCHOLOGICAL WELLBEING REPORT

Date: 28/12/23

Time: 12.50pm.

Unit: GWI

Clinical diagnosis:

Surgery/ Procedure: EPS + RFA

Impression: Apprehensive thoughts regarding device.

- calm affect, oriented, responsive.
- sleep & appetite @
- fear / apprehensive attitude regarding the device
- counseling provided, increasing the acceptance towards device.

Employee ID: MH0215PSY

Signature of the Psychologist:

PATIENT TRANSFER FORM DIAGNOSTICS / PROCEDURES

Diagnosis: Dilated Cardiomyopathy Allergies if any: NKDA

From (Area)	To (Area)	Date	Time	Reason for Transfer / Name of Procedure
<u>RW</u>	<u>Cathlab</u>	<u>27/12/23</u>	<u>8:20</u>	<u>EPST RFA</u>

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

ASSESSMENT OF PATIENT:

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

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

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

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

Temp (°F)	RR (breaths/min)	Pulse (beats/min)	SpO ₂ (%)	BP (mmHg)	Pain Score
<u>97.8</u>	<u>20</u>	<u>76</u>	<u>96</u>	<u>120/80</u>	<u>0/10</u>

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

Any pre-medication given: Given

Any critical information: _____

Any specific recommendation: _____

Handover by	Signature	Name	Emp. No.	Date	Time
	<u>Hait</u>	<u>Hannah Isaac</u>	<u>0105</u>	<u>27/12/23</u>	<u>8:20</u>
Handed over to		<u>V. Shrinaya</u>	<u>0202</u>	<u>27/12/23</u>	<u>8:20</u>

After Procedure:

Procedure completed: ☐ Yes ☒ No Any critical information: Ni/

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

Temp (°F)	RR (breaths/min)	Pulse (beats/min)	SpO ₂ (%)	BP (mmHg)	Pain Score
<u>98.6</u>	<u>22 br/min</u>	<u>7</u>	<u>100%</u>		<u>1/10</u>

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

Handover by	Signature	Name	Emp. No.	Date	Time
	<u>V. Shrinaya</u>	<u>V. Shrinaya</u>	<u>0202</u>	<u>27/12/23</u>	<u>13:40</u>
Handed over to		<u>D. Sheela</u>	<u>0270</u>	<u>27/12/23</u>	<u>18:40</u>

CONSENT FOR ELECTROPHYSIOLOGY & ABLATION PROCEDURE

Patient Name	Mr.SENTHIL RAJARAM 49/Male/MHI202381299 26/12/2023/IPH2023002603	Sex: M/F
Consultant:	Dr.K.JAISHANKAR 	UHID

CONDITION AND PROCEDURE

Dr. ~~JAISHANKAR~~ has explained that I have the following condition:

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

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

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

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

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

RISKS OF THIS PROCEDURE

The risk of coronary angiography depends on:

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

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

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

	(d) A dangerous reaction to the x-ray contrast medium (dye). If this happens, you may have severe reactions such as asthma, shock and convulsions. Death in extremely rare cases about 1 in 2,50,000 to 4,00,000 injections. (e) Need for major surgery to the leg at the puncture site. (f) Need for emergency heart surgery or angioplasty. (g) A higher lifetime risk from x-ray exposure. (h) Death (I) Perforation of the heart and blood vessels by the catheter that may require a surgery or reparative procedure
1 in 100 people (0.01%)	(j) the heart may not beat in a proper rhythm which will need urgent treatment. (k) Surgical repair of the groin puncture site. This may need a longer stay in hospital. (l) Minor reaction to contrast medium such as hives. (m) Loss/impairment of kidney function due to the contrast medium
1 in 20 people (0.05%)	(n) Major bruising or swelling at the groin puncture site
Most People	(o) Minor bruising

PATIENT CONSENT:

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

On the basis of the above statements,

I AGREE TO HAVE THE PROCEDURE

	Signature	Name	Date	Time
Patient/Guardian with relationship	<i>R. Sen</i>	<i>R. SEN</i>	<i>26/12/23</i>	<i>21.35</i>
witness	<i>S. Gandhiram</i>	<i>S. GANDHIRAM</i>	<i>26/12/23</i>	<i>21.35</i>
Doctor				
Interpreter				

மின்உடலியங்கியல் & உறுப்புநீக்கல் மருத்துவ செயல்முறைக்கான ஒப்புதல்

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

நோய் நிலைமை மற்றும் மருத்துவ செயல்முறை

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

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

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

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

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

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

இம்மருத்துவ செயல்முறையின் இடர்கள்

கரோனரி ஆஞ்சியோகிரா.பியில் ஏற்படும் இடர்கள் கீழ்க்கண்டவற்றை சார்ந்திருக்கிறது:

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

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

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

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

நோயாளியின் ஒப்புதல்:

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

மேற்கூறப்பட்ட அறிக்கைகளின் அடிப்படையில்,

இந்த மருத்துவ செயல்முறை எனக்கு செய்யப்படுவதற்கு நான் சம்மதிக்கிறேன்.

	கையொப்பம்	பெயர்	தேதி	நேரம்
நோயாளி/பாதுகாவலருடனான உறவுமுறை				
சாட்சி				
மருத்துவர்				
மொழிபெயர்ப்பாளர்				



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CORONARY ANGIOGRAM REPORT

PATIENT NAME : Mr.SENTHIL RAJARAM	UHID : MHI202381299
AGE/GENDER : 49 YEARS / MALE	IP NO : IPH2023002603
CONSULTANT : Dr. Jaishankar. K MD., DM., FIAMS	D.O.A : 26.12.2023
Director and Clinical Lead	D.O.P : 27.12.2023
Cardiology and Electrophysiology	

CATH DATE	27.12.2023	DONE BY	DR. JAISHANKAR
CATH NO	3477	ASSISTED BY	SN. SATHYA
CATH DURATION	5 MINS	TECHNICIAN	MR. TAMIL
HEIGHT	165CMS	PHYSICIAN ASSISTANT	MS. SHALINI
WEIGHT	75KGS		

CLINICAL DIAGNOSIS: NON ISCHEMIC CARDIOMYOPATHY, RECURRENT VT – MULTIPLE SHOCKS FROM DEVICE, VT STORM (24TH & 27TH NOVEMBER 2023), MODERATE LV DYSFUNCTION EF:40%, S/P AICD IMPLANTATION – EVERA XTVR MEDTRONIC - (16.07.2021,SAVEETHA HOSPITAL), CAG – NORMAL EPICARDIAL CORONARIES (22.06.2021), SYSTEMIC HYPERTENSION.

CATHETERIZATION PROCEDURE: AFTER OBTAINING INFORMED CONSENT, PATIENT WAS BROUGHT TO THE CATH LAB. UNDER SAP, PROCEDURE DONE BY USING 2% XYLOCAINE AS LOCAL ANAESTHESIA AND SELDINGER TECHNIQUE.

APPROACH : RIGHT FEMORAL ARTERY
SHEATH : 6FR
CATHETER : 6FR JL / JR
CONTRAST MATERIAL : NON- IONIC, CONTRAPAQUE
MEDICATIONS : Inj. Heparin 2500 IU

COMMENTS:

LMCA - NORMAL. BIFURCATES INTO LAD AND LCX.

LAD - TYPE III VESSEL AND GIVES RISE TO DIAGONALS AND SEPTALS. LAD AND BRANCHES ARE FREE OF DISEASE.

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

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

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IMPRESSION:

NORMAL EPICARDIAL CORONARIES
GOOD LV FUNCTION
RIGHT DOMINANT SYSTEM

ADVICE:

MEDICAL MANAGEMENT

PLAN:

ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION USING 3D ENSITE.

CONSULTANT SIGNATURE

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

To visit at www.medwayhospitals.com

Dr. K. JAISHANKAR
Reg. No: 49448

"I understood the Content of the
discharge summary."

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ELECTROPHYSIOLOGY STUDY + RADIOFREQUENCY ABLATION REPORT

(A Unit of United Alliance Healthcare Pvt Ltd)

USING 3D ENSITE

PATIENT NAME : Mr.SENTHIL RAJARAM **UHID :** MHI202381299
AGE/GENDER : 49 YEARS / MALE **IP NO :** IPH2023002603
CONSULTANT : Dr. Jaishankar. K MD., DM., FIAMS **D.O.A :** 26.12.2023
 Director and Clinical Lead **D.O.P :** 27.12.2023
 Cardiology and Electrophysiology

CATH DATE	27.12.2023	DONE BY	DR. JAI SHANJAR.K
CATH NO	3478 / 3479	ASSISTED BY	SR. SATHYA
CATH DURATION	1270 SECONDS	TECHNICIAN	MR. RAMANATHAN
HEIGHT WEIGHT	165CMS 75KGS	PHYSICIAN ASSISTANT	MS. SHALINI

CATHETERIZATION PROCEDURE: AFTER OBTAINING INFORMED CONSENT, PATIENT WAS BROUGHT TO THE CATH LAB. UNDER SAP, PROCEDURE DONE BY USING 2% XYLOCAINE AS LOCAL ANAESTHESIA AND A MODIFIED SELDINGER TECHNIQUE.

ACCESS : RIGHT FEMORAL VEIN X 3 (2 – 6Fr FOR CS, HIS BUNDLE & RV)
 (8Fr – ABLATION CATHETER).
 RIGHT FEMORAL ARTERY – 8FR SL 1 SHEATH

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

INDICATION: NON ISCHEMIC CARDIOMYOPATHY, RECURRENT VT – MULTIPLE SHOCKS FROM DEVICE, VT STORM (24TH & 27TH NOVEMBER 2023), MODERATE LV DYSFUNCTION EF:40%, S/P AICD IMPLANTATION – EVERA XTVR MEDTRONIC -(16.07.2021,SAVEETHA HOSPITAL), CAG – NORMAL EPICARDIAL CORONARIES (22.06.2021), SYSTEMIC HYPERTENSION.

ECG (BASAL) : HR @ 45BPM, NSR.

ECHO: S/P AICD, Dilated LA and LV, RWMA (+), All apical segments apex thinned mid anterior basal and mid septum hypokinetic moderately LV systolic dysfunction EF:40%, Grade II DD, normal RV systolic function, thickened aortic valve, Trivial AR, mild AS, mild MR, Mild TR, Mild PAH, IAS / IVS intact, increased LV filling pressure, No clot / vegetation / effusion. Leads visualized, frequent ectopics present during study.

CORONARY ANGIOGRAM : NORMAL EPICARDIAL CORONARIES

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NAME: **MR. SENTHIL RAJARAM**

UHID: **MHI202381299**



IP.NO: **IPH2023002603**

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VITALS: HR – 42BPM, BP – 140/90 MMHG, SPO2 – 99%.

MEDICATIONS: INJ. HEPARIN 6500IU.

ELECTROPHYSIOLOGY STUDY:

BASAL INTERVALS

PP	1328ms
RR	1317ms
PR	223ms
QRS	127ms
QT	563ms
QTC	491ms
AH	115ms
HV	37ms
AVWB	400ms
VERP	600/500/260ms

BASELINE NO VA CONDUCTION

NO TACHYCARDIA COULD BE INDUCED WITH VIGOROUS STIMULATION VT PROTOCOLS.

RADIOFREQUENCY ABLATION:

- USING NAVIX 3D ENSITE MAPPING , LV GEOMETRY WAS CREATED AND SCAR IDENTIFIED IN MID MYOCARDIAL REGION.
- SUBSTRATE MAPPING WAS DONE AND VOLTAGE ACTIVATION MAP POINTS WERE ACQUIRED.
- POSTERIOR WALL REGION SHOWED MID DIASTOLIC AND LATE POTENTIALS.
- DURING ABLATION SEVERAL TIMES VT COULD BE INDUCED FOLLOWED BY TERMINATION WHILE ABLATION.
- RFA DELIVERED AT INFERO POSTERIOR WALL REGION WITH COOL FLEX CATHETER (RF SETTINGS 35 / 43W / IMP – 95 / 60-120 SECONDS).
- FEW MORE CONSOLIDATED RF ENERGIES WERE DELIVERED IN SAME AND ADJOINING REGION.
- GOOD FRAGMENTED - RF SIGNALS NOTED.

POST RFA :

- BASAL INTERVALS WERE WITHIN NORMAL RANGE.
- NO FURTHER VT INDUCED

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NAME: M. SENTHIL RAJARAM

UHID: MH202381299



IP.NO: MH202381299

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- SHEATH REMOVED AND PRESSURE BANDAGE APPLIED

IMPRESSION:

- SUBSTRATE MODIFICATION DONE FOR SCAR VT – MID MYOCARDIAL REGION.

PLAN:

TO CONTINUE ANTI ARRHYTHMIC DRUGS

CONSULTANT SIGNATURE

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

Dr. K. JAISHANKAR
Reg. No: 49448

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Abstract

6/14/2017 3:00 PM

Signature with Emp No

Date & Time		Observations	Action
24/12/22	8.30	patient arrived 2nd floor to cath lab pt conscious & oriented pt vital stable pt IV line patent	SP 60w
10.10		Procedure started RT femoral approach Under local anaesthetic	SP 60w
10.25		W. He pain 2,800 v u m	SP 60w
10.50		W. He pain 2,800 v u m	
11.30		W. He pain 1,500 v u m	
11.40		Ep + RFA done. pt stable	
12.25		Richter femoral arterial venous sheath removed TIGR pressure bandage Applied. No oozing, Healed ② Cath site. pt stable pf simplified. fo cath up 1.18pm Wound. Gm ho Cx A/N with all reports	SP 60w

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

MHI/OT/2022/086



Mr. SENTHIL RAJARAM

49/Male/MHI202381299

26/12/2023/1PH2023002603

Dr. K. JAISHANKAR

Name of the Procedure : CATH + EPS + RFA 3D Location : CATH LAB Date & Time : 27/12/23

Does the Procedure involve Procedural Sedation : ☐ Yes ☒ No

SIGN IN <u>10:10</u> Before Induction of Procedural Sedation		TIME OUT <u>10:15</u> After procedural Sedation and before procedure		SIGN OUT <u>12:40 PM</u> When Doctor indicates that the Procedure is completed	
(Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure)		(Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure)			
Patient Confirmation		All team members introduce themselves by Name and Role		To be done for each procedure in case of multiple procedures	
Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Name of the Procedure done written down <input checked="" type="checkbox"/> Yes <u>CATH + EPS + RFA 3D</u>	
Procedure	<input checked="" type="checkbox"/> Yes	Procedures <u>CATH + EPS + RFA 3D</u>	<input checked="" type="checkbox"/> Yes	Name and site of all specimens / investigations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	
Side	<input checked="" type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA	Side <u>Rt femoral artery approach</u>	<input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> NA	confirms labeling and sent to lab	
Consent	<input checked="" type="checkbox"/> Yes	Position <u>Supine</u>	<input checked="" type="checkbox"/> Yes	Any recovery concerns : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
Known Allergy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify	Consent	<input checked="" type="checkbox"/> Yes	If Yes, Pls. specify : <u>Observation</u>	
Difficult airway / aspiration risk / dentures	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, equipment and assistance available	Essential imaging displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	Any Equipment / instrument problem that needs to be addressed : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None	
Possibility of hypothermia	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, warmer in place	Antibiotic prophylaxis within last 60 minutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	If Yes, Pls. specify :	
All concerned anesthesia equipment and medication check complete	<input checked="" type="checkbox"/> SpO2 <input type="checkbox"/> NIBP <input type="checkbox"/> Others pls. specify <u>ECG</u>	Name of the Antibiotic given	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	Corrective action :	
Pre OP medication taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Venous Thromboembolism Prophylaxis Provided	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
Required equipment for procedure available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	Anticipated duration briefed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Anticipated blood loss briefed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Adequate fluids and blood available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Team briefed on any critical or unexpected steps	<input checked="" type="checkbox"/> Yes		
		For procedural sedation cases			
		Any patient specific concerns :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
		Intra procedure glyceric control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Any concerns about sterility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		

Anaesthetist / Doctor giving Procedural Sedation

Date :
Time :

Doctor performing the Procedure :

Date : 27/12/23
Time : 12:40 PM

Nurse SN panchan

Date : 27/12/23
Time : 11:40 AM

Technician Shridhar

Date : 27/12/23
Time : 11:40 AM

Others Please Specify :

Date :
Time :

Time	HR / min	RR / min	BP mmHg	SpO ₂ %	Medication / Remarks	Sign. of Nurse
10:25	45 b/min	22 br/min	110/82(92)	100 %.	-	Doror
10:45	46 b/min	22 br/min	145/72(96)	100 %.	-	Doror
10:55	47 b/min	22 br/min	118/82(94)	100 %.	-	Doror
11:15	50 b/min	22 br/min	128/84(98)	100 %.	-	Doror
11:20	47 b/min	22 br/min	117/86(94)	100 %.	-	Doror
11:40	46 b/min	22 br/min	141/71(93)	100 %.	-	Doror
			procedure got over			

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

Time : 11:40 A Route : Rt femoral artery venous

Complication : N/I Approach

BP : 141/78 (83) mmHg, HR : 46 31/min, RR : 22 br/min, SpO2 : 100 %

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

Advise:

- ◆ Shift To: Ward / ICU
- ◆ Bed rest up to 12 hours
- ◆ Observe puncture site for bleeding
- ◆ Watch for Pulse in Rt femoral artery.
- ◆ Diet : normal

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

- ◆ Remove Rt femoral arterial dressing on 28/12/23 at 10:15 AM / PM after informing to the consultant.

- ◆ Special instruction if any:

N/I

[Signature]
Name & Signature of Consultant

POST PROCEDURE OBSERVATION

Date & Time	BP	HR	RR	SpO2%	Site Evaluation	Extremity Status	Remarks	Sign. of Nurse
<u>27/12/23 12:15</u>	<u>140/78</u>	<u>58</u>	<u>22</u>	<u>99%</u>	<u>No oozing, dressing intact</u>	<u>Warm</u>	<u>—</u>	<u>[Signature]</u>
<u>12:35</u>	<u>140/78</u>	<u>50</u>	<u>22</u>	<u>99%</u>	<u>No oozing, dressing intact</u>	<u>Warm</u>	<u>—</u>	<u>[Signature]</u>
<u>1:10 PM</u>	<u>140/78</u>	<u>58</u>	<u>22</u>	<u>99%</u>	<u>No oozing, dressing intact</u>	<u>Warm</u>	<u>—</u>	<u>[Signature]</u>

Nurses Notes :

CAGI + EPST RFA done. Rt femoral Arterial,
VENOUS sheath removed. Tight Pressure bandage
Applied. No oozing, haematoma @ Cath
site.

Condition at the end of procedure : ☒ Stable ☐ Critical

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

Name & Signature of the Nurse :

Date & Time :

[Signature]

28/12/23, 12:10 PM

NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 26/12/23 Time of Arrival: 21.00 Mode of Admission: ☐ Walking ☐ Wheelchair ☐ Stretcher
Accompanied by Relative: ☒ Yes ☐ No If Yes, Name of the Relative: Mrs. Ganesh Muthu
Relationship with Patient: Wife Contact Person's Name: Mrs. Ganesh Muthu Relationship: Wife
Contact No.: 9159829007 Primary language spoken: ☒ Tamil ☐ English ☐ Indian ☐ International
Interpreter needed: ☐ Yes ☒ No
Patient status: ☒ Conscious ☐ Unconscious ☐ Disoriented | Patient Vulnerable: ☐ Yes ☒ No
Menstrual History : LMP : — Menopause: —
Medical History : DM / HTN / Co - Morbidity : — Yes If yes specify
Drugs History : Antiplatelet — (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°F | Pulse / HR: 112 (beats/min) | BP: 120/80 (mmHg)
Respiration: 20 (breaths/min) | SpO₂: 96 (%) | CBG: 151 (mg/dl) | Height: 165 (cms) | Weight: 75 (kgs)

Allergies / Adverse Reaction: ☐ Yes ☒ No ☐ Medication ☐ Blood Transfusion ☐ Food ☐ Not known
If Yes, specify: —

Pain: ☒ Yes ☐ No. If Yes, Score: 4/10 Pain Scale Used: ☐ Wong-Baker FACES Pain Rating Scale (7-12 years)
☐ Numerical Rating Scale (>12 years) ☐ CPOT (ventilator / comatose)
Duration: ON & OFF Location: Chest
Pain Character: ☒ Dull ☐ Aching ☐ Sharp ☐ Stabbing ☐ Shooting ☐ Burning ☐ Referred / Radiant Pain

Nutritional Screening:
Last 3 months Appetite: ☐ Increased ☐ Decreased ☒ No Change
Last 3 months Weight: ☐ Increased ☐ Decreased ☒ No Change
Type of Patient: ☐ Diabetic ☒ Non Diabetic Type of Diet: Normal diet
Dietician Informed: ☒ Yes ☐ No. If Yes, mention the Name: Mrs. Catherine Time: 22.00

Orient Patient if: ☒ Conscious Orient Patient Attendant if: ☐ Unconscious ☐ Disoriented
☐ Room ☐ Side Rails ☒ Toilet Bell ☐ Patient Information Board ☐ Bathroom ☐ Bed Controls
☐ Use of Footstool ☐ Grab Bars ☒ Nurses Call Bell ☒ Television ☐ Light Controls ☐ Telephone

Functional Assessment:

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

AICD 2021 - July.

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

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

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

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

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

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

Witnessed by: _____ Signature: _____ Relationship: _____

MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)

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

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk interventions (25 - 44)

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

High-risk interventions (above 45)

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

Initial Assessment to Special Needs and Vulnerability of Patient:

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

DVT RISK ASSESSMENT

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

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

Risk Score Interpretation (Probability of DVT):

Final Score

Tick the score obtained (✓)

		✓	Action Taken	Date	Time
Low Risk	-2 to 0	0.00			
Moderate Risk	1 to 2				
High Risk	3 to 8				

Personal Belongings / Valuables:

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

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

Patient / Patient's Attendant	Sign.	Name	Emp. No.	Date	Time
	S. Gandhimathi	S. GANDHIMATHI	Relationship Wife	26/12/23	21:35
Nurse	St	Arasthais	004.	26/12/23	21:35
Unit In-Charge	DD	Thannanarai	0005	27/12/23	08:00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 26/12/23 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: obtunded conscious go pately
NEWS / PEWS Score: 6
Ventilator day:
Peripheral line day: Right: — Left: —
Ryle's Tube: ☐ Yes ☒ No Day:
Urinary Catheter: ☐ Yes ☒ No Day:
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☐ No. If Yes, specify organism: nil

GCS: 15/15
POD: —
Central line days: —
VIP Score: 0

B

BACKGROUND

Type of surgery: nil
Allergies if any: none
On room air / oxygen: on room air
Complaints / New Symptoms in last shift: —

Date of surgery: —
IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 41 (beats/min) | Respiration: 22 (breaths/min)
BP: 120/80 (mmHg) | SpO₂: 96 (%) | Height: 165 (cms) | Weight: 75 (kgs) | BMI: 27.2 kg/m²
Others: —

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

Fall Risk Score: 15 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: nil

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: nil

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: —

Discharge plan Eps + PFA
NPO 4:00

	Signature	Name	Emp. No.	Date	Time
Handover given by	<i>A</i>	Ageethiya	014	26/12/23	7:30
Handover taken by	<i>Hay</i>	Hannah Cisse	0105	27/12/23	7:30
Document endorsed	<i>(Signature)</i>	Dr. Senthil Rajaram	0005	27/12/23	08:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 27/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: Dilated cardiomyopathy, PVR

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: ☒ Left: ☒

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: ☒

Day: ☒

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 15

B

BACKGROUND

Type of surgery: +

Date of surgery: -

Allergies if any: NKA

On room air / oxygen: on 20% O2

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

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

BP: 110/70 (mmHg) | SpO2: 97% | Height: 165 (cms) | Weight: 75 (kgs) | BMI: 27.2 kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☒ NA

Current diet: NPO

Drains: -

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: NPO from 4:00

Nil

	Signature	Name	Emp. No.	Date	Time
Handover given by	Hay	Hannah L. Rose	0000	27/12/23	
Handover taken by		Shifted to cath lab			
Document endorsed		Dr. Jaishankar	0005	27/12/23	

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
27/12/23	MORNING DUTY NOTES	
7:30	Patient handover taken from Night duty staff in a hemodynamically stable condition	Hay 0809
8:00	Vital Signs checked & recorded/ IV line secured on both hands	Hay 0809
8:20	Patient shifted to Cathlab in a hemodynamically stable condition	Hay 0809
	Patient handed over to Cathlab Staff with all Reports	Hay 010
Document endorsed by	Signature <i>Nice</i>	Name S. VerBijl
		Emp. No. 2024
		Date 28/12/23
		Time 16:22

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 27/12/23 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: Dilated cardiomyopathy
NEWS / PEWS Score: 15/15
Ventilator day: _____
Peripheral line day: Right: 08/12/23 Left: 08/12/23
Ryle's Tube: ☐ Yes ☒ No Day: _____
Urinary Catheter: ☐ Yes ☒ No Day: _____
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism: _____
SCS: _____
POD: _____
Central line days: _____
VIP Score: 0/5

B

BACKGROUND

Type of surgery: MCA
Allergies if any: MCA
On room air / oxygen: ON RA
Date of surgery: _____
IV fluids on flow: _____
Complaints / New Symptoms in last shift: _____

A

ASSESSMENT

Vital Signs: Temp: 97.8 (°F) | Pulse / HR: 52 bpm (beats/min) | Respiration: 20 bpm (breaths/min)
BP: 120/60 mmHg (mmHg) | SpO₂: 97% (%) | Height: 165 (cms) | Weight: 75 (kgs) | BMI: 27.2 kg/m²
Others: _____
Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS CPOT
Fall Risk Score: 30 Fall Risk Protocol: ☐ Low ☒ Medium ☐ High
Braden Score: ☐ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☒ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☒ No ☐ NA Wound Dressing done: ☐ Yes ☒ No ☐ NA
Current diet: Soft diet Drains: _____

R

RECOMMENDATION

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

	Signature	Name	Emp. No.	Date	Time
Handover given by		D. Shale	0070	27/12/23	19:20
Handover taken by		S. Nalini	0024	27/12/23	17:30
Document endorsed		S. Nalini	0024	27/12/23	18:20

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
13.30	Evening Received notes * pt received from cath lab to 13.30. pt is conscious @ oriented. pt hemodynamically monitoring HR-55bnt, BP-120/60mmHg, SpO ₂ -96% on Room Air. CBT was checked @ ECG was taken.	sh 0270
14.00	* pt had Juice @ food orally taken. pt self voiding <u>shifting notes</u>	sh 0270
16.30	* pt is conscious @ oriented. vitals are monitored. pt shifted to 2 nd floor ward shift.	sh 0270
RECVINUT NOTES		
17.30	=> pt hand over to CCU staff.	sh 0270
18.00	=> pt vitals stable => pt conscious and orientation => pt drug drugs are reph. drug chart.	sh 0270
19.30	=> pt I/O chart monitored. => pt handing over to night duty staff.	sh 0270
Document endorsed by	Signature noe	Name S. Paulina
		Emp. No. 0024
		Date 27/12/22
		Time 16:20

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 28/12/23 Shift: ☐ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: Dilated cardiomyopathy
NEWS / PEWS Score: 6
Ventilator day:
Peripheral line day: Right:
Left:
Ryle's Tube: ☐ Yes ☒ No Day:
Urinary Catheter: ☐ Yes ☒ No Day:
Barrier nursing: ☐ Yes ☒ No MDR: ☐ Yes ☒ No. If Yes, specify organism:
Cultured

GCS: 15/15
POD:
Central line days:
VIP Score: 0/15

B

BACKGROUND

Type of surgery: EPS + RFA
Allergies if any: NOBA
On room air / oxygen: ON ROOM AIR
Complaints / New Symptoms in last shift:
Date of surgery: 28/12/23

IV fluids on flow:
Date of surgery: 28/12/23

A




ASSESSMENT

Vital Signs: Temp: 98.6 (F) | Pulse / HR: 60 (beats/min) | Respiration: 22 (breaths/min)
BP: 100/70 (mmHg) | SpO₂: 96 (%) | Height: 165 (cms) | Weight: 75 (kgs) | BMI: 27.2 kg/m²
Others:
Pain Score: 0/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT
Fall Risk Score: 50 Fall Risk Protocol: ☐ Low ☐ Medium ☒ High
Braden Score: ☒ Minimal Risk: 23-19 ☐ At Risk-Mild Risk: 18-15 ☐ Moderate Risk: 14-13 ☐ High Risk: 12-10 ☐ Severe Risk: 9-6
Pressure Ulcer Scale for Healing (PUSH): ☐ Yes ☐ No ☒ NA Wound Dressing done: ☐ Yes ☐ No ☒ NA
Current diet: Normal diet Drains: Nil

R

RECOMMENDATION

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

	Signature	Name	Emp. No.	Date	Time
Handover given by		Agasthya	006	28/12/23	7:30
Handover taken by		Panama Suresh	2333	28/12/23	7:40
Document endorsed		P. V. P. A. P.	0022	28/12/23	18:20

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 28/12/23

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: Dilated cardiomyopathy

NEWS / PEWS Score: 6

Ventilator day: -

Peripheral line day: Right: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: -

Day: -

Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: PFO - EPST RFA

Allergies if any: NKDA

On room air / oxygen: RA

Complaints / New Symptoms in last shift: -

Date of surgery: 27/12/23

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp 97.6°F | Pulse / HR: 71 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/75 (mmHg) | SpO₂: 97 (%) | Height: 165 (cms) | Weight: 75 (kgs) | BMI: 27.2 kg/m²

Others: -

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

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

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

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

Current diet:

Drains: -

Normal diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any: Today plan discharge.

	Signature	Name	Emp. No.	Date	Time
Handover given by	M. Revathi	M. Revathi	0225	28/12/23	12.30
Handover taken by		discharge			
Document endorsed	juel	S. K. K. K.	0024	28/12/23	18.22

NURSES PROGRESS NOTES

[illegible]

ADULT NURSING CARE PLAN

Mr. SENTHIL RAJARAM
49/Male/MHI202381299
26/12/2023/IPH2023002603
Dr. K. JAISHANKAR

MHI/NUR/2022/044



Every heart beat counts

Initial Date: 26/12/23 Time: 22.00		Modified Date: Time:		
Reason for Modification:		Diagnosis: <i>diastolic cardiomyopathy</i>		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M	
			E	
			N <i>pt fed on reg normal diet</i>	<i>Dev</i>
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BIPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M	
			E	
			N <i>pt on room air</i>	<i>Sub</i>
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M	
			E	
			N <i>monitored Pt well</i>	<i>Dev</i>

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M E N Pt well mobilized	 Sub
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-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input checked="" type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M E N Pt able voiding	 Sub
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 type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M E N maintained normal skin	 Sub

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input checked="" 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 E N <i>pt well communication</i>	 <i>EW</i>
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M E <i>meds being given</i>	 <i>EW</i>
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>[Signature]</i>	<i>Therese...</i>	<i>0005</i>	<i>27/12/23</i>	<i>08:00</i>

ADULT NURSING CARE PLAN

M: **THIL RAJARAM**
49/Male/MHI202381299
26/12/2023/IPH2023002603
Dr.K.JAISHANKAR




Consultant:

MHI/NUR/2022/044

Initial Date: <u>21/12/23</u> Time:		Modified Date: Time:		
Reason for Modification:		Diagnosis: <u>Diabetes / cardiomyopathy</u>		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Patient on NPO E pt on soft diet N pt had on normal diet	Hay 01/12/23 02/12/23 03/12/23
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Patient was stable on room air E pt was stable on Room Air N pt was room air	Hay 01/12/23 02/12/23 03/12/23
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M I/O chart Maintained E I/O chart was maintained N monitor no input	Hay 01/12/23 02/12/23 03/12/23

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-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Patient mobilized well	Hay 07/05
			E Pt mobilized well	ef 07/05
			N Pt well mobilized	Sub
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 checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hematemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Patient had normal elimination pattern	Hay 07/05
			E Pt had normal elimination pattern	ef 07/05
			N Pt soft voiding	Sub
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 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 Patient had normal Skin Integrity	Hay 07/05
			E Pt had normal skin intact	ef 07/05
			N maintained Normal skin	Sub

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input checked="" type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M Pt groomed well E Pt groomed well N Pt well groomed	Hay 05/10 Bus
SAFETY <input type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M ID band present E ID Band present N used ID band	Hay 05/10 Bus
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E — N —	
OBSERVATION <input type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M Pt vital signs are stable E pt vital signs are stable N monitored vital signs	Hay 05/10 Bus
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E — N —	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M Pt Communicated well E N Pt well communication	Hay obs Sub
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 Due drugs all given E N also drug given	Hay obs Sub
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Charlene	0005	27/12/23	08:00

ADULT NURSING CARE PLAN

Mr. SENOJIL RAJARAM
49/Male/MHI202381299
26/12/2023/1PH2023002603
Dr. K. JAISHANKAR
D
Consentant:

Initial Date: 26/12/23 Time:		Modified Date: Time:		
Reason for Modification:		Diagnosis: Dilated cardiomyopathy		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt had @ diet E N	MD 26/12/23
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 is on room air E N	MD 26/12/23
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M I/O Chart monitoring E N	MD 26/12/23

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input 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 PE 4000 hygiene E N	MD 07/25
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-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hemetemeses as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Normal Elimination Pattern E N	MD 07/25
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 Maintain normal skin integrity E N	MD 07/25

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input checked="" type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M pt good hygiene E N	M 02/25
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 ID Band present E N	M 02/25
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E N	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input 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 checked & recorded E N	M 02/25
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E N	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input 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 PE 4000 communication E N	MJD 5/5
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 Medication given as per as drug chart E N	MJD 02/5
Endorsed by	Signature	Name	Emp. ID	Date	Time
	nee	S. Neelani	8024	28/12/23	16:20



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort		4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals		3	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours		3	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance		3	
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		3	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair			3	
					TOTAL SCORE		19
					Initial & Emp. No. of Staff Nurse:		106
					Initial & Emp. No. of Sr. Staff Nurse:		106

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

Date: 27/12/23
Time: 11:15 AM



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	3	3	3	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	3	3	3	
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	3	3	3	
FRICION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3	
					TOTAL SCORE	20	26	20
					Initial & Emp. No. of Staff Nurse:	Hay 000	000	000
					Initial & Emp. No. of Sr. Staff Nurse:	000	000	000

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

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

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

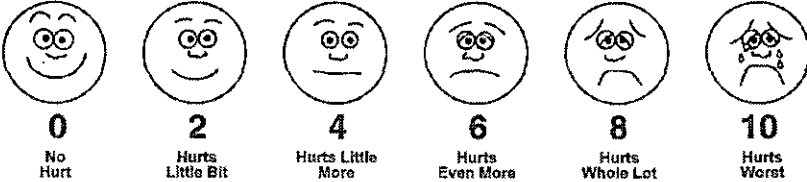
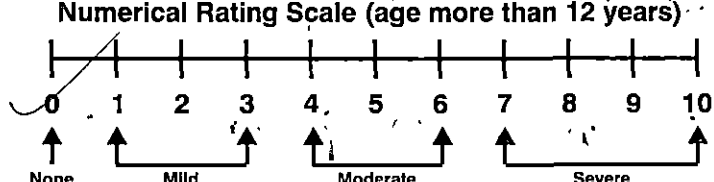


PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
26/12/23 22:00	0/10	No pain	-	-	-	Sub	05/05
27/12/23 2:00	0/10	No pain	-	-	-	Sub	05/05
6:00	0/10	No pain	-	-	-	Sub	05/05
8:00	0/10	No pain	-	-	-	Sub	05/05
13:30	0/10	No pain	-	-	-	Sub	05/05
14:30	0/10	No pain	-	-	-	Sub	05/05
18:30	0/10	No pain	-	-	-	Sub	05/05
22:00	0/10	No pain	-	-	-	Sub	05/05
2:00	0/10	No pain	-	-	-	Sub	05/05

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
28/12/23 6.00	0/10	ab pain	-	-	-	Sub	Neel
10.00	0/10	NO pain	-	-	-	Sub 02/23	Neel

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-conductive environment; B - TV; C - Music; D - Physical and mental exercisers Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy Transcutaneous electrical nerve stimulation (TENS): J - Interferential therapy Psycho-social therapy/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	26/12/23	27/12/23	28/12/23				
		Time	22.00	6.00	6.00				
S. No.	PARAMETERS								
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	7		7					
2	Bedridden recently >3 days or major surgery within four weeks	7	7	7					
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	7	7	7					
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	7	7	7					
5	Entire leg swollen (Assess for both legs)	7	7	7					
6	Localized tenderness along the deep venous system (Assess for both legs)	7	7	7					
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	7	7	7					
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	7	7	7					
9	Previously documented DVT (Assess for both legs)	7	7	7					
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.	7		7					
FINAL SCORE		7	0	0					
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		Low	Low	Low					
DVT prophylaxis started		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature & Emp. No. of RN									
Signature & Emp. No. of Sr. RN									



Medway Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



Pt: **Mr. SENTHIL RAJARAM**
 N: 49/Male/MHI202381299
 U: 26/12/2023 / IPH2023002603
 D: Dr. K. JAISHANKAR



MHI/NUR/2022/046



Where heart beat never stops...

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	26/12/23	27/12/23	28/12/23	29/12/23	30/12/23				
	Time	8.00	8.00	14.00	20.00	8.00				
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS										
Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		30	30	30	30	50				
Low Risk (0 - 24)										
Medium Risk (25 - 44)		✓	✓	✓	✓					
High Risk (45 or above)						✓				
Signature & Emp. No. of RN		Sub	Sub	Sub	Sub	Sub				
Signature & Emp. No. of Sr. RN		Sub	Sub	Sub	Sub	Sub				

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

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date	26/12	27/12/18	28/12/18	29/12	28/12				
	Time	22:00	8:00	14:00	20:00	8:00				
Low Risk Interventions (0 - 24)										
Familiarize the patient with the immediate surroundings		✓	✓	✓	✓	✓				
Remind the patient to use call bell before getting out of bed		✓	✓	✓	✓	✓				
Keep the two side rails in the raised position at all times for all patients regardless of age		✓	✓	✓	✓	✓				
Keep the call bell, bedside table, water, glasses within the patient's easy reach		✓	✓	✓	✓	✓				
Remove excess equipment or furniture to make a clear path		✓	✓	✓	✓	✓				
Keep the patient's bed in the low position at all times except during procedure		✓	✓	✓	✓	✓				
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed		✓	✓	✓	✓	✓				
Bed wheels should be locked		✓	✓	✓	✓	✓				
Encourage family participation in the patient's care		✓	✓	✓	✓	✓				
Ensure that floor of the bathroom is dry and not slippery		✓	✓	✓	✓	✓				
Review medications for potential side effects that can promote falls		✓	✓	✓	✓	✓				
Use safety belts during movement in wheelchair		✓	✓	✓	✓	✓				
The patients are not ambulated by themselves. They are to be ambulated only with assistance		✓	✓	✓	✓	✓				
Medium risk interventions (25 - 44)										
Apply all the low risk interventions		✓	✓	✓	✓	✓				
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher		✓	✓	✓	✓	✓				
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat		✓	✓	✓	✓	✓				
Use restraints and bed monitors as ordered by the doctor		✓	✓	✓	✓	✓				
Allow the patient to ambulate only with assistance		✓	✓	✓	✓	✓				
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care		✓	✓	✓	✓	✓				
Do not leave patients unattended in diagnostic or treatment areas		✓	✓	✓	✓	✓				
Accompany the patient while going to bathroom		✓	✓	✓	✓	✓				
Advice the patient to use grab bars near the toilet, bathtub, and shower		✓	✓	✓	✓	✓				
Make sure the family and other visitors understand the restrictions mentioned above		✓	✓	✓	✓	✓				
High-risk interventions (45 or above)										
Apply all the low and medium risk interventions		✓	✓	✓	✓	✓				
Tie red fall risk tag in the bed, wheel chair and stretcher		✓	✓	✓	✓	✓				
Locate the high-risk patients in a room close to the nurses' station		✓	✓	✓	✓	✓				
Answer these patients call bells as quickly as possible		✓	✓	✓	✓	✓				
Provide a commode at bedside (if appropriate)		✓	✓	✓	✓	✓				
Urinal/bedpan should be within easy reach (if appropriate)		✓	✓	✓	✓	✓				
Encourage family members or other visitors to stay with them		✓	✓	✓	✓	✓				
If appropriate, consider using protection devices: safety belts		✓	✓	✓	✓	✓				
Signature & Emp. No. of RN		✓	✓	✓	✓	✓				
Signature & Emp. No. of Sr. RN		✓	✓	✓	✓	✓				



PATIENT AND FAMILY EDUCATION RECORD

Assessment

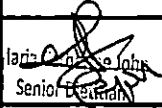
To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>26/12/23</u> Time <u>22.20</u> Nurse Signature : <u>[Signature]</u>		

Learning Record

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Disease	26/12				28/12				28/12				Doctor
<input checked="" type="checkbox"/> Information on Disease / Diagnostics		P	O	V		P	O	V		P	O	V	[Signature]
<input checked="" type="checkbox"/> Treatment		P	O	V		P	O	V		P	O	V	[Signature]
Medications		P	O	V		P	O	V		P	O	V	Doctor / Nurse
<input type="checkbox"/> Information on Safe and Effective use of medicines													[Signature]
<input type="checkbox"/> Information on drug / drug and drug / food interactions													
<input type="checkbox"/> Discharge Medications													
Surgical Instructions													Nurse
<input checked="" type="checkbox"/> Pre - Operative Instructions		P	O	V		P	O	V		P	O	V	[Signature]
<input type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care)													
Pain Management													Nurse
<input checked="" type="checkbox"/> Reporting of pain		P	O	V		P	O	V		P	O	V	[Signature]
<input checked="" type="checkbox"/> Pain Management													
Safe and effective use of medical Equipment (if required)													Doctor / Nurse
Name of Equipment													
Rehabilitation Techniques													

Dr. S. Jayanthi

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance													Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk													 Maria Gonzalez Senior Dietician
<input checked="" type="checkbox"/> Diet advice for home													
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	<input checked="" type="checkbox"/>			Diet Advice	<input checked="" type="checkbox"/>		
ECG Report	<input checked="" type="checkbox"/>			CT Scan Report			
Doppler Report				CT Scan Film			
X-Ray Report				ECHO Report			
X-Ray Film	<input checked="" type="checkbox"/>			Ultrasound Report			
Compact Disk	<input checked="" type="checkbox"/>			Any Other Report			

Name of Attendant / Patient : S. GANDHIMATHI

Signature : S. Gandhimathi

Name of Discharge Nurse E. Cathrine

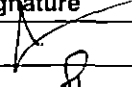

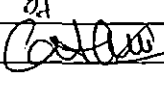
Signature : E. Cathrine

Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 26/12/23 Time: 22:00

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

Inter Disciplinary Team Members

	Signature	Name	Reg. / Emp. No.	Date	Time
Doctor		Dr. Senthil Rajaram	1500	26/12/23	22:00
Nursing Staff		S. Senthil Rajaram	006	26/12/23	22:00
Dietician		Senior Dietitian	2401	26/12/23	22:00
Physiotherapist					
Patient Care Service Staff					

Patil **Mr.SENTHIL RAJARAM**

Na# 49/Male/MHI202381299

UHI 26/12/2023/IPH2023002603

DOF Dr.K.JAISHANKAR

DOI: 10.1002/1522-2675(200107)13:7<1001::AID-HLCA1001>3.0.CO;2-1
Cor: 10.1002/1522-2675(200107)13:7<1001::AID-HLCA1001>3.0.CO;2-1

MHI/IP/2022/054



Every heart beat counts

IN-HOUSE TRANSFER FORM

Part A (to be filled by Nurses)

Date of Transfer: 27/12/15 Time: 16-30 Transferred from: CCU To: 2nd Floor

Diagnosis: Dilated Cardiomyopathy

Vital Signs: Temp: 97.7 (°F) | Pulse / HR: 35 (beats/min) | BP: 120/60 (mmHg) | Respirations: 22 (breaths/min)

Part B (to be filled by Physicians)

Any Critical Investigations:

Check for	Transferring Doctor	Receiving Doctor
Respiratory (Breath sounds)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Crepitation <input type="checkbox"/> Rhonchi <input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Abdomen	<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Tender <input type="checkbox"/> Distended <input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heart Sound	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Feeble <input type="checkbox"/> Loud <input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CNS	<input checked="" type="checkbox"/> Conscious <input type="checkbox"/> Oriented GCS Score: <u>15/15</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
For Surgical Patients (if applicable)	Surgical Site: <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Soakage <input type="checkbox"/> Others: <u>←</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Present Medication *(for Medication Reconciliation)*[illegible]

Additional Details (if any):

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

	Sign.	Name	Reg. No.	Date	Time
Transferring Doctor	<i>[Signature]</i>	Dr. Anish Nelson Reg. No: 88434	Dr. Anish Nelson Reg. No: 88434	27/12/23	16:30
Receiving Doctor	<i>[Signature]</i>	Dr. Anusoya	134569	27/12/23	16:30

Part C (to be filled by Nurses)

Check for	Transferring Nurse	Receiving Nurse
Drains	<input type="checkbox"/> Chest <input type="checkbox"/> Abdominal <input checked="" type="checkbox"/> Others: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Respiratory	Air Way Type: <input type="checkbox"/> Patent <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others: _____ Oxygen Therapy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes via: _____ Rate: _____ l/min	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NG Tube / Oral	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> For Feeding <input type="checkbox"/> Gastric Suction <input type="checkbox"/> Fluid Restriction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Foley's Catheter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Intravenous Access	<input checked="" type="checkbox"/> Peripheral Line <input type="checkbox"/> Central Venous Line <input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pressure Injury	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Score	Fall Risk: 50 WELLS: _____ NEWS / PEWS: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Belongings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Handover Details	Medication Administration Record explained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Lab & Diagnostic Reports handed over: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient Attendant Informed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, give details: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details (if any):

NIL

	Sign.	Name	Emp. No.	Date	Time
Transferring Nurse	<i>[Signature]</i>	D. Shalva	0270	27/12/23	16:30
Receiving Nurse	<i>[Signature]</i>	E. Caty	0207	27/12/23	16:30



Every heart beat counts

VIP SCALE (VISUAL INFUSION PHLEBITIS)

PATIENT NAME MR. SENTHIL RAJARAM

49/Male/MHI202381299

IP No. / UHID No

AGE / SEX :

26/12/2023/IPH2023002603

Ward / Bed No. 62-1

Dr.K.JAISHANKAR



ANY SCORE>0 SHOULD BE MONITORED IN EVERY SHIFT

[illegible]

[illegible]

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given			
			Time ↓				
DRUG NAME T. ENNAS			2.00	2.11	2.12		
Dose 2mg	Route oral	Frequency 1-0-0					
Dr. Sign & Reg. No. / Seal Dr. Vithan		Start Date & Time 26/12/2023 at 22:00pm					
		Stop Date & Time					
Additional Info:			2.00	2.00			
DRUG NAME T. CARVAS			2.00	2.11	2.12		
Dose 3.15mg	Route oral	Frequency 1/2-0-0					
Dr. Sign & Reg. No. / Seal Dr. Vithan		Start Date & Time 26/12/2023 at 12:00pm					
		Stop Date & Time					
Additional Info:							
DRUG NAME TAB. Atras							
Dose 10mg	Route oral	Frequency 0-0-0					
Dr. Sign & Reg. No. / Seal Dr. Vithan		Start Date & Time 26/12/2023 at 22:00pm					
		Stop Date & Time					
Additional Info:			2.00	2.00			
DRUG NAME TAB. ALDACTONE			2.00	2.11	2.12		
Dose 20mg	Route oral	Frequency 1-0-0					
Dr. Sign & Reg. No. / Seal Dr. Vithan		Start Date & Time 26/12/2023 at 22:00pm					
		Stop Date & Time					
Additional Info:							
DRUG NAME TAB. LASIX			2.00	2.11	2.12		
Dose 10mg	Route oral	Frequency 1-0-0					
Dr. Sign & Reg. No. / Seal Dr. Vithan		Start Date & Time 26/12/2023 at 22:00pm					
		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

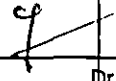

Clinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given					
			Time ↓						
DRUG NAME 7. COXZOLONE			8:00	8:30					
Dose 100	Route PO	Frequency OD							
Dr. Sign & Reg. No. / Seal K. W. H. S.		Start Date & Time 22/12/23							
		Stop Date & Time							
Additional Info:									
DRUG NAME 7. CO AMLOFLAN			8:00	8:30					
Dose 10	Route PO	Frequency TDS							
Dr. Sign & Reg. No. / Seal K. W. H. S.		Start Date & Time 22/12/23	14:00	14:00					
		Stop Date & Time	20:00	20:30					
Additional Info:									
DRUG NAME 7. ALMAX									
Dose 0.2	Route PO	Frequency 1HS							
Dr. Sign & Reg. No. / Seal K. W. H. S.		Start Date & Time 22/12/23	21:00	21:35					
		Stop Date & Time							
Additional Info:									
DRUG NAME T. PAN			7:30	7:30					
Dose 40mg	Route PO	Frequency 1-0-1							
Dr. Sign & Reg. No. / Seal K. W. H. S.		Start Date & Time 27/12/23	19:30	19:50					
		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]

27/12/20	10.5	J/F: IVS	500m	3012/kr	IV	—	—	—	4.1/11.1	10.5	CB: 20	220
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DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
27/12/23	11:00	NPO.							
27/12/23	13:30	Low salt, low fat diet		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
	Morning					Morning			
	Evening					Evening			
26/12/23	Night	Agasthaya	0116	J.		Night			
27/12/23	Morning	Hannah Grace	0105	J		Morning			
27/12/23	Evening	D. Sheeba	0270	J		Evening			
28/12/23	Night	Agasthaya	0116	J		Night			
28/12/23	Morning	Danme Suresh	2333	N.		Morning			
28/12/23	Evening	E. Catherine	0207	F.C		Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			

[illegible]

[illegible]