

#### MRD CHECKLIST

PARTICULARS	-YES	NO
- IP Number allocated to each Patient	<b>一</b> フ	
- Name, Age & Sex of Patient	7	
- General Admission Consent		
- Initial Assessment of Patient / Diagnosis		
- Nutritional Assessment by Consultant		
- Plan of care counter signed by the Consultant	<i>∽</i>	
- Treatment Orders - Date, Time, Name & Sign.	<i>□</i>	
- Medication Order / Drug Chart - Date, Time, Name & Sign.	<b>つ</b>	
- Vital Signs Chart (TPR Chart)	$\sim$	
- Intake Output Chart	4	
- Drug Chart (Duly filled)	<u>ې</u>	
- 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	5	



## Mr. KARUNA GANDHI.A

56/Malc/MHi202380036 02/01/2024/IPH2024000014





Every heart beat counts

## Medway Hospitals The way to better health (A Unit of United Affinese Localette

(A Unit of United Affilianse Healthcare Pvt Ltd)  ADMISSION SLIP
Admitting Doctor: Speciality: Speciality:
Advised Date & Time: 2 1/24 (2)12.15 m.
Provisional Diagnosis:  CAD-Triple von il dieron.
Reason for Admission:
Admission Type: Day Care ER Ward
☐ ICU (Specify details)
Surgery / Procedure Name (if planned):
Blood Product Requirement: No Yes (Kindly specify details of components required in space below)
Expected Duration of Stay:
Expected Cost of Treatment (as per Financial Counseling Form)
Payer: Self Insurance Others:
Instructions to Nurse (if any):
Admit in general would
Any other Instructions (if any):
Ment 62794 Dafesh
Doctor's Signature  Reg. No.  Date  Time  A  Date  Time

only:		2 /
General Ward Single Room Twin Sharing Deluxe Room Suite Room Others	111	
n Receipt Details	Admission	Time in HIS
Time	Date	Time
12.11/2	02/01/2023	1.00 PM)
ER  Direct  requirement specified by the Blood Bank clearance con	npleted as advised: 📈 Yes	
Name	Emp. No.	Date Time
Alast.	169	02/01/21 1.00, pm
		• •
	General Ward Single Room Twin Sharing Deluxe Room Others  Receipt Details Time  OPD ER Direct  requirement specified by the Blood Bank clearance core Name	General Ward Single Room Twin Sharing Deluxe Room Suite Room Others  Receipt Details Admission Date  OPD ER Direct  Requirement specified by the Doctor: d Blood Bank clearance completed as advised: Yes Name Emp. No. 169

海. 海.

1

4

l,

# Medway Hospitals The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)



#### Mr.KARUNA GANDHI.A 56/Male/MH1202380036 U. 02/01/2024/IPH2024000014 DT Dr.RAJESH.V C. T.

MHI/HOSP/2022/129



#### **ADMISSION FORM**

	T	<del></del>	Telephone Number
Marital Status	Full Address	4	~ 9566082223
M	5/129 Marcyamman koil st, Nemili	chery,	
Occupation (S)	Thorumingalw, Therwallws		V8939498228
Referred from	Date of Time of Admission Date & Time of Discharg	' I	al No. of Days
ESIL	02/01/2023 001/1/24 8/1184	Yda	48
CONGLOTA	MLC Yes No If Yes AF	R No. :	
	FINAL DIAGNOSIS		ICD Code
SEVERE	TRIPLE VESSEL CORONARY ARTERY	DISEASE	725.1
Acs - N	ISTEMI WITH AWTE PULMONARY	EDEMA -	T21.4 J81.0
	D - SEPTEMBER - 2023, ISCHEMIC		WOPATHY JOS.S
SEVER	E LV SYSTOLIC DYSFUNCTION -	EF:28/	J 50.1
	I DIABETES MECUTUS		Eu. 9
545	TEMIC HYPERTENSION		Dio
OLD LEPE	EBRO VASULAR ACCIDENT - LEFT	HEMI PAR	ESSET DA.4
DATE	OPERATION / PROCEDURES		ICPM Code
	OFF PUMP CORONARY A RTERY	BYPASS	36.13
73/1124	GRAFTING X 3 GRAFTS		
DATE	TYPE OF ANESTHESIA		-
3/1124 5	GENERAL SPINAL LOCAL	REGIONAL	EPIDURAL
	DISCHARGE STATUS		
C Cured	☐ Discharge at Request		Expired < 48 hours
Ured	☐ Against Medical Advice		•
☐ Improved	☐ Abscońded		expired > 48 hours
☐ Unchanged	Transferred to	P	Post-Operative Death
Villey	62794	NEW	
Signature of	the Consultant S	ignature of Med	ical Records Officer

### **AUTHORISATION FOR TREATMENT I PAYMENT**

		/ I
administer such drugs as may be neces	ssary and to perform such operati n the diagnosis and treatment of n	dical, Staf f of the Hospital Investigate treat and on under anaesthesia or other wise as may be ny illness / patient
basis. In any case, I shall pay all the du		d to me/the patient named overleaf on a periodic the hospital.
		bove, I hereby authorise the hospital to transfer emed fit and proper by the hospital authorities.
• -	or theis attendants have been rem	ations of the Hospital and that all cash, jewellery loved to a place of safety / handed over to the any loss.
I have read out and explained the conte	ents of the above to the Signatory	in his vernacular .
சிகீச்சை, பணம் செலுத்துதல் முதலியவை	செய்ய அதீகாரம் வழங்குதல்	4-2 3-122 3.1-3 - 23
இதன் மூலமாக நான் நீர்வாகம், மருத்துவப்	b, தாதீயா், ஏனைய மருத்துவ ஊழியா்	கள் எனக்கு / நோயாளி னகனை செய்து மருந்துகளை கொடுக்கவும். மயக்க
• • • • • • • • • • • • • • • • • • • •	ள் மருத்துவத்திற்கான செலவுகளை ம	் கட்டத் தவறினால் என்னை நோயாளியை வேறொரு ல எனது உறவினர்கள் மூலமாக பெற நான் அதீகாரம்
மருத்துவமனையின் பொது சட்ட தீட்டங்கள்	பற்றி தெரிவிக்கிப்பட்டிருக்கீறேன்.	
நோயாளிக்கு உரிமையான எல்லா பணம், ந	நகை மதிப்பிடக்கூடி பொருட்கள் யாவு	ம் பாதுகாப்பான இடத்திற்கு மாறுபட்டுவிட்டன / அல்லு 🦼
நெருங்கீய உறவினரிடம் கொடுக்கப்பட்டுள்	ாளது. இந்த மருத்துவமனை எனது/பே	நோயாளியின் எந்தவித நஷ்டத்திற்கு பொறுப்பில்லை
என உறுதி செய்கிறேன்.	27 Hi Au 8.	A STORY WAS TO
மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரி	க்கப்பட்ட பிறகுதான் கையொப்பமிட்டே	டன்.
ച്ചാ ( b ടെങിരിഡന് തക്കഡസ് വശ്	02-01-2024 (55)	எனது/உறவினர்/காப்பாளர் கையொப்பம்
Signature of Admitting Nurse	Date 01.00 PM -	Signature of the Patient / Relative / Gurdian
		0 1 5 2

Nature of Relationship



discharge.





#### Mr.KARUNA GANDHI.A 56/Malc/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V



#### **GENERAL CONSENT FOR ADMISSION**

I, _ (p □	the Patient or Representative of patient have lease 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

- 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.

					1
	Signature / Thumb Impression*	Name	Date	Time	
Patient	Lugant.	A karuna gandhi	02/01/2023	01.000	,
Surrogate/Guardian (if applicable #)	K. Sant.	K. South: (Write name and relationship with patient)	ودعدااه	o.b. pm	
Reason for surrogate consent	Patient is unable to give consent I	because:	,		
Witness	1. Sahij	k.Santhi	02/01/2023	1.00.7	η
Interpreter (if applicable)	. •	·			

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



Mr. KARUNA GANDHI.A -56/Malc/MHI202380036 102/01/2024/IPH2024000014 IDF.RAJESH.V 



Every heart beat counts

<u></u>	ADMISSION CRITERIA FOR INTENSIVE CARE UN	ΙŤ	
S. No.	PARAMETERS	MAI	RK 🗸 AS
Ì	Hemodynamic instability defined as	APPH	OPRIATE
	Pulse less than 40 or more than 150 heats/minute		1
1	Systolic arterial pressure less than 80 mm Hg or 20 mm Hg below the potiently word.		
	I was also all prossure less fright on this Hu		
	Diastolic arterial pressure more than 120 mm Hg		
	Respiratory rate more than 35 breaths/minute	<del> </del>	-
K. Salaka	Cardio-vascular System		<del>                                     </del>
	Acute myocardial infarction	İ	
	Cardiogenic shock		-
<b>X</b>	Complex arrhythmias requiring close monitoring and intervention	+	<del></del>
2	Acute congestive heart failure with respiratory failure and / or requiring hemodynamic support	+	
2	Try portonaive entergencies		<del> </del>
	Unstable angina, particularly with dysrhythmias, hemodynamic instability, or persistent chest pain  Post cardiac arrest		<del></del>
	· corocardiac arrest		
·	Cardiac tamponade or constriction with hemodynamic instability  Dissecting aortic aneurysms		<del>-  </del>
į	Complete heart block		<b> </b>
1	Miscellaneous Conditions	<del> </del>	<del>                                     </del>
3	Septic shock with hemodynamic instability		
3	Hemodynamic monitoring	ļ	<u> </u>
	Clinical conditions requiring ICU level nursing care	<del> </del>	<del> </del>
	Post procedure elective admission		<del> </del>
4	Post Coronary Angioplasty		
	Post Cardio-vascular Surgery		
	Following angiographic procedure	$\leftarrow$	
<b>7</b>	Complication resulting from the angiographic procedure including any cignificant at a second complication and complete and		1
- ,	The own of the property of the		
	7. 000 di 0		
	Significant findings on diagnostic angiography warranting further therapy that would necessitate inpatient admission is also a reasonable indication for admission		
	Admission at the time of the study is encouraged if problems are suspected or arise		
	and a title stady is checolraged in problems are suspected or arise		
2	Pulmonary System		
L.	Acute respiratory failure requiring ventilatory support (Invasive / Non-Invasive)		
	Pulmonary emboli with hemodynamic instability		
6	Patients in an intermediate care unit (HDU / Recovery room) who are demonstrating respiratory deterioration		200
	Need for nursing / respiratory care not available in such intermediate care units		
1	Massive hemoptysis		
F	Respiratory failure needing imminent intubation		
F	Renal failure		
- 1	Diguria or anuria for more than 12 hours		
Ĺ	Metabolic acidosis (pH < 7.1)		
	atients requiring hemodialysis can be performed in ICU when the blood pressure is borderline		
	- 1.50d prossure is boliderinie		

S. No.		PARAMETERS					
	<b>Endo</b> Diabe	crine System and Metaboli	ism related			PROPRIATE	
	insuffi	ciency, or severe acidosis	ated by hemodynamic instability, altere	ed mental status, respir	atory		
	Hyper	id storm or myxedema coma	with hemodynamic instability				
	Other	endocrine problems such as	d/or hemodynamic instability or Serum Gluss adrenal crises with hemodynamic instabil	cose more than 800 mg/dl			
8	00.0	hypercalcemia (Serum ( dynamic monitoring	Calcium more than 15 mg/dl) with alte	ity ered mental status, requ	uiring		
	Hypo or hypernatremia (Serum Sodium less than 110 mEq/L or more than 155 mEq/L) with seizures, altered mental status						
[	Hypo or hypermagnesemia with hemodynamic comprenies as also like in the comprenies as also li						
ł	Hypo c muscu	or hyperkalemia (Serum Pota Iar weakness	assium less than 2.0 mEq/L or more than 6.	0 mEq/L) with dysrhythmi	as or		
		hosphatemia with muscular					
		Signature	Name	Don No.		<del></del>	
Dog	ctor			Reg. No.	Date	Time	
		8	Do pravee	112236	3/1/24	14.30	
			,				

## DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

S.								
No.		PARAMETERS					MARK / AS	
1	Stable h	nemodynamic parameters				APP	ROPRIATE	
2	Stabler	espiratory status (Pt. extubat	ed with stable arterial blood gas	200) 9 -		<u> </u>	1	
3	101111111111111111111111111111111111111	oxygen requirement (not mo	ore than 31 hy nasal proposition			<u></u>	7	
4	Intravenous / Inotropic / Vasopressor support and vasodilators are no longer necessary							
	Cardiac dysrhythmias are controlled —							
6	Presenc	e of distal pulses						
7	No signs of bleeding and hematoma at puncture site						1	
	End of life care pathway chosen							
	C:							
Doc	.tor	Oignature	Name	Reg. No.	D	Date Time		

Doctor	Signature	Name	Reg. No.	Date	Time
	8	Dr. praven	112236	5/1/24	12.10





(A Unit of United Alliance Healthcare Pvt Ltd)



DISCHARGE SUMMARY

IP No.

: IPH2024000014

D.O.A

: 02/01/2024

**UHID** 

: MHI202380036

D.O.D

: 08/01/2024

Name

: Mr. KARUNA GANDHI.A

**Room No.**: 209

Age / Gender : 56 Years / MALE

→ Consultant

: Dr. V. Rajesh, MS, M.Ch (CTVS)

Senior Consultant Cardiothoracic and Vascular Surgery

D.O.S: 03.01.2024

#### **DIAGNOSIS:**

SEVERE TRIPLE VESSEL CORONARY ARTERY DISEASE

ACS – NSTEMI WITH ACUTE PULMONARY EDEMA – TREATED – SEPTEMBER 2023

ISCHEMIC CARDIOMYOPATHY

SEVERE LV SYSTOLIC DYSFUNCTION - EF: 28%

TYPE II DIABETES MELLITUS

SYSTEMIC HYPERTENSION

OLD CEREBRO VASCULAR ACCIDENT - LEFT HEMIPARESIS - RECOVERED

#### **SURGERY:**

OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3 GRAFTS: LIMA TO LAD, SVG TO LAST OM, SVG TO DISTAL RCA DONE ON 03.01.2024

#### **BRIEF HISTORY:**

Mr. Karuna Gandhi.A, 56 years old male, a known case of Type II Diabetes mellitus, Systemic hypertension, Old cerebro vascular accident – Left hemiparesis – recovered, Ischemic Cardiomyopathy, ACS – NSTEMI with acute pulmonary edema – treated – September 2023, Severe LV systolic dysfunction, has come for CABG. Patient was apparently normal till 3 months ago when he developed sudden onset breathlessness which rapidly progressed to NYHA class II – III. Initially, he went to Mercury Hospital where his Echo showed severe LV systolic dysfunction with global hypokinesia of LV and Troponin I was elevated. He was managed conservatively. He was then referred from ESIC Hospital to Medway Heart Institute for coronary angiogram. He underwent Coronary Angiogram on 05.10.2023 which showed Severe Triple vessel disease. He was advised early CABG. Patient and attenders were explained about the nature of disease, risks and prognosis of CAD and the need for revascularization. Currently, he is getting admitted for the same. No H/O Palpitations, Syncope or Swelling of Legs. No H/O CKD, BA or Hypothyroidism.

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

Villupuram

@MedwayHospitals

Mogappair

Kodambakkam

(a) @medwayhospitals

Chengalnattu

@medway-hospitals

Kumbakonam

@medwayhospitals

Kakinada

94557 94557 1800 572 3003

Medway Centre of Excellence (Chennai)

**Medway Group of Hospitals** 

**Heart Institute** 044 - 4310 8959

Institute of Pulmonology 044-2473 4451

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

MHI/HOSP/2022/118





(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: Mr. KARUNA GANDHI.A UHID: MHI202380036 IP.NO.:IPH2024000014

#### **ON EXAMINATION:**

Patient Conscious, Oriented and afebrile.

**TEMP** 

97°F

HR

87bpm

BP

130/80 mmHg

SPO<sub>2</sub>

97% in room air

**CVS** 

S1S2 (+)

RS

BAE(+)

Abdomen

Soft, non - tender

**CNS** 

**NFND** 

#### **BLOOD INVESTIGATIONS:**

Test Name	Result /	Reference Value	Units
HAEMOGLOBIN	12.3	Male: 13.7 - 17.5	gms%
	. ,	Female: 11.2 - 15.7	
TWBC	6480	4000 - 10000	Cells/Cumm
NEUTROPHILS	51.3	40-70	%
LYMPHOCYTES	29.3	20 - 40	%
EOSINOPHILS	10.7	0 - 6	%
MONOCYTES	7.3	0 - 6	%
BASOPHILS	1.1	0 - 2	%
PLATELET	333000	Male: 1.5 - 3.5	Cells/cumm
	```	Female: 1.5 - 3.7	
Urea	12.45	14 - 40	mgs/dl
Creatinine	0.73	Male: 0.7 - 1.2	mgs/dl
		Female: 0.5 - 1.0	
·	`	Child: 0.2 - 0.8	
Sodium (Na+)	138	135 - 145	mmol/l
Potassium (K+)	4.690	3.4 - 5.5	mmol/l
T. Bilirubin	0.574	0.2-1.0	mg/dl
D. Bilirubin	0.193	0.00 - 0.4	mg/dl
I. Bilirubin	0.381	0.4-0.6	mg/dl
S.G.O.T	39	<38	U/L
S.G.P.T	62	<41	U/L
ALP	101	Adult: 42 - 141	U/L

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

Villupuram

₹ @MedwayHospitals

Mogappair

Kodambakkam

044-2473 4455

@medwayhospitals

Chengalpattu

@medway-hospitals

Kumbakonam

@medwayhospitals

Kakinada

0884-2333367



**Medway Group of Hospitals** 

**Heart Institute** 

Institute of Pulmonology 044 - 4310 8959 044-2473 4451

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





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

NAME: Mr. KARUNA GANDHI.A UHID: MHI202380036 IP.NO.:IPH2024000014

		<u>,                                      </u>	
PROTHROMBIN TIME	13	Normal: 0.9 - 1.5 INR Therapeutic Level	
		Myocardial Infarction: 2.0 - 3.0 Deep Vein	
		Thrombosis: 2.0 - 3.0 Pulmonary Embolism	
		: 2.0 - 3.0 Artificial Cardiac Value : 3.0 -4.5	
		Recur.Systmic Embolism: 3.0 - 4.5 INR	
INR	1.2	·	
HBA1C	6.4	Normal: Below 6.0	%
	}	Good control: 6.1-7.0	
	ľ	Fair Control: 7.1-8.0	
		Unsatisfactory: 8.1-10.0	
		Above 10: poor control	
		(GHB is an index of your blood	
		Sugar control for the past (3 months)	
T.S.H	2.799	Adult: 0.25 - 5.0 New born-4days: 1.0-39.0	ulU/ml
		Child upto 14yrs: 1.0-9.0	
T4	1.05	"Adult: 4.6 - 9.3	ug/dl
		New born - 4 days : 11.0 - 21.3	
	1 / /	1 - 11 months: 5.8 - 16.1	
	1 , /	1 - 9 yrs : 6.3 - 13.16	

ECG: HR – 70bpm, Sinus rhythm, LVH (+)

ECHO: DILATED LA AND LV, GLOBAL HYPOKINESIA WITH REGIONAL VARIATION OF INFERIOR AKINETIC, SEVERE LV SYSTOLIC DYSFUNCTION, EF: 28%, GRADE III DIASTOLIC DYSFUNCTION, INCREASED LV FILLING PRESSURE, NORMAL RV SYSTOLIC FUNCTION, AORTIC VALVE SCLEROSIS, TRIVIAL/AR, NO AS, MILD MR. MR JET AREA: 4.6SQCM, TRIVIAL TR. MILD PAH, NO CLOT/ VEGETATION/ EFFUSION

CXR: PA film, BVM (+), cardiomegaly (+)

#### **COURSE IN THE HOSPITAL:**

Mr. Karuna Gandhi.A, 56 years old male, was admitted with above mentioned complaints. He underwent OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3 GRAFTS: LIMA TO LAD, SVG TO LAST OM, SVG TO DISTAL RCA ON 03.01.2024. He was extubated on table in Operation theatre. He was shifted to SICU with stable hemodynamics and Inj. Nor – adrenaline 0.05μg/kg/min and Inj. Dopamine 5μg/kg/min supports. Drains were removed on POD1 (04/01/2024). He was shifted to ward on POD 2 (05/01/2024). Suture removal was done on POD5 (08/01/2024). Patient course in the hospital was uneventful. His medications are optimized and he is being discharged in a stable clinical status.

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

Villupuram

**★** @MedwayHospitals

Mogappair

Kodambakkam

(O) @medwayhospitals

Chengalpattu

**In** @medway-hospitals

Kumbakonam

@medwayhospitals

Kakinada

0884-2333367



Medway Centre of Excellence (Chennai)

**Medway Group of Hospitals** 

**Heart Institute** 044 - 4310 8959





(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: Mr. KARUNA GANDHI.A UHID: MHI202380036 IP.NO.:IPH2024000014

**CONDITION ON DISCHARGE:** 

HR

108/min

BP

124/82mmHg

SPO<sub>2</sub>

99% in room air

#### **POST OP INVESTIGATIONS:**

#### **BLOOD:**

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	8.0	Male: 13.7 - 17.5	gms%
		Female: 11.2 - 15.7	
Urea	36	14 - 40	mgs/dl
Creatinine	0.99	Male: 0.7 - 1.2	mgs/dl
		Fémale: 0.5 - 1.0	
		Child: 0.2 - 0.8	
Sodium (Na+)	135 /	135 - 145	mmol/l
Potassium (K+)	4.14 /	3.4 - 5.5	mmol/l

ECG: HR – 92bpm, sinus rhythm, LVH (+).

ECHO: S/P CABG, ALL CHAMBERS NORMAL SIZED, GLOBAL HYPOKINESIA, INFERIOR AKINETIC, SEVERE LV SYSTOLIC DYSFUNCTION, EF: 29%, ADEQUATE RV SYSTOLIC FUNCTION, AORTIC GRADIENT - MAX GRADIENT - 4MMHG, MEAN GRADIENT - 3MMHG, IAS/IVS INTACT, ALL VALVES ARE STRUCTURALLY NORMAL, TRIVIAL MR, TRIVIAL TR, NO PAH, IVC NORMAL IN SIZE AND COLLAPSING, MINIMAL LEFT, NO RIGHT PLEURAL EFFUSION, NO CLOT/ VEGETATION/ PERICARDIAL EFFUSION, ECTOPICS DURING STUDY, HEART RATE: 88BPM.

CXR: PA film, sternal wires seen, lung fields clear, mild left, no right pleural effusion.

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

**★** @MedwayHospitals

(C) @medwayhospitals

In @medway-hospitals

@medwayhospitals

94557 94557 1800 572 3003

**Medway Group of Hospitals** 

Medway Centre of Excellence (Chennai)





(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: Mr. KARUNA GANDHI.A UHID: MHI202380036 IP.NO.:IPH2024000014

#### **ADVICE MEDICATIONS:**

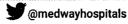
SI	NAME OF THE DRUGS	STRENGTH	DOSAGE	FREQUENCY		ROUT	RELATIONSHI	DUD A TION	
NO.	WITH GENERIC NAME	SIKENGIH	DOSAGE	M	A	N	E	P WITH MEAL	DURATION
1	TAB. CLOPITAB A (CLOPIDOGREL + ASPIRIN)	1 TABLET	75MG / 75MG	0	1	0	ORAL	AFTER FOOD	TO CONTINUE
2	TAB. ATORVA (ATORVASTATIN)	1 TABLET	40MG	0	0	1	ORAL	AFTER FOOD	TO CONTINUE
3	TAB. CARDIVAS (CARVEDILOL)	1 TABLET	3.125MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
4	TAB. DYTOR (TORSEMIDE)	1 TABLET	20MG	1	1	0	ORAL	AFTER FOOD	X 6 WEEKS
5	TAB. ALDACTONE (SPIRONOLACTONE)	1 TABLET	25 MG	1	1	0	ORAL	AFTER FOOD	X 6 WEEKS
6	TAB.PARACIP (PARACETAMOL)	1 TABLET	500MG	1	0	1	ORAL	AFTER FOOD	SOS (IF PAIN OR FEVER)
7	TAB. VALSARTAN	1 TABLET	40MG	0	0	1/2	ORAL	AFTER FOOD	TO CONTINUE
8	TAB.MOSAPRIDE	1 TABLET	5MG	1	0	1	ORAL	30 MINUTES BEFORE FOOD	X I WEEK
9	SYP. CREMAFFIN PLUS (SODIUM PICOSULFATE+ LIQUID PARAFFIN + MILK OF MAGNESIA)	15ML		0	0	1	ORAL	AFTER FOOD	BED TIME (IF CONSTIPATI ON)
10	TAB. BEPLEX FORTE (ANTIOXIDANTS +MULTIVITAMINS+ MULTIMINERALS)	1 TABLET	1	1	0	0	ORAL	AFTER FOOD	1 MONTH
11	SYP ALEX PLUS (DEXTROMETHORPHA N HYDROBROMIDE + GUAIFENESIN + PHENYLEPHRINE + CHLORPHENIRAMINE MALEATE)	10ML		0	0	1	ORAL	AFTER FOOD	BED TIME (1 WEEK)
12	TAB.ANXIT (ALPRAZOLAM)	1 TABLET	0.25MG	0	0	1	ORAL	AFTER FOOD	X 5 DAYS

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

**₹**@MedwayHospitals

@medwayhospitals

@medway-hospitals





**Medway Group of Hospitals** 

**Heart Institute** 

Medway Centre of Excellence (Chennai)





(A Unit of United Alliance Healthcare Pvt Ltd)

NAME: Mr. KARUNA GANDHI.A

UHID: MHI202380036

IP.NO.:IPH2024000014

#### **DIABETIC MEDICATIONS:**

SI.	NAME OF THE DRUGS	STRENGTH	DOSAGE	FREQUENCY		FREQUENC		FREQUENCY		FREQUENCY		REQUENCY		NCY ROUT		RELATIONSHIP	DURATION
NO	WITH GENERIC NAME			M	A	N		WITH MEAL									
1	TAB. GLICLAZIDE	1 TABLET	60MG	1	0	1	ORAL	BEFORE FOOD	TO CONTINUE								
2	TAB. METFORMIN	1 TABLET	500MG	1	0	. 1	ORAL	BEFORE FOOD	TO CONTINUE								

DISCHAF	RGE ADVICE
DIET / /	HIGH PROTEIN, LOW SALT
,	LOW FAT AND DIABETIC DIET
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION .	, 1500ML/DAY
	TO DO FBS, PPBS, HB, UREA,
REVIEW	CREATININE, SODIUM, POTASSIUM,
	CHEST X RAY IN ESI HOSPITAL ON
	19/01/2024 AND REVIEW WITH
	REPORTS

To report: If fever> 101 'F / Difficulty in breathing / Headache / Giddiness/chest pain/ Groin swelling/ bleeding / discharge at operated site/ Any other significant symptoms. In case of emergency Contact: Medway Hospitals @ 044 -43108959.

Typed by: Hari

Dr. V. RAJESH

Reg No: 62794

CONSULTANT SIGNATURE

Dr. V. Rajesh, MS, M.Ch (CTVS)

Senior Consultant Cardiothoracic and Vascular Surgery

"I understood the Content of the South

Mogappair

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

Villupuram

🕇 @MedwayHospitals

Kodambakkam

(C) @medwayhospitals

Chengalpattu

medway-hospitals

Kumbakonam

**medwayhospitals** 

Kakinada

94557 94557 1800 572 3003

Medway Centre of Excellence (Chennai)

Medway Group of Hospitals

Heart Institute 044 - 4310 8959

Institute of Pulmonology 044-2473 4451









## INPATIENT INITIAL ASSESSMENT

•		1	i de j	* * * * * *	
Date: 2/1/2	4	. Time o	f arrival in ward: 🔠	400	-;-
Allergies (if Yes, specif	<i>,</i> .	F 49	is const		
	Yes No	-,	<u> </u>	· 2 ( C 2 ) 1 ( 1 )	<del></del> ,
Blood Transfusion	Yes No		\$ 1.6%		- <u>,</u>
Food , $\square$	Yes No				—. <b>I</b>
Others		-			
Respiration: 18 (brea	aths/min)   SpO <sub>2</sub> : <u>97</u>	87 (beats/mi (%)   Height: <u>1</u>	n)   BP: <u>**1<b>3</b>2 /<b>8</b>5 (</u> 1 (cms)   Weight: <u>6</u> 1	mmHg)	gro
Pain: Yes No. If Pain Scale Used: Duration: Pain Character: Dul	Numerical Hating Scal	Location: Stabbing	Shooting Burning	Referred / Radiant Pain	
Plente Pula Rabent was Organt by He was s	ACS- NST snay elem apparently (n readhlessness ( referred fro	emil Isc a-revolu ) 3 month 1 NY HA Clan m Esic t	hemic and led. IVD he sefore when s-111). Item	m 1 HTN lold CVF vomy spathy)  es some for CAB  n he developed  uas managed of  Coromany ang 16	G. Sud Conser
PAST MEDICAL HISTO	•	<i>(1)</i>	ertension: ☐ Yes ☐ No	. If Yes, duration: 341	<u> </u>
Others:	Nhych Br nderwent D. He was	on Chial Ass CAG on	thmal COPDIC	kD) PTB. Ich Showed	<u></u>
*	-	· .			

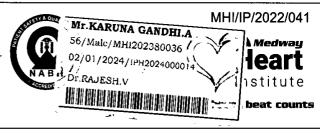
Pre	esent Medication (for Medication R	econcilia	ition):			
S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1-	T. Aspirin	Bory	Pb	010	13/12	☐ Yes ☑Ño
2.	T. Aspirin T Clopilet	754	ท	010	13/12	□Yes☑No
3.	T. Atorva	10mg	4	0-09	1/1/24	/ Yes □ No
4.	T- Nitro of Cornin	2.8mg	٦	tos	ห	<b>∀Yes</b> □ No
5.	T. Lasix	Yong	ゝ	1/2-00	n .	¶es □ No
6.	T. Aldactone	25mp	<u></u>	100	<b>1</b>	Yes □ No
7.	7. Envas	2.5m	3	1/2-01/2	13/12	☐ Yes ☐ No
8.	T. Cardivas	3-1252	1 00	101	1/1/24	Yes □ No
9.	T. Rantac	Bory	3	١٠٠١	•	<b>Yes</b> □ No
~ 13			13:1		* - { - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	∵ Yes □ No
٠, .ا	المال	إربان	برفار الشا	ma kir	s eu al D	
Pe Lit Sr	rsonal / Social History <i>(Tick which</i> estyle:  Sedentary Active noking: Yes No Alcohol	ever is ar Occup Yes 2	pplicable) ation:	Recreationa	I Drug Use: ☐ Yes ✓	Void with the
01	hers:		10		これの はいまんない	Flich 1125
Mer Leval	Menstrual and Obstetric History (to be filled up for female patients):					
<u></u>	when induced 6	1. 0	11.7	ed PAS	1	
1	eneral Physical Examination llor: ☐ Yes ☑ No Icte ema: ☐ Yes ☑ No Lym			Yes No	Clubbing: ☐ Yes	ZNo
			·			

SYSTEMIC EXAMINATION
cvs: \$152P)
Respiratory System:
BAGD, no added Sounds.
Gastrointestinal System: Soft, M
Central Nervous System: No Josal neurologient defreit
Urinary / Reproductive / Locomotor System:
Skin / Opthalmic / ENT
Suspected of contagious disease: Yes No Immuno compromised status: Yes No Isolation required: Yes No, if yes, Contact Airborne Droplet
Psychological Evaluation: Normal  Anxious  Depressed  Others:
Nutritional Screening (ESPEN Guidelines for Nutritional Screening - NRS 2002):
Weight loss within the last 3 months? ☐ Yes ☐ No Is the patient severely ill? (e.g. in Intensive Therapy) ☐ Yes ☐ No
Reduced dietary intake in the last week? ☐ 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: CAD-TVD/T2DM/HIN/ Severe LV Lyspandin
Old CUA _ D hemipanens.
Plan of Care: Plan: CARG VERA Tomorrow.
- Monidor volals - No follow ong chart - Consent, To get Anaesthede filmen

Investigations Ad	lvised:					- (ary	
	Reports enc		£ 44 44 3			الأوران	
	. July	Men en		· ·1			
Diet Advice:							
☐ Nil per Oral	Clear liquid diet	; Normal liquid	d diet .	☐ Diabetic I	iquid diet		
Semisolid diet	Soft solid diet	<del>_</del>	normal diet		lian normal d	iet	
□ Neutropenic liquid	diet Others:	v dalt,	low for	<u>K</u>			
Early Discharge Plan	ning (fill in those which are a	ppropriate at thi	s stage):	PFE: Pa	tient Family L	ducatio	
Special support need	led at home	□Yeş⊡No	If Yes, PFI	E done			
Home equipment ant	icipated	□Yes☑No	If Yes, PFE done and equipment advised				
Physiotherapy at hon	ne anticipated	☐ Yes ☐ No	If Yes, educated on physical limitations, if any				
Wound care needs a	nticipated at home	□Yes ☑No	If Yes, edu	ucated on signs	on infection	,	
Pain Management		☐ Yes ☐ No	If Yes, PFI	E done and med	dication advis	sed	
Special Dietary need	S	☐ Yes ☑ No	•	ucated on dietar actions and alle	•	food	
Continuous / ongoing	g care anticipated	☐ Yes ☐ No	If Yes, edu care requ	ucated on variou ired	us aspects of	ongoing	
Other special educati	ion need, i.e.:	☐ Yes ☑ No	If Yes, PFI	E done	4		
Nature of post hospit infection control, fall	al needs like patient safety, risk, etc, addressed	□ Yes □ No	If Yes, spe	ecific education	given		
Others:		fremely 1		かし入り	l		
	* - 1 2 to 3 (m*)		1882	riviñ			
	Signature	Name ,	1	Reg. No.	Date	Time	
Resident Doctor	(lac.	Dr. Mohan	ned lyphro	83 165207	2/1/24	14.60	
Consultant	Vayor 677an	DR RAS	ESH	62794	03/01/29	09:00	
Patient Attendant	K. Salii	Relationship WJF	F	<del></del>	211/24	14.00	







	DOCTORIC PROCEEDS NOTES
	DOCTOR'S PROGRESS NOTES
DATE	NOTES
2/1/24	3/8 Dr. Anusuya
2000	
9.30pm	- do: chost Pain on a 576
wital state	o 0/8: Patrent conscious, oxiented, Afebrile.
1 titals by	
, (),	5 8. OB-5, 52 P.
	RS - BAS(P)
	CNS-NEND
	P/A - 607t, non-tendes.
	Advice
	- monitosuitals.
	- confinue tradings as perchant.
<u> </u>	- Plan - CABUT formetique mong 8 am
*	- npo 450m 12 midnight
	- consont
	- parts treparation
	- poe-modication - chock poe-opersur - shift to coth Labon call.
139	- chock poo - opcou
	- shift to coth Labon call.
	· ·

DATE **NOTES** 



#### Mr.KARUNA GANDHI.A 56/Malc/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V





	DOCTOR'S PROGRESS NOTES
DATE	NOTES
3/1/24.	Mr. Kaeuna Gandhi underwent opraß 3 grapte  He was shipted to \$100 T foll themodynamics  HR: 88/mio
	Bp: 110 70 mm Hg
	Cvp: 12 m g
 	SPQ: 1001. on bliter mark
	Supporte
	Pri- Non-adrenatine - 0.057/yla.
	Znj Dopameno- 574/4/m
	Plan: ABG, ACT, x-lay.
	Nonstor Vitals
	watch for stroke
' <del></del>	D. Rajist PA-la cel
	MH10028

DATE	NOTES
04/10/2024	RB: Dr. Anbarrage / Dr. Rajest / Dr. prances
Q8.00	
	SP: OPCOBX 3 grafts.
<u>pod#1</u>	patient comportable
th6 - 11.1	o/E) conscious, projented. Afebrile
<u>u - 21</u>	· BP - 120/60 mmHg
cr = 0.86	· HR - 98 Bpm
Na - 138	·Spo 94 >. on nasal prongs (2 ditree of 00)
K-4.56	· 210 - 2790.8 ml 2556 ml ; Ball+1234.8 ml
	· on ucath
RPS -115 mg/	L. Adequate wine output
<u> </u>	· nolerating feeds
PH-7410	poripheries worm(+)
pw - 279	supporte in sopamine > spegliglais
po63.7	inj. Novadranaline co ospeglæglanis
Has - 23.5	potal drain: 320ml
BE - (1)	plan
	RF-1.2 litres lday
	· good chest physio
	Romove drains by 11Am
	. mobilize
	·Nebelization
	Spinnetny
	· Tape of NORAD. Keep Dopenson
	- Restrict Olta
	Koop han hue today
	Construction
	- N°

i

.







# Mr.KARUNA GANDHI.AH/IP/20 22/041 56/Malc/MHI202380036 02/01/2024/IPH2024000014 Way Dr.RAJESH.V sti

every neart beat counts

	DOCTOR'S PROGRESS NOTES
DATE	NOTES
05/01/2024	Slaina Anhanasse Ina Rajesh Ina pravoca
@8-10	
	sle: opias x 3 grafts:
pont2	pattent comportable
Hb -	OF conscious, oriented, Afebrile
CL	· BP - Hbl 72 mmHg
er -	HR - 106 Bpm
Na-	SPO 96 Y. On nasal prongs (2 littles of D.
k -	SPO96 Y. On nasal propage (2. littles of D.)  Plo -1575.9 ml 12250 ml; Bal (-)674.1 mL  Le cath removed.
	· u cath removed.
RBS - LSOMG	
. )	noting feeds
ر در در الر <u>.</u>	plan
Programme and the second	: PF-1-A litres Iday
and the second	· good chest physio
Kith Leeder	mobilise
	Nebulization
<i>.</i>	-spinometry
	Shift to wand.
	1,223

	,		
DATE		NOTES	
			\$1, K 3)
- , ,		S/B Dr. Moleamed hyphron	) · E.
Ch124_	<u> </u>	,	
(0.0	•	Post of an of OPCABI	x 3grafts
>(4)	,	Post of and of OPCABO	
	·	Patrent consins	· · ·
		Obente	
		gjebrile	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Vitah	८४८० हारी	$\Theta$
	Symble	No BAG	-D
		P/A-> 8/t	,07
		U	
	·		Ada
			monida vidals
			To fillow dup chan
	<u> </u>		R.F 1.4 lidge los
			- mobilise du Padent
			Monidor Ndals  To fillent dup cher  R. F. 1. 4 ledge lober  - Mobilise due Padein  - ne bilisadin Spira
	•		<i>6</i>
	•		(1000)
			(1300)
	· · · · · · · · · · · · · · · · · · ·		
	a let		







MHI/IP/2022/041 Mr.KARUNA GANDHI.A 56/Malc/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V Institute

counts

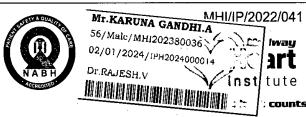
DOCTOR'S PROGRESS NOTES		
DATE	NOTES	
05/01/24	98 Dr. C. Sai Lagge.	
4+1		
10:30 PM.	Post of cre of OPCABX 3 grafts	
,	Pop-le	
19/80 m	No specific complaints	
W. Cow	Op. pt is conscious, oriented, afébrile.	
St Bras		
100 COST	2/5. CNS. S,152(4)	
	RS: B/L App	
	NA: Soft, NTOID.	
	L'	
1	ama Halvice	
Dr. C. Pris	- Marita vital.	
Jr. C.	- To follow along chart.	
Mros	-K.F'1.4 Yday.	
	- Mobilize the potont	
	- Nebalisation / Spiromotry.	

DATE	NOTES
6/1/24	8/B. Dr. Swith. B. (Dno)
	3
10:00/2	8/P- OPCABX 3groft-
- PO	(-3)
	pot reviewed
	do -vomiting xyefisder.
	. ~ ~
	Le Care Source
\ <u>`</u>	- 2/4 - 121 . Coldeco
Why VS	Alolob
OJANA N	A. O.
100	
140 AON	RR-BAEP.
\$1 0/2 V	PA-goff
12 Jan 1 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7/2 - 7	Adv
2 0 x	
51.0	- Follow of chut
	-w/F deresion.
	- RF C1. Yeldy Mobiles the Latient-
	- Mobilise the fatter
,	
	X3
	. 183

 $\theta_i^1$ 







·	The state of the s
,	DOCTOR'S PROGRESS NOTES
DATE	NOTES
06 01/24	. 8 B. Dr. C. Si Logo. Dyo.
6 50 m	OP CAB X3 gretts
•	Treviewed
	No specific complaints.
	Of of conscious, oriented, afetraile
	Se. Crs-5, 52 47
	12-BAT (t)
The Color	9/2 - S/4:
1 1920	- Vible monitrus
	- Follow duy of I
1 . 1	SB Dor. Mchaned Hydros _ W/F desetarton.
6/1/54.	- Mobilize the petant
10pm.	Post Of Case of OPCARX New Windows I wanted
	Sgralls // //
	POD_III.
,	latient Currius
	Omighed
	vitals. Ofebrie
	Stable. Cus sissed Adu
,	No both - took months while
	Stable. Cus-sisted Action monder while plans of the pollow dup change o
	- mobilie the ket it
·	- Spriomedy/nebulisadin - R. F. L. White Iday.
	- FT - 1. There loay

DATE	NOTES
odel m	3 B: Dr. C. Sri Langa, (Dmb)
00/1/1	and Com vaga, (sing
10x. 30 PM	SP, ORAB × 3 ggts
700-4	
100	pt reviewed.
	No complaints-
read the	Ofor pt consum, evented apple
year "	
	Por Bluspects
·	Pla - SH
	Yallow along chet
	Nehwlize Sprandry
14/205	RE L 19C/day
(b)	14 2 17 Clary
***	
	21 54
. et 3.1 . * 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
• • • • • • • • • • • • • • • • • • • •	
	*

ı







Mr. KARUNA GANDHI.A 56/Malc/MHI202380036 iway 02/01/2024/IPH2024000014 Dr.RAJESH.V

institute counts

		- MAI	
	DOCTOR'S PROC	GRESS NOTES	
DATE	NOTES		
1/1/24 -	SB. Dr. Sujik. R. (Dra)		
- \$00 P			
	8/P-OPCABX	3 gray 4	
(		· · · · · · · · · · · · · · · · · · ·	
	Marcul M		
1 Proof	-No conf	e v	
Input 10 80	<u> </u>		
1/,	The law,	•	
Order	avores		
Bb 130 20	7) Afolde		
Bb	0		
H5-86/26	8/18 - CU3 4, CAD	Ad	
8605 027.7	pe-pare)	-vitals nontung	
8(6)	PA-soft	- Johney due	
		- Wollestutou	
		- FR Clifeldy	
		- Jefon ses	
		R	
,		(8387)	

DATE	NOTES
1 1-1	S/B Dr. Mohamed Hydros
8/1129	
· · · · · · · · · · · · · · · · · · ·	Post op case of CABG & Sgraft Pop-5.
	16D-5
·	Protrent Confordable
	Conseins
	ouvented 8
	Je bile.
	Notes O
	vitals Cis-siszo
	Stable No BAED Plan Soft NT
·	P/AF ) Gay C) IVI
di-	Man ,
· · · · · · · · · · · · · · · · · · ·	-Monda Wals
	- To follow dup chant
	R.F. 1. Yline
	- No feller dur chart - R. F. 1. y litre and - Mobilise the Padaid
	Padeid
, <del>,</del>	(6672)
	(3018)



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

Mr.KARUNA GANDHI.A

56/Malc/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





## MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

	The warming the stage to be
Name Men Karuna Gandhi. 4	Age 56/H UHID HH 2354884
Diagnosis CAD - Triple veux di man	Plan CARS
Severe co dus fairiclies / Acult.  Serology Depatrue. Pulnumary	, edina - xiolved ,
EURO Score / STS Score 1 29%	ospmin 5 7 Chypilet shopped on PRE OP DRUGS (ACE/ARB/ANTIPLATELETS): 13/12/22
Diabetes Mellitus (HB1AC) 8-4	Associated Illness 720H (SHTM)
Carotid Doppler	F79. 1-05. Thyroid Enzymes 73.4. 2.799.
Sr. Creatinine 0 73	Any other illness of concern
Allen's Test	Myocardial viability if needed
Varicose Veins	
Pulmonologist Clearance	Nephro Clearance:
brown: Inall vessel ischemia ( Chron	ic lacunar infarct in bilateral
? Neurology Clearance: Cleased for surgery	Dental Clearance: — corona radiata
Mitral Regurgitation Assessment (Gild HR	/ Mild PP#
Nursing:	Billing Clearance:
Physiotherapy	Spirometry taught
Concerns from Surgical Team :	SIGNATURE :

Da Many (MHI0217)

ECG: 70 bpre, Sinus ofython, LIVE (+)

COR: Parfiler, BUN(+), cardionegoly (+).

Mn. Karuna Gardhi 56/H, a KICIO 720H/. Old CVA - @ Herripaneris / ACS. NSTERII / Ischemic cardiophyopathy / Austi Pulmonary odena - restred / Triple vend dinace has come for CABA. Pt was apparently GU. 3 months ago when he durlined under apparently onect breattlemen, which rapidly progrand to NYHA Clause -in Dividly, he went to revening hospitale where his Echo 777 of the war her separate when refused the war her refused the war managed commenced in the war for an appearant of the war that separate the war hard the war that the war the war that the war the He underwert OAG on of 10/2022 which showed Triple vend dinare, the war advised early cars.

And the second of the second o

the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s



CHENNAI: # 2/26, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024.

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

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

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

#### PRE-OPERATIVE CHECKLIST Mr.KARUNA GANDHI.A -56/Malc/MHI202380036 Name: 02/01/2024/IPH2024000014 UHID No.: 🉏 † Age : Gender: - Dr.RAJESH.V -Ward : Mard : 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 A.S. Bed No.: B.S. Clinical Diagnosis: CAD-TVD Proposed Procedure : eaby . **CHECKLIST** Identification Band on Hand Checked? 1. 2. Surgical consent Signed? a. Special Consent signed if required. Anesthetist Consultation (If required?) 3. History AND Physical Onchart? 4. b. Weight...b. 1-05-Kg Allergic to drugs? 5. Surgical Preparation done? 6. 7. Blood Grouping & Rh Typing ... O Negative 8. Investigation 9. TY X - Ray ry ECG 10. **TPR Chart** 11. Pulse 82 b/m. Temp 78 b/n BP 130/70 RR 2R Time Voided 12. a. Retention 13. Enema ☐ Yes

14.	a. Prosthesis Removed	~ (	
15.	Valuables and Jewellery Removed  ☐ Yes ☑ No Secured ☐ Yes ☑ No .	<i>\</i>	4
16.	a. Time 5-00 b. Nurse 04-1		
17.	Blood Transfusion requisition Onchart	·	
18.	X-Ray No CAG Report (		
	ECG/ECHO Blood Report	/	
	Ultra Sound	• :	,
	C.T. Scan		
	MRI Scan		
	TMT		
	Medication Anold		
	2/1/24 21.00 7-Alprox 0.5 mg)		
5	7- Pan Gorna Siven	Qui as	
	3/1/24		<u> </u>
	5-00 7- Alprox o. Ing. Given	(b)	
		<i>v</i>	
	Others		
	The state of the s		De la company de
	A Section of the sect	1 5/24	3

Atobs

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







## **CONSENT FOR SURGERY**

	- NAME HATTER AND
. M	r./M <del>s./Mrs</del> KARNNA GANDH1 A
ick	correct option and below):
	Read
	I/We have been explained the current clinical condition of me/my patient
	Been explained this consent form in English, which I fully understand and understood the information provided about the disease באונים אונים אוני
•	procedure
	I am now aware of the intended benefits, possible risks and complications and available alternatives to the said operation / procedure. I am also aware that results of any operation / procedure can vary from patient to patient and I declare that no guarantees have been made to me regarding success of this operation / procedure. I am aware that while majority of patients have an uneventful operation and recovery few cases may be associated with complications. I am aware of the common risks and complications associated with this operation / procedures and understand that it is not possible to list all possible risks and complications of any operation / procedure.
	l have been told about additional procedure that may be come necessary during the surgery which includes
	I also understand that sometimes a planned operation / procedure may need to be postponed or cancelled if patient's clinical condition worsens or due to any unforeseen technical reason. I am also aware that I can withdraw my consent at any point of time at my own risk and consequence by submitting the withdrawal in writing.
•	I am aware that I may require administration of blood and / or blood products during or after the operation / procedure as found necessary by the doctor (for which a separate consent shall be obtained).
	I am now also aware that during the course of this operation /procedure the doctor will be assisted by medical and paramedical team and that the doctor may seek consultation / assistance from relevant specialists if the need arises.
•	I am also aware of the expected course after the operation / procedure and the care to be provided and

understand that sometimes admission to an Intensive Care Unit and or extension of duration of hospitalization may be required and or there may be requirement of extra medicines or treatments thereby leading to increase

in the treatment expenses depending upon the body's response to the treatment / procedure.

Possible risks & complications 1. Bleeding 2 Infection 3- Shoke	 //
4. Anythmie 5. Rodonged 100 stay 6. Hold nick to lefe	 - 1
	-
Benefits Symptom the survival	
* Alternatives 137gh rick PTCA	 
• The likelihood of success of the surgery (Percentage / Other commands) 927.	·

Possible results of non-treatment . 1. Myccondict infertion . 2 Heart Forture.

I declare that I have received and fully understand the information provided in this consent form, that I have been given an opportunity to ask questions relating to my ailment, the operation / procedure being performed, its risks, consequences, alternatives, potential complications and intended benefits and recovery and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my sign this form.

DETAILS	PATIENT / RELATIVES	WITNESS
Name ( in BLOCK LETTER)	KARUMA MOORTHY	(< sonti
Relationship	SE IF	WIFE
Signature	Xangler	148
Date & Time	2/1/24 94 15.15	2/1/24 at 15.15

Name & Signature of Doctor with Registration No.:

Dr. PRAVEEN

Wyal 112

Br. V. RAJESH

PR. V. RAJESH







நோயாளி விவரங்க	ள்:(Affix Label here)
<b>សរាឃាក់</b> :	
UHID :	
1	

தேர்வு செய்யவும்

படியுங்கள்

## அறுவை சிகீச்சை ஒப்புதல் படிவம்

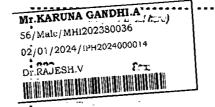
......நோயாளி அல்லது நோயாளியின் பிரதிந்தி தயவுசெய்து மேலேயும் கீழேயும் பொருத்தமானதை

	னனது / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளேன்.
<u>L</u>	த ஒப்புதல் படிவம் ஆங்கீலத்தீல் விளக்கப்பட்டுள்ளது. இந்த ஒப்புதல் படிவத்தீல் கொடுக்கப்பட்ட சிகீச்சையின் செயல்பாட்டின் முழுப்பெயர்
ÐU. }	பல்முறை பற்றிய தகவல்களை நான் முழுமையாகப் புரிந்து கொண்டேன்.
	நோக்கம் கொண்ட நன்மைகள், சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்களைப் பற்றி நான் இப்போது அறிவேன்.  மேலும் அந்த
	செயல்பாடு / நடைமுறைக்கு மாற்றுகளை கிடைக்கச் செய்கிறேன். எந்தவொரு செயல்பாட்டின் / நடைமுறையின் முடிவுகளும்
	நோயாளியிலிருந்து நோயாளிக்கு மாறுபடும் என்பதையும் நான் அறிவேன். இந்த செயல்பாடு / நடைமுறையின் வெற்றி குறித்து எந்த
	உத்தரவாதமும் எனக்கு செய்யப்படவில்லை என்று நான் அறிவிக்கீறேன். பெரும்பாலான நோயாளிகளுக்கு சீரற்ற செயல்பாடு மற்றும்
	மீட்பு இருக்கும்போது சில வழக்குகள் சிக்கல்களுடன் தொடா்பு படுத்தப்படலாம் என்பதை நான் அறிவேன். இந்த செயல்பாடு /
	நடைமுறையுடன் தொடர்புடைய பொதுவான அபாயங்கள் மற்றும் சிக்கல்களை நான் அறிவேன். இந்த செயல்பாடு / நடைமுறையுடன்
	சாத்தியமான அனைத்து அபாயங்களையும் சிக்கல்களையும் பட்டியலிட முடியாது என்பதை புரிந்து கொள்கிறேன்.

- நோயாளியின் மருத்துவ நிலை மோசமாக இருந்தால் அல்லது எதிர்பாராத எந்தவொரு தொழில்நுட்ப காரணத்தினாலும் சில
  நேரங்களில் தீட்டமிடப்பட்ட செயல்பாடு / நடைமுறைகளை ஒத்திவைக்க அல்லது ரத்து செய்ய வேண்டும் என்பதையும் நான் புரிந்து
  கொள்கீறேன். எனது சொந்த ஆபத்து மற்றும் விளைவுகளில் எந்த நேரத்திலும் எனது ஒப்புதலை நான் திரும்பப் பெறுதலை
  எழுத்துப்பூர்வமாக சமர்ப்பிக்குவதன் மூலம் திரும்பப் பெற முடியும்
- மருத்துவரால் தேவையான செயல்பாடு / நடைமுறையின் போது அல்லது அதற்குப் பிறகு இரத்த மற்றும் / அல்லது இரத்த தயாரிப்புகளை எனக்கு நீர்வாகம் தேவைப்படலாம் என்பதை நான் அறிவேன் ஒரு தனி ஒப்புதல் பெறப்பட வேண்டும்).
- இந்த அறுவை சிகிச்சை / நடைமுறையின் போது மருத்துவர் மற்றும் துணை மருத்துவக் குழுவால் உதவப்படுவார் என்பதையும், தேவை ஏற்பட்டால் தொடர்புடைய நிபுணர்களிடமிருந்து மருத்துவர் ஆலோசனை / உதவியை நாடுலாம் என்பதையும் நான் இப்போது அறிவேன்.

•	சாத்தியமான அபாயங்கள் மற்று	<b>ம்</b> சிக்கல்கள்	
			- ,
	•		
_	·		
•	நன்மைகள்		
•	மாற்றுவழிகள்		
•	அறுவை சிகீச்சையின் வெற்றி வ	யாய்ப்பு (சதவீதம் / பிற கட்டளைகள்) 	
•	சிகீச்சையின்றி சாத்தியமான முட	<b>ழவுகள்</b>	
•	செயல்பாடு / நடைமுறை மற்று	b் வழங்கப்பட வேண்டிய கவனிப்புக்குப் பிறகு எதிர்	பார்க்கப்படும் போக்கையும் நான் அறிவேன். கீ
		ப்பு அலகு மற்றும் / அல்லது மருத்துவமனையில்	
	மற்றும் / அல்லது கூடுதல் மருந்	துகள் அல்லது சிகீச்சைகளின் தேவை இருக்கலாம்.	இதன் மூலம் உடல் சிகிச்சையில் அதிகரிக்கும்.
•	இந்த செயல்பாடு / நடைமுறை <u>ை</u>	ய நடத்தும் நோக்கத்திற்காக மற்றும் பொருத்தமான	முறையில் எனது உடலில் இருந்து அகற்றக்கூடிய
		குதியை அகற்ற மருத்துவமனையை நான் அங்கீக	
	தகவல்களை நான் பெற்றேன்	மற்றும் முழுமையாகப் புரிந்து கொண்டேன் என்	று அறிவிக்கிறேன். எனது வியாதி, செயல்பாடு
	நடைமுறை தொடர்பான கேள்வி	களைக் கேட்க எனக்கு வாய்ப்பு வழங்கப்பட்டது. அத	6ன் அபாயங்கள், விளைவுகள், சிக்கல்கள் மற்றுப
		மற்றும் மீட்பு மற்றும் எனது கேள்விகள் அனைத்து	·
	கையெழுத்திடும் நேரத்தில் என் மு நிரப்பப்பட்டன என்று நான் மேலுட	றன்னிலையில் செருகல் மற்றும் நிறைவு செய்ய 66 ந். அறிஅக்கீரேண்	வணடிய அனைத்து துறைகளும் (இந்த வழ்வத்தல்
Г			<del></del>
	விபரங்கள்	நோயாளி / உறவினா	சாட்சியம்
	பெயர்		
ſ	உறவுமுறை		
	கையொப்பம்		
	நாள் & நேரம்		
	மருத்துவரின் பெயர் மற்றும்	பதிவு எண், கையொப்பம்:	







## **CONSENT FOR ANAESTHESIA SERVICES**

I, YARUNA GA	NDHI , A.	the patient or the representative of patient have,
(please tigk the correct option abo	ove and below)	
☐ Read		
		condition of me / my patient
Operation / Procedure		n, which I fully understand and understood the information provided about AMERY BYPASS BRA デコル6,
	CORINAR	10 Marie 10 Marie 20 20 Marie 20 3
(full name of operation / procedur	e given below in this o	consent form)
expected outcome and what needed for this operation, so to the has been explained to me to	could happen if my c hat my doctor can pe hat all forms of anaes	dure and has advised me of alternative treatments and told me about the condition remains untreated. I also understand that anaesthesia services are rform the operation or procedure. Sthesia involve some risks. Although rare, unexpected severe complications note possibility of infection, bleeding, drug reactions, blood clots, loss of a
		rain damage, heart attack or death.
they may apply to a specific ty for my procedure and that th	pe of anaesthesia. I u ne anaesthetic techni	naesthesia and that additional or specific risks have been identified below, as inderstand that the type(s) of anaesthesia service checked below will be used que to be used is determined by many factors including my / my relative's
		or's preferences, as well as my own desire.
		anaesthetic technique which involves the use of local anaesthesia, with or and therefore another technique may have to be used including general
anaesthesia.	acceed completely	and therefore another technique may have to be used including general
_	explaineshto me that t	he following may be needed as part of anaesthesia during or after surgery
		Lumbar Puncture Tracheostomy
		ransfusion 🗔 CU Admission / Recovery 🖸 Others
**	,	
General Anaesthesia	Expected Results	Total unconscious state that may involve placement of a tube into the windpipe to maintain airway
Alternatives	Technique	Drug injected into the blood stream, breathed into the lungs, or given by other routes
☐ Spinal ☐ Epidural	Risks	Sore throat, injury to vocal cords, teeth, lips, eyes; awareness during the procedure, memory dysfunction / memory loss, aspiration pneumonia, permanent organ damage, brain damage
☐ Others		- Early Recovery
·	Benefits 1	- Relief of Anxiety
Spinal or Epidural Analgesia / Anaesthesia	Expected Results	Temporary decreased or loss of feeling and / or movement in the lower half of the body
☐ With Sedation /GA ☐ Without Sedation	Technique	Drug injected through a reedle / catheter placed either directly into the spinal canal or immediately outside the spinal canal
Alternatives ☐ GA ☐ Others	Risks	Nerve damage, persistent back pain, headache, infection, convulsions, bleeding / hematoma, toxicity due to local anaesthetic, chronic pain, medical necessity to convert to general anaesthesia, brain damage
	Benefits	Post-operative pain relief with epidural catheter that can be left in-situ safer under certain conditions
Major / Minor Nerve Block	Expected Results	Temporary loss of feeling and / or movement of a specific limb or area
	Technique	Drug injected near nerves providing loss of sensation to the area of the operation
Alternatives :	Risks	Nerve damage, persistent pain, infection, bleeding / hematoma, toxicity due to local anaesthetic, medical necessity to convert to general anaesthesia, brain damage
☐ IV Regional Anaesthesia		- Pain Free
☐ Spinal/Epidural Anesathesia	Benefits	- Safer under certain conditions
☐ Others		

		,								
☐ Intravenous F☐ With Seda	Regional Anaesthesia	Expected Results	Temporary loss of feeling and	or movement of a limb	)					
☐ Without Seda		Technique	Drug injected into veins of arm	or leg while using a tou	urniquet					
Alternatives	or Nerve Block	Risks	Infection, convulsions, persist	ent numbness residual	pain, injury to bloo	d vessels (				
	OI NEIVE BIOCK	Benefits	- Pain Free							
☐ Others		Derients	- Safer under certain condition	s						
☐ Monitored	aesthesia care	Expected Results	xpected Results Decreased anxiety and light sedation similar to normal sleep							
(with sed <b>Alterna</b> t		Technique	chnique Drug injected into vein of arm							
☐ Ger an	aesthesia	Risks	Prolonged sedation, need for airway control							
Spinal / Ep	idural	Benefits	Anxiety free; Early discharge							
<u> </u>	aesthesia Care	Expected Results	No changes in the system	3 * 3 * 4 ±	L 1 141					
(without sedat <b>Alternatives</b>	ion)	Technique	None			-				
☐ General an ☐ Mild Sedati		Risks	Patient may have pain and anx	iety						
Others	OII Caracter	-Benefits	Early discharge	, <i>*</i>						
<ul> <li>Potential long term negative effects on memory, behaviour and learning with prolonged or repeated exposure to general anaesthesia / moderate sedation / deep sedation during pregnancy and in early childhood</li> <li>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</li> <li>For the above mentioned operation(s) / procedure(s) that I have been made aware of, I give my consent voluntarily to doctor for carrying out the said operation / procedure on myself or my above named patient being fully aware of the nature, potential</li> </ul>										
	ng this form, mentally		tative, do further hereby declar consent without any fear, thr	eat or false misconc		on the				
Patient	1	< Diegent	KARUNA MOORTHY		2/1/24	<b>_</b>				
Surrogate/Guar (if applicable #)	dian	\ \	(Write name and relationship with patient)		2/1/24	15.17				
Reason for surrogate cons		able to give conser	nt because:			,				
Witness		A	Loras Riva		211/20	1212				
Interpreter (if applicable)			, 7							
I, the unders	ourse, and possible a	explained the nature Iternatives to the pla	tient is a minor or unable to give e, potential risks and compli nned operation / procedure, ully as described in this docu	cations, intended b to the patient / pati						
	Signature	Name		Reg. No.	Date	Time				
Consent obtained by	Hangley	•	A. S. BYWESTER-	43570,	व्यागिया	15-15				

\ ...

1



1. நோயாளி .........................அல்லது நநாயாளியின் பிரதிநிதி,

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



## மயக்க மருந்து சேவைகளுக்கான ஒப்புதல்

மேலேயும் கீழேயும் சரியான விருப்பத்தைத் தோந்தெடுங்கள்) படித்தல் என்னை / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளோம். ஆங்கீலத்தீல் இந்த ஒப்புதல் படிவம்										
என்னை / என நோயா விளக்கப்பட்டுள்ளது. இது வழங்கப்பட்										
வளக்கப்பட்டுள்ளது. இது வழங்கப்பட் செயல்பாடு/செயல்முறை	_ தகவலைய நாண மு	முமையாக புரந்துக்கொண்டிடன்.								
•18-12-00-11(6) •18-12-00-100 <sub>100</sub>										
இந்த ஒப்புதல் படிவத்தீன் கீழே கொடுக	க்கப்பட்ட செயல்பாட்டு ந	டைமுறையின் முழு பெயர்)								
எதிர்பார்க்கப்பட்ட முடிவைப் பற்றி எ	ான்னிடம் கூறினார். எல	ங்களை விளக்கியுள்ளாா் மற்றும் மாற்று சிகிச்சைகளுக்கு எனக்கு அறிவுறுத்தியுள்ளாா் மற்றும் எது நிலை சிகிச்சையளிக்கப்படாவிட்டால் என்ன நடக்கும், இந்த செயல்பாட்டிற்கு மயக்க மருந்து ன். இதனால் எனது மருத்துவா் அறுவை சிகிச்சை அல்லது செயல்முறையைச் செய்ய முடியும்.								
<ul> <li>அனைத்து வகையான மயக்க மருந்துகளும் சில அபாயங்களை உள்ளடக்கியதாக எனக்கு விளக்கப்பட்டுள்ளது. மயக்க மருந்துகளுடன் எதிர்பாராத கடுமையான சிக்கல்கள் ஏற்படலாம். தொற்று நோய், இரத்தப்போக்கு, போதைப்பொருள் எதிர்வினைகள், இரத்த உறைதல், உணர்வு இழப்பு, மூட்டு செயல்பாடு, பக்கவாதம், மூளை பாதிப்பு அல்லது மரணம் போன்ற தொலைதூர சாத்தியங்களை உள்ளடக்கியிருக்கலாம்.</li> </ul>										
அடையாளம் காணப்பட்டுள்ளன விண்ணப்பிக்கலாம். கீழே சரிபார்ச்	இந்த அபாயங்களை அனைத்து வகையான மயக்க மருந்துகளுக்கும் பொருந்தும் என்பதையும் கூடுதல் அல்லது குறிப்பிட்ட அபாயங்கள் கீழே அடையாளம் காணப்பட்டுள்ளன என்பதையும் நான் புரிந்து கொள்கீறேன். ஏனெனில் அவை ஒரு குறிப்பிட்ட வகை மயக்க மருந்துக்கு விண்ணப்பிக்கலாம். கீழே சரிபார்க்கப்பட்ட மயக்க மருந்து சேவையின் வகை (கள்) எனது நடைமுறைக்கு பயன்படுத்தப்படும். மயக்க மருந்து நுட்பம் எனது உறவினர் உடல்நிலை, எனது மருத்துவரின் விருப்பங்கள் மற்றும் எனது சொந்த விருப்பம் உள்ளிட்ட பல காரணிகளால் தீர்மானிக்கப்படுகிறது என்பதை நான் புரிந்து கொள்கீறேன்.									
		படுத்துவதை உள்ளடக்கிய ஒரு மயக்க மருந்து தொழில் நுட்பத்தை, மயக்க மருந்து இல்லாமல் நந்து உட்பட பயன்படுத்த வேண்டியிருக்கும் என்று எனக்கு விளக்கப்பட்டுள்ளது.								
🔲 பொது மயக்க மருந்து	எதீா்பாா்க்கப்படும் முடிவுகள்	காற்றுப்பாதையை பராமரிக்க ஒரு குழாயை காற்றாலையில் அமர்த்துவதை உள்ளடக்கிய மொத்த மயக்க நிலை								
மாற்று மருந்து	நுட்பம்	இரத்த ஓட்டத்தீல் செலுத்தப்படும் மருந்து, நுரையீரலில் சுவாசித்து அல்லது பிற வழிகள் வழங்கப்படுகீன்றன								
முதுகெலும்பு இவ்விடைவெளி	அபாயங்கள்	தொண்டைப்புண், குரல் வடங்கள், பற்கள், உதடுகள், கண்கள், செயல்முறை, நினைவக செயலிழப்பு, நினைவக இழப்பு, அபிலாஷைகள், நிரந்தர உறுப்பு சேதம், மூளை சேதம் ஆகீயவற்றின் போது விழிப்புணர்வு								
🔲 மற்றவை	நன்மைகள்	– ஆரம்ப மீட்பு – பதட்டத்தீன் நிவாரணம்								
முதுகெலும்பு அல்லது இவ்விடைவெளி / மயக்க மருந்து	எதீா்பாா்க்கப்படும் முடிவுகள்	உடலின் கீழ்பாதியில் உணர்வு அல்லது இயக்கத்தின் தற்காலிக குறைவு அல்லது இழப்பு								
🗋 மயக்க மருந்து / பொது மயக்க மருந்து	நுட்பம்	ஊசி / வடிகுழாய் வழியாக செலுத்தப்டும் மருந்து நேரடியாக முதுகெலும்பில் அல்லது உடனடியாக முதுகெலும்பு கால்வாயுக்கு வெளியே வைக்கப்படுகிறது.								
் மயக்க மருந்து இல்லாமல் மாற்று மருந்து ் பொது மயக்க மருந்து	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான முதுகுவலி, தலைவலி, தொற்று, இரத்தப்போக்கு, இரத்தம்போதல், ஹெமடோமா, உள்ளூர் மயக்க மருந்து, நாள்பட்ட வலி, மயக்க மருந்து, மூளை சேதத்திற்கு மாற்று மருத்துவ சேவை காரணமாக நச்சுத்தன்மை								
மற்றவை	நன்மைகள்	சில நிபந்தனைகளின் கீழ் சிட்யூவில் பாதுகாப்பாக விடக்கூடிய எபிட்ரி வடிகுழாய்களுடன் செயல்பட்டு வலி நிவாரணம்								
பெரிய / சிறிய நரம்புத் தொகுதி  ப மயக்க மருந்துடன் / பொது மயக்க மருந்து	எதிர்பார்க்கப்படும் முடிவுகள்	உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு அல்லது பகுதியின் தற்காலிக இழப்பு								
் மயக்க மருந்து இல்லாமல் மாற்று மருந்து	நுட்பம்	செயல்பாட்டின் பகுதிக்கு உணர்வு இழப்பை வழங்கும் நரம்புகளுக்கு அருகில் மருந்து செலுத்தப்படுகிறது								
☐ பொது மயக்க மருந்து ☐ IV பிராந்திய மயக்கமருந்து	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான வலி, தொற்று, இ <u>ரத்</u> தப்போக்கு, ஹெமடோமா, உள்ளூர் மயக்க மருந்து,மருத்துவ சேவை காரணமாக நச்சுத்தன்மை, மயக்க மருந்து, மூளை சேதத்திற்கு மாறுதல்								
<ul><li> முது6கலும்பு /</li><li> இவ்விடைவெளி மயக்கமருந்து</li><li> மற்றவை</li></ul>	நன்மைகள்	– வலி இலவசம் – சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை								

	····					· · · · · · · · · · · · · · · · · · ·	,			
நரம்பு மண்டல மயக்க மரு	ம் மயக்க மருந்து நந்து	எதிர்பார்க்கப்படும் முடிவுகள்	உண	ார்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு	இயக்கத்தின் தற்காலிக	க இழப்பு				
🔲 மயக்க மர	நந்து இல்லாமல்	நுட்பம்	ஒரு (	நீர்னிக்கேயைப் பயன்படுத்தும் டே	பாது கை அல்லது கை ந	நரம்புகளில் செலுத்				
மாற்றுகள் 🗌 பெரிய / சி	றிய நரம்பு தொகுதி	அபாயங்கள்	தொற்	தொற்று, வலிப்பு, தொடர்ச்சியான உணர்வின்மை, மீதமுள்ள வலி, இரத்த காயங்களுக்கு காயம்						
	ன மயக்க மருந்து	நன்மைகள்		ி இலவசம் நிபந்தனைகளின் கீழ் பாதுகாப்ட	பானவை		L.			
கண்காணித்த ப (மயக்கத்துடன்)	<b>மயக்க மருந்து கவனிப்பு</b>	எதீா்பாா்க்கப்படும் முடிவுகள்	சாதா	ரண தூக்கத்தைப்போன்ற கவடை	லயும் ஒளியும் குறைந்த	பு வருகிறது				
மாற்றுகள்		நுட்பம்	கையி	கையின் நரம்பில் மருந்து செலுத்தப்படுகிறது						
☐ பொதுவான ☐ முதுகெலும்ப /	மயக்க மருந்து ' இவ்விடைவெளி மயக்க மருந்து	அபாயங்கள்	நீண்ட	. கால மயக்கம், காற்றுப்பாதை க	ட்டுப்பாடு தேவை					
மற்றவை	80-1-2 Z Z	நன்மைகள்	കഖരാ	ல இலவசம், ஆரம்ப கால வெளி	 யேற்றம்					
கண்காணித்த ப முயக்கம் இல்ல	மயக்க மருந்து கவனிப்பு ாமல்)	எதிர்பார்க்கப்படும் முடிவுகள்	கணி	கணினியில் மாற்றங்கள் இல்லை						
மாற்றுகள்		நுட்பம்	இல்ன	യ						
பொதுவான இலேசான ப	் மயக்க மருந்து மயக்கம்	அபாயங்கள்	நோய	ாளிக்கு வலி மற்றும் கவலை இர	க்கலாம்					
🔲 மற்றவை		நன்மைகள்	ஆரம்	ப வெளியேற்றம்						
விறப்புக்கு முந்தை	நய / ஆரம்பகால குழந்தை	பருவ மயக்க மருந்	து							
				விளைவுகள் பொது மயக்க மருந்§ πடும் மீண்டும் வெளிப்படுதல்	நு / மிதமான மயக்கம் / ச	கா்ப்ப காலத்தில் மற்	றும் ஆரம்ப			
	<ul> <li>நான் / மேற்கூறிய நோயாளி / பெயரிடப்பட்ட நோயாளியின் பிரதிநிதி, இந்த வடிவத்தில் கையெழுத்திடப்பட்ட தேதி, மன ரீதியாக ஒலி மற்றும் எந்தவொரு பயமும் இல்லாமல் ஒப்புதல் அளிக்கிறேன் என்று நான் 18 வயதுக்கு மேற்பட்டவன் என்று இதன்மூலம் அறிவிக்கிறேன்.</li> </ul>									
	மேற்கூறிய செயல்பாட்டிற்கு (எஸ்) / நடைமுறை (கள்) எனக்கு தெரிந்துவிட்டது. நான் தானாக   முன்வந்து எனது ஒப்புதலை வழங்குகீறேன்									
				றயை செய்வதற்கு) அறுவை சிகிச் கள் மற்றும் சிக்கல்கள் மற்றும் சா		செய்வதற்கான டா	ரக்டர் பெயர்,			
் நோயாளாய மு	மூமையாக அறிந்தருக்கர்	பா. சாத்தயமான க	מושוים	യവ നിവിന ഒരുമുള്ളവ നിവിന വ	ള്ളന്നവരെ നന്ന്വിജ്ബ					
				இந்த வடிவத்தில் கைபெழுத்திடப்			ம்பிய நான்			
எந்தவொரு பயமு	ம், அச்சுறுத்தல் அல்லது த	வறான அனுமதியி	ின்றி ஒட	ப்புதல் அளிக்கிறேன் என்று மேலுட	<b>ம் இதன்மூலம் அ</b> றிவிக்க	இறேன்.				
				····	<del></del>					
	கையொப்பம் / எ	கட்டை விரல் பதிவு	*	பெயர்		தேதி	நேரம்			
நோயாளி										
நோயாளிகளின் பிரத் பாதுகாவலர் பொருந்தும் என்ற			(நோயாளியுடன் பெயர் மற்றும் உறவை எழுதவும்)							
நோயாளிகளின் பிற சம்மதத்திற்கான காரணம்		தல் அளிக்க முடிய	ബിல்തെ	ാ ஏனெனில்						
<b>ғ</b> п <b>∴</b> А						:				
மொழிபெயர்ப்பால் (பொருந்தினால்		······································								
				<u> </u>		0 <del></del>	B			
ு நோயாளி ஒரு சிற்	யவராக இருந்தால் அல்ல	து சமமத்ததை வழ	டி மிழ	யாவிட்டால் மட்டுமே ஆண்களுக்	கான வலது கை மற்றும	பபணகளுக்கான இ	தடது கை			
				றும் சிக்கல்கள், நோக்கம் கொன						
				கு சாத்தியமான மாற்றுகள், நோ ாகப் புரிந்து கொண்டார் என்று நா		நிதீக்கு விளக்கியுள்	ாளாா். இந்த			
···	கையொப்பம்	பெ	பர்		பதிவு எண்	தேதி	நேரம்			
பெறப்பட்ட ஒப்புதல்				4	•	المراد ال	•			
G-Mg/00		-								





## ANAESTHESIA RECORD



Every heart beat counts

			^		
Pa' Mr. KARUNA GANDHI.A	Type of Surgery:	Day Care 🗆 🗷	ective		
Na ~56/Malc/MHI202380036 UH: 202/01/2024/IPH2024000014	Blood Group:	Height: 171	cms Weight: 6105Kgs		
DOI: OF CALESHAY TO	Pre-Operative Diagn	osis: CAO,-	MD devor LV EF301,		
	DM, HT -	bla CNA-B			
10011	Proposed Surgery:	Anae	esthetic Plan		
ASA Grade: DIDII DHI DIV DV					
History of Present Illness:	COMORBIDITY  ☐ SMOI	CING.	Present Medication :		
DOVSPNOFA A NYHA II -III	□ ALCO		different		
SYNCOPE beste promoner along  MI ACS NSTEMS	☐ ASTHMA / COPD ☐ GERU		Cardinas,		
⊔ CCF	☐ HYPO THYROID ☐ CKD		Anti Platelet Stopped on :		
□ OTHERS Previous Surgery: ~	☐ STROKE / TIA ☐ DRUG	G ALLERGY	91 12 23		
Physical Examination :					
☐ JAUNDICE ☐ PEDEL OEDEMA	SYSTEMC EXAMINATION		ic. Co ii. lanch		
☐ CYANOSIS ☐ CAROTID BRUIT	CVS: 5,57	ان Ofhe	IS: (1) Hemizarais -		
☐ CLUBBING	RS: WYL,	·	10. μν 🖙		
HR : NIBP :	SPO		TEMP :		
INVESTIGATION	SEROLOGY	ANGIO LAY	721 6		
HB : 12,8 T.BILIRUBIN : 0,574 T3	: - Nos reactive		er wit		
PLAT : 3,33,000 P.D. :0,321 T4	1.05 Urine:	ECG N	SK. WIT		
110 1480					
T-PROTEINS ·	_	CXR CONSIN	in oregaly.		
HBA	1C : <u>6/                                  </u>	19 10 25			
RBS	•	ECHO Serve to diffraction.  Mild MP mild PAH			
		Mil	d MR of mild PAIT		
	3	,			
	DOPPLER				
Mallampatti class II hall bout	plague both cambia				
Mouth Opening Alegnation	and and				
Nack Mayament WALL Noomel	Bie Vertebaldogelar	Other Opinio	ns: cleaned for snying,		
TM Distance Wind.	himiting disease.	CT brain -	smell Vessel nechaeme		
Pre OP Instruction : NPO F	rom: 12 midnight	Chronic da	euran infant in biletal.		
Pre Medication :	O	Regnoted	screening Letro.		
Night Before Surgery Tab - Algrow 0, Soy -	- tab. Bambair tong	Blood Reservat	ion ・かむァ ' Platelet :		
Day of Surgery Tab, Depose 0.5mg		FFP :	CRYO:		
Special Instruction :		Whole Blood:			
Remarks: old CNA - (1) Hemitanesis					
Dr. A	. SAMUEL SYLVESTE	R			
	Reg. No: 43570	ł	010,00		
Anaesthetist Name with Reg.No. :		Signature	: Hundry		

		-											
3	ate: Anaesthetisi	twr			Surged			· · ·		1		<b>esia Tech</b> legional [	-
	RE INDUCTION AN		SIA REC	ORD		ORS ANI	D EQUIPI	MENTS		SENERA	L ANAES	THESIA	r÷
Pu	lse: <u>90</u> BP: <u>) 3</u>	000 F	RR: De	m	□NIBP	Left	Ri	ight	INDUCT			_	•
	ensorium: 608	- 1.	<u> </u>		∏ecc ∏	Pulse Oxim	eter LEnc	d Tidal CO2			equence [	110	
	gn-in Completed:		— No		Gas Ana	alyzer 🖵	Oxygen Se	ensor		ion - Agent of Ventilation		aneous 🎑 C	ontrolled
ΙEα	wipment Checked?	1 Yes □	No		 ☐Disconn	ect $\square$	Temperatu	re Probe		MANAGE			
Si	Ur. JEEVAN	149MD	MANTEL	UA	-	atheter [			Intubation	Oral / Nasa	al ETT Size	:Type:	
Tir	ne: Rag 5160:	83722		1 7,	☐ TEE	, –	Others:				Secured a	t:cm	-
•	PATIEN	TSAFET	γ <u>·</u>		_ /	e: 13m	~	TO V		lties and ac :k:• ☐ Yes	cessories:	lemoved ·	
Po	sition on Table:	· Lin	me:		_					ube: Yes			
	essure points check			es⊡No		d Asepsis		udance		AIRWAY D			
	e Care: ☐Yes ☐N				☐ Complic	ations: 🔲 Y etails:	es No	l <sub>is</sub>			Face M	ask 🗌 Nasa	l Pronge
	fety Belt: ☐ Yes ☐			j		Line - Type:			Others:	Inecisionly			u Florigs
	arming Blanket: 🔲 Y uid Warmer: 🔲 Yes	•			PVC Typ			X / L			1	do N	
•	D Stockings: Yes			ح				ubilal	170	refun x	me ST		
Se	quential Compressi	on / Deco		on:	☐PVC Typ	e:	Site:		Reversal	of Anaesthe	Sala Cily	10	
	Yes ☐ Mo 💮 🚉	8 m (8)	<u>,                                      </u>		Others:		_	· · · ·			loke of	14.15	
	PROPOFOL MIDAZOLAM	100	2	1	-		-	$\blacksquare$		7 .	3	<b>-</b>	
	FENTANYL	2,00			ļ	·							
	MORPHINE VECURONIUM	ζ.			<del> </del>	<del>  `                                   </del>	-	1					
SS	ETOMIDATE				<b>1</b>			ļ., <u>.</u>					
ΙŌ	KETAMINE SUXA/ROCURONIUM	<del>                                     </del>			<del> </del>	1							
ַּם	CISATRACURIUM/ATRACURIUM		10	٠ - ٥٠	lo		. 5						
	SEVO/ISOFEURANE Air/n,0				<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<i>-</i>	· V. 5	V		· . · ·	
<u> </u>		·A .	:									*	
	<b>Time</b> 200	1,0				1		1 1		14		1 15	
	Systolic V	V .	1 12				1		•			+ a N	
	Diastolic ∧												
	160 Pulse ● ;												
	140	,	-		,								
<u>s</u>	120		Р	<del>                                     </del>	146	/ / /			-			•	
SIGNS	Resp. ★	1						4		1			
	Operation O		H				┡	++		44			
VITAL	80	4		e	-		•					~	
^	60					6				4	1 7		
			_^_			<u> </u>		1					
	40 Temp X			<b>,</b>							<del>^                                    </del>		
	20										•		
7	0				\$.	1					<del>                                     </del>		
8	SPO2 .	100	100	100	100	100	(00)	170	(00	7.00	/5 <sub>0</sub>		
10	PAP		-			. <del></del> .	1	20	0 +		*		
MONIT	ETCO, Urine Output	32	30	23	29	30	. 32	32	30	<u>က</u>	\$ 19	Dom	
Σ		•									. •		
	PH				1	<del> </del>	<u> </u>	•	. 3		, 1,		
	PCO, PO,												
	Na'								1	- 1	1) 16		
ABG	HCT RBS			٠					7.		, , , ,	· -	
ا≺ا	LAC		<u>ب</u>	Ī	17707	1100	111 M	1.17.15	1				
	BE HCO,			1	- 01			1	1				
	4.7	41							المسد				

	POST OPE	RATIVE PLAN					
Transfer to: SICU	Others, specify:						
SpO₂: <u>/₀⊘</u> % HR: _ ABP : <u>\≀I/                                    </u>	Arrival in Recovery / ICU Time: 14.20  SpO <sub>2</sub> : 100 % HR: 90 beats/min Rhythm: S/N/US RR: 14/m/y breaths/min / ABP: 11/47 mmHg CVP: 6 mmHg PAP: mmHg C.O: L/min  Conscious state: Pain score:						
VENTILATOR SETTINGS:		IONOTROP		×			
on plow 02 b	IN: Dopamin 200 mg/s	nove > 5"	nielkglmins oosmislkalmin				
POST OP ORDERS:  # TO DO ACT, ABU  # TO DO CBU, chest X-ray  # TO monitor vitre! signs							
MODIFIED ALDRETE'S SCOR	RE (Score against each criteria	а)					
CRITERIA	PARAMETER		Scale				
Activity, able to move,	4 extremities		-2/				
voluntarily or on command	2 extremities		1'	Total Score : 9			
Breathing	No Able to breath deeply and Dyspnea, shallow or limite Apnea		0 2/1	Patient fit for discharge:  ☐ YES ☐ NO			
Consciousnesss	Fully awake Arousable on calling unresponsive		1/				
Circulation (Blood Pressure)	+20% of pre-anaesthesia le +20% to 49% of pre-anaest +50% of pre-anaesthesia le	hesia level	1 0				
SPO <sub>2</sub>	Maintains SPO <sub>2</sub> >92% in ar Maintains SPO <sub>2</sub> > 90P% wi Maintains SPO <sub>2</sub> <90% with	2					
Dr. JEEVANANDAM  Reg-No.83722  Anaesthetist Name & Reg.No.:  Signature							

\_\_\_\_\_

· .		•	START	STOP	FLUID TR	ANF	USED	BLOC	D PROD	DUCTS
ANAESTHE	ESIA .	9	55	14.15	CRYSTALO	ID	COLLOID		N	
PROCEDL	JRE	) }	.00	14,10	Plan		がレ		<u> </u>	
СРВ					PLANO		,			
AXC	سد		,		PLATO					
CUF:			MUF:		JUANO TO		<del></del>			
	HE	PARII			:	PRE:	SSURE MO	L NITOR		
DOSE		TIN		ACT	PRE OP					
100		11.0	3.5	416 eu	PA		RV		PCWF	)
					ABP	-	·· · · · · · · · · · · · · · · · · · ·		l	
	PR	OTAN	TINE		POST OP					
DOSE		TIM	1E	ACT		/				
$\mathcal{S}$		13.1		160	PA /		RV	:	PCWF	<b>-</b>
INOTRO	DPES & IN		UNS		ABP				•	
DRUG	DOSE		START	END	DRUG	Т	DOSE	STAR	т ,	END
DILUTION	(RANG	E)	TIME	TIME	DILUTION		RANGE)	TIME		TIME
Noraco 4/50	24m	2	11,30	Iw	,					
NTI	14/h/0	<i>y</i> .s.	11.40	Icu						
DOPA 200/50	5milke	(mh)	11.35							
<u> 2001 S∪</u>							·			
						+				
		-	· · · · · · · · · · · · · · · · · · ·							
						<u> </u>				
REGIONAL DETAILS :	LANAESTI	HESIA ca กูเรี	YE8/ NO	•	IABP:	O				
	5/6	370	netiwy	001	ECMO: N	٥				
201	-20 m	. <i>U</i> .	,	/						
	To	dsp n	netiwy		TEE: NO		. ~			
	-/.	, ,	•							
REMARKS	/ CRITICA	T EAE	:NTS						•	
									-	
			•	3						
							1			
						-//				
Λ Λ	11-1	ban	,	NDA <sub>I</sub> v <sub>i</sub>	AVAVIDL	1/1	71/			
	JAN MAN!		וט ו	r. JEEVA	VANDAM		1			
ANIAECTUE	ESIOLOGIS	AN TS	ME·I	Reg. No:		C	SIGNATURE			



Poor contractions

Lima, SVG- It-leg hearty condit

LAD-1.5m geofted distely.

om- 1.5m Thick walled,

RIA-1.5m Healty.



### **OPERATION NOTES**

Pre-Operative Diagnosis: Operative Diagnosis: Operation Procedure	do- 78 x 3 grafts	Mr. KARUNA GANDHI.A  56/Mále/MH1202380036 )  02/01/2024/IPH2024000014  Dr.RAJESH.V
D.O. Operation 0 3 0 1	LIMA-> LAD SVG-> OM, SVG-> D.RCA 2 0 2 4	Please tick the type of procedure :  Closed    Open
Operation Commenced: 10:15	Operation Completed:	Nature of
Surgeons Dr. Rajuch ( PA:	la) ·	Perfusionist —
Anaesthetist D. Jewa		Nurse Mr. Radhika Mr. Devi
Incision Median sternoto	my	
∩annulation	Arterial	Venous
Oxygenator	Median Sternotomy. Lin	nA & Subs thatled lightenic
Total CPB Time Total ACC Time Total TCA Time	hepaunication: Heart stabi Distal anastomolis done BVG-> D. RCA	Rised & myolaidial Stelbilize
Findings and Relevant Details	SVG-> om.	on graft done onto aputa.
Cardiomegaly(x)(t) Revere LVD(t)	Province anavemore of	- D.RCA graft done onto on grap

Hence decoded to graft distal LAD.

LIMA > LAO. "

cloure done à diain tules 8 po mety

Heart possitioned for LAD quift. Only oblital legment

96 vicualizer. Remorraly RAD à dipping intramuscular.

Protominised. Hemostalie secured. Routine check

POST-BY PASS HAE	MODYNAMICS				•	the try
RA		LA			Cardiac Outpu	ıt
RV		LA			CI .	•
SV	S		SYS			
PA	MEAN	ВР		MEAN		
DIA	s		DIAS			
PACW						
Support: Isoprin Dopam Dobutro	ine ·	Adrenaline I A B P Others		••		
	JIROCHONS.	, ·				
Blood love: 30	oml.					
Constitues N	એ	. •				
Antiupated even	tr: Bleeding,	Stroke, ship	hm dist	ulane, t	hemodynamic &	ven Hily
	•					,
	<del></del> ::			<del></del>		
			·			
· · · · · · · · · · · · · · · · · · ·						
Drains: Chest — H Pla Mediastinal Pericardial Others	ual-1 					
Sponge Count : Court	eet. V Mejs	62799				•
Surgeon :	Rapiel				. Date :3/1/29	······································







NAME: Mr. KARUNA GANDHI.A	AGE/GENDER: 56 Years / MALE
<b>UHID NO</b> : MHI202380036	IP NO: IPH2024000014
<b>DOA</b> : 02/01/2024	<b>DOS</b> : 03/01/2024
SURGEON: DR. RAJESH	ANESTHETIST: DR. JEEVANANDAM
ASSISTED BY: MS. SAIKUMARI	SCRUB NURSE: MS. RADHIKA/MS. DEVIKALA

#### **DIAGNOSIS:**

TRIPLE VESSEL CORONARY ARTERY DISEASE

ACUTE CORONARY SYNDROME - NON ST ELEVATION MI WITH ACUTE PULMONARY EDEMA – TREATED (SEP 2023)

ISCHEMIC CARDIOMYOPATHY

SEVERE LEFT VENTRICULAR DYSFUNCTION (EF – 28%)

TYPE II DIABETES MELLITUS

SYSTEMIC HYPERTENSION

OLD CEREBRO VASCULAR ACCIDENT

**SURGERY DONE:** 

OFF PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY (OPCAB) X 3

LIMA TO LAD

**SVG TO LAST OM** 

SVG TO DISTAL RCA

#### **FINDINGS:**

Cardiomegaly (+)

Hugely dilated left ventricle

Global left ventricle hypokinesia and move in inferior segments

LIMA - 1.75mm, Good quality, good flow

SVG – 4mm, from left leg, Good quality

LAD – 1.5mm, deep intramyocardial, distally grafted

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

@MedwayHospitals

(C) @medwayhospitals

@medway-hospitals

@medwayhospitals



**Medway Group of Hospitals** 

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

Medway Centre of Excellence (Chennai)





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

DISTAL RCA - 1.5mm, Occluded vessel, small sized, healthy

AORTA - Calcific plaques (+) and thickened

Epicardial fat (++)

Good distal run off in all the grafts

#### **PROCEDURE:**

Median sternotomy. Pericardiotomy. LIMA and SVG harvested. Systemic heparinisation.

Heart positioned and stabilized with myocardial stabilizer for LAST OM grafting. Arteriotomy was made and 1.5mm intracoronary shunt was inserted. The end of the saphenous vein was anastomosed to the side of the LAST OM artery with 7-0 prolene suture. (SVG TO LAST OM)

Heart positioned and stabilized with myocardial stabilizer for DISTAL RCA grafting. Arteriotomy was made and 1.5mm intracoronary shunt was inserted. The end of the saphenous vein was anastomosed to the side of the DISTAL RCA artery with 7-0 prolene suture. (SVG TO DISTAL RCA)

Aorta occluded partially. One 4mm hole was made on the aorta with aortic punch. Proximal anastomosis of vein graft done onto aorta with 6-0 prolene suture. Proximal anastomosis of DISTAL RCA graft done on to OM vein graft using 7-0 prolene suture.

Heart re-positioned and stabilized with myocardial stabilizer for LAD grafting. Only distal segment is visualize, proximally LAD is dipping into intramuscular. Hence decided to graft DISTAL LAD. Arteriotomy was made and 1.5mm intracoronary shunt was inserted. The end of the Insitu LIMA was anastomosed to the side of the LAD artery with 7-0 prolene suture. (LIMA TO LAD)

Protamine administered. Hemostasis secured. Pericardium reapproximated partially. Routine chest closure done with one mediastinal and one left pleural tubes insitu

#### **SUPPORTS:**

He was shifted to ICU with inj. Nor Adrenaline 0.05µg/kg/min, inj. Dopamine 5µg/kg/min supports.

CONSULTANT SIGNATURE
Dr. V. Rajesh, MS, M.Ch (CTVS)

Senior Consultant Cardiothoracic and Vascular Surgery

Dr. V. RAJESH Reg No: 62794

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

**★**@MedwayHospitals

@medwayhospitals

**M** @medway-hospitals

@medwayhospitals

94557 94557 1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)





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

	#9, 15t Main Roa	u, oniteu india CC	nony, Rouambarka	iiii, Ulicililai			r polynomik religiographic program is a service of the service of
ful :	Commany	Artem	Areare/ .	levere	Taple	vened 12.	and the
	Laberrain	Car d'Est	-ye pathy	wite	Jerere ventali	- dysfe	me trans
	Act - M	TERE.	a Acute 1	a Inserior	n eden	T.S.	
	salf with		(Septembe	eg Zest	is, break	ed f - Yes	المراجع والمعارض والمعارض
•		(3 year	, 544, C	elt he	man poster t		
	Pope > B	steler !	Aptemia	Hyperke	さんどのれ、		
		-111			a. ~ 1 1 1		
		7/1			ft Subclavia ft Internal	in Mammary	Grander.
Section 1	Allow (F-)	H = H				ed cond	
130						,	1 1 60
	Aorta	1	Ar	2	and the second	in from	good war
	Codeffe policy		4.			4 294	Jam Acar
	of second				- Left Mai	n Coronary	,
			4	22	– Circumfl	ex	A &
	Right Coronary			W.	– Obtuse M	arginal '	ant one
					– Diagonal		Arich welled
						Descending	
	WIN RA			" /		1.5 mm	dame was
:	Contraction of the second	•	Cont			accept to	diffelly
	want adapt	MORALL				asuped	
	mall belo	A.		ř		1 108.8.	A Control
	(Alexander)		Cardina		Hongal	9 821-66	المشتنية س
	*		Cardiona Calerbal	ar h	uppe hims	and the second	AOVE M
			Age to all	rate	Congress ()	egia este e	
				D.	,	<i>[[</i>	
							,
				•		•	

Name Par n. Kak	cry apr	ANTE S	Date of S	Surgery <u>@3/01</u>	Mary UHID. No. 42	H) 2023800)
Operation Performed	CRAB	× 3	GRAH!	<u>/</u>		
140-0		200m	4979 <u> </u>	Sva -7	1917 De	
	15-7	Born	RUA		A. A.	
					627	Cy Cy









The way 7

Mr.KARUNA GANDHI.A

AGE / SEX **UHID NO CONSULTANT SURGEON ANAESTHETIST** DR. RAJECH DR. RAJESH DR. JEEVANANDAM DIAGNOSIS 1. (In Capital Letters) CAD-TUD 2. SEVERE LU SYSTOLIC DUSTUNCTION 3. GRADE III DIASTOLIC DYSPUNCTION 4. RU Systouc Function

> ADRTIC MARINE SCLEROSIS Et - 58.1

12DM, SHIN

PRESENT PROCEDURE/ **SURGERY** 

OPCAB X 3 YRAFIS

LIMA- LAD GV4- DM,

SVY- D. REA ...

PREVIOUS PROCEDURE/ **SURGERY** 

CONTACT NO. & **RELATIONSHIP** 

1. MPS. SANTHI (WHE) 2. 9566082223

NOS. LBBNA (V.C) 9940171707 (Dughter)

NINO: 04/04

## **MEDICATION HISTORY**

		WEDICA		ISTORI		
S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	· STOPPED ON
1	02/01/24	7. ATORVAS	loma	plo_=	0-0-4 7	· -
2	ìt	4. NITROCONTIA	2.smg	plo		
3	h	P. LASIX	4 smg	plo	1/2-0-0	
4	·	4. ALDACIONE	25mg	plo	1-0-0	won't need
5	)	T. CARDINAS	3.125mg	plo	1-0-1	
6	h	T. RANTAL	15omg	pla	1-0-1	
7			Ű		·	
8						
9						
10				•		
	A	NTI-DUATEREN STE	ODDED_	27/12/202	-3	-
S.No	STARTED ON	CURRENT MEDICATION (After Admission)	17'	Route	Frequency	STOPPED ON
1	31124	SYP : SUXRALFAGE	loul	Po	1-1-1	
2	??	NEB. LEVOUN	0.63Mg	РО	Q64 (	
//3	A 1 24	J. SPIRONOLACTONE	1 0	PO	1-1-0	
/ 4	11	G. BEPLEX FORE	1983	PO_	1-0-0	
5	tt .	J. CLOPILET A	नहित्रह	ro	0-1-0	
6	ti	1: STORVASTATUL	40M9	ro	0-0-1	untinue
7	и	1. PARACETAMOL	6 Frong.	Po	1-1-1	
I		· ·	I ()	1	ĺ	11

Ρo

Long

8

9

10

#### ANY RELEVANT INFORMATION:

Admission / OT Receival	Condition of the Patie	ent:				
Date and Time: 03 0124 94.3	1 Stable / Unstable		2. Oriented / Disoriented			
Date and Time: 05/01/24 - 14.3	3 Conscious / Semic	3 Conscious / Semiconscious / Unconscious				
From: 07 To: Sew	4. Febrile A febrile		5. Intubated Æxtubated			
Transfer Out	Condition of the Patie	ent:				
Date and Time: 5/124	1. Stable / Unstable		2. Oriented / Disoriented			
C 12.10	3. Conscious / Semie	onscious / Unconscious				
From: Stw To: Cm-2	4. Febrile / A febrile		5. Intubated / Extubated			
Transfer In	Condition of the Pati	ent:				
Date and Time:	1. Stable / Unstable		2. Oriented / Disoriented			
	3. Conscious / Semico	onscious / Unconscious				
From: To:	4. Febrile / A febrile		5. Intubated / Extubated			
1) Known Case of	Year	Months	Days			
Diabetic Mellitus	346 <del>n</del> es					
2) Known Case of						
Hypertension	34EARS.					
3) Known Case of Bronchial Asthma/COPD						
4) Known Case Of Others						
CCM - L9 HEMIPARAES	21					
,	☐ Yes	□ No				
Denture	☐ Permanent Fixatio	n				
	☐ Temporary Fixatio	n: Present / Absent				
	☐ Yes	□ No				
Allergic Reaction : Drugs/Food	If you means mention a	bout Drug / Food Name	e:			
* .						
	☐ Yes	₽ No				
Pressure Ulcer Present	If you means mention a	•	4 & Site			
	Journal Memorial		, <del>co ono.</del>			

## ANY RELEVANT INFORMATION:

		11 /				
		, 188 138 148			Sign With Date	
Peripheral Cannulation,	1. Site: RT CUBITAC	1. Inserted Da	te and Time	1. Removed on :	Nua	
	2. Site:	2. Inserted Da	te and Time	2. Removed on :	3/1/3	
	3. Site:	3. Inserted Da	te and Time	3. Removed on :		
Neek Line: 4JL/EJL	Site:	Inserted Date 03 01 202	and Time	Removed on 5 01 24 6 11.30	AL 2019	
Arterial Line : Right/Left	Site: LI RADIAL	Inserted Date	and Time	Removed on Willows Withing	J0022	
Sheath Arterial / Venous:	Site: •	Inserted Date		Removed on		
Pressure Bandage	Site: PADUAL	Hillogy Inserted Bate	Mand Time	Removed on Blelzz C 4-30	, Jones	
Drain Site	1. <b>Mediastinal:</b> Inser	ted Date and T	ime	Removed on		
	2. Pleural Right / Let	<i>(</i> )	ate and Time	Removed on 5 1 24 at 7.10	Ofeway	
Urinary Catheterization	Inserted Date and Tim	10.05	Removed or	@ <i>5-</i> 60	Jus 7	
Nasal / Oral Gastric Tube	Inserted Date and Tim	ne	Removed or	1		
Intubation Date and Time	Extudution Date Find			n Date And Time		
Other Information	Breathlessness  CAG DC  CT BRA  VESSEE ISCHEM  THE BILATER	Patient developed Sudden Onset  Breathlessness  S. ECHO DONE ON 10/10/2023  CACI DONE ON 05/10/2023  CT BRAIN DONE ON 19/12/2023 (SMARCE  VESSEE ISCHEMIA, CHRONIC LACUNAR INFARCTS IN  PHE BICATERAL CORONA PADIATA)  ECO DONE ON 6/12/2023 (CAR - 738pm)				





## PATIENT'S INFORMATION SHEET

Mr.KARUNA GANDHI.A  NAM 56/Male/MHI202380036	AGE / SEX UHID NO
Dr.RAJESH.V T TANT	SURGEON ANAESTHETIST
De- Pajsh.	DR. PATIESH DO. SYLVESTER.
DIAGNOSIS, (In Capital Letters)	1. CAD TVD,
	2. MODERNIA LVSYSTOLIC DYSFUNCTION 3. TRIVIAL AR TRI MILD MR
	4: DRLATED LV: RWMA (P)  5. TODM SHTN
	6. OLD CVA - LOFT HEWITPHRESTS  7. ACUTE PULMONARY EDEMA -
	RESOLVED
PRESENT PROCEDURE/ SURGERY	CABUT.
	Print of the state
PREVIOUS PROCEDURE/ SURGERY	
CONTACT NO. & RELATIONSHIP	1. 9566082223 PRS. SANTHI (WIFE) 2.

## **MEDICATION HISTORY**

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	h-10-23	T. ASPRIN	150MU	PD	0-1-0	13/12/23
2	lı	T. CLOPPLET	75MU	Pho	-6-1-0	13/12/22
. 3	N.	T- ATDRUAS	roma	Plo	0-0-17	
4	n	T INTROCONTIN	2.5M4	PD	1-0-1	: 1
5	11	T-LACTX!	HÓMÍN	Plo	V2-0-0	continue
6	. 4	T-ALDACTONE	agma	PD	1-0-0	
7	11	T. FILLIAS:	2 hmu	· splo	12-0-1/2	13/12/23
8	n Tree	T CHROTIVAS	3 1251	n Plo	1-0-1	)
9	ħ,	.T RANTAC	150ML	· P/0	1-0-1	( wotines
10	u	T. GUTCHYIDE		Plo	1-0-1	J
		T METFORMD		•		
S.No	STARTED ON	CURRENT MEDICATION , (After Admission)	Dose	Route	Frequency	STOPPED ON
1	02/1/24	T - ATTORIMS	lomu	Pho	0-0-47	
2	02/1/20	T- NOTROCONITO	2.5m/	Plo	1-0-1	
3	1\	T. LASTX	Homa	Plo	16-0-0	>
4	1	T'ALDACTORIS	• `	i	1-0-0	Continua
5	1	T-CARDIVAS	3- 12.JN	1/21	1-0-1	
6	11	T. RANTAC	150MU	Plo	1-0-1	
7		•		<b>,</b>		
8						
9		-	<b>T</b>	•		
10		i	Minhe.	* 15 mg		

#### ANY RELEVANT INFORMATION:

Admission / OT Receival  Date and Time :  From : To :	Condition of the Patie  1. Stable / Unstable  3. Conscious / Semico  4. Febrile / A febrile	<ul><li>2. Oriented / Disoriented</li><li>5. Intubated / Extubated</li></ul>		
Transfer Out	Condition of the Patie  1. Stable / Unstable		2. Oriented / Disoriented	
Date and Time :			2. Onenieu / Disoriemeu	
From: To:	4. Febrile / A febrile	onscious / Unconscious	5. Intubated / Extubated	
Transfer In	Condition of the Patie	ent:		
Date and Time :	1. Stable / Unstable		2. Oriented / Disoriented	
Date and Time.	3. Conscious -/- Semico	onscious / Unconscious		
From: To:	4. Febrile / A febrile		5. Intubated / Extubated	
1) Known Case of	Year	Months	Days	
Diabetic Mellitus	3415			
Hypertension	3yns			
3) Known Case of Bronchial Asthma/COPD				
4) Known Case Of Others .				
,	☐ Yes			
Denture	☐ Permanent Fixation	n		
ntale to the second	Temporary Fixation: Present / Absent			
	☐ Yes ☐ No			
Allergic Reaction : Drugs/Food	If you means mention a	bout Drug / Food Name	:	
	☐ Yes			
Pressure Ulcer Present		about <b>Grade:</b> 1 / 2 /3 / 4	4 & Site:	
		•		

#### ANY RELEVANT INFORMATION:

					Sign With Date
Peripheral Cannulation	1. Site:	1. Inserted Dat	te and Time	1. Removed on:	
	2. Site: .	2. Inserted Dat	te and Time	2. Removed on:	
	3. Site:	3. Inserted Dat	te and Time	3. Removed on :	
Neek Line: IJL/EJL	Site:	Inserted Date	and Time	Removed on	
Arterial Line : Right/Left	Site:	Inserted Date a	and Time	Removed on	
Sheath Arterial / Venous:	Site:	Inserted Date	and Time	Removed on	
Pressure Bandage	Site:	Inserted Date	and Time	Removed on	
Drain Site	1. Mediastinal: Inserted Date and Time  Removed on  2. Pleural Right / Left: Inserted Date and Time  Removed on				
Urinary Catheterization	Inserted Date and Time Removed on		n	·	
Nasal / Oral Gastric Tube	Inserted Date and Tin	ne	Removed o	n	
Intubation Date and Time	Extubation Date And Time Reintubation Date And Time				
Other Information	2).122 20 per reservation done confirmed with m. vorgan			Alleg	
	,				





# SAFE PROCEDURE CHECKLIST Adapted from WHO Safe Surgery Checklist



Every heart beat counts

Mr.KARUNA GANDHI.A

56/Malc/MHI202380036

Name of the Procedure :	OPCAB (CH	Location: (T-OT-II)	Date & Time :_ <b>_</b>	01/34 @14,95	02/01/2024/IPH2024000014	.
Does the Procedure involve		Yes □ No			Dr.Rajesh.v	
SIGN IN 9 150 Before Induction of Procedural S	√167A- edation	TIME OUT ໄປ້ເປັ After procedural Sedation and before procedure		SIGN OUT ( ) 35 When Doctor indicates that the	he Procedure is completed	
(Anaesthetist / Qualified Physicia Sedation + Nurse + Technician + Do	n administering Procedural ctor performing the procedure)	(Anaesthetist or Qualified Physician	performing the Proced	ure		
Patient Confirmation	,	All team members introduce themselves by Name and Role	1	To be done for each procedures		
Identity by two identifiers	<b>□</b> ¥€s	Identity by two identifiers	IDXes /	Name of the Procedure done	PB(14)	
Procedure	□Yes <sup>7</sup>	Procedures	∐Yes		ns / investigations ☐ Yes ☑ NA /	1
Side	☐Rt Ð/tf ☐NA	Side	Rt Dtf DNA	Collinas labeling and series		
	Chest, Log	Expected Blood loss 350 m	Chest, Lag			
Consent	☐ Yes  .  .  .  .  .  .  .  .  .  .  .  .  .	Position	□Yes ,	Any recovery concerns :  If Yes, Pls. specify :	☐ Yes ☑ None	
Known Allergy	☐ Yes ☐ Mo ← Know? If yes, plaese specify	Consent Required equipment and implants available	☐Yes ☐NA			
Difficult airway / aspiration risk / dentures	☐ No ☐ Yes, equipment and assistance available	Essential Imaging displayed  Antibiotic prophylaxis within last 60 minutes	Pres □NA K YO	10 TO TOUSE	:\ <b>\</b> \$:10	
Possibility of hypothermia	□ No □ Yes, warmer in place	Name of the Antibiotic given  Venous Thromboembolism Prophylaxis Provided	OVPM 159 V	Any Equipment / instrument addressed :  If Yes, Pls. specify :	problem that needs to be Yes None	
All concerned anesthesia equipment	and medication check complete	Anticipated duration briefed	√ Yes	1	to dominal luizo	
□Spø2 □NHBP □ Other	s pls. specify	Anticipated blood loss briefed	DX€S □NA	27031 210 1 NO.	ts, Sponges, Juize	
Pre OP medication taken	© Yes □ No	Adequate fluids and blood available	□Yes □NA		odle Courts Co	pero
		Team briefed on any critical or unexpected steps	☐ ¥es	Corrective action : '		
Required equipment for procedure available	<b>©</b> Yes □ NA	For procedural sedation cases  Any patient specific concerns:	Yes None	<u> </u>	-	ŀ
procedure available		Intra procedure glycernic control Any concerns about sterility	☐ Yes ☐ None	}		<b>]</b> [
Anaesthetist / Doctor giving Procedural Sedation	Doctor performing to Procedure :		Fechnician: SATHY	Others Pleas	e Specify 32 2. CHRISTINA	
Patel EEVANAMD Time Regiono: 83722	AMDate: 08/01	124 Date: 03/01/24	Date: OBOID	Date : O Time :	3/01/240	



Mr.KARUNA GANDHI.A

56/Malc/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V



MHI/IP/2022/067



#### CONSENT FOR BLOOD / BLOOD COMPONENTS

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

-Red Cells

for bleeding or low hemoglobin

Platelets

for bleeding or low counts

Plasma

for restoring blood volume or providing clotting factors

Cryoprecipitate

for special clotting factors

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

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

Aug	Patients name KARV NOA MOORTHY
Witness	Patient signature
Doctor	Patient signature
Time	<u> •</u>
Date	Guardians signature  Relationship to patient  WIFF-
	Relationship to patient

Informed consent not obtained because of a life threatening/emergency medical condition. I have provided the patient information sufficient to be considered informed consent and I have proceeded with ordering blood products to be administered in sufficient quantity to alter, improved or reverse a life-threatening/emergent medical condition.

-	
113	me:
11	me.

18:15

Data

2/1/24

Doctors Signature:

14.83



சிவப்பு அணுக்கள்

கீரையோபிரைஸிபிடேட்

நோயாளியின் பெயர் :

தேதி:

தட்டணுக்கள்

குருதிநீர்



#### ஒப்புதல் : இரத்தம் / இரத்தத்தீன் பாகங்களை செலுத்துதல்

இரத்தம் செலுத்துதல் என்பது, மருத்துவரால் பரிந்துரைக்கப்படுகின்ற ஓர் உயிர் காக்கும் மருத்துவ செயல்முறையாகும். முழுமையான இரத்தம் அளிக்கப்படலாம் என்றாலும்,பெரும்பாலும் ஒரு பாகம் அல்லது பாகங்களின் கலவை செலுத்தப்படுகிறது. மிகப் பொதுவான பாகங்களில் கீழ்கண்டவை அடங்கும்.

இரத்த கன அளவை மீட்டமைப்பதற்கு அல்லது உறைவு அம்சங்களை வழங்குவதற்கு

இரத்தப்போக்கு அல்லது குறைந்த ஹீமோகுளோபினுக்கு

இரத்தப்போக்கு அல்லது குறைந்த எண்ணிக்கைக்கு

சிறப்பு உறைவு அம்சங்களுக்காக

வலக்கு 7 நொடாளிகளுக்கு கூறத்தப்படுவதன். மூலம் எதாபார்களப்படும் நலாமைகள் மட்டுமானந் கூடாகணையும் கூறத்துவா வள்கள்
1. இரத்தம் செலுத்துவதில் கிடைக்கின்ற விருப்பத்தேர்வு பற்றி எனக்கு தகவலளிக்கப்பட்டுள்ளது. இதில் தன்னார்வ தானமளிப்பவர்கள் வழங்கியுள்ள வங்கியிலுள்ள
இரத்தம் (அலோஜெனிக்) அல்லது சுயமாக தானமளித்தல் (ஆட்டோலோகஸ்) ஆகியவை அடங்கும். ஓர் அவசரநிலையில், வங்கி இரத்தம்தான் பயன்படுத்தட்
வேண்டியிருக்கும். நேரம் கீடைக்கும் பட்சத்தில் சுய தானமளிப்பதற்கு வாய்ப்புள்ளது.
2. தேசிய விதிமுறைகளுக்கேற்ப கவனத்துடன் முன்சோதனை செய்யப்பட்டிருந்தாலும், உயிருக்கு ஆபத்தை விளைவிக்கக்கூடிய தொற்றுக்கான எய்ட
ஹெபடைடிஸ் மற்றும் இதர வைரஸ்கள் அல்லது இதுவரை அறியப்படாத நோய்கள் ஏற்பட்டுள்ள அரிதான நிகழ்வுகளும் உள்ளன. எல்லாவிதமான இடாகளையும்
நீக்குவது என்பது நடைமுறைக்கு இயலாத ஒன்றாகும் என்பதையும் நான் புரிந்து கொள்கீறேன். கணிக்க முடியாத எதீர்விளைவுகளும் தோன்றலாம். இவை
காய்ச்சல், பொரிப்பு, மூச்சுத்திணறல், அதீர்ச்சி மற்றும் அரிதான நீகழ்வுகளில் இறப்பு ஆகியவற்றை உள்ளடக்கி, அந்த வரம்புக்குட்படாதவையாகவும் கூட இருக்கலாம்
என்பதையும் நான் புரிந்து கொண்டேன்.
3. இரத்தம் செலுத்துவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள், அதிர்ச்சி, மூளை மற்றும் இதர உறுப்புகளுக்கு ஏற்படும் சேதம் குறைக்கப்படுதல்,
குணமடைதலை துரிதப்படுத்துதல் மற்றும் இரத்தம் இழக்கப்படுவதைக் குறைத்தல் ஆகீயவற்றை உள்ளடக்கீயிருக்கலாம் என்றாலும், எதிர்பார்க்கப்படும்
நன்மைகளுக்கு உத்தரவாதம் ஏதும் அளிக்கப்படவில்லை என்பதையும் நான் புரிந்து கொள்கீறேன்.
4. இரத்தம் செலுத்துதல், மாற்று சிகீச்சை முறைகள், சிகீச்சை எடுக்காமல் இருப்பதிலுள்ள அபாயங்கள், பயன்படுத்தவிருக்கும் செயல்முறைகள், மற்றும் இதிலுள்ள
இடர்கள் மற்றும் அபாயங்கள் ஆகியவை பற்றிய கேள்விகள் கேட்பதற்கு எனக்கு வாய்ப்பிருந்தது, மேலும் தகவறிந்த நிலையில் முடிவெடுப்பதற்கு ஏற்ப எனக்கு
போதிய விவராங்கள் தெரிந்திருந்தன என்று நான் நம்புகிறேன்.
5. முறையான மருத்துவ பராமரிப்பின் பொருட்டு, இரத்தம் மற்றும் / அல்லது அதன் பாகங்கள் செலுத்தப்படுவதற்கு நான் ஒப்புக்கொள்வதுடன். எனது
கையொப்பத்தின் மூலம் எனக்கு அல்லது நோயாளிகளுக்கு இரத்தப் பொருட்கள் செலுத்தப்படுத்துவதற்கு என் ஒப்புதலை அளிக்கீறேன். இதே நோய் தொடர்பாக,
இரத்தப் பொருட்கள் செலுத்தப்படுவதற்கான எதிர்காலத் தேவைக்கு வாய்ப்புள்ளது மற்றும் அது தொடர் அடிப்படையில் இருக்கலாம் என்று எனக்குத்
தெரிவிக்கப்பட்டிருக்குமானால், இந்த மருத்துவமனை சேர்ப்பின் குறிப்பிட்ட காலத்தில் முடிவடையும் வகையில் அல்லது இந்நோயின் முழுமையான
காலகட்டத்திற்கும் தேவையான கூடுதல் இரத்தப் பொருட்கள் செலுத்தப்படுவதற்குரிய ஒப்புதலையும் இத்தகவலறிந்த ஒப்புதல் மூலம் வழங்குவதற்கு நான் ஒப்புக்
கொள்கீறேன்.
நோயாளியின் பெயர்
சாட்சி
மருத்துவர்
நேரம் பாதுகாவலரின் கையொப்பம்
தேதி
தேதி
்' உயிருக்கு ஆபத்தான / அவசரக்கால மருத்துவ நிலை காரணமாகத் தகவலறிந்த ஒப்புதல் பெறப்படவில்லை, தகவலறிந்த ஒப்புதலாகக் கருதப்படக்கூடிய அளவிற்கு
நான் போதிய அளவு தகவலை நோய்ாளிக்கு வழங்கிவிட்டேன். மேலும் ஓர் உயிருக்கு ஆபத்தான / அவசரக்கால மருத்துவ நிலையை மாற்றுவதற்கு.
மேம்படுத்துவதற்கு, நோமாறாக ஆக்குவதற்கான போதிய அளவில் இரத்தப் பொருட்களை வழங்குவதற்கான உத்தரவை வழங்கும் நடவடிக்கையை நான்
(B) DONO DE TRESTOR (BETT)
நேரம் :
• • • • • • • • • • • • • • • • • • • •

இந்த ஒப்புதல் படிவம் கையெழுத்திடப்பட்ட நேரத்திலிருந்து 72 மணி நேரத்திற்கு மட்டும் செல்லத்த

மருத்துவரின் கையொப்பம்.....







### Mr.KARUNA GANDHI.A 56/Male/MHI202380036 .02/01/2024/IPH2024000014 Dr.RAJESH.V



#### IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTILINAFT			
Chief Complaints: pt do Suddlu out	of breathlemen (hvita dan-tij		
Occupation: Heavy Activity Moderate Activity	Light Activity		
Past Medical/Surgical History:  KICO T2DM x 3ym  KICO HTN x 3ym-  KICO Old CVA- E  KICO ACS- NST	) hemipaalui EMI/ Ischemic cardionyopathy		
On Observation:  Built: Thin Fair Well Built Obese   Postural Deviation: Yes No   Muscles Wasting: Yes No Deformity: Yes No   Swelling: Yes No   Gait Deviation: Yes No   External Appliances: Yes No			
On Palpation:  Tenderness: ☐ Yes ☐ No │ Warmth: ☐ Yes ☐ No │ Muscle spasm: ☐ Yes ☐ No  Oedema: ☐ Yes ☐ No │ Crepitus: ☐ Yes ☐ No │ Tone: ☐ Normal ☐ Abnormal			
FALL RISK SCREENING MIL			
Fall Risk Screening for Adults: ☐ Age more than 65 years ☐ Hi	istory of fall in last 3 months		
<u> </u>	ny neurological problem		
In case of 2 or more criteria is met, initiate detailed fall assessmen	t and fall prevention protocol.		
Fall Risk Screening for Pediatrics: → → →  □ H/O fall in last 3 months □ Neurological problem (vertigo, seizure, etc) □ Deranged mobility  In case of 2 or more criteria is met, initiate detailed fall assessment and fall prevention protocol.			
Respiratory Status:	Brain Injury (if applicable): NU		
☐ Room Air ☐ O₂ Support ☐ Ventilatory Support ☐ BIPAP	☐ Traumatic ☐ Non Traumatic		
☐ Tracheal Mask ☐ Nasal Prongs ☐ Face Mask	☐ Mild ☐ Moderate ☐ Severe		
Intubated: ☐ Yes ☐ No	☐ Conscious ☐ Unconscious		
Tracheostomy: ☐ Yes ☐ No	GCS: E +V +M =   RLA: levels		

Spine Injury: ☐ Present ☑ Absent				
AIS:ISNCSCI SCALE: MU				
☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx				
: Associated Injuries: Speech impaired: ☐ Yes ☑No				
Voluntary Movements: ☐ Present ☐ Absent   Tone Modified: ☐ Hypotonic ☐ Normal ☐ Hypertonic				
ASHWORTH SCALE: NIC				
☐ Tightness ☐Contracture ☐ Deformity ☐ Sensory Deficit				
Balance: ☑ Good ☐ Fair ☐ Poor │ Co-ordination: ☐ Good ☐ Fair ☐ Poor				
Functional Activities				
Self Care: ☐ Independent ☐ Dependent │ Bed Mobility: ☐ Independent ☐ Dependent				
Transfers: ☑ Independent ☐ Dependent   Ambulation: ☐ Independent ☐ Dependent				
FIM Score:				
Breathlessness (If applicable):				
Dyspnoea Grading Scale: Our [1]				
Abnormal Breathing Sounds: ☐Wheezing ☐Stridor ☐ Crackles ☐ Pleural Rub ☐ Pneumothorax Click ☐ Stertor				
Abnormal Breathing Pattern: Abdominal breathing				
Pain Assessment: Pain:  Yes No				
Pain Score:				
Tick whichever is applied:   Numerical Rating Pain Scale  Visual Analog Scale  Wong-Baker Faces				
☐ Pain Scale ☐ Critical Care Pain Observation Tool ☐ FLACC				
Location: Duration: Frequency: Character:				
Location: Duration: Frequency: Character:				
☐ Acute ☐ Chronic ☐ Burning ☐ Aching ☐ Radiating ☐ Numbness				
☐ Sharp ☐ Cramping ☐ Stabbing ☐ Crushing ☐				
Aggravating Factors: Relieving Factors:				

Examination (F	Please tick and mention abn	ormal findings only):			
Range of Mo	otion:				
	Normal				
☐ Muscle Stre	ngth:			·	
	home				
☐ Reflexes:	Nomal				
Plantar Respor	nse: Diminished Brisk	Clonus			
Biceps: Dim	ninished □Brisk □Clonus	i		4	
Triceps: Din	ninished Brisk Clonus	<b>S</b>			
Supinators:	Diminished □Brisk □Clo	onus ,			-
Knee: Dimir	nished Brisk Clonus	i			•
Ankle: Dimi	nished □Brisk □Clonus				
Sensation: (	<del>good</del>				
□ X-Ray	ECG DECHO CAD-TVD / 72 DI	M (HTW/ Source Lv.	<del>-</del>		
Physiotherapy Management Plan:  Drei eucouraged, Spironetry en eucouraged, chet percussion to Blc about wall, Arom to Blc un all  Mobili-Zalion					
Post OP Cardi	othoracic rehabilitation I	Phase - I	outside the	e YOOVO	
APROP	n to Ble Ul	Phase-I Sci Mobilization	(J 00 17 G	• • <del>•</del> 1	
Stair dans curouraged.					
	Signature	Name	Emp. No.	Date	Time
Physiotherapist	G. Baltage	AKASH G.E	0256	03/01/24	18200

ļ

ļ

	RE-ASSE	SSMENT FORM	
Date & Time	Fall Risk Score:  Pain Score: 2 110  Sound cal fit	a Jain.	
05/01/24	Surgery / Procedure : のPCAB X	3 Creatts	
	Respiratory status Post OP:	<b>b</b> )	
·.	Post intention pain score : 2_\	. ( <b>©</b> 1	
• .	- Active ces	to Ble 11 ste	
·	Post Intervention Pain Score:	•	
<b>,</b>	Treatment Care & Plan:	éaline cardio pulmonain	Bholibheton
Physiotherapist	Signature 7	Name J. V.) AYARACAUAN	Emp. No. 2 102

.

ない

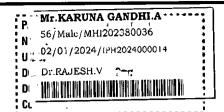
1

į



signing this form.







## **CONSENT FORM - PHYSIOTHERAPY**

I, Mr. Karuna Crandhi the Patient or Fepresentative of patient have (please tick the correct option above and below): Read I/We have been explained the current clinical condition of me/my patient Been explained this consent form in Tamil (Name of language) which I fully understand and understood
the information provided about <del>Operation</del> / procedure
Post operative Con Dio Allmoning Rehablitation
(full name of eperation / procedure given below in this consent form)
(iamamo el opolazion) piococario given zoloni in uno conacticioni,
Brief description of the Operation / Procedure: Dza, chet remove, Spironely Ca,
Active ex do Ble U & le, mobilisation
- Active top 40 Bit DC > CC / NELODIUS alton
I understand the intended benefits of undergoing the procedure . The intended benefits from this procedure are:
To Improve tolve Rom. To Furroue Apr. To Principus duna
Caparty & function To Juroue Apr. To Amperous dung
I understand that all procedures carry certain risks. The potential risks and complications from this procedure:
Par de la companya d
god VI
I have been explained the implications of net undergoing this procedure and the attenue to a safe of a few at a safe in
I have been explained the implications of not undergoing this procedure and the alternative methods of treatment like:
N 9
I declare that I have received and fully understood the information provided in this consent form, that I have been
given an opportunity to ask questions relating to my ailment, the operation / procedure being performed, its risks,
consequences, alternatives, potential complications and intended benefits and recovery, and that all my questions
have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my

	A BANGO LE CALBORA DE COM	in As line
Signature of Patient / Patient	's Relative (only if Patient is unable to sign):	V- /
	41.	-

For the above mentioned operation(s) / procedure(s) that I have been made aware of, I give my consent voluntarily to Dr. I NINGUAN (name of doctor performing the operation / procedure) for carrying out the said operation / procedure on my above named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives

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

,	Signature / Thumb Impression*	Name	Date	Time
Patient				r
Surrogate/Guardian (if applicable #)	n Agin	(Write name and relationship with patient)	03/01/24	18:00
Reason for surrogate consent	Patient is unable to give consent t	pecause:	1	
Witness	Clave 60XA	DAMIA FLORANCE S	0301124	18:00
Interpreter (if applicable)			<b>.</b>	

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

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

	Signature	Name	Reg. No.	Date	Time
Consent obtained by	G.Edest	·AKASH. G.E	0256	03/01/29	18:00
Procedure performed by	G.F. Alex	AKASH-B-F	0256	03/01/24	18:00





# Medway Hospitals® The way to better health

Mr.KARUNA GANDHI:A 56/Male/MHI202380036 0323 / Pł Y 02/01/2024/IPH2024000014

Dr.RAJESH.V



PHYSIOTHERAPY TREATMENT CHART				
DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS	
03/01/24	17100.	- pt ontable entiration	G. F. Alege	
		- Door encouraged - Spornatry ent encouraged - Ters: 600 ce Bryst 6000ce - dreet porcussion A Ble	MH10256	
		Ters: 600 ce Brys 600 ce - dreit porcussión A Ble		
· .		Aron to Bh UL LU		
0301/24	21200	S/B AKASH  - Door encouraged  - Sproonelry & Expibooc  - Chest porcussion to Blu  Chest wall	G.FAROL	
urilar 204	P:00	S/B AKASH  DBON CUCOUNAGED  Spronetry our eucounaged  Tens: 600 cc Exp! 600ce	G178 AROJ MH10256	
		- duet percussión to ble Cheet abell - prom to ble ville		





# Medway Hospitals® The way to better health

Mr. KARUNA GANDHI.A 56/Malc/MHI202380036 6 / PHY 02/01/2024/IPH2024000014

Dr.RAJESH.V

	· · · · · ·	The way to better health	CHANNA BRILLING BUR CHANNERS INDICATE CONTROL INC.	
PHYSIOTHERAPY TREATMENT CHART				
DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS	
4/1/2	9.00	S/B Ramanathan P		
	1	-DBE's encouraged  -Chest percussion to Ble Chest wall  -AROM Et's to Ble Che u  - Spinometry Co's encouraged	THE MH10260	
04/01/24	17,00	Ins: 600 Cop: 600 Cl S/B J.VI) AYARAGAVAN -DBBS Enlomyed		
		- Chest demondon done to Ble Chest wall - Spironely en Enlowed - Thy-booke Bar-Gooke	J. my MMC-2102	
		enlamped,		
04/01/24	21:00	S/B ARASH Drew eurouraged	G. B. Sheet	
		- Sprometry sa amounted  Ins. book Dep. book  - Check pourseion to 186 check  wall  - Arom to 186 vide		





## Medway Hospitals®

The way to better health

Mr. KARUNA GANDHI.A.33 / PHY 56/Malc/MHi202380036

02/01/2024/IPH2024000014

Dr.RAJESH.V



PHYSIOTHERAPY TREATMENT CHART			
DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
05/01/24	6000	- DBer encourages	C & Lead
		- Sprøndag sat Eurovaged  - Sprøndag sat Eurovaged  - Ins: booce Bapibooce  - Cheet percuesian to Bli  Cheet avail	G. F. seed MM0256
osloil 24	9100	-AROM to Bhulll 818 Funayaraenunon	
		- Dises Enlowinged - Chest remember dove to she Chest wall	0
· -		- Sphromety Dr. Colomoged.  Jus-600ce RA-600ce - Altine Can to Ble Ulas U Potent nowwell to Chair.	J. my MMC-2102
osloily	17/00	-D3 2, arlowed	
		- Chest demnison done to she Chechwall - Sphrowely en enburged  Lip-booke ar booke - Active en to she us she	Janly MMC-2102
		- patient wohnwel	





# **Medway Hospitals**® The way to better health

Mr.KARUNA GANDHI.A'3 / PHY 56/Malc/MHI202380036 02/01/2024/IPH2024000014

, Dr.RAJESH.V



DATE TIME PHYSIOTHERAPY TREATMENT REMARKS  SIBJ. VIJAYORACAVAN  - DSe's Enlowingel  - cheek woul  - Spironely en enlowed  The booce an Gooce  - incline en's to Ble of all  - Rt molivipel  SIBJ. VIJAYARAGANAN  - Stay Enlowingel  - cheek permison bone to Ble  Oble 1/24 (Permison bone to Ble  Oliviped Permison bone to Ble  Oliviped Permison bone to Ble	
- DS2's Eulomysl  - client Dennihou done ito Ble  client wall  - Spironely en rendongel  - Try-booce Br. Gooce  - Active en's to Ble ut de u  - Pt mobilized  - Blood Blood Blood  - Pt mobilized  - S13 J. VIJAMARAGAMAN  - DS6's Eulomysel	,
- cheet acumbon done to Ble  cheet wall  - Spironely chi rendomyst  - Try-600ce Br. 600ce  - Active ca's to Ble of & U  - Pt molarizet  - Blo J. VIJACIARALIANAN  - Dieg Enlowinget	
Clest wall  - Stronely en enbuyel  - Frome Rr. Goode  - Actual en to Ble ul & U  - Pt nobrigel  - Blo J. VIJAN ARALIANAN  - Dieg Enbuyel	
- Stronely en enbuyet  July  July  July  Active exists to Blue & U  - Rt mobblet  S13 July ARACIANAN  - Dieg Enbunget	
- Actuação do Ble v ( & U  - Pt molibrisel  Oblo 1/24 17100  S13 J. VIJAN ARALIANAN  - Disay Enlowingel	
- Active sei to Ble ul du - Pt molivisel  - Pt molivisel  - Sta J. VIJAN ARACIANAN  - Dieg Enlowingel	
oblelley 17100 813 July ARACIANAN - Dieg Enlowingel	
- Diez Euloungel	
- Cheft Mesonds 1	
- Clest nervad.	
diest wall	
Fortrondy en enloyed  Fortone Brobook  July	
to Ble U/ & Cl now-2500	
- At moline	
7/1/24. 11:06 S/B Ramanathan p	
- DRE's encouraged	
· their percursion to the chest undo	,
TROM Go's to Ble Uses	
Spirometry dol encouraged	
The book Bop: Goden	





URINE ROUTINE ANALY	sis Microbiolog	GY SHEET	02/01/20 Dr. PA	RUNA GANDHI.A /MH1202380036 024/1PH2024000014 PH.V ECT:
DATE	7 12 28			H.V Cat
COLOUR				
REACTION				
SPECIFIC GRAVITY	1.005			
APPEARANCE				***
ALBUMIN				
SUGAR	Nil			
ACETONE				
BILE SALT				
BILE PIGMENT				
UROBILINOGEN				
PUS CELLS	·	- <del></del> -		·
EPITHELIAL CELLS				<u> </u>
RBC				
CASTS		·		
CRYSTALS	<u></u>	,		
OTHERS				
		· · · · ·		

### **MICROBIOLOGY-CULTURE REPORTS**

DAT	E SPECIMEN/SITE	GROWTH- 24h, 48h, ORGANISM	SENSITIVITY
1		·	
	,		·







### Mr.KARUNA GANDHI.A .56/Malc/MHI202380036 T) 02/01/2024/IPH2024000014 Dr.RAJESH.V

# **DIABETIC CHART**

ACTUAL WE	IGHT	61. 02 HbA1c	6.4.1		
PREVIOUS [	DIABETIC I	MEDICATIONS	T. Gliclazi	he 60my t	1 Mfrom are
DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
2/1/24	13.00	100 mestall	1	Doin	000_
	18-90_	() - '	7. Metforminoto	m 900 18 (20° 6	and worm
5/1/24	6.00	90 mg/dl	NPO	andrai	W. Hoween
2/1/24	9,30	9	NPO	Molatos	BD183543
					2
			\		
			\ )		
•			· · · · · · · · · · · · · · · · · · ·		

### **INSTRUCTIONS FOR INSULIN INFUSIONS**

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





**DIABETIC CHART** 



# Mr.KARUNA GANDHI.A

56/Malc/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V

		A <sub>2</sub> ,		POSS (197) BRIEF BRIEF WARR AND A LINE	
ACTUAL WE	IGHT	61.05 HbA <sub>1</sub> C	6.4./.		(n.)
PREVIOUS I	DIABETIC I	MEDICATIONS GILICLA210	E borng 4 mf St	50mg (-0-1	(34)
DAŢE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
03/01/24	15:40	132 mg/d/		C/2022	S. Porvaen Jeyalum
Allea	6.55	115 m/dl	T. GLICLAZIDE GOMG T. METFORMIN STORM GIVEN	Saus 100 FA	Dr Offrostor.
ANVA	19.55	ng mg/dl	1. CHICLAZIDE 60Mg T	arvente up-00 Chown 100 H	BYPYOLOOM
5/1/24	6.00	150 mg/dl	T. GLICLAXIDE bomy to	Jaw 1 0074	Dr. pravoon.
	12-30	128 my/dl		5 D	10 10 1345 9.
-	18.30	147 maldl	7-Glaclazide	1 / 4 /	OD TROSSON
			T-MESSON	913	
6/1/24	6.00	13 g mg/d/		910/500	DR. Pravoen
			T-MF 500 mg	-01 00000,90	,
	12.30	128 mg/dL	- "//.	E Dio	Dr. prover TEST
<u> </u>	18:32	192mgid/	T. GLICLAZIDE bong 1	of CAS	2 4 Da PRANOW
		0,	T-MP FORM CO	BD 1242 XX	1 SY TOX

## INSTRUCTIONS FOR INSULIN INFUSIONS

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







- (A Unit of United Alliance Healthcare Pvt Ltd)		Every heart beat count
•		Mr.KARUNA GANDHI.A
	DIABETIC CHART	56/Malc/MHI202380036
	DIADETIC CHART	:02/01/2024/IPH2024000014
	•	tor.rajesh.v
CTUAL WEIGHT	ныд.с. 6·4·/	
Q		

PREVIOUS I	DIABETIC I	MEDICATIONS	7. alichazide	60mg + 7·m	F 800my + - 1(BF
DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
7/12/24	6.80	122 mg/dl	T. ali Mazidebon	7+ da 4-30	600 (60m)
		,	7.Mf story		
	12.30	156 mg ld	_	An	Dieses orp
	18-30	128mg/d1	T. aliciazzons box	(93	
		J	7-MR8009 1.	13(19.30)	Telles or pran
بدادا8	6.30	as mald!		2.C.7	Con usion
(- ')	12.30	149 mg ldL	T. Gliclazide	13.17	Dorum
			Compt J. W. R.S	any ope	
		,			

### **INSTRUCTIONS FOR INSULIN INFUSIONS**

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

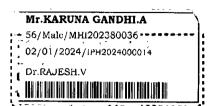




### **BLOOD GROUP**

O-ve

# **INVESTIGATION SHEET**



					* * * * * * * * * * * * * * * * * * * *	
Date	7/12/2023	AIDA	51114	7124		
HAEMATOLOGY		• 13 · , - ,	1,1-1	1-1-1-1	,	
Hb	2.3	111	9,9	8.0		
P.C.V						
Platelets	333000					
TLC	6480		7			
Polymorphs	51.3	:		,		
Lymphocytes	29.3					
Eosinophils	10、斗					
Mono / Basophils	7.3 1.1					
E.S.R	i					
BIO-CHEMISTRY						
Urea	12.45	21	33	<u> 3</u> 6		
Creatinine	0,43	0.86	1:02	0.09		
Sodium	138		138	135		
Potassium	4.90		4.59	4.14		
Bicarbonate				ľ		
Chloride						
Magnesium		•			•	-
Calcium_			1			·
Phosphorus		,				
LFT						
T.Bilirubin	0.544	<b></b>				
D,Bilirubin						
I.Bilirubin						
S.G.O.T						
S.G.P.T						
ALP						
GGT						
Total Protien				<u> </u>		
S.Albumin						
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS		<del></del>				
LDH			·			
Ntpro bnp						

	- 1 1	1		1	1	
Date	7 12 2028					,
<u>COAGULATION</u>	13.0%					, -, -, -, -, -, -, -, -, -, -, -, -, -,
PT / INR	11.5/1.2					
Fibrinogen		,				
D Dimer						,
LIPID PROFILE						
Total Cholesterol	136					
Triglyceride	96					
H.D.L	41					
L.D.L	19.2					
V.L.D.V						
THYROID FUNCTION						
T.S.H	2.799					
T.3 .						
T.4 .	1.05		-			
SEROLORY						
HIV	<u>.                                    </u>					
HBsAg 4	Negalite					
V.D.R.L	//					
COVID 19	· · · · · · · · · · · · · · · · · · ·					
RT- PCR		· · · · · ·				
IgM				,		
lg						
HBA1C	6.4					
FBS/PPBS	7:4					
RBS						
S.AMYLASE						
S.LIPASE						
C.R.P	·					
PROCALCITONIN						
DDIMER		<u> </u>				
S.Osmolality						
URINE						
Osmolality						
Spot - Na			···			
•						
					,	
						. ,
· · · · · · · · · · · · · · · · · · ·						
<del></del>						****
	<del></del>					
	•					
					·	,
<del></del>		<u> </u>				
		•				
	-					
					· :	
				<b></b>	-,	

Date # # # # # # # # # # # # # # # # # # #	·						s ,
COAGULATION PT / INR					, <b>.</b>		
COAGULATION PT / INR	Date	7112/22					# TV
PTINR							1
Fibringen D Dimer LIPID PROFILE Total Cholesterol		13.5 1.2		<b>'</b> ,			<u>'</u>
D Dimer LIPID PROFILE  LIPID PROFILE  Total Cholesterol. 13b  Triglyceride 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	·	11 2					
LIPID PROFILE Total Cholesterol  Total Cholesterol  The state of			·, · · · ·				
Total Cholesterol 134 Triglyceride							
Triglyceride		136					
H.D.L L.D.L							
LDL	H.D.L	Aï.					
VLDV THYROID FUNCTION TS.H  TS.H  T.3  T.4  SEROLORY  HIV  HBSAG  V.D.R.L  COVID 19  RT-PCR  IgM  Ig  HBA1C  FBS/PPBS  RBS  S.AMYLASE  S.ALIPASE  C.R.P  PROCALCITONIN  DDIMER  S.Osmolality  URINE  OSmolality  URINE  OSmolality  Spot-Na  H  A T-95							
THYROID FUNCTION T.S.H T.3 T.4 T.4 T.5 SEROLORY HIV HIV HBSAG V.D.R.L COVID 19 RT-PCR 19 HBA1C FBS/PPS S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE OSmolality URINE OSmolality Spot-Na  H A T T T T T T T T T T T T T T T T T T							
T.S.H T.3 T.4 SEROLORY HIV HBAAG V.D.R.L COVID 19 RT- PCR IgM Ig HBA1C FBS/PPBS RBS S.AMYLASE S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE Osmolality Spot - Na			•		4	•	+ -
T.3 T.4 SEROLORY HIV HBSAG V.D.R.L COVID 19 RT-PCR IgM Ig HBA1C FSS/PPBS RS S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE OSmolality URINE OSmolality Spot-Na  T.O.S.		y. Fac			, , , ,		
T.4		17					<del>                                     </del>
SEROLORY HIV HBSAG VD.R.L COVID 19 RT-PCR IgM Ig Ig IgM Ig IgS RBS RBS S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE Osmolality Spot - Na		1.05				174, 894 95	Ţ.
HIV HBAAG V.D.R.L COVID 19 RT. PCR IgM Ig HBA1C FBS/PPBS RBS S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE Osmolality Spot - Na		,	-				
HBsAg V.D.R.L COVID 19 RT-PCR IgM Ig HBA1C FBS/PPBS RSS S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE OSmolality Spot - Na					12 74 1 7		1
V.D.R.L.		As Do off VX	<b>,</b>		17 517 6		
COVID 19  RT- PCR  IgM  Ig  IBMA1C  FBS/PPBS  RBS  S.AMYLASE  S.LIPASE  C.R.P  PROCALCITONIN  DDIMER  S.Osmolality  URINE  Osmolality  Spot - Na		ro equit re	_ `		,,,,,,		
RT-PCR  IgM  Ig  HBA1C  FBS/PPBS  RBS  S.AMYLASE  S.LIPASE  C.R.P  PROCALCITONIN  DDIMER  S.Osmolality  URINE  Osmolality  Spot - Na   If  If  If  If  If  If  If  If  If		U			Z 12		
IgM Ig HBA1C FBS/PPBS RBS RBS S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE Osmolality Spot - Na					٠, ٥		
Ig HBA1C FBS/PPBS RBS S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE OSmolality Spot - Na							
HBA1C FBS/PPBS RBS S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE Osmolality Spot - Na			•				
FBS/PPBS RBS S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE Osmolality Spot - Na		6.4					
RBS S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE Osmolality Spot - Na					****		
S.AMYLASE S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE Osmolality Spot - Na				· -			
S.LIPASE C.R.P PROCALCITONIN DDIMER S.Osmolality URINE Osmolality Spot - Na							
C.R.P  PROCALCITONIN  DDIMER  S.Osmolality  URINE  Osmolality  Spot - Na							
PROCALCITONIN DDIMER S. Osmolality URINE Osmolality Spot - Na			—		` · · · ·		
DDIMER S.Osmolality URINE Osmolality Spot - Na							
S.Osmolality URINE Osmolality Spot - Na			÷ ·		:		· · · · · · · · · · · · · · · · · · ·
URINE Osmolality Spot - Na  I I I I I I I I I I I I I I I I I I I							
Osmolality Spot - Na							
Spot - Na  t  T  T  T  T  T  T  T  T  T  T  T  T		Ŧ					
	- I						
					,		
					· · ·		
			+ .		· .	-	
						•	
	· · · · · · · · · · · · · · · · · · ·					-	
						<u>.                                    </u>	
					-		
	•			,		-	
	·		<u> </u>			-	
		-					
						<u>.                                    </u>	
	· · · · · · · · · · · · · · · · · · ·						
							<u> </u>

(A Unit of United Alliance Healthcare Pvt Ltd)

Mr.KARUNA GANDHI.A....

Patien | 56/Malc/MHI202380036 Name: 02/01/2024/IPH2024000014

UHID: Dr.RAJESH.V



# **VITAL INFORMATION SHEET**

MHI/IP/2022/074 **M**édway

Every heart beat counts

BLOOD GROU	
ON AD	MISSION
Height in CM	Weight in Kg.
171 cms	61.05 Kgs

iagnosis:			U	AD.		_	4	4	D	ı	9	[2	Dr	Υ).								Pr	o¢.	edı	ıre	:															L		<del>ग</del>	1	21	n	<u>5</u>		6	١.	0	5	Kg	8
NO. OF DAYS			ΣÝ			Į	A	y_	1																																												Ì	
DATE		21	11:	1			0	12																	1					1-				目										Ť					1					r
HOUR	2		_	<del></del>	ightarrow	2	6 1	10 2	2 6	10	2	6	10	2	6 10	2	6	10 2	6	10	2	6 10	2	6	10	2 6	10	2	6 10	0 2	6	10	2 6	10	2	6 1	0 2	6	10	2	6 10	2	6	10 :	2 6	10	2	6 10	2	6 1	0 2	6	10	r
40.5°			I			耳	I	1	I			П	1							$\Box$		土			$\top$		П		1					Ш			$^{+}$	t		$\pm$		Ť			Ť		Ť			+	+	H	H	r
400	$\vdash$	$\dashv$	╁	├	H	$\dashv$	╅	╀	+	+	╁	Н	+	+	╀	Н	$\dashv$	+	+	$\dashv$	+	╁	╀	Н	+	+	Н	_	+	+	+	$\dashv$	-	H		+	+	$\perp$		+	+	$\vdash$	$\Box$	-	$\bot$	Н	4	Ŧ	П	7	1	П	$\Box$	F
40°					П	╛	士	†	t	t		П	_	$\dagger$	╁	Н		$\top$		$\forall$	†	$^{+}$	+	Н	$\dagger$	+	H	+	+	t	H	$\dashv$	╁	$\dagger \dagger$	$\vdash$	+	╁	H	$\vdash \uparrow$	$^{+}$	+	╁	$\vdash$	+	+	H	+	+	Н	+	+	Н	Н	ĺ
39.5°	Ш	$\sqcup$	$\perp$		Ц	4	4	1	1	$\bot$	_	П	$\Box$	$\perp$	$\downarrow$	П		1				I					П	$\Box$	$\bot$	L		$\Box$		П		1				1				1	1	$\square$	丁			士	1			ı
200	Н	$\vdash$	+	┢	Н	$\dashv$	+	╁	╁	+	╁	Н	+	+	╀	Н	$\vdash$	╫	╁	+	+	+	╁	Н	┽	+	H	$\dashv$	+	╁	+	-	╁	╁┤	$\dashv$	+	_	Н	-	+	-	┝	$\dashv$	+	╀	Н	+	+	$\sqcup$	-	╀	Н	-	ı
39°									1	l			I	土						寸	1	T	T	$\Box$	$\top$	十	П	_		T	T	$\dashv$	+	Ħ	Ħ	$\dagger$	+	H	$\top$	$\dagger$	+-	$\vdash$	$\vdash$	+	十	$\Box$	+	+	H	$\dashv$	+	Н	Н	
38.5°	Н	$\vdash$	+	┡	Н	4	+	+	+	+	├-	Н	$\dashv$	+	+	Н		+	1	$\bot$	$\perp$	Ŧ	$\perp$	П	$\bot$	Ţ	П	4	$\bot$	L				П	$\Box$	Ţ		$\Box$	$\Box$	1	$\top$	L		T	Ţ		1	1	П	1	1			
38°	Н	$\dashv$	$\dagger$	H	Н	$\forall$	$\dagger$	+	+	$\dagger$	╁╴	H	+	+	╁	H	$\dashv$	+	H	+	+	╁	+	Н	+	╁	Н	$\dashv$	+	╁	+	$\dashv$	╁	H		+	+-	Н	$\dashv$	+	+	├	$\vdash$	+	╀	H	╅	╁	H	+	╁	Н		
30			1		П	$\Box$				I		П		I			耳	丰		1	1				丰	土	П		$^{\pm}$			士	工	Ħ				П		T	土			1.	İ	П	1	╧		1	1			
37.5°	Н	-	÷	-	H	+	+	╀	╀	+	┝	╢	+	+	╁	Н	-	+	Н	+	+	+	-	Н	+	╀	Н	$\dashv$	+	-	Н	$\dashv$	- -	Н	$\dashv$	+	$\bot$	Н	4	$\bot$	4		_	Ŧ	Ι.	Н	$\perp$	$\bot$	П	$\perp$	Ŧ	П		
37°		士	憃		$\Box$	$\pm$		$\pm$	1	1					T	Н	$\dashv$	+	$\vdash$	$\dagger$	+	╁	+	H	+	+	H	-+	+	╁	Н	$\dashv$	+	Н	$\dashv$	+	╁	Н	+	╁	╁	$\vdash$	$\dashv$	╁	╁	H	+	+	Н	+	+	H		
31	$\Box$	4	Ţ	Z	Ų	Ţ	4	Z	Ţ	Ţ				Ţ	I	П		I									П							П							土			I										
36.5°	4	+	+	_	Н	4	╫	+	╁	+	├	Н	+	+	-	$\vdash$	+	+	╁┤	+	+	,	+	H	+	+	H	+	+	╀╌	Н	-+	+	Н	$\dashv$	-	+-	╁┤	+	+	+-	H	$\perp$	╀	1	Н	4	- -	Н		_	П		ľ
36°					П		$\dagger$		Ť	1		$\Box$	$\dagger$	+	t	Н	$\forall$	$\top$	Н	$\dagger$	$^{+}$	Ť	H	H	$\dagger$	╁	Н	$\dashv$	十	╁	Н	十	+	H	十	+	+	H	$\dashv$	╅	+	H	$\dashv$	+	╁	Н	+	+	Н	+	╫	Н		l
	Н		+		Ц	Ц	$\perp$	Ŧ	L		F		$\perp$			П	$\Box$	$\perp$		#					7		Ц			L		7		Ц			$\bot$		ユ					丰	I	П		Ţ				Ц		
PULSE	$\dashv$		13	9	4	4	b[v	۸			┡		4					1		4			_		$\downarrow$					_		4		_			_							$\perp$					_		_			
RESP	_		1.		1		0 N	<del></del>			<u> </u>		4			_		╄		4			,		4					-		4		4			1		_	•				1							1		_	ļ
B.P.	$\vdash$		10	0.1	114	<u>122</u>	1 <u>8</u>	<u>q</u> V			┝		_			┝				+					+					-				_					$\dashv$			L		$\bot$										
SPO2 ILY WEIGHT	$\dashv$			48	M.	4	2.	<u></u>			⊢					L				+					+					╀				-					+					_					_				_	
	1				+	_		-		-	╁									+		-			+					╀				$\dashv$					+					+-									$\dashv$	,
HRS INTAKE IRS OUTPUT	- 1	Op			+						⊢					-		_		+					+					╀	-			$\dashv$					$\dashv$					╁										,
BALANCE	4	50			+						├									+					+					├-				$\dashv$					+					╀					-			_	4	
MOTION	+	-34	M	พ	+						$\vdash$				_	$\vdash$				+				-	+					+				$\dashv$					+					╀					<u> </u>				4	
WOTION				-							Ц.					Ц_				_L_																			l_		J	_					<u>oh</u>		<u>L_</u>	ब्र ॥	1		$\perp$	



Every heart beat counts

BLOOD GROUP b-ve

ON ADMISSION

**()** ou Hospitale

Medway Hospitals®
The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)





VITAL INFORMATION SHEET

Diagnosis: CAD - Tup, CEVERE LV, EL 28 1/2 Procedure: ODUAB x 3 GRACIC SULU → DM,

Procedure: ODUAB x 3 GRACIC SULU → DM,

Procedure: ODUAB x 3 GRACIC SULU → DM,

Diagnosis:	_	. 171	<u>-</u> ر	. 16	ムレ					_ F			_4	7	_	-}			~ <i>Q</i> ,		`								410		<b>∠</b> ∤		, H=		_	<b>&gt;</b> ~(	(NC-P)	1	٤	-{	<u> </u>	શ્ધ્		<u>.</u>	D	٩	ħ					_					_					<u>V</u>	_	_
NO. OF DAYS			D	<u>0</u> 0	•	]	12	-Þ	БÌ	2		Î	Î	Po	D	1		P	9	λ.	5	<u>u</u>	_	B			- [	_	- 1			<b>D</b> -																																
DATE		3	o	1/2	4	L	0 د	,[4	01	20	- 1		5		r .			6		1	کر	4		4	1	7	2	4		ફ	$l_{t}$	1:	ر	1																														
HOUR	2	6	10	2	6 1	0 2	6	10	2	6	10						10						10	2	6	10	2	6	10	2	6 1	10	2	6 1	2	2 6	10	2	6	10	2	6	10	2	6 1	10	2	6 10	) 2	2 6	10	2	2 6	10	2	6	10	2	6	10	2 6	3 10	2	6
40.5°		H	$\exists$	Ŧ	+	F	F	F	F		Н		F					П		Н	-,	$\exists$	7	-	7	$\dashv$	-	4	$\dashv$	$\exists$	7	Ŧ	7	Ŧ		+		F		Н		$\Box$		-	-	$\frac{1}{1}$	+	+	l				F	$ar{\parallel}$			$\frac{1}{2}$		$\pm$	$\dashv$	-	L		
40°		H	$\dashv$	+	+		+				Н							H		Н	$\dashv$	$\dashv$	+	+	+	$\dashv$	+	$\dashv$	$\dashv$		+	+	+	+	+	Ŧ	$\vdash$	$\vdash$	Н	$\Box$			$\dashv$	$\frac{1}{1}$	$\frac{1}{1}$	+	+		+	$\perp$	+		+	+		Н			$\frac{1}{2}$			$\vdash$		
39.5°	F	$\vdash$	$\exists$	Ŧ	$\mp$	$\vdash$	-	H			Н		Н					${\mathbb H}$		Н	$\exists$	$\exists$	7	$\exists$	$\dashv$	$\exists$	$\exists$	$\dashv$	$\dashv$		7	$\mp$	+	+	$\vdash$	+	F	$\vdash$		Н		Н	$\dashv$	$\dashv$	+	+	+	+	+	+	+		$\vdash$	F	<u> </u>		4	-	+	+	+	<del> </del>		$\Box$
39°	F	Н	7	7	1	F	ŀ		F		П		Е					$\exists$		Н	4		7	7	7	4	7	4	$\dashv$		4	7	-	7	F	Ŧ	F	F	H	H		П	-	4	+	7	+	+	F	Ŧ	Ŧ		F	-	-	Н	7	$\dashv$	$\mp$	$\dashv$	╀	$\vdash$		
38.5°	F	H	7	Ŧ	Ŧ	F	F	F	L		H		H			П	$\exists$	H		H	7	_	7	4	7	7	7	$\dashv$	$\dashv$	$\dashv$	_	Ŧ	$\mp$	Ŧ	F	Ŧ	F	F	Н	Н		П	-	-	+	+	+	ŀ	ŀ	Ŧ	╀		F	╀		Н	7	-	7	7	1	H	H	$\exists$
38°	F		4	-	Ŧ	F	F	F	F		H		Н	Н				$\exists$		Н	$\dashv$	4	7		1	$\dashv$	7	4	$\dashv$		4	$\mp$	4	+	F	Ŧ	F	F	Н	$\Box$		П	7	7	7	7	-	+	F	Ŧ	Ŧ		F	_	_	Н	$\dashv$	$\dashv$	$\mp$	$\dashv$	+	-		$\Box$
37.5°	F	Н	7	+	╀	F	F	F	F		H		H			П		H		H	$\dashv$	7	7	7	7	4	7	7	$\dashv$	$\exists$	4	Ŧ	7	+	F	Ŧ	F	F	Н	H		Н	4	7	7	7	7	1	F	-	Ŧ	F	F	F	F	Н	7	7	$\dashv$	$\dashv$	╀	F	Н	
37°	_	Н	7	+	+		X					_	H				÷	H	+	P	4	4	7	_	4	-	+	-	$\exists$	4		+	+	Ŧ	F	╀	F	F	Н	H		H	-	4	+	+	+	+	+	+	+	_	-	F		H	7	$\dashv$	4	4	+	-	Н	_
36.5°	F	П	7	Ŧ	7	7	F	È	F		H		H		Н	_		H		H	7	4	7	_	7	4	7	4	~	$\exists$	7	Ŧ	7	Ŧ	F	Ŧ	F	-	H	Ħ		H	7	7	7	7	7	#	+	Ŧ	Ŧ	<u> </u>	F	F		П	7	7	7	7	+	╀	Н	_
36°	_	П	7	1	7	F	F	L	F		H		H					H		H	4	4	7	7	1	7	7	7	$\exists$	4	1	Ŧ	7	7	F	Ŧ	L	F	H	H		H	4	7	7	7	1	-	F	+	+	_	Ŧ	F		П	7	4	7	4	+	F	П	$\Box$
PULSE	L	7	7	12	m l	10	16	mf	W	lber.	6	łơ	1/2	¥	Ī	ט נ	2	98	5	м	8	$\overline{\varsigma}$	1	Q (	2	m	1	25	)	<u>2</u> 4	Ы	↲			T		•	T		٦			7			1			T	_				•						1		•	Γ.	
RESP		Γ		12	ml	1.	لدو	nt	3	W		JA	là	$\mathcal{U}$	2	ما		20	1	0	Q	ھ	ľ	Ža	Ы	'n	16	20		22	b),	n						Γ					T			T			Ī			Ī					T			╗				$\neg$
<b>В</b> .Р.			j	22	ь	L١	21	LÆ	W	)W	3	Ŋ	ÀΪ	82	11	9	곬	13	9	70	lu	sl	l k	13	o/s	1-0	11	0	જ્ઞવ	Ro	H	d																																
SPO2			10	90	٠/.	1	16	<b>%</b>		99	Ϋ́,	4	2	^	C	1	Ļ	9	<b>'</b> 7	Ŋ.	à	*	1	C	14		C	ĽĽ	И	C	17	9/																																
DAILY WEIGHT		12	ed	30	21	- [	36	<u> </u>	26	51								•			ı	-						_	_									-																										
24 HRS INTAKE		Ų:										- 1	15	יסה	61	W		,	12	മ	0	u		ĺ	3	100	<u></u>	u	u l																																			
24HRS OUTPUT	Γ					Į							2				$\lambda$		L	₹.	ð	n	u	0	3	~	> 4	œ	ų.						Γ					$\exists$						T											T							
BALANCE	Τ					Ē			ī	h			6					1	3	Éè	· l	n	đ				<u> </u>		_						T		-			一						T						Ī					7						T	$\neg$
MOTION		<u> </u>			x		X	<del>'</del> T			₹	_	<u> </u>					7	<u> </u>			<del></del>	Ť						┪			•			T					┪						十				•		Ī					一							$\neg$





### Mr.KARUNA GANDHI.A

56/Malc/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





FARLY WARNING SCORE MONITORING CHART

Name:						Age	Sex:_			P	atient	Id No:			
NEWS key	DATE	-1.10	<del>}</del>	<del>- 1</del>	<del>-</del> 1-r	2 0	2/1-								DATE
1 2 3	DAIR	3111		20 30	312	217	2.31	)							DATE
	TIME	12.90	102.	Z0 >0	0.2	10	생'/								TIME
∓B — — — espirations	>25 21-24						,	2							>25 21-24
reath/ min	18-20			۔				. 4							18-20
	15-17														15-17
	12-14	i											e'. Man		12-14
	9-11					-		1 3							9-11 <8
+B	>96			*	<b>—</b>										>96
Po2 Scale 1	94-95							1							94-95
xygen Saturation (%)	92-93				· · · · ·	-	,	2							92-93 <91
po2 scale 2 oxygen aturation ( %) use scale 2 target range is 88-92 % g: in hypercapnic	<91 >96 on oxygen	······································	<b>;</b> ;	)	<b>;</b>	÷	<b>=</b> 3	<u> </u>	÷	ir -	÷ = .;	÷	i <del>i</del> ·	∯ት 6 1	>96 on oxygen
espiratory failure only	25.25						-						0- [		05.002
se scale 2 under the	95-96 on o2 93-94 on O2							1		<u> </u>			<u> </u>		95-96 on o2 93-94 on O2
rection of qualified	>93 on air														>93 on air
`	88-92														88-92
	86-87		-					2			ļ <u>.</u>			ļ	86-87 84-85
	84-85 <83%							3		n.					<83%
	100%								:				o		10370
ir or Oxygen ?	A≃ Air		-		- 2	······································									} A⇒ Air
	O2litre/ min Device					-,		_2							O2litre/ min Device
lood Pressure	>220			ı	· · · · ·			3				,			>220
	201-219														201-219
	181-200 161-180							2						<u> </u>	181-200 161-180
	141-160	+							· · · · ·		<del></del>				141-160
	121-140	<b>—</b>			k		ſ						Ì		121-140
	111-120											ļ	ļ		111-120
	91-100 81-90					<u> </u>		2		-	-		-	-	91-100 81-90
	71-80				y	· · · · · ·		ñ				-			71-80
	61-70		(}: (}:	#	}	i – – 1	} } :	21			# - ·			# #= == = !	61-70
	51-60			1		r	r 7	21				- <del>-</del>	;	۱۲ ۱۲	51-60
iastolic BP	<50 mmHg							, <u>B</u>			<b></b>		+	ï	<50 mmHg
idstolic br	>131							3		-	·-				>131
ulse	121-130							2		2				<u> </u>	121-130
eats / min	111-120							2							111-120
Ŀ	101-110 91-100	-						1			-				101-110 91-100
_	81-90			<del>                                     </del>				•	<del>                                     </del>		-	<u> </u>	1		81-90
	71-80				-										71-80
	61-70	1								ļ <u> </u>	ļ	ļ		ļ	61-70
			1			1			I	I	1	<u> </u>	1	<u> </u>	51-60 41-50
	51-60							1				1	1	1	
				,				1							31-40
	51-60 41-50 31-40 <30		:	# = - 4	÷ = -:					-					31-40 <30
	51-60 41-50 31-40 <30 Alert				÷ = -:			<u> </u>				-			31-40 <30   Alert
onsciousness	51-60 41-50 31-40 <30 Alert Confusion		# = = :				~	<u> </u>							31-40 <30 Alert Confusion
onsciousness core for New onset of onfusion	51-60 41-50 31-40 <30 Alert	7	# = = :	# = = #	-		~	9 9							31-40 <30   Alert
onsciousness core for New onset of onfusion no score if chronic )	51-60 41-50 31-40 <30 Alert Confusion V P	7	# = = :		-		~								31-40 <30   Alert Confusion V P
onsciousness core for New onset of onfusion no score if chronic )	51-60 41-50 31-40 <30 Alert Confusion V	7	# = = :	# = = #	-		~	<b>ा</b> ।							31-40 <30   Alert   Confusion   V   P   U   >39.1 degree Celsius
onsciousness core for New onset of onfusion no score if chronic )	51-60 41-50 31-40 <30 Alert Confusion V P U >39.1 degree Celsius 38.1-39.0 37.1-38.0	7	# = = :	# = = = = = = = = = = = = = = = = = = =	-		~	5 5 5 3 7 8							31-40 <30   Alert   Confusion   V   P   U   >39.1 degree Celsius   38.1-39.0   37.1-38.0
onsciousness core for New onset of onfusion no score if chronic ) emperature egree Celsius	51-60 41-50 31-40 <30 Alert Confusion V P U >39.1 degree Celsius 38.1-39.0 37.1-38.0 36.1-37.0	7	# = = :	# = = = = = = = = = = = = = = = = = = =	-		~	3 3 3 3 2							31-40 <30   Alert   Confusion   V   P   U   >39.1 degree Celsius   38.1-39.0   37.1-38.0   36.1-37.0
onsciousness core for New onset of onfusion no score if chronic )	51-60 41-50 31-40 <30 Alert Confusion V P U >39.1 degree Celsius 38.1-39.0 37.1-38.0 36.1-37.0 35.1-36.0	7	# = = :	# = = = = = = = = = = = = = = = = = = =	-		~	3 3 3 3 2							31-40 <30   Alert   Confusion   V   P     U   >39.1 degree Ceisius     38.1-39.0     37.1-38.0     36.1-37.0     35.1-36.0
onsciousness core for New onset of onfusion no score if chronic ) emperature egree Celsius	51-60 41-50 31-40 <30 Alert Confusion V P U >39.1 degree Celsius 38.1-39.0 37.1-38.0 36.1-37.0		# = = :		-	0.		3 3 3 3 2							31-40 <30   Alert   Confusion   V   P   U   >39.1 degree Celsius   38.1-39.0   37.1-38.0   36.1-37.0
onsciousness core for New onset of onfusion no score if chronic ) emperature egree Celsius EWS Total Ionitoring Frequency	51-60 41-50 31-40 <30 Alert Confusion V P U >39.1 degree Celsius 38.1-39.0 37.1-38.0 36.1-37.0 35.1-36.0		0	D LUT	O Ah			3 3 3 3 2		)					31-40 <30   Alert   Confusion   V   P     U   >39.1 degree Celsius     38.1-39.0     37.1-38.0     36.1-37.0     35.1-36.0
onsciousness core for New onset of onfusion no score if chronic )	51-60 41-50 31-40 <30 Alert Confusion V P U >39.1 degree Celsius 38.1-39.0 37.1-38.0 36.1-37.0 35.1-36.0		# = = : # = = : # = = :	D LUT	- A	0.		3 3 3 3 2		)					31-40 <30   Alert   Confusion   V   P     U   >39.1 degree Ceisius     38.1-39.0     37.1-38.0     36.1-37.0     35.1-36.0

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

Score and monitoring	4	Every Hourly
frequency	3	Every 2 <sup>nd</sup> Hourly
	2	Every 4th Hourly





Medway Heart Institute

art beat counts

### **EARLY WARNING SCORE MONITORING CHART**

Pration (%) use scale 2   riget range is 88-92 %   grin hypercapnic espiratory failure only see scale 2 under the on of qualified in   95-96   93-94   993 o   88-92   86-87   84-85   <83%	96 on o2 994 on o2 994 on o2 994 on o2 995 93				2200			1 1 2 B 2 1 1 2 B 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100 M	21.00		10.60	1 4 // c	18.07	TIME  >25  21-24  18-20  15-17  12-14  9-11  <8  >96  94-95  92-93  <91  >96 on oxygen   95-96 on o2  93-94 on O2  93-94 on O2  >93 on air  88-92  86-87  84-85  <83%   3A= Air  OZlitre/ min  Device  >220  201-219  181-200  161-180  141-160  121-140  111-120
Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Confident   Consciousness   Consciousness   Confident   Consciousnes	92 29 29 29 29 29 29 29 29 29 29 29 29 2			JAC -		8.8		1 1 2 3 3 2 1 1 2 2 3 3 2 2 1 2 2 2 2 2	18.00	21.00					>25 21-24 18-20 115-17 12-14 9-11 -8 9-11 -8 9-96 94-95 92-93 -91 >96 on oxygen  95-96 on o2 93-94 on O2 >93-94 on O2 >93-94 on O2 >93-94 on O2 -93-94 on O2 -94-94 on O2 -94-
Sepirations   21-24	92 29 29 29 29 29 29 29 29 29 29 29 29 2							1 3 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							>25 21-24 18-20 115-17 12-14 9-11 -8 9-11 -8 9-96 94-95 92-93 -91 >96 on oxygen  95-96 on o2 93-94 on O2 >93-94 on O2 >93-94 on O2 >93-94 on O2 -93-94 on O2 -94-94 on O2 -94-
Separations   21-24	24 20 17 14 1 1 5 95 93 1 6 on oxygen  96 on o2 94 on O2 3 on air 92 87 85 33%  Air litre/ min vice  20 1-219 1-200 1-180 1-160 1-140 1-120 1-100 -90 -80							1 3 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							18-20 15-17 12-14 9-11 <8 >96 94-95 92-93 <91 >96 on oxygen  95-96 on o2 93-94 on O2 >93-94 on O2 >93-94 on O2  >93-94 on O2  >201-219 181-200 161-180 141-160 , 121-140
15-17   12-14   9-11   18-18   9-18   996   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   999   99	17 14 1 1 5 95 93 1 6 on oxygen  96 on o2 94 on O2 3 on air 92 87 85 33%  Air litre/ min vice  20 1-219 1-200 1-180 1-160 - 1-140 1-120 1-100 -90 -80 -70							1 2 3 3 5 1 2 1							15-17 12-14 9-11 9-11
12-14   9-11	14 1 1 5 995 993 1 6 on o2 94 on o2 94 on o2 87 87 85 37 86 Air litre/ min vice 20 1-219 1-200 1-180 1-160 1-160 1-140 1-120 1-100 -90 -80 -70							1 2 3 3 5 1 2 1							12-14 9-11 <8 9-11 <8 9-96 94-95 92-93 <91 >96 on oxygen  95-96 on o2 93-94 on O2 >93-94 on O2 >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >93-94 on D2  >94-95 on D2  -94 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -95 on D2  -
9-11	1							1 2 3 3 5 1 2 1							9-11 <8 >96 >96 94-95 92-93 <91 >96 on oxygen  95-96 on o2 93-94 on O2 >93 on air 88-92 86-87 84-85 <83%
Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Sect	96 on o2 94 on o2 94 on o2 94 on o2 30 on air 92 87 85 3% Air litre/ min vice 20 1-219 1-200 1-180 1-160 - 1-140 1-120 1-100 1-90 80 -70							1 2 3 3 5 1 2 1							<8 >>96 94-95 94-95 92-93 <>91 >96 on oxygen  95-96 on o2 93-94 on O2 >93 on air 88-92 86-87 84-85 <<83%  3A= Air O2litre/ min Device  >220 201-219 181-200 161-180 141-160 , 121-140
S	95 93 1 6 on oxygen  96 on o2 94 on O2 94 on O2 87 87 85 3%  Air litre/ min vice  20 1-219 1-200 1-180 1-160 1-160 1-120 1-100 -90 -80							1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							>96 94-95 92-93 <91 >96 on oxygen  95-96 on o2 93-94 on O2 >93-94 on O2 >93 on air 88-92 86-87 84-85 <83%  3A= Air O2litre/ min Device  >220 201-219 181-200 161-180 141-160 , 121-140
o2 Scale 1	95 93 1 6 on oxygen  96 on o2 94 on O2 94 on O2 87 87 85 3%  Air litre/ min vice  20 1-219 1-200 1-180 1-160 1-160 1-120 1-100 -90 -80						9	2 3 3 1 1 2 1 2 2							92-93 <91 >96 on oxygen  95-96 on o2 93-94 on O2 93-94 on O2  93-94 on O2  86-87 84-85 <83%  A=Air O2litre/ min Device  >220 201-219 181-200 161-180 141-160 , 121-140
column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   column   c	96 on o2 94 on o2 94 on O2 3 on air 92 87 85 33%  Air litre/ min vice  20 1-219 1-200 1-180 1-160 1-140 1-120 1-100 -90 -80						9	2 1 2 3 3							<91 >96 on oxygen 95-96 on o2 93-94 on O2 >93 on air 88-92 86-87 84-85 <83% A= Air O2litre/ min Device >220 201-219 181-200 161-180 141-160 , 121-140
22 scale 2 oxygen	96 on o2 94 on o2 94 on o2 3 on air 92 87 85 83%  Air litre/ min vice  20 1-219 1-200 1-180 1-160 - 1-140 1-120 1-100 -90 -80							2 1 1 2 B							>96 on oxygen  95-96 on o2  93-94 on O2  >93 on air  88-92  86-87  84-85  <83%  3A= Air  O2litre/ min  Device  >220  201-219  181-200  161-180  141-160  , 121-140
Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular   Practicular	96 on o2 94 on o2 3 on air 92 87 85 33%  Air litre/ min vice  20 1-219 1-200 1-180 1-160 1-120 1-100 1-90 80 -70						9	2 1 2 B							95-96 on o2 93-94 on O2 >93-94 on O2 >93 on air 88-92 86-87 84-85 <83%  3A= Air O2litre/ min Device >220 201-219 181-200 161-180 141-160 , 121-140
se scale 2 under the on of qualified in 93-94   93-94   93-94   93-94   93-94   93-94   98-92   88-92   86-87   84-85 <a href="#"><a hre<="" td=""><td>94 on O2 3 on air 92 87 887 885 33%  Air litre/ min vice  20  1-219 1-200 1-180 1-160 1-140 1-120 1-100 -90 80</td><td></td><td></td><td></td><td></td><td></td><td>9</td><td>1 2 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td>93-94 on O2 &gt;93 on air 88-92 88-87 84-85 &lt;83%  3A= Air O2litre/ min Device &gt;220 201-219 181-200 161-180 141-160 , 121-140</td></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a>	94 on O2 3 on air 92 87 887 885 33%  Air litre/ min vice  20  1-219 1-200 1-180 1-160 1-140 1-120 1-100 -90 80						9	1 2 3							93-94 on O2 >93 on air 88-92 88-87 84-85 <83%  3A= Air O2litre/ min Device >220 201-219 181-200 161-180 141-160 , 121-140
on of qualified in >93-94 in >93 or 38-94   >93 or 38-92   86-87   84-85   <a href="#">84-85   <a href="#">86-87   84-85   <a href="#">84-85   <a href="#">84-85   <a href="#">84-85   <a href="#">90-10   <a href="#">90-10   <a href="#">91-10   <a href="#">81-90   <a href="#">71-86   <a href="#">91-10   <a href="#">81-90   <a href="#">71-80   <a href="#">91-10   <a href="#">81-90   <a href="#">71-80   <a href="#">91-10   <a< td=""><td>3 on air 92 87 887 885 885 886 Air litre/ min vice 20 1-219 1-200 1-180 1-160 - 1-140 1-120 1-100 1-90 1-80 1-70</td><td></td><td></td><td></td><td></td><td></td><td>9</td><td>1 2 3 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td>&gt;93 on air 88-92 86-87 84-85 &lt;83%  3A= Air O2litre/ min Device  &gt;220  201-219 181-200 161-180 141-160 , 121-140</td></a<></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a>	3 on air 92 87 887 885 885 886 Air litre/ min vice 20 1-219 1-200 1-180 1-160 - 1-140 1-120 1-100 1-90 1-80 1-70						9	1 2 3 2							>93 on air 88-92 86-87 84-85 <83%  3A= Air O2litre/ min Device  >220  201-219 181-200 161-180 141-160 , 121-140
88-92 86-87 84-85 <83%  For or Oxygen?  A= Ai O2litr Devic  100d Pressure  201-2 181-2 161-1 141-1 121-1 111-1 91-10 81-90 71-80 61-70 51-60 <50 Iastolic BP mmH 111-1 101-1 91-10 81-90 71-80 61-70 51-60 41-50 31-44 <30 Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Alert Ale	92 87 85 85 85 86 86 86 86 86 86 86 86 86 86 86 86 86						9	2 3 2 2 2 2							88-92 86-87 84-85 <83% 3A= Air O2litre/ min Device >220 201-219 181-200 161-180 141-160 , 121-140
86-87 84-85 84-85 84-85 83%  r or Oxygen ?  A = Ai Ozlitr Devic  > 220 181-2 161-1 141-1 121-1 111-1 91-10 81-90 71-80 61-70 51-60 410 81-90 71-80 61-70 51-60 41-50 31-44 430 Alert Alert Alert Confi	87 85 3%  Air litre/ min vice  20  1-219 1-200 1-180 1-160 - 1-140 1-120 -100 -90 -80						9	2 3 2 2 2 2							86-87 84-85 <83%  3A=Air O2litre/ min Device  >220  201-219 181-200 161-180 141-160 , 121-140
84-85 <83%  For Oxygen?  A= Air Ozlitr Devic  >220  >220    181-2   181-2   181-1   141-1   121-1   111-1   91-10   81-90   71-86   -50   ostolic BP   mmH   >131   121-1   101-1   91-10   81-90   71-86   61-70   51-66   41-50   31-44   -30   Alert   consciousness	Air  Air  litre/ min  vice  20  1-219 1-200 1-180 1-160 1-160 1-120 1-100 1-90 80 6-70						3	2 3 2 2 2 2							84-85 <83%  A= Air O2litre/ min Device  >220  201-219 181-200 161-180 141-160 , 121-140
Continue	Air litre/ min vice  20 1-219 1-200 1-180 1-160 - 1-140 1-120 1-100 -90 -80							2							⇒A= Air O2litre/ min Device >>220 201-219 181-200 161-180 141-160 , 121-140
O2litr   Device	litre/ min vice  20  1-219 1-200 1-180 1-160 1-160 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-100 1-1							2							O2litre/min Device  >220  201-219 181-200 161-180 141-160 , 121-140
Devic	1-219 1-200 1-180 1-160 1-140 1-120 1-100 1-90 80 7-70	C -						2							>220 201-219 181-200 161-180 141-160 , 121-140
201-2   181-2   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-	1-219 1-200 1-180 1-160 - 1-140 1-120 -100 -90 -80	4													>220 201-219 181-200 161-180 141-160 , 121-140
201-2   181-2   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-1   161-	1-219 1-200 1-180 1-160 - 1-140 1-120 -100 -90 -80 -70	4										7			201-219 181-200 161-180 141-160 , 121-140
181-2   161-1   141-1   121-1   111-1   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10   191-10	1-200 1-180 1-160 - 1-140 1-120 -100 -90 -80 -70	<u> </u>										17			181-200 161-180 141-160 , 121-140
161-1   141-1   121-1   91-10   81-90   71-86   61-70   51-60   <50   01astolic BP   mmH   >131   121-1   101-1   91-10   81-90   71-80   61-70   51-60   61-70   51-60   61-70   51-60   61-70   51-60   61-70   61	1-180 1-160 - 1-140 1-120 -100 -90 -80	-					•				-	12			161-180 141-160 , 121-140
141-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-1   121-	1-160 - 1-140 1-120 -100 -90 -80 -70	<b>4</b>					•				-	15-	-		141-160 , 121-140
121-1   111-1   91-10   81-90   71-80   61-70   51-60   <50   iastolic BP   mmH   mmH   121-1   121-	1-140 1-120 -100 -90 -80	<u> </u>					~	· ·		<del>                                     </del>		<u> </u>	·		121-140
111-1   91-10   81-90   71-86   61-70   51-60   <50   lastolic BP   mmH   >131   121-1   101-1   91-10   81-90   71-80   61-70   51-60   41-50   31-40   <30   Alert	1-120 -100 -90 -80							· .		1	1				111-120
91-10 81-90 71-80 61-70 51-60 <50 Hastolic BP mmH  2131 121-1 101-1 91-10 81-90 71-80 61-77 51-60 41-50 31-44 <30 onsciousness Confi	-100 -90 -80 -70		الم												
71-80 61-70 51-60 51-60 5-60 7-70 7-80 7-80 7-80 7-80 7-80 7-80 7-8	-80 -70		كبية	1 1				1			I				91-100
61-70 51-60 <50 Hastolic BP  mmH  >131 121-1 101-1 91-10 81-90 71-80 61-70 51-60 41-50 31-44 <30 Onsciousness  Confi	-70			W				2					86	And the second of the	81-90
51-60 <50 mmH  >131 121-1  101-1  91-10  81-90  71-80  61-77  51-60  41-50  31-40 <ol> <li>Alert</li> <li>Onsciousness</li> <li>Confi</li> </ol>									Track Bank		]	1138		5 (4 )	71-80
SO   SO   SO   SO   SO   SO   SO   SO								#3 Table	100	1		1445	1 mars	Basin de Astro	61-70 51-60
		200		- X-1	<u> </u>		~ (* * * * * * * * * * * * * * * * * * *	23 T. 100							<50
>131 121-1 101-1 91-10 81-90 71-80 61-70 51-66 41-50 31-44 < 30 Alert		70		109	-co	भेड	70	<		දිර	42	96	an a	فرا	mmHg
121-1 101-1 101-1 91-10 81-90 71-86 61-70 51-60 41-50 31-40 <30 Alert consciousness Confi		- A12		(97				BE	-T.			a k San B	- 1 to 1	20 ( KS)	
11-1   101-3   91-101-3   81-90   71-80   61-77   51-60   41-51   31-40   <30   Alert					4			2				- 10 22 3 E S S S S S S S S S S S S S S S S S S			121-130
101-1 91-10 81-90 71-80 61-70 51-60 41-50 31-44 <30 Alert	1-120							2			Ĭ				111-120
81-90 71-88 61-70 51-60 41-50 31-40 <30 Alert consciousness Confi	1-110							1			ļ	<u> </u>		1	101-110
71-80 61-70 51-60 41-50 31-40 <30 Alert consciousness Confr					-	-	<u> </u>	1	ļ	L	<del></del>	<del></del>	+	<del></del> _	91-100
61-70 51-60 41-55 31-40 <30 Alert consciousness Confi		1	ļ	<b> </b>	$\checkmark$	<del> </del>	<del>-</del>				<del>                                     </del>	<b>&gt;-</b>	+		81-90 71-80
51-60 41-50 31-40 		1-1			1	<b>-</b>		-		<del>                                     </del>	1	<b>+</b>	<del>                                     </del>	<del> </del>	61-70
41-50 31-40 <30 Alert consciousness Confi		7		-	<del>                                     </del>	t '			<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	1	† · · · ·	<b>†</b>	51-60
31-40 <30 Alert onsciousness Confi		+		t	<u> </u>	†	1	1	<b> </b>						41-50
<30 Alert consciousness Confi				i	å-	-3i -{	ليسيا	В		1 S. C.	ļ		القريات أأ	<u> </u>	31-40
onsciousness Confi	0						24	3	1	<u> 1441 -                                </u>		9.5	W	اجسا	<30
		٠	-0	- 3					<del></del>		-			27	Alert
	nfusion			-	·	!	,	3	÷		<del>-</del>	<del> </del>	ŧ		ConfusionV
core for New onset of V onfusion P				i	<del></del>			<u>B</u>	#	+	+	+			P
onfusion P no score if chronic ) U				ļ	+	-		B	+	†	1	†	†		Ü
>39.1 Celsii								2							>39.1 degree Celsius
	,1-39.0	$\perp$				<b>↓</b>	ļ	1	<del> </del>	<u> </u>	<del> </del>	<b>_</b>	1	-	38.1-39.0
	.1-38.0	4., -	-	+	+	<del>  -</del>	<del></del>		<u> </u>	<u> </u>		<u> </u>	<del> </del>	-	37.1-38.0 36.1-37.0
	.1-37.0	14			+	$\sim$		1		+	<del>  ~~~</del>	<del>                                     </del>	<del></del>		35.1-36.0
	.1-36.0		عصيك		:		<u> </u>	3			di .		6	1	< 35.0
< 35. EWS Total		0	Ø	b	6	1	0		0	P	0	Ю	, , , , , , , , , , , , , , , , , , ,	Ø,	
Tonitoring Frequency		<del></del>	1 547	1111	-	74/11	الطبيا	-1/1	4	416	445	Ath	COTT	41	
scalation of Care Y/N		L#	<del>- ``1 \</del> #	dry E	N	111	لبو	N.		2	لو	No	74	71	
nitials by RN				V175	+0/	α/	1		Kh 1) _	a	1 1/2	80.C		172	1
nitials by Sr. RN		WV Dy	1		**	سعندا	<b>3</b>	- * Y-	<del>+12/~</del>	Nee		2 100	حفة ا	سسري ا	

Score and monitoring frequency 3 Every 2<sup>nd</sup> Hourly 2 Every 4<sup>th</sup> Hourly



Mt.KARUNA GANDHI.A 56/Malc/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V The way to better I
(A Unit of United Alliance Healthca





**Every heart beat counts** 

## **EARLY WARNING SCORE MONITORING CHART**

_ Name: _					_	Age	/Sex:_			P	atient l	Id No:			_
NEWS key	DATE	इिं	21	21					-			20.0	10360	ta nan	DATE
0 - 1 - 2 - 3 4 4		22.00	- 1								, , , ,		14 July 1		TIME
	TIME \$\int 25 \( \times \)	M CH	人とこ	60	f			3		÷				1.5	>25 % C 4 3 7 4 1 7
Respirations	21-24	18 M			5.1 H		<b>有</b> 要注	<b>計2 基本</b> 學	01/20/20				50 Julija - 1		
Breath/ min	18-20	-	•												18-20
	_15-17														12-14
and the sale	9-11							1							#9-11
	<8 >96	B						4							>96
A+B SPo2 Scale 1	94-95							1							94-95
Oxygen Saturation (%)	92-93		). (A)		4			42.4							92-93
Spo2 scale 2 oxygen	<91 >96 on oxygen							. 활 .							<91 > >96 on oxygen
saturation (%) use scale 2	>90 Oll Oxygen														Same Suppose
if target range is 88-92 % is															
eg: in hypercaphic espiratory failure only									- Charles - Wa	- 3	The second of	Miles manufacture and the	a manifestation and	- W. W.	***
use scale 2 under the			44			36220		1		right (S		OF SCHOOL SECTION		***************************************	95-96 on o2
direction of qualified (***)	93-94 on O2 >93 on air	-	_												>93 on air
	88-92														88-92
₽ ; :::	86-87 - 84-85	680 TO 54	ore.	an inch	A 1175	52723		1 \$2 \$35555			e e e e e			E. B. C.	
	<83%	Mark Contract	al career for	CONTRACT.	With the	and the second		§ 5	age on Shraden as	202-2201 - 104-201	112000		4 301 17		<83%
Air or Oxygen ?	A= Air	8-		- 4											A= Air
2	O2litre/ min		作的	48.14	47.0	V20	34.77	24	1 (Albert 1		TELESCE OF		6.00	1200	O2litre/ min
	Device							1					1		Device
4.00															>220
C Blood Pressure	>220							કું							
	201-219							-							201-219
	181-200	4.67		<b>1987</b> (8)	3325		4.4	22	Service Control		1978 <u>1</u>	NAME OF STREET	60	2002	181-200
	161-180 141-160				-			-		<del></del>	<b>-</b>		<del>                                     </del>		161-180 141-160
	121-140														121-140
	111-120	5	•		ļ <u>.</u>		ļ								111-120 91-100
	91-100 81-90					43.5		2				\$ (4-8) \$ 4°.		7- NO.	
<b>14.</b>	71-80														571-80 g 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
L	61-70	,						. <u>3</u>							51-60
	<50							Ī.							4< <b>50</b> 101012
Diastolic BP	mmHg	80	81	, AX											>131
C Pulse	>131 #121-130	200				1	2000	*2						OT THE SA	
eats / min	#111-120	Carlo III		600			1000	2 2 3	the s	S x (2)		1190	720		<b>※111/120</b> → 大学、デストー
144-14	101-110		<u> </u>	<u> </u>	<u> </u>	<del> </del>	ļ	1	-			ļ	P 5	<u> </u>	91-100
	91-100 81-90		<del></del>		-	<del></del>		<del>  -</del>			-		-		*81-90
	71-80	_		Ļ											71-80
	61-70 51-60	-	7		<b> </b>	<u> </u>	-	-	<del> </del>	<del>                                     </del>				<del> </del>	51-60
100	41-50							1						1 .	41-50 (\$138-11) (\$138-11)
all Halls	31-40							33 v.33							31-40
D T	<30 Alert	0			ľ			a a		1					<30 *** Alert
Consciousness	Confusion		_					Ē							(Confusion 地震)
Score for New onset of	V. E. SERSONALE TE							. 4							P P
confusion (4) ( no score if chronic )	PT的特別的多樣。 TU、自然的的學科	-						3							เบ
East State of the	3 ->39.1 degree		PA CH	W/1,74	477			2.	7.6		1901	100			*>39.1 degree Celsius
	Celsius						28.11	1	T. CHEE			1.00	( A 14 A 4		38.1-39.0
Temperature Degree Celsius	37.1-38.0	-	-0			†:		Ė	<u> </u>	<u> </u>					37.1-38.0
	36.1-37.0									ļ					36.1-37.0
	35.1-36.0							9		<u></u>					35.1-36.0 ************************************
NEWS Total	m > 33.0 k/s = 3.00 x /:	8	0	Ð											Property of the second
Monitoring Frequency	A. M. Ser	14/2	ut	ALB.											Walter State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of th
Escalation of Care Y/N Initials by RN		1	(A)	1001	<del> </del>	+	<del> </del>			<del> </del>	<del> </del>			<del> </del>	
Initials by Sr. RN		10	سعور	9	'	T	<b>†</b>			1			T		
Harman Starffe Comment	Note: Nurses a	are to	near 18		de 99 (	100) w	hen th	ey get so	ore of 3	in any s	ingle par	ameter	or aggre	gate sco	ore of > 5

4	Every Hourly
3	Every 2 <sup>nd</sup> Hourly
2	Every 4th Hourly
	3



56/Malc/MH1202380036 02/01/2024/IPH2024( Dr.RAJESH.V





	T		<del></del>												
Date	Fro	m: 2/1	24 To	0: 3/1/21	B	ed No:	•						1/E 0	<u> </u>	
24 H	rs : Sta	arted Time	: 12.30		Ended 7	ime : 7	B 110					INIA	KE &		PUI
NPO	Starte	d at :			NF	O Over	at :						CHA	ART	
SHIF	T	N	lorning		After	noon			Nigh	it		Rest	ricted F	luid (R	F)
INTA	KE		· · · · · · · · · · · · · · · · · · ·						300 U		""			•	, <u>.</u>
OUT	PUT								KON						
Total	Intake:	3	66 m	Т	otal Outp	ut: 65	OML	2011-0121-1211-121-121-121-121-121-121-1			ce: —	350m	1		<del></del>
			INTAKE	(ml)							PUT		<u> </u>		
Time	Oral	Tube	Intraver	nous Infusio	n					N/G	Drain	<u> </u>			Endorsed
ime	Orai	Feeding	Type of Fluid	Additions	Amount	1410	Time	Urine	Vomitus	Aspirate		Others	ेखांचा .	R/N Sign	by
20-00	150 W	<b>.</b>				isom	20:30	Zoom			-		200m		
23.30	180 W					Зорим	I						450cu		· · · · · · ·
0-00							ı	20011					650M	\$	<del></del>
	P												03000	00%	
	0														
	U											<u> </u>			
									TOTAL	INTAKE	_	300 mu			
									TOTAL	ουΤΡύ		6500W			
															***
							**-								We E
							-								
														_	



Mr.KARUNA GANDH

56/Male/MHI20238003 02/01/2024/IPH2024000014

Dr.RAJESH.V







Date	Fre	om: 5/1/2	L To	o: 6 1 24	Be	ed No:	Gu-	2							
		tarted Time			Ended 7	Γime : 🤭	1 . 00					INTA	KE &	OUT	PUT
NPO	Start	ted at :				O Over a							CHA	۱RT	
SHIF	団	n	Morning		Afterr			T	Nigh	it		Rest	tricted F	luid (R	(F)
INTA					5	45 ml			400 n	n)			litres		
OUTF					740	90 m			2150	m					f
Total I	ntake	:1500	m		Total Outpu	It: O LO	mc			Ďifferenc	ce: 6/	mod			
		<del></del>	INTAKE	(ml)		<b>1.</b> 4 . —				רטס	TPUT	(ml) '			
Time	Oral	Tube Feeding	Intraven Type of Fluid	nous Infusio Additions		(intel	Time	Urine	Vomitus	N/G Aspirate	Drain Tube	Others	१७(हा	R/N Sign	Endorsed by
			TOTAL TATE	AK E	==	<b>A</b> 5	ml			TOTAL	ουτρι	T	300 n	مل	
	<u> </u>			Baca	NCE =	1275	ml.				<u> </u>				
List	II	-				020	16.25	200			<u></u>		800		
13.50	90			·		740	100	200					1000		
1420	_		<u></u>			865	21,40	400				,	1400		
16.20	loc	)	ļ			I I	5.00						2150		
162		)	<u> </u>		<u> </u>	1015									
L1 tho	60					1075									
8-15	75		ļ		<u> </u>	1120		70 -	al Dr	Dalke	1500	0			
0.20	75	·   '				1275				utput-	215	m			
B - 418	dan					10000				,		, ,			
01.0	too					1375								(Jed)	puo
00,2	<u>001</u>					18,75			:					6100	207]
2,00	25					2015		. 1	. ]		! 				

1500







### Mr.KARUNA GANDHI.A

/Malc/MHI202: 36 uz/01/2024/IPH2024000014

Dr.RAJESH.V





Date		m: 6 1	) u To	0:4120	ı E	Bed No:						INITA			DUT
24 H	rs : Sta	arted Time	: 7-00		<sup>'</sup> Ended	Time : 🤸	<u> </u>					INTA			PUI
NPO	Starte	ed at :				IPO Over							CHA	<b>KI</b>	
SHIF	T	N	lorning		Afte	rnoon			Nigh			*=====================================	ricted F		(F)
INTA	KE	515 h	nfl.			90MC	4		200W			1.4	C:4 (	day	
OUT	PUT	GOO M	1		Sc	mc.			700 n	٨.		i da a a a a a a a a a a a a a a a a a a		U	
Total	Intake:	<b>1</b> 2	oom		Total Out	put:	1850	щ	hankana sasa sasa sasa sasa sasa sasa sas	Differen		-650	ey		`
	<b>4</b> 222222222222		INTAKE							OUT	PUT	(ml)			
Time	 Oral∠	Tube		nous Infusi		ां होंडी	Time	Urine	Vomitus	N/G	Drain	Others	(a)	R/N Sign	Endorsed
		reeding	Type of Fluid	Additions	Amour	nt in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of			***************************************	Aspirate	Tube	Others	3.C640*-		by
8.20	<b>240</b>					240	12.00	400	200	4			600		
9.15	225					465	17-20	210					lito		
llito	50					515	22.00	Γ'					1400		1012
	10 0				,	615		200					1600		
173	A					675		280 u	<b>- 1272 - 1274 - 1274 - 1274 - 1274 - 1274 - 1274</b>		***************			######################################	
1.2				<u>-</u>			10.00	1 4004	***************************************				1800	Ø,	7 (50-104-104-144-1
1h.15	30_	<u> </u>	1			ाने∘ऽ	***************************************	*****************					***************************************	ord	
1930	laow	1			72 1071701700700000000000	800	*****************			ermanan menengan banda i	=======================================			***************************************	
21.30	lson	ļ				950									
i	toon	l e				1050			TOTAL	TAMORE	٠	1200cm			
6.00	1800					1200			TOTAL	ουτριίτ		Ston			
			,		,				,						Nue
***************************************	2457767677472	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													024
						······································			**********************	<b></b>		:			
				-	<del>                                     </del>	7	-								
			•			1	•		i .		1				•







### Mr.KARUNA G HI.A

56/Male/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





Date	Fro	om: 🗗 🕧	14 To	o: 8/1/2	) <sub>//</sub> Ве	ed No: (	1W-	2				INITA	VE 0		DUT	
24 Hr	s : St	arted Time	:1.00		Énded T	ime : 🥱	1,00	D				INIA	KE &		PUI	
NPO	Start	ed at :				O Over							CHA	(KI		
SHIF	SHIFT Morning Afte								Nigh	t		Restricted Fluid (RF)				
INTA	KE	250	nl.		<u>boo</u>	mL_			500	wir		1. 4 Giflday				
OUT	PUT	HOOM	<b>\</b> .		600				900 U	LL.		,				
Total	Intake	•	1350 m		Total Outpu	ut: ત્ર	200 U	با		Differen		350m			٠.	
	<b>P</b> CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	INTAKE				***************************************	***************************************	22222222222222222222222222	רטס	<b>IPUT</b>	(ml)			- :=: :=: :=: :=: <b>:</b> ::	
Time	Oral	Tube		nous Infusi		(total)	Time	Urine	Vomitus	N/G	Drain	Others	े विद्युष्ट	R/N Sign	Endorsed	
		reeding	Type of Fluid	Additions	Amount	المناد أنساد الراسط		011110	101111100	Aspirate	Tube	Others			by	
8.10	60		· · · · · · · · · · · · · · · · · · ·	150 \$13742753075307537533775375		60	9.40	200	· · · · · · · · · · · · · · · · · · ·		,		200	-		
9.50							11.30					<u> </u>	#00			
<b>6.3</b> 0				:		250		A					1300			
13,40	ನಿಭಾ						12, - (	Acon					17000			
18.00						500	·	l '					2000 Eli			
<b>ા</b> ડે	1	1				650		2004					2200W			
16.3	١.					\$50,										
74.0C						1100	·		TOTAL	DATTAKE	- 135	om				
2 ·3c						1200			TOTAL	COTPUT -	220	erl				
6.15	trov	υ	in the same			1350										
					<u> </u>											
±					:										Nas	
														:	024	



Mr.KARUNA GANDHI

56/Malc/MHI202380036. 02/01/2024/IPH2024000014

Dr.RAJESH.V







				_												
Date	Fro	m: & [	TIZA TO	o: �� / // 🖟	₹ ₹	ed No:					T	INITA		<u> </u>		
24 Hı	s : Sta	arted Time			Ended 1	Fime :	J.00					INTA			PUI	
NPO	Starte	d at :			N	PO Over	at:						CHA	ART		
SHIF	T		<i>l</i> lorning		After	noon			Nigh	t		Restricted Fluid (RF)				
INTA	KE	290 n	nl													
OUT	2UT	600 r	nl.													
Total	Intake:		<u></u>		Total Outp	ut:				Differen	ce:		<u> </u>			
INTAKE (ml) OUTPUT (ml)																
Time	Oral	Tube	Intraver	nous Infus	·	Touch	Time	Urine	Vomitus	N/G	Drain	Others	Volet.	R/N Sign	Endorsed	
		reeding	Type of Fluid	Additions	s Amount	t .	Tille	Offile	Volintus	Aspirate	Tube	Others	TOTAL .	IVIV Sigii	by	
9-30	90					900	9.00	300					300			
11.30	200					•	t1.00	1					600			
				<del>                                     </del>										<u> </u>		
•		-		†						Tol	CO F	ntake	ر ا	3.0m		
				<u> </u>										1		
		<b></b>		<del> </del>						701	tal e	utpu	- 6 o	201		
	:															
					:											
															Naca	
															D2/-	
			`													







Every heart beat counts

# Mr.KARUNA GANDHI.A

L02/01/2024/PH2024000014

عدد ع Dr.RAJESH.V

# Department of Dietetics

### **NUTRITION ASSESSMENT AND CARE PLAN FORM**

	Weight: Kg	s '   Food allergi	ies: Yes/ No; if y	es, specify		~ · · · · · · · · · · · · · · · · · · ·
			-	•	V	OMAMO BET
	Vegetarian	Non Veg	getarian	,	☐ Eggetarian	□ Ĵain
300	caloin,	20 /0x, 10	ملحور د	ried	sudin 1	soonl fleid x
LOB#	L ASSESSME	NT (AKULTS)	1	· /	1 /	
	r			U	dia	betu det.
	Patient's related Medical	History		-	,	
	Weight Change (overall c	hange in past 6 months)				
·		1 2	□3		□4	5
	No weight change/	<5%	5 - 10%	r.	10 - 15%	>15%
	gain					
tary Intake	Duration:	·····				
	9	~-	□ 3		<b>4</b>	<b>D</b> s
al "	No change	Sub - optimal solid diet	moderate		Hypo - caloric liquid diet	Starvation
iteral /	Adequate /	Sub - optimal	Inadequate	<del></del>	Typo - caloric	Starvation
renteral strition	Excessive				feeds	
iastrointestin	al Symptoms Duration:		<del>'</del>		·····	
	9	□ 2	□ 3		<b>4</b>	□ s
	No symptoms	Nausea	Vomiting /		Diarrhoea	severe anorexia
		_   _ ′	moderate GI symptoms	•	`	
Functional Ca	pacity (Nutrition related function	al Impairment) Duration:			<u></u>	
	<b>1</b> .	□ 2	□3	1	□4	□ s
	Nane /Improved	Difficulty with			Light activity	8ed / chair - ridden with no
		anomation	I IIII III	activity		or little activity
- morbidity (	Disease and its relationship to n	utrition requirements)		r		
	□ 1 .	□ 2	3		124	□ 5
	Healthy	Mild co -			severe co-	Very severe
		morbidity			morbialty	multiple co - morbidity
Physical exam	ination					
Decreased fat	stores or lose of subcutaneous f	·				
		1	П 3		□ 4	i s
					7 7	Severe
n of missele w	·	1	1		. L	
		D2	<b>3</b>			<b>□</b> 5
-	Normal	Mild	Moderate	· · · · · ·	<u> </u>	. Severe
should 7 as	onents.				<del></del>	<u></u>
	onelli3		•			<u></u>
Based on this	patient is		• /	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
ll Nourished			(7 to 14)			
	nourished		(15 to 18)	Tro	<del>) ·</del>	
erely Malnou	ırished .		(19 to 35)			
on:			<del></del>	<u>.                                      </u>		
			□ Enteral	П	Parenteral	, <u> </u>
Oral						
Oral vided:	(1)Yes	· · · · ·				
Oral vided:	☐ Yes ☐ Weekly		□ No	Fort - night	☐ Monthly	
	tary Intake  al  teral / renteral rivition iastrointestin castrointestin castroin	Patient's related Medical  Weight change (overall of No weight change) gain tary intake Duration:  Leral / Robustan    Adequate / Excessive    trition    No symptoms Duration:  No symptoms Duration:  No symptoms    Functional Capacity (Numbion related function    None /Improved    Physical examination    Decreased fat stores or lose of subcustaneous for    Normal    Normal	Patient's related Medical History	Patient's related Medical History  Weight enange (overall change in past 6 months)	Patient's related Medical History	Patient's related Medical History  Weight-Change (overall change in past 6 months)



2/124, 14:00

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
2/1/24,	A 56 years ord grutleman come à clo	
14100	whent pain wer arrused to be well	<i>u</i>
in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	could as evident by SUB.	·
	Meds-DD/DH/HEN/ORD CUA.	1 4
	Educated the partiet and family	
	on 1600 calour, 60 fat, 60 sait, lieg pudui, 100 per flaid either clid, dia	ntio
	dit . Empfid on mare fut med ob	Maria Catherine John Senior Dietitian
	grunie routus.	
3/1/24,	Patried shipted to or for surgey (CARSU)  and wept a rose . Patriet wind to  sur. Will initiate a deatator, yield	Miaria C Zar (Pa) John Senior Dietitian
yldru, wyo.	hit or per du dons adim.  Horrorer. Patient pourated chabitury  right diet. Con instiate on dualish  ligh penalur, soft would diet.	

reto (market) (1917)



Mr.KARUNA GANDHI.A 56/Mulc/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V

MHI/DIET/2022/148 **Every heart beat counts** 

# **Department of Dietetics**

CARE PLAN FORM - A	
DIETITIAN NOTES	SIGNATURE
Patrit sind broad leenpfid at dut validies. Aistoated post were.	in artia Catherine Jehn Senior Dietitian
put madification and clarification	Maria Catherine Joseph Senior Dietitian
Deal vidale à god. Belieated tu patient and family on 1000 caloùs, 600 fat 100 save, voone flind eistrichel Con maluis dealseter duit on dische	
Tryfd a snall fit modification Thermin vortish. But modification	Mar Common Decities 200
gien e dis days.	
	DIETITIAN NOTES  Patriot ain'd & ward Recupied on the duit valuation. Mistisated frost were duit valuation or gradually improving.  Diet modification and clarification does. Hotisated & east were.  Cral vibale à grad. Educated the patriot and family on was calair, to patriot and family on was calair, to patriot and family on was calair, to patriot and family on was calair, to patriot and family on was calair, to patriot and family on was calair, to save, known flind enshicled for pushing dualisation duit on displaying a snave for machines.

# **Department of Dietetics**

# **CARE PLAN FORM - A**

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
		·
	· .	
•		
· ·		



Mr.KARUNA GANDHI.A
P:56/Malc/MHI202380036: label lic: >)
02/01/2024/IPH2024000014

Dr.RAJESH.V

### PSYCHOLOGICAL WELLBEING REPORT

Date: 06.01.24

Time: 12.00 pm.

Unit: GW2

Clinical diagnosis:

Surgery/Procedure: OPCABX3 graph, Podin

Impression: fundaming well

- colon affect, oriented, dronny e) & regroning.

- sleep of appelite (1)

- oleman use (F) (1:6m - abstinence).

- as sprychosogical distress reported.

Employee ID: HH10278914

Signature of the Psychologist:





# INTRAOPERATIVE NURSING RECORD

,	Name: 02/0	Male/MHI202380036 1/2024/IPH2024000014 AJESH,V
	DOB: Sex:	MAN AN
	Name of Surgery	Date of Surgery: 3 01 8
	Mode of Transfer to OR	Bed Stretcher Other
	Anaesthesia Type :	□ Epidural □ Spiral □ LOC □ MAC
	·	GEN Regional
	Position ::	Lithotomy Prone Supine Right Down Left down
		□ Lateral □ Other □
•	Pressure Protection Pad :	☐ Headrest ☐ Sand Bag ☐ Pillow ☐ Axillary roll
		Shoulder roll
		☐ Sling ☐ Boot ☐ Stirrups/Leg Holder
		☐ L aem rest padded / Sccured ☐ RArms tucked / padded
		□ Nil □ R □ L □ Other (Specify)
	Skin preparation in OT	Chlorhexidine Prep Providone Iodine Lodophor scrub
		Alcohol Prep Others (specify)
	Electrocautery	Pad Loacation Bipolar
	.Tourniquet	☐ Location
		Applied Time Released Time
	•	Applied Time Released Time
		Applied Time Released Time
	Other equipment used	:
	Personal	Surgeon Da Royosh Asst.  Anaesthetist Da Journ Asst.
		Anaesthetist - Asst
	Type of Specimen	: , , , , , , , , , , , , , , , , , , ,
	Lab	: Pathology Permanent Frozen Time sent
		Cytology Time of report
		☐ Microbiology
	_	☐ Biochemistry

Type	Size		Site	T	уре	Size	Amo	ount	Si	gn	7
Romson	28 F	8 4	+ pleus	<b>9</b> i			_		7 110	<del></del>	-
Romens	28F		redias		<del>-</del>	-			Sh	-	
Union ny Sponge Court	Cot furt Record	tosiro	<del>ión d</del> o	ne by	AT.	Balator	isman	(และ	1	Poley	s
Count	Raytex Sponges	Gauze Lined	Gauze Unlined	Neuro Patties	Tonsil cotton balls	Vein Canula	Bulldog clamp	Needle	Circ. Nurse sign	Scrub Nurse . Sign	
Pre-op	Connact	Coval				Cora	Correc	Coro	All Pina	00	<del> </del> &
Change over count	- •	Correct				í	Corvic		and C	90:	]
First closure count	Coved	Coved				Correct	Corxit	Co 2000 C	A 240%/10	4 DJ/2	)     
Final closure count	Corred	Corre	ŧ		\ \ '	Corvict	-Casood	Course	1,000		238
Count Corre	ct			•	,		,	L			_
Corrective actio	n taken			<i>-</i>							
Surgeon informe	ed	•					•				
<b></b>		<del>-</del>			_					,	
		$\alpha$	eoreh to	RÎMOL (	lone	E 1001	ma nnya	la	dnessiv	na de	NQ
Dressing / Cast							(	C X	tirale	Jada	
Condition of pat Transferred to:		Ū		Stable Patient I	□ Room □	Fair	☐ Crit		Cupe	band	log
Transferred to .	SIU	J		r attent r	COOIII 🗀	CCU	□ Kecc	overy K	OOM		U
Scrub Nurse Sig	nature .	RP				7					
Name: RIN	Radhik	a 02	8	•	, .						
Date & Time:			Q 1	4:25	*						
Circulating Nurs		, 18	P								
Name; DI	-Abith		0104								
Date & Time	03/01/	240		ره، کار							

W.m.





### Mr.KARUNA GANDHI.A

56/Malc/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





Every heart beat counts

# **NURSING ADMISSION ASSESSMENT (ADULT)**

	11 (ADOLI)
Date of Admission: Time of Arrival: Mode of Admission: V	Valking Wheelchair Stretcher
Accompanied by Relative: Yes No If Yes, Name of the Relative:	
Relationship with Patient: Contact Person's Name: Mes Senth	Relationship: LUL
Contact No.: 89 89 49 8 228 Primary language spoken: Tamil Engli	·
Interpreter needed: Yes No	
Patient status: Conscious Unconscious Disoriented   Patient Vulnerate	ole: Yes No
Menstrual History : LMP : Menopause:	9tech 27/12/23
Medical History: DM/HTN/Co - Morbility: 34 parts. Yes If yes specify	T. Encus 25 1/2-1/2
Drugs History: Antiplatelet T. D[AMICLON] (Specify) College my	T. August tomy o 40
Psychological Status: Calm Anxious Withdrawn Agitated Depresse	
Do you have any special religious, spiritual or cultural needs to be considered if Yes, specify details:	?
Socio Economic Status: Employed Retired Own Business Home-Mal	
Vital Signs: Temp: Off (°F)   Pulse / HR: Hb m (beats/min)   BP: Vec/9)	(mmHg)
Respiration: 206h (breaths/min)   SpO <sub>2</sub> : 99 (%)   CBG: 100 (mg/dl)   Height: 15	Hw (cms)   Weight: 6/05 (kgs)
Allergies / Adverse Reaction: Yes No Medication Blood Train	nsfusion 🔲 Food 🔲 Not known
If Yes, specify:	
Pain: Yes No. If Yes, Score: 10 Pain Scale Used: Wong-Baker FAC	CES Pain Rating Scale (7-12 years)
Numerical Rating Scale (>12 years)	
Duration: Location: Chem	
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 Mo Change	
Type of Patient: Dfabetic Non Diabetic Type of Diet:	Narmal Duct.
Dietician Informed: Yes No. If Yes, mention the Name: W. Collins	uTime:
Orient Patient if: Conscious Orient Patient Attendant if:	Unconscious Disoriented
Room Side Rails Töilet Bell Patient Information Board	Bathroom Bed Controls
Use of Footstool Grab Bars Nurses Call Bell Jelevision	Light Controls Telephone
Functional Assessment:	
Particular Assessment Remarks	Outcome
Visual Impairment ☐ Yes ☐ No	
Hearing Impairment Yes 100	
Chewing Difficulty Yes No	
Walking Difficulty ☐ Yes ☐ No	
· ·	

Daily Activity Of L	iving:			-						
Activity		Independe	ent	P	ssisted		D	epende	nt	
Bathing			,							
Dressing	Dressing									
Eating			<i></i>			- <del></del>				
Walking										
Toilet Use	<u></u>	<u> </u>	<u></u>							
Pressure Injury Ri	isk Asses:	sment: Brad	en Scale							
Sensory Percep		Score	Moisture		Score	Degr	ee of Activ	ity	Score	
No Impairment		4	Rarely Mois	t	4	Walks	s Frequentl	y	4	
Slightly Limited		3	Occasionall		3	Walks	s Occasion	ally	3	
Very Limited		2	Very Moist	<u></u>	2	Chair	Fast		2	
Completely Limit	ted	1	Constantly	Moist	.1	Bed F	ast		1	
Mobility		Score	Nutrition		Score	Frict	ion & Shea	ir	Score	
No Limitation		A	Excellent		A		pparent pro		3	
Slightly Limited		3	Adequate		₹ 3	Pote	ntial Proble	m ´	2	
Very Limited		2	Probably In	-Adequate	2	Prob	lem Preser	ıt	1	
Completely imme	obile	1	Very Poor		1		····-		1	
High Risk: 12 - 10; Severe Risk: 9 - 6  Total Score: Action needed: Yes No Pressure injury present at the time of admission: Yes No  If yes, Location: Grade: Size: Relationship: Relationship: Relationship: Yes No										
Fall Risk Assess	MODIF	FIED MORSI	E FALL ASSE						æ	
<u>-</u>	· ·	dilled inc.				·	<del>-</del>	Nur	neric Value	
Variables				<u></u>			No		8	
History of falling	(immediate	e or within 6	months)	•			Yes		25	
		······································					No		0 _	
Secondary diagr	nosis (≥ 2 i	medical diag	Inosis)	•			Yes		<b>15</b> ₹	
Ambulatory Aid					,				. /	
None / Bed Rest	/ Nurse As	ssist	м.	<u> </u>					<b>6</b>	
Crutches / Cane	/ Walker			<u>-</u>					15	
Furniture						•			30 .	
. Intravenous Ther	apy / Hepa	arin Lock / Tu					No Yes		20	
Gait Normal / Bed Re	st / Wheel	Chair	a be						106	
Weak								<u></u>	10	
Impaired		<u>.</u>	10 (4) A	· <u></u>					20	
Mental Status Oriented to own	stahility								(A)	
Overestimated or		nitations		,					15	
Medications						<u>.</u>		1	* -	
Includes PCA / o laxatives, hypogl	piates, ant	iconvulsants	, anti-hyperter	nsives, diuret	ics, nypnotic hotronics	S, ,	No Yes		0	
		<del> </del>							<u>//3</u>	
Score Interpretation	n: 0-24: Low	-risk: 25-44: N	ledium Risk; Ab	ove 45: High I	Risk	Total S	core   ,	ł	40	

As pe	er the score, tick the following appropriate	boxe	es:							
	Familiarize the patient with the immediate surrounding Remind the patient to use call bell before getting out of Keep the two side rails in the raised position at all times Keep the call bell, bedside table, water, glasses within the Remove excess equipment or furniture to make a clear Keep the patient's bed in the low position at all times exteach fall-prevention techniques, such as sitting up for Bed wheels should be locked Encourage family participation in the patient's care Ensure that floor of the bathroom is dry and not slippen Review medications for potential side effects that can puse safety belts during movement in wheelchair. The patients are not ambulated by themselves. They are Medium risk interventions (25 - 44)  Apply all the low risk interventions  Tie yellow fall risk tag in the bed and Wheel chair / Stretch Make sure that proper transfer precautions are instituted or wheel chair or on a toilet seat.  Use restraints and bed monitors as ordered by the doc Allow the patient to ambulate only with assistance. Consider peak effects of the medications that effect elimination when planning patient's care. Do not leave patients unattended in diagnostic or treatmed. Accompany the patient while going to bathroom Advice the patient to use grab bars near the toilet, bathrom Advice the patient to use grab bars near the toilet, bathrom Advice the patient to use grab bars near the toilet, bathrom Advice the patient to use grab bars near the toilet, bathrom Tie red fall risk tag in the bed, wheel chair and stretcher Locate the high-risk patients in a room close to the nurs 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)  Urinal / bedpan should be within easy reach (if appropriate)  Urinal / bedpan should be within easy reach (if appropriate)	bed for all he par path cept of a modern of the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for the formula for th	tient' during ment ote fal oe am or he level areas nd sh ctions	It's easy reach ag procedure t before rising from the bed  Ills Inbulated only with assistance eavy or debilitated patients in a  I of consciousness, gait and s hower as mentioned above						
Initial	Assessment to Special Needs and Vulnera	abilit	v of	f Patient:						
	-	Yes	<u> </u>							
	ally ill patients									
	s with intense chronic pain									
	n in labor or experiencing termination of pregnancy									
Patient	s with emotional or psychological distress		ٰ							
Patient	suspected of drug or alcohol dependency	<u> </u>								
Victims	of abuse and neglect		•							
Patients	s whose immune system is compromised									
	with infections and communicable diseases	1								
	ne patient have implants									
	cheotomy been done		$\vdash$							
	Has colostomy been done									
	ner potential needs of the patient	$\vdash$	$\mid \cdot \mid$	· · · · · · · · · · · · · · · · · · ·						
Arry Off	ier potential needs of the patient									

DVT RISK ASSESSMENT													
0.11-	Assign a score of 1 if (YES) in parameter nos. 1 to 9, and assign a score of -2 if (YES) in p  No.  Parameters								Yes / No	Score			
S. No.	Active cancer	(on-a			-		d within 6 r	months o	or palliative car	re)	<u> </u>		10 Score
2	Bedridden red					-							lo
3		>3 cr	n compare						red at 10 cm t	pelow tibial tubercle		7	lo
4	·			rficial v	eins p	rese	nt (Assess	for both	legs)			Yes 📝	10
5		Collateral (nonvaricose) superficial veins present (Assess for both legs)  Entire leg swollen (Assess for both legs)						П	Yes /	lo			
6	Localized tend	•				ous sy	/stem (Ass	sess for b	ooth legs)			Yes /	ĺο
7	Pitting edema	, grea	ter in the s	ymptor	natic	leg (A	Assess for	both leg	s)			Yes 🗍 🕽	16
8	Paralysis, par	esis, o	or recent pl	aster in	nmob	oilizat	ion of the l	ower ext	remity (Asses	s for both legs)		Yes 🔲	No
9	Previously do	cume	nted DVT (	Assess	for b	oth le	egs)	-				Yes 📈 N	lo
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD /							Yes [ I	lo				
Ris	Score Inter	preta	ation (Pro	babil	ity o	f DV	T):				F	inal Sco	re
Tick	the score ob	taine	ed (✔)	<b>√</b>					Action Take	en .		Date	Time
Low	Risk	-	2 to 0	/	·	o.							
Mod	derate Risk		1 to 2										
Hig	h Risk	;	3 to 8										
Per	sonal Belong	gings	s / Valuab	les:									
Valu	ables		Description	on	Wi Pati	ith ient	With Pa Atten			me & Signature of the ent / Patient's Attendant		Remarks	
Dent	ures		Jpper□L Both □N										
Hear	ing Aid		Right □L Iil	eft					:				
	glasses / act lens	ΠY	∕es Q.×	16									
Jewe	ellery	□ Y	∕es ⊡∕í	lo									
	Other valuables (specify)						•						
Rep	Report (List of X-ray, ECG, lab reports retained with the nurse):												
	Sign. Name Emp. No. Date Time												
	ient /		Sign.	0 1 6		INA	- 	6	)	Emp. No.	1	11/24	13-15
_	Patient's Attendant (		<u> </u>	<u>&gt;01</u>	<u>U:</u>	+	<u></u>	Don.	<u>/</u>	Ola_		11/24	13-65
<b> </b>	t In-Charge				<del></del>	$\dagger$	DCa	was	aus.	005		101124	08:00







# Mr.KARUNA GANDHI.A

56/Male/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V



Every heart beat counts

### PATIENT CLINICAL HANDOVER RECORD FOR NURSES

A TENT SENTINGE TANDOTEN NESSTED TO THORISES								
Date: 🔎	12-84	Shift: Morn	ing Évening Nigh	<u> </u>	·			
S	NEWS / P Ventilator Periphera Ryle's Tub Urinary C	s: C+D - TVD PEWS Score: O day: — I line day: Right: Left be:	PO Cei	S:(8/U) D: — Intral line days: — Score: 05  fy organism: —				
В	Allergies i On room	ROUND  urgery: —  if any: NFDF  air / oxygen: On TOOM  ts / New Symptoms in last sl	àn įv fi	e of surgery: — uids on flow:	•			
A	ASSESSMENT  Vital Signs: Temp: GF. A°F)   Pulse / HR: Fb/m (beats/min)   Respiration: 20bm (breaths/min)  BP: 13b   G  (mmHg)   SpO <sub>2</sub> : 93 (%)   Height: 171 (cms)   Weight: 61 (kgs)   BMI: 21   Oyfmf  Others:  Pain Score: Olvo Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRSTCPOT  Fall Risk Score: Fall Risk Protocol: Low Medium Afigh  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: NO Panal Medium							
R	Referral of Pending Pending Pending Critical vo Changes Pending	IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders: instructions if any:	•	plan date:				
,		Signature	Name	Emp. No	o. Date	Time		
Handover (	given by	80 -	U. Deciloes	OCE	2/1/21	10, 2		
Handover t	aken by	\$Y	A. ALBINUS		-11	19.8		
Document endorsed		(De	Dhanas	<u> </u>	<u> </u>	00,20		

NURSES PROGRESS NOTES							
.Date & Time	Observations / Action	Signature with Emp. No.					
	Exching duty						
		<u>.</u>					
2/1/284	Adimission rotos	·					
(a) '	``	•					
12.00	-> patient admission from you	Q					
	Ploor	10.00					
	->pertient on puit						
12.50	-> patient is steple & vi fey Serys						
	cherust rowels						
14-00	-> patient Medicitéen given as	,					
· ·	par dury charet records						
	-patient Slo-Band Chedour						
600	-) patient nebilipation grun	080					
14.30	-> padiend is well cloop.						
	-> patrent not complanterly						
18.80	-> patient Newmal vital senge						
<del></del> :	Chart reward						
18-30	-> partient To Cheur						
19.30	-> patient land over given pour night duty steeff						
	per night duty steeff	O'S					
	· .						
		·					
·							
,	Signature Name Emp. No.	Date Time					
Document endorsed by	Dianaiano. 000						
endorsed by	000						







# Mr.KARUNA GANDHI.A

56/Malc/MHI202380036 .02/01/2024/IPH2024000014 .Dr.RAJESH.V \$ :



Every heart beat counts

### PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: ຊ ) ງ	121	Shift: ☐Morñ	ing □Evenir	g Night		· 1 · Y	. 1		
S	SITUATION Diagnosis: CAD - TVD  NEWS / PEWS Score: O  Ventilator day: Peripheral line day: Right: Peripheral line day: Right: Ryle's Tube: Pyes No Day: Urinary Catheter: Pyes No Day: Barrier nursing: Yes No MDR: Pyes No Elyes, specify organism:								
B	On room	Irgery: -	JU BIR	Date of surge IV fluids on fle	ery:	; <b>5</b> - )	<u>م</u> ک		
A	Vital Signs: Temp: 98 (°F)   Pulse / HR: 82 (beats/min)   Respiration: 22 (breaths/min)  BP: 130 / 70 (mmHg)   SpO <sub>2</sub> : 97 (%)   Height: 171 (cms)   Weight: 61 S (kgs)   BMI: 24 3 Kg/LM?  Others: Pain Score: DIO Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: D 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: NORINA Drains:								
		MENDATION							
	Referral o				·				
		medications:							
		medication indent:							
	_	lab reports / Investigations:							
		alue alert and its corrections:		addied oors slee date					
		in nursing care plan: Yes				4			
		follow-up orders: —	280	Dipat	Alpo FROM	IRMN			
	opeciai ii	nstructions if any: ガMRu し	PCV R	eserved,	· · · ·				
	-	Signature	Name		Emp. No.	Date	Time		
Handover (	given by	Ay.	A. A	BUNDS	0088	3/1 KA	7:00		
Handover t	aken by	4	Ag	OS Plujes	014	3/104	4.30		
Document	endorsed	(000-	Nice	200000	000	2010/20	MQ.)01		

	NURSES PROGRESS NOTES	* . <u>.</u> .
.Date & Time	Observations / Action	Signature with Emp. No.
a) 1 /2 A	NIGHT DUTY NOTES	
1900	Patient handour taken from the evening dute stable. Patient is stable	J. 20188
20°00	Due médications are give to the patient	en Artes
22.00	relatigne is checked is	e, Alfor
7.00	Palient handover guent the brorning duty staff.	d Adet
		~ · · · · · · · · · · · · · · · · · · ·
	TOTAL CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRA	
Document endorsed by	Signature Name Emp.	ا ما



MHI/NUR/2022/048

	THE RAY YOUT OLD THE BOYS THE CAST CAST CAST CAST CAST CAST CAST CAST	MHI/NUR/2022/048 .						
-	NURSES PROGRESS NOTES							
Date & Time	Observations / Action	Signature with Emp. No.						
3/1/23	OT RECEIVAL REPORT							
	Patient's received 186 floor to crop							
Ø .00	RIN Abitha while receiving patient							
	was conscious 1 priented. Vital are stable							
	NOTES: k/c/o-CAD-TVD, co with cathlal							
	-> OLD EVA - MRD brain (O)							
	Onoiniga Colnoce &	003)						
	> X-ray- D ECN-D							
	case shoot to buse file to	TOTAL PROPERTY.						
	-> Known cax of DM x34 85, StiTNx3470							
	-> Anti ptt Stopped on a=112/23.							
	' ' '	,						
	CT-OT SHIFTING REPORT	- 14 A - 10 - 10 - 10 - 10 - 10 - 10 - 10 -						
8 1 33								
(W) .	The proteint aunderwort ORAB suggery 1, b) A	9						
	Offer the durgery the pretent shifter	a						
14.92	25 Ho su with all seconds and reports							
	including							
	→ Biogory Safety chicklistor							
	> 1 Ktral-op -1							
	> Anaesthesia 20cord -1							
		OM,						
	Graft: 3Graft:	0104						
	28 Fx -(2t)							
	Drain: 14 plura, Lediatinum							
	Skin : No coutry burns of No							
	toud clip marks							
	Signature Name Emp. No.	Date Time						
Document	" O A							
endorsed by	du siou 8. Abitha 010	4 31/800 14,9,						

	N	IURSES PROGRESS NOTES	THE PERSON NAMED IN THE PERSON NAMED IN THE RESIDENCE OF		-
Date & Time		Observations / Action	· Si	gnature with	Emp. No.
			10-10-10-10-10-10-10-10-10-10-10-10-10-1	, ì	-
				· I	
				1 .	
		a processor delication on the property of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the	:	٠,	
·		res y statistically anges pesses statistics in decima respect to the commission of the first commission of the statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics of the second statistics			
			\$ F		
٠		men standistalistis karang men ngapa kalibaran dan ara ka ku. Manandan Manahapa ini kanang melangi apipar dan a			
	•	Minimization of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th			
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
		anadarran quest statistic alletinique aquast substitute bedance acceptate the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the	1988 - S. W. Markell, edward or symmetry and the accountable flagments of published symmetry.	all black black man and an annual source of the state of	**************************************
		Personal management of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	TO SECTION 1 Extended and Approximate A COS. 10. 100. 100.	where the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	
		ettilläisistä dinnaminegarassa siinäissä käikin kann taruvita voika vaikenkännen kyny, siistion siinäään kynyy			
		The second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the secti	To the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th		
				-	
					ŗ
			gi.	F	-
		and the same and the same and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of	· •		; 
THE MAIN AS A SECTION OF A SECTION OF A SECTION OF A SECTION AS A SECTION OF A SECTION AS A SECTION OF A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION AS A SECT			and the second second		·
	4	Particular description of the section  Mile of the collection of the transport on publishing and subjectively beginning to	- Marie de la seconomie de la compansión de la compansión de la compansión de la compansión de la compansión d	deren er er er er er er er er er er er er er	
		- CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL O	elika din dinima windahin manan pengerangan pengerangan dan belangan d	and the latest a black a black as supposed only to you any any angular property.	99000 p. p. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la co		j
	•	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	l	allia alliandista a como de como que con compañel manegos esperanos	ļ.
			#		
	,	k Nikola demokratika kwa wa wa mana kula kwa kwa kwa kwa kwa kwa kwa kwa kwa kw	or some surger and property and the state of the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and the second surger and	r sidd halfafar di hallafar (Many specimen, en specimenses) en	+
		The second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sect	k	enternatura de la superiori de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la co	
		consistence and the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the constr	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la co	· a is seeing mounts seen annex	
		MINISTERIOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR		, , ,	
		· · · · · · · · · · · · · · · · · · ·	المنافعة من مناطعة المنافعة ا	the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	`i ;
	Signature	Name	Emp. No.	Date	Time
Document endorsed by		A TAIL AND A TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL			







56/Malc/MHI202380036 02/01/2024/IPH2024000014

 $\mathfrak{C}:$ Dr.RAJESH.V





	PAIIE	NI CLINICAL F	IANDOVER REC	CHD FOR NU	HSES
و Date: ع	,), 24	Shift: Morn	ing Evening Night		
S	Ventilator Periphera Ryle's Tut Urinary C	EWS Score: O  day: I line day: Right: Left  be: Yes No Day  atheter: Yes No Day	POD Centrol: : VIP S	Score: 015	
В	On room		m er, IV flui	of surgery:	••
A	Others : _ Pain Sco Fall Risk Braden S Pressure	re: 5 (Pain Scale used Score: Minimal Risk: 23-19	HR:	ong-Baker FACES Pain Rati High derate Risk: 14-13 High Risk	ng Scale TNRS / CPOT
R	Pending Pending Pending Critical va Changes Pending	medications: medication indent: lab reports / Investigations: alue alert and its corrections:	No. If Yes, modified care p	olan date:	
		Signature	Name	Emp. No.	Date Time
Handover g		· of	Agastuja	0176	2/1/24 930
Handover t		-	<u> </u>	07-	
Document	endorsed	, Nice	s-Nalin	0024	3/1124 10:0

, .	• • • •	NURSES PROGRESS NOTES			4
.Date & Time	-	Observations / Action		Signature with	Emp. No.
	:				-
	,	•			,
	NOOP	ong duty mores	٠.		
		0 0			
	p4 +	ably over from A	he		
3/1/23	Might	duty Aux		Adu	
7.30	N N	considur & oriente	<u>s</u>		
,		d on normal die			
	1 """	icution pro op			
	9,400			Q.	
8,05	12/0	in today CABL	. , ,	o jub	
	e lo		*,		
	10 pu	6	eve		,
	(pl/L		` r		
1	* Pt C				
·		shifting Note			
() 20	-c mtin	nt shifted to CT	OT.		
<del>\\. \\\</del>	-\ D4	to portal unitally of	table		
	-> 2010	remodynamically s	emald)	05/26	
	=> PO(0	hand over given.			
	or stall	great over great			
	> > 00				
		·			
		`.		· , <u> </u>	
		1304			
		T			
			A		
<del></del>	Signature	Name **	Emp. No.	Date	Time
Document endorsed by	Noon	Linalini	,002	4 3/1/24	100







56/Maic/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





an .	PALIE	NI CLINICAL F	IANDOVER R	ECOR	) FUR NUF	19E9	
Date: 03	101120	Shift: Morr	ning Evening Ni	ght	: *		
S	NEWS / F Ventilator Periphera Ryle's Tu Urinary C	s: (Ah)   TwiD PEWS Score: N I L day: N I L al line day: Right: (Lubucu) Lef be:	t: D,	GCS: 3 15 POD: DD 5 Central line d VIP Score:	lays: Di		
В	Type of s Allergies On room	ROUND urgery: OPLABX BURA if any: NIADA air/oxygen: O2Mausk ( nts/New Symptoms in last s	buit 1	1	ow: LAABILYTE	4	
A	ASSESSMENT  Vital Signs: Temp23.9 (°F)   Pulse / HR: 85 (beats/min)   Respiration: 22 (breaths/min)    BP: 124  62/26 mmHg)   SpO <sub>2</sub> : 100 (%)   Height: 14 (cms)   Weight: 61.5 (kgs)   BMI: 9   M  Others: 08 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT  Fall Risk Score: 65 Fall Risk Protocol: 08 Low Medium High  Braden Score: 08 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): 96 NA Wound Dressing done: 97 Severe Risk: 9-6  Current diet: 144 Addit NPO Drains: New Medium Pland						
R	Referral Pending Pending Pending Critical v Changes Pending	medications: medication indent: lab reports / Investigations: alue alert and its corrections in nursing care plan: Yes follow-up orders: nstructions if any:	□No. If Yes, modified ca	are plan date	:		
Handover g	liven by	Signature	Name Soundingour	nu	Emp. No.	Date	Time
Handover to	aken by	Sai	الأحب الأراء ا	NE 3	m£A	I ( 171	20.00
Document e	endorsed	4- 8	Lin	au'	000)	4/1/24	9.00

	NURSES PROGRESS NOTES			* _ "
Date & Time	Observations / Action	Signat	ure with Er	np. No
03/01/2024	RECEIVED REPORT OF P3/01/2024			
D14130			,	
14!30	Received the paron- from a hemodynami			4
	- My Grable condition, with inomopic			
	Support If. Dopamene 5us, If. Norcolmo			
	O. O. Suit on flow. On Do mark blir			
	On contradu contrad Moning Ar-abom			
	ABP 1126/21-42200g, ap 14mmg, 2002 100%	1		
	Bicated air entry & lung's are door	5002	<u> </u>	
	tholoren soft Bowel Sound of perphensi	<u> </u>		
	au warm Pulsakin flek.			
115:40				
	normal and Ratisfed	Op002	<u>-</u>	
•	<u>,                                     </u>			
16100	Pour for anche and more out the four	NOD 2		
	limbre		5	
١,		·		-
16:30	pount a had an complaine of pain Durenz	<u>.</u>		
	pares appuise for ho pané	dor		
·				
17:30	positioned the pount lubor confunction	<u>'</u>		
	Man nor.			
10.	Drunt Strendy (ND VItrel and Explical)		· .	
12:30	- (	_		
	abour he ronding.	$\int_{\infty}$	20	
10,00	Darr was finded over to read du by		- <del>-</del>	
19:00	in some manor			
	100 81000 17 (M101			
	Signature Name Emp. No	•	Date	Time
Document endorsed by	man- oa	<i>2</i> 5	4/14	9.00







### .Mr.KARUNA GANDHI.A 56/Malc/MHI202380036 \*02/01/2024/IPH2024000014 Dr.RAJESH.V



<u>ini an ini in in bah ini kan makan in an an an an an an an an</u>

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

	PATIE	NT CLINICAL H	IANDOVER RECOR	D FOR NUR	ISES	<b>'</b> ,		
Date: ع	3/1/24	Shift: Morr	ning Evening Night					
S	Ventilator Periphera Ryle's Tul Urinary C	s: PEWS Seere: CAD TVD  day: — al line day: Right(M) Ad Let be:	t: D) Central line VIP Score:	ole		F		
В	Allergies On room	ROUND urgery: OPCAS × 3GRAF if any: NKDA air / oxygen: NA OJ AUE nts / New Symptoms in last s	IV fluids on f	iery: 3/1/24 low: KABILYTE	÷			
A	ASSESSMENT  Vital Signs: Temp() 1.0 (°F)   Pulse / HR: 10.3 (beats/min)   Respiration: 1.2 (breaths/min)  BP: 10   61   62 (mmHg)   SpO; 100 (%)   Height: 1.3 (cms)   Weight: 61 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.3 (kgs)   BMI: 1.							
R	Referral of Pending Pending Pending Critical vo Changes Pending	medications: medication indent: lab reports / Investigations: alue alert and its corrections	: No. If Yes, modified care plan date	e:				
	•	Signature	Name	Emp. No.	Date	Time		
Handover g	-	Jan C	BUTA FLORANCE. 9	OFA	AllOA	7.00		
Handover t	aken by		Bothiga Vani. na	0265	4/1/24	7:20		
Document of	endorsed	LQ	Lone	0001	4/1/m	9.00		

	· · · · NU	JRSES PROGRESS NOTES				<u>.</u>
Date & Time		Observations / Action		Signa	ture with E	mp. No.
dolar	Took Oven Ha	a patrol en a hacue	Deg -			ت ـ ت
311 2001	ranically maintains	ing condition with Pu	ergic			
19	Support Ciny. Dop	inter > Frien, Pri. No:	<u>y -                                   </u>			-
	adonaline Korosi	uis J				
	* He is a	ourious, organtal and		RN (	poin on f	<b>A</b>
	afabrile.			,		
14.30	Due Medio	obian given as por	Chart			
80.00	of the head so	its known; and bolorat	الم	1		
	i kun i	J .		RIN	ghir 100	<del>\$</del> 4
21.00	* Que nudicol			<u> </u>		
87,00	* Nobelization	grun with lordin o	6319			
	and Opinio curren		· <i>U</i>			
22-30		ad values datis jactory		RN	Anna 100.	<del>1</del> A
23.00	* back Groger	ar ofken injoin.			· ·	
Alilon	Ú.		<u>,                                     </u>	<u> </u>	. 1	
1.00	1 ' 1 1	I gu iv given as bor		RA	Howis la	७ <del>त</del> ै 🛊
2.12	* in' ofuroxim	a godium 1.59m greve	en ous		.:	
	pr dus	<i>V</i> • • • • • • • • • • • • • • • • • • •				
4.30	* Slood Namp		34	, N		
	sautino invostigation	^ .		RN	April 100	£/)
6.00	& oral Vara	, offered both grun			V	
B'30_	& Alebelization		163Mg	1		
	and ofpenomolary	ONIONY OF THE		HNC	Jauls 10074	-
6.00	of line corre	, callity core given	with		· · · · · · · · · · · · · · · · · · ·	
1.00	, ,	amplic promoution.		DA.12	loogt.	
6'30	* ABy take		Λ <del>. Λ.</del>	gowe	100-19	
	1 00 0 along	handal over to Albert enomically maintaining	Study		<u> </u>	
	T~((d ) /	$A \cdot A \cdot$	•	RINI	Jauly 100 =	· · · · · ·
	combition withour	a steppositi		# /* \\ C	AHUNTUD S	7
	Signature	Name	Emp. No.		Date	Time
Document endorsed by	a	Language.	OW	<u>.</u>	4/1/24	9.w







56/Malc/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





	PAHE	NI CLINICAL P	IANDUVER RECOR	D FOR NUR	12E2		
Date:	11/24	Shift: Morn	ing Evening Night			:	
S	Ventilator Periphera Ryle's Tul Urinary C	S: CAD — TOP  PEWS Score: —  day: —  I line day: Right: CURTALEft  be:		days: D2 .		,	
В	Allergies On room	ROUND urgery: のPCABメ 3Gtz if any: いk air / oxygen: のn の <sub>2</sub> 2 nts / New Symptoms in last s	lit IV fluids on	gery: ろんシル flow: ー			
A	ASSESSMENT  Vital Signs: Temp: 96 (beats/min)   Respiration: 24 (breaths/min)  BP: 128 60 (81 mmHg)   SpO <sub>2</sub> : 95 (%)   Height: 17) (cms)   Weight: 61.05 (kgs)   BMI: 21 kg m <sup>2</sup> Others: 85 4 1.70 m <sup>2</sup> Pain Score: 1 10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: 9 Fall Risk Protocol: Low Medium High  Braden Score: Minimal Risk: 23-19 At Risk-Mild Risk: 18-15 Moderate Risk: 14-13 High Risk: 12-10 Severe Risk: 9-6  Pressure Ulcer Scale for Healing (PUSH): Yes No No No No No Proceediastinal + 10 Pleural						
R	Referral of Pending Pending Pending Critical von Changes	medications: medication indent: lab reports / Investigations: alue alert and its corrections:	☐No. If Yes, modified care plan dat	e:			
		Signature	Name	Emp. No.	Date	Time	
Handover g		Ja.	Sathiya Vani. M	0265	41/24	12130	
Handover t	aken by	4	- Salmdyn Jeim 4	9022	41124	14:00	
Document of	endorsed	V V	, Thain	2003	4/124	9.00	

·	NURSES PROGRESS NOTES	<u> </u>
Date & Time	Observations / Action	Signature with Emp. No.
41124	Took over the patient en heamodyna-	Spair .
7:20	mically stable condition with Two Pospic	
	Supports.	Cathya
	Patient is conscious and oriented	0265
7:30	Menistoned vilale & Ilo.	
8:30	Pre-diabetic medicines are administeres	ral l
	as per orders.	
2:40	Patient had food trally and well	
	to Terated. Medicines are given as per	Satura
	order.	10265
8:45	Inj. Dopamin Started to take	,
	Blo Do. Rajech.	
9:20	Sprometery exercice and rebuligation	1
	given for patient	
10:20	Administered T. Aldautone 25mg Po	Satura
	given.	' 02 bs
11:20	Patient had ap of Soup orally	
	and well toterated	
11:30	Monitoned vitals & Ilo	
12:ຫ້	Asserted GCC level & recorded.	
12:30	Handled over the patient to	Satty a
	evening duty staff	J
	•••	
		· .
	Emp t	No. Date Time
Document	Signature Name Emp. N	
endorsed by	. Mai ou	103 4/1/4 9.W







### Mr.KARUNA GANDHI.A 56/Malc/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V



; constituent.

PAT	IENT CLINICAL I	HANDOVER I	RECOR	FOR NUF	RSES	
Date: 04 01	12024 Shift: Mori	ning <b>Eve</b> ning 1	Night			
Diagn NEWS Ventil Periph Ryle's Urina	ATION  osis: CAT / TND  S / PEWS Score: NIC  ator day: NIC  neral line day: Right: (US) fcl. Let  Tube: Yes No Da  y Catheter: Yes No Mic  r nursing: Yes No Mic		GCS: 15 15 POD: Da 1 Central line of VIP Score: Conspecify organis	lays: D <sub>21</sub> ;		
B Type of Allerg	KGROUND of surgery: OPCARからUF ies if any: NKDA om air / oxygen: NCUal Co plaints / New Symptoms in last s	annulo alir	Date of surge	ery: Ozloi (2022 ow: Nic	3	<u> </u>
Vital BP: 1 Other Pain Fall F Brade Press	Signs: Temp: 96.5 (°F)   Pulse 62/73 (98 mmHg)   SpO <sub>2</sub> : 9 rs: Wp. 9 mmHg Score: 240 Pain Scale used lisk Score: 60 Fall Risk Pr en Score: Minimal Risk: 23-19 [ ure Ulcer Scale for Healing (PU ent diet: Www.d. dust-	名 (%)   Height: 1計 ( d: PIPPS / CRIES / FLAC otocol: □ Low□ Medi □ At Risk-Mild Risk: 18-15	cms)   Weight: CC / Wong-Bak um	61. 5(kgs)   BMI:_	ng Scale / <b>N</b> ff 12-10⊡Seven s∷Dlo-⊡NA	e Risk: 9-6
Refer Pend Pend Critic Chan Pend	ommendation ral doctors:  ing medications: ing medication indent: ing lab reports / Investigations: al value alert and its corrections ges in nursing care plan: Yes ing follow-up orders: ial instructions if any:	, I	ı , care plan date	:		* #
	Signature	Name		Emp. No.	Date	Time
Handover given b	y of	Soundanye	ume	0022	4/1/24	20:00
Handover taken b		Offer From	NE.J	· 0074	4/1/242	800
Dòcument endors	ed 'C' 4	T die	ue !	. 000	5/1121	9.00

		IRSES PROGRESS NOTES				4 4
Date & Time	:	Observations / Action		Signate	re with E	mp. No.
04/01/2024	BUBNING DUTY	PRPOPE ON DULOI	12024			- -
12:00-20:00					·	
12:00	took over the	povent from a homed	yran			-
	Statue condin	eus put from	nè			
	Dhyppox 8n	Nouvel counts sur-	<b>19</b> n			
	controlles cod	to Mpmg HP - ab	tono .			
	ABP NO FRO CESSI	mg up timming, apto2	99%			
	Biland air e	entry @ lungi cu	cleer	0 6		
	Applomen sof	r Bavel Javel 3	panton		<u> </u>	
	are worm pi	uin fuso	*			
			'			
	4		'			<u></u>
13130	powers had for	ed Drally Holerand	well.	Awn		
14100	Admind m	oden as por order				
•		1.0				
15/30	-	al line removed, si		-1	,	
	Wind N 0024	g @ flom the slit	0.	¥ 202 2		
Н	dalar	and the in the polar				
17:40		Nebulization as por Ordon	(huma)			
· · · · · ·	Spiromothy Ex	eonik.		· · · · · · · · · · · · · · · · · · ·		
101-	Dres knowl the	hours lite are a hour line	alo C	000)	2	
12:00	mounter.	pount lut an comfu		<u> </u>		
	Trounds.					
19:00	Dellari- was	heald over to neat	1 uka	<u></u>		are
(-1,00		ruho Meneo		، دوه		
	- St 04   1					
7						· _ ·
	Signature	Name	Emp. No.		Date	Time
Document endorsed by	4	. Am nui	0000	·	5/1/24	9,20







56/Malc/MH1202380036 -02/01/2024/IPH2024000014





н	PATIE	NT CLINICAL H	IANDOVER F	ECORD FOR	NURSES	
Date: A	1104	Shift: Morr	ning Evening, T	ight		
S	NEWS / F Ventilator Periphera Ryle's Tu Urinary C	s: CAD 1V V PEWS Score:  day: — al line day: Right: Cubit Lef be:	<b>/</b> :	GCS: IS/IS POD: I POD Central line days: D2 VIP Score: O/S Decify organism:		•
В	Allergies On room	ROUND urgery: OPCAB if any: NKDA air / oxygen: ON ひぱん nts / New Symptoms in last s		Date of surgery: 3/1/d		•
A	BP: 1 & 6 Others: Pain Sco Fall Risk Braden S Pressure	SMENT  ns: Temp: 96.6 (°F)   Pulse  18.4 (mmHg)   SpO <sub>2</sub> : 9 (  BSA: 1 FOM  ore: 10 Pain Scale used  Score: 50 Fall Risk Pro  Score: Minimal Risk: 23-19 [  Ulcer Scale for Healing (PU)  diet: 80 Pain Scale 1 Risk	6_(%)   Height: [元] (c I: PIPPS / CRIES / FLAC otocol: □ Low□ Mediu □ At Risk-Mild Risk: 18-15[ SH): □ Yes □ No □ NA	ms)   Weight: 61.5 (kgs)  C / Wong-Baker FACES P  m, High  Moderate Risk: 14-13 H  Wound Dressing don	BMI: NI Roman And Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andr	e Risk: 9-6
R	Referral of Pending Pending Pending Critical vo Changes Pending	medications: medication indent: lab reports / Investigations: alue alert and its corrections in nursing care plan: follow-up orders: instructions if any:	• 0	are plan date:		
		Signature	Name	Emp. No.	Date	Time
Handover	given by	Sous	SONIA FLORAN	ce.3 00+	5 SINA	ন'00
Handover 1	<del></del>	Tip	ASHAC	0019	5/1/24	40
<b>Document</b>	endorsed			2001	22 10/2/201	6.4

	NU	RSES PROGRESS NOTES				
Date & Time	٠. ٥	bservations / Action		Signa	ture with Em	p. No.
1,/24	Gook over the p	attent on a hapmadyn	<u>q-</u>		Ž,	-
4.00	nically maintaint	ing contition without	<u> </u>		·	
9.00	olyports.	0 .				-
	He is course	ious, priented and a	febrilo.	RN	Glavic lood	4
19:30	Alministered	due modication.	/ 			
19:55	- A	and Antidrabetic dru	9 .			
	given ovolved by		,	RN	Spain out	F#
%)· <b>6</b> 00	· -	s Nos of Polis and Ed	brotal		( )	, 
	wall.	. 0			•	
· ·	A DIE MODECOF	/l' \		RN	Sails not	‡
\$1.30	() '	given and ypine our			· ·	
22.00		letion informed to Dri				
	- 41	arrived to gamero n. OH	h dr	<b>.</b>		
	- ' • //	thin to coard.	,	RING	YOUT 0074	
SJ.30	back are	givan Oken intoct.	- 			
4.30	A Blood Sample	adjusted and about.	For			
_	routine investigat	()			0 2 2	
<u>5.00</u>		onored.		RIN	ofour 10077	
6.00	, ,		<i>1</i> 01/1 ·			
1 4 2	line bre given w	,	, ,	100	You's 10074	
٠	Solution Condor	anophic procoultan.	<u> </u>	R M	Year 10 1	
4.00	Note Oboli		bxt			
	<del>wood or an</del>	a homodomically	<i>a</i> .	RA	davis/0074	
	Maintaining coudi	tion without august	7 '	Mu	Junioni	
	<u> </u>					
		· .				
-						
			:			
r.	Signature	Name	Emp. No.		Date	Time
Document endorsed by		2 mani	(2-01	25	ऽ । । य	a. F







## Mr.KARUNA GANDHI.A. "56/Malc/MHI202380036 "02/01/2024/IPH2024000014

Dr. RAJESH.V



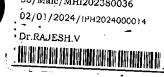
	PAIIC	INI CLINICAL F	MINDOVEN NECON	D FOR NOR	IJLJ	
Date: 5	lilay	Shift: Morn	ning Evening Night			
S	NEWS / F Ventilator Periphera Ryle's Tul Urinary C	s: CAD TWI PEWS Score: — day: — al line day: Right: Duried Left be:	GCS: POD: The Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line to the Contral line line to the Contral line to the Contral line line to the Contral line line to the Contral line line line line line line line lin	days: D-(3)		
В	Allergies On room	ROUND  urgery: OPCAB PC3 G  if any: NICDA—  air / oxygen: O2 Councul  nts / New Symptoms in last si	rd 2 lit iv fluids on	gery: 3/124.	· -	-
A	ASSESSMENT  Vital Signs: Temp: 97.6°F)   Pulse / HR: 10					
R	Referral of Pending Pending Pending Critical vo Changes Pending	medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders:	DIO IT Yes, modified care plan dat	re:		
		Signature	Name	Emp. No.	Date	Time
Handover (	given by	Ja _	Asus-c	0019	5/1/24	しょら
Handover t	-	8	· M. Dove	Ola	Sh	Bet
Document endorsed		1	done	10000	C114	9.2

NURSES PROGRESS NOTES						
Date & Time		Observations / Action		Signat	ure with E	mp. No.
5/1/24	Mook over "	the patient in a home	hypomice	7		
C7.10	State Condition N	el Supports-	U		The second	
		Counious orlental afe	bull-	JE.		۳
7,30		Critical value recembed		المو	* * *	
	lab-				•	·
7,40	- Cuformed Dr pra	neen Tayabuman VBG che	emid "	- 4		
	Rt-4,2 mmall	veen Japanen VBG che Informal again to Dr. pron.	eer	8		
	And Spenal's	, , ,	-			
		for lab hit - Value reveal	4			
	4.59 muss 1	,				
		lumbed granty don	ely.	#	\	
	- patent Consume	· ·	1			
	- Duedry adveum	. 4		1000		
10.30	- Patient had a	do flowing by Emest	ywy	201		
• .	given		· .			
	// •	r 2 hoim gren sufrio	rded 500	w/ }	R.	
. !	- patient mobbust		54		· · · · · · · · · · · · · · · · · · ·	
	- Ige remoned and					
12.00	-patient Chifted	to Gw - 2	,	JR.		
1,7, 3	Noti		, <b>, ,</b> , , , , , , , , , , , , , , , ,	(ا ص	1	
-	xxxy-4	· · · · · · · · · · · · · · · · · · ·		No		
	ABG -2	· · · · · · · · · · · · · · · · · · ·	/	The same	·	
	Opp - (1)					
	Bluefile = 1					
	1Ro	coi vel notes		a,		
1Q.BD	-> patront no	econou by the ple	5012'	De		
	spafient by s	Leble quiter sine	248			
	chentrouses. Pt	- Pain Both pomare	ا ال	<del>\</del>		
1-2.35	->pafient	The Chang & pt	nanol	<u> </u>	·	
	<i>( - ( )</i>	sen dary the	•			
Document	Signature	Name	Emp. No.		Date 1	Time
endorsed by	(X)	'Linnin'	000	ر	5/1/24	9,00











	PATIE	NT CLÎNICAL I	ANDOVER F	RECORI	D FOR NUF	SES	. " (
Date:	1/24	Shift: Morr	ning DEvening N	light			
S	Ventilator Periphera Ryle's Tu	s: CAT) TV EWS Score: day:	y: _ ^ .	POD: Central line of VIP Score:	015		, ,
В	Allergies On room	urgery: opmbx80	• •	Date of surg	( \/ &9		***
A	ASSESSMENT  Vital Signs: Temp: 4 (°F)   Pulse / HR:						
R	Referral of Pending Pending Pending Critical va Changes Pending	IMENDATION doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections in nursing care plan: Yes follow-up orders: instructions if any:		care plan date	:		
Llondover	ilizan bir	Signature	Name	<i>i</i>	Emp. No.	Date	Time
Handover to		Pari	K. Sug	ma	026	5/1/23	<b>13.00</b>
		A ST	A. ALBIN S. Nalini	103	008	g /1/24	1900
Document endorsed		Nas	2. naun		0024	51124	<u>‰-</u> ∽

	NURSES PROGRESS NOTES		1
Date & Time	Observations / Action	Signature with E	mp. No.
5/1/24	Eventua sluty Notes		-
(a)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
12.00	& pt housing oney token from	_	-
	ovenhyg sletty : Staff.	Single 1	
		0001.	
12,00	2) pt: Constou & Origital.		
14.00	> pt had a diet	P	
1		081.	
1400	pt due donge area giver.		
` (			
6:00	=) Pt Well Mobilited.		
		00010	
1800	of pt Ito chest Handone		
18.50	. \$ pt us cheuxod & Recorded.		
19.00	Det hamping one ginen by	0721.	
` <i>†</i>	plight duty Hat.	`	
•			
· · · · · · · · · · · · · · · · · · ·			
			•
	•		
	,		
,	, *		
		,	-
~.	Signature Name : Emp No	Date	Time
Document	Signature Name Ling. No.		2029
endorsed by	par e nalist 00%	(7   S/1/8)	au''

· \*\*\*

•]|-|-|-

1







56/Male/MHi202380036, 02/01/2024/IPH2024000014

Dr.RAJESH.V





Date: 5	11/2	\$ Shift: ☐ Morn	ing Everling Night		1		
S	NEWS / F Ventilator Periphera Ryle's Tul Urinary C	EWS Score: O day: - Il line day: Right: Left be: Yes No Day atheter: Yes No Day	VIP Score:	days; -	3	( ) <b>,</b>	
В	Allergies On room	urgery: OP ChB X 34	M カル IV fluids on t		· • • • • • • • • • • • • • • • • • • •		
A	ASSESSMENT  Vital Signs: Temp: 9 & (°F)   Pulse / HR: go (beats/min)   Respiration: 2 2 (breaths/min)  BP130 / 40 (mmHg)   SpO <sub>2</sub> : 97 (%)   Height: 17 1 (cms)   Weight: 61-6 (kgs)   BMI: 21 A Kg   W?  Others: Pain Score: 0 / 10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOTFall Risk Score: 50 Fall Risk Protocol: Low Medium High  Braden Score: Minimal Risk: 23-19 Ar Risk-Mild Risk: 18-15 Moderate Risk: 14-13 High Risk: 12-10 Severe Risk: 9-6 Pressure Ulcer Scale for Healing (PUSH): Yes NA Wound Dressing done: Yes NO NA Current diet: 80 F7 D D D D D Drains:						
R	Referral of Pending Pending Pending Critical vo Changes Pending	IMENDATION  doctors: medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders: instructions if any:	 	e:			
Handover g	ilven by	Signature	Name	Emp. No.	Date	Time	
Handover t	-	70 7.	A. A.BINUS	0088	6/1/24	700	
Document	endorcod	7	5 Lourdharhini	0212	6/1/24	7:30	

	NURSES PROGRESS NOTES	
Date & Time	「でいた」にObservations / Action	Signature with Emp.
- 1, 24	MIGHT DUM NOTES	
21, 1,	A SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR SECULIAR S	·
19.00	Patreis handoves saken	del
	from the everying duty	20086
- 000	staff. Patient is stable	
		**
20.00	oue medications are quein	State
-	to the patient.	<i>6</i> 6/6
	<i>y</i>	
22-00	vitalsique are chedrad &	Ala
	recorded	Ob 8
	1. (1 to 23.1) 14	
6.00	No droot is Maintained	18 - 80 B
		7
7700.	Patient handover quein	. del
	to the morning duty:	2008
<b>,</b>	Starffe	7
	•	*****
	March 1994	
	-	
11. NI		
	*	
<u>, , , , , , , , , , , , , , , , , , , </u>	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	<u> </u>
Document <sup>3</sup>	Signature   Name -   Emp. No.	
endorsed by	Nach C. Nalini 0024	6/134 8.0



The way to better health





#### Mr.KARUNA GANDHI.A

56/Malc/MHI202380036 02/01/2024/IPH2024000014 DF.RAJESH.V



Every heart best count:

Date: b	1/24	Shift: Morn	ing Evening Night	• • •			
S	NEWS / P Ventilator Periphera Ryle's Tut Urinary C	S: (AD) -TVD PEWS Score: day: Il line day: Right: D	: VIP Score:.	01.5.	1	n .	
В	Type of su Allergies i On room	ROUND urgery: DP(ABメ 3の if any: 大仏DA air / oxygen: RA uts / New Symptoms in last st	IV fluids on fl	the transfer of		•	
A	Vital Signs: Temp: 98 (°F)   Pulse / HR: 78 (beats/min)   Respiration: 20 (breaths/min)  BP: 110 70 (mmHg)   SpO <sub>2</sub> : 98 (%)   Height: 1 (cms)   Weight: 6 5 (kgs)   BMI: 21 (pg) M 1  Others: Pain Score: 6   10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT Fall Risk Score: 50 Fall Risk Protocol: 6 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): 9 No NA Wound Dressing done: 9 Yes No No NA  Current diet: 0 Drains: 1						
RECOMMENDATION  Referral doctors:  Pending medications:  Pending medication indent:  Pending lab reports / Investigations:  Critical value alert and its corrections:  Changes in nursing care plan: Yes Ao. If Yes, modified care plan date:  Pending follow-up orders:  Special instructions if any:							
		Signature	Name	Emp. No.	Date	Time	
Handover o		<u> </u>	5 Douadhoushin	0212	6/1/24	2:30	
Handover t	aken by	Pay	Rhyhon	0201	6/1/28	dist	
Document endorse		Nos	C. Nalini	0024	1611124	13:00	

•	N	URSES PROGRESS NOTES				سية مات
Date & Time		Observations / Action		Signa	ture with E	mp. No.
6/1/24 7.30 =	Mosning Rept handing	Over taken from	,			
	= pt conscion	5/0 chart checked ?	1.	5	Pil	
(50,8	Por Daug Ch	at.	<u>Ou</u>			·
200	1906 V/93	izelion Juan : I/o chart chec	kd e		D.	
1238	The hand out	ong Ones Gruon I	<i>O'</i>		1	
4	5 pc	prival Notes		*		
9.00	Informed by.  Moza, to	promoon. Add Ta	b	5	D: 021	
	1+ giuon.	•	• •			
		•		·		
Document endorsed by	Signature	Name L. Nallhi	Emp. No.		Date 6[1] 94	Time



Medway Hospitals

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





### Mr.KARUNA GANDHI.A 56/Malc/MHI202380036 02/01/2024/IPH2024000014,

Dr.RAJESH.V : z





### PATIENT CI

	FAIL	MI CLINICAL	HANDOVER RECOR	D FOR NUR	SES , · ·		
Date:	oli la	٩ Shift: ☐M	orning Evening Night *	61.5			
S	Ventilator Periphera Ryle's Tub Urinary Ca	EWS Score: day: I line day: Right: De: Yes No Catheter: Yes No C	GCS: POD: 11 Central line Left: Day: Day: WIP Score: WIP Score: WIP Score: Day:	<u> </u>	3 , r•		
В	1	urgery:	Date of surg IV fluids on at shift:		1		
<b>A</b> ·	ASSESSMENT  Vital Signs: Temp (°F)   Pulse / HR: (beats/min)   Respiration: (breaths/min)    BP:						
R	Referral of Pending Pending Pending Critical va Changes Pending	medications: medication indent: lab reports / Investigation alue alert and its correction	<b>\</b>	te:			
·	<u> </u>	Signature	Name	Emp. No.	Date Time		
Handover	given by	(PRI)	& sighter	0801	8/1/20 190		
Handover	taken by	984.	A ALBINUS	3 3 60	6/1/24 19-30		
Document	endorsed	Val	S. Nalini	0024	6/1124 2042		

	NURSES PROGRESS NOTES		- NO.
Date & Time	Observations / Action	Signature with E	mp. No
1112	Erroming sluter Notes		
(4)			···
	of pt handing one teken from		4
2,00	Jonemay duty Steett	- 2	
	2 green of dury stage	· WA	
	100 0 1 1 9 Po Cotall		<u></u>
12,00	-1 Pt Consisus & Oricitary.		
3.30	2) It had a lifet		
14,00	of due any sea give,		
(4.30	- 5 pt havel Gob Gz.d.	100	_
16,00	Sitt Nebulization a given	2001	·
70			
1130	3 pt Do havet planteney	Ω	
	1 Jan 2 Son Harris	4	
19.00	· s Dt. VI cheered & lourded	Ster	
13.80		•	
1 4 10		. (1)	
	by (N) get duty Staff !!	Day.	
	<u> </u>	<del>- 39,</del>	,
			· 
			.5
		,	
	÷		-
		· · · · · · · · · · · · · · · · · · ·	
,			
rat in			
	Signature Name Emp. No.	Date	Time
Document endorsed by	1009 2 Nalin: 0084	6/1124	200
endorsed by	0,51		<i>a</i>







56/Male/MHI202380036 02/01/2024/IPH2024000014





Date: 6/1/24 Shift: Morning Evening LiNight						
SITUATION Diagnosis: CAD TVD NEWS / PEWS Score: 0 Ventilator day: Peripheral line day: Right: Ryle's Tube: Yes No Day: Urinary Catheter: Yes No Day: Barrier nursing: Yes No MDR: Yes No: If Yes, specify organism:						
BACKGROUND  Type of surgery: — Allergies if any: ARD A On room air / oxygen: ON ROOM DIA Complaints / New Symptoms in last shift:						
ASSESSMENT  Vital Signs: Temp: 96 (°F)   Pulse / HR: 60 (beats/min)   Respiration: 2 (breaths/min)  BP: 130 / to (mmHg)   SpO <sub>2</sub> : 9 / (%)   Height: 1 / (cms)   Weight: 6 / (kgs)   BMI: 24 / 2 / 4 / 2 / 7 / 2 / Others:						
RECOMMENDATION  Referral doctors:  Pending medications: —  Pending medication indent:  Pending lab reports / Investigations: —  Critical value alert and its corrections: —  Changes in nursing care plan:   Pending follow-up orders:  Special instructions if any:						
Signature Name Emp. No. Date Tin						
Handover taken by	1					
Document endorsed 1 20 5-Cathrine 0207. 4/1/24 7-3	0					

	NURSES PROGRESS NOTES			à.
Date & Time	Observations / Action	Signatu	re with Em	p: No.
1 1.0	NIGHT DUTY NOTES			. *
6 1 24			-	*
19.00	Patient handover laken from	l A	Ja	
	the evening cluty stable.			
	Papent is slable	*		
20.00	Due medicators are guierts	J.	4	
,	Etre Dalient	(	0480	
22.00	ortal signs is checked and	. 8	1084	
	recorded		<i>-</i>	
			) <u> </u>	• •
6.00	No chart is maintained	<u> </u>	<del>208</del>	
7.00	Patient handover quen to	-	<del>-</del>	· .
	the Morning dudy staps	10	de	
	, J		•	
			·	
			· · · · · · · · · · · · · · · · · · ·	
X			<u> </u>	· .
		· .	· · · · · · · · · · · · · · · · · · ·	
				<del>,</del>
		<u> </u>		
			·	- ·
				•
				·
·				
		N-	Deta	Time
	Signature (V	. No.	Date - \リタル	
Document endorsed by		000g/t	TIMAY	8-0







### Mr.KARUNA GANDHI.A 56/Malc/MHI202380036 02/01/2024/IPH2024000014

Dr.Rajesh.v = 1



•	PALIE	IN I CLINICAL	HANDOVEK KE	COND FOR NOR	19E9	
Date:	1/1/23	Shift: Ho	ning Evening Nigh	nt · · · · · · · · · · · · · · · · · · ·	•	
S	NEWS / I Ventilator Periphera Ryle's Tu Urinary C	s: CAD -TVP PEWS Score: O day: - day: - Let line day: Right: - be:   Yes   No Da eatheter:   Yes   No Da	ft: · · · · · · · · · · · · · · · · · · ·	CS: USUS DD: SV entral line days: — P Score: 0   5 ify organism: —		.•
В	On room	ROUND urgery: OPCABX 3976 if any: NUDA air / oxygen: nts / New Symptoms in last:	. · · · · IV1	ite of surgery: 3   24	•	
A	BP: 20 Others: Pain Sco Fall Risk Braden S	ns: Temp: 98.2°F)   Pulse    170	8 (%)   Height: 17 (cms) d: PIPPS / CRIES / FLACC / rotocol:   Low Medium [ At Risk-Mild Risk: 18-15 N ISH):  Yes No NA	Respiration: ②① (breat   Weight: 6/ 5 (kgs)   BMI: 6   Wong-Baker FACES Pain Ratin   High   Risk: 14-13 ☐ High Risk:   Wound Dressing done: ☐ Yest   Drains:	24 · 2 Kg / m ng Scale / NRS 12-10∐Severe I	
R	Referral of Pending Pending Pending Critical va Changes Pending	medications:  medication indent:  lab reports / Investigations:  alue alert and its corrections  in nursing care plan: Yes  follow-up orders:	- No. If Yes, modified care			
		Signature	Name	Emp. No.	Date	Time
Handover g		f. cati	F. cathrere	F000	7/18/2 1	230
Handover to	aken by	Pein	R. Sushma	081	#1 lau	विद्य
Document e	endorsed	1)00	S. Nalin	00241	7/1124/1	130

	, NURS	SES PROGRESS NOTES				·L
Date & Time	Obse	ervations / Action		Signatu	ire with En	np. No.
7, 240	Mornin	g cluty Notes				•
<u> </u>	spt handed	over to taken b	<u> </u>			**
	morning duty	Staff.	U	FC	n I	
	=) pt Conscion	us & oriented		,૦,૭	07).	
	Spt V/s Cl	hecked & socooded		•		
				1"	_	
8.30	spt had d	ict, patient due	drug	F-	Cato	
	are given			రిద్ద	2071	
	•	* * * * * * * * * * * * * * * * * * *				
10.00	=) pt nebielization	on gwen	74	F. 60	I,	
	-	. 0		0 207		
12.30	>pt 2/s che	cked exercised				
	Spt I/o Cl	hart maintaine mobile Led	el .	E. Cat	70	
	Spt well	mobile Led		080	<u> </u>	
	Spt handed	over to even		. 4		
	duty staff		0.			
	0 00			4		
		, ,				
		•				
	No.	, , , , , , , , , , , , , , , , , , ,	Emp. No.		Date	Time
Document		ame L'Nalini	Emp. No.	10.0	7/1/24	
endorsed by	Vas.	S. Nount	<u> ල</u> හර	4	CWIAI	13-6







## Mr.KARUNA GANDHI.A 56/Malc/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V



	PATIE	NT CLINICAL H	IANDOVÈR RECOR	D FOR NUF	ISES VI
Date:	7/1	Shift: Morr	ning Evening Night	•	•
S	NEWS / F Ventilator Periphera Ryle's Tu Urinary C	s: CAD TVD  PEWS Score: day: day: line day: Right: be: Yes No Day atheter: Yes No Day	/: VIP Score:	days:	*0000 \$ 5000 \$
В	On room	urgery: OPVABX 3	IV fluids on f	$-1.1 \sim 1$	Top A
A	Others: Pain Sco Fall Risk Braden S	ore: Minimal Risk: 23-19 Ulcer Scale for Healing (PU	/HR:(beats/min)   Respira 9 (%)   Height:(cms)   Weight:   PIPPS / CRIES / FLACC / Wong-Ball   Doctorol: Low Medium High   At Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk: 18-15 Moderate Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-Mild Risk-M	ker FACES Pain Ratin sk: 14-13 High Risk: Dressing done: Yes	g Scale / NRS / OPOT
R	Referral of Pending Pending Pending Critical va Changes Pending	medications: medication indent: lab reports / Investigations: alue alert and its corrections: in nursing care plan: Yes follow-up orders:	No. If Yes, modified care plan date	_	harge
Handover g		Signature	Name R. Sulmer	Emp. No.	Date Time
Handover to		Nas	A. ALBINUS	.0086	7/1/24/Q-30
Document (	enaorsed	Nu	S-Nalini	008.4	711124 2000 1

	NU	JRSES PROGRESS NOTES			,
Date & Time	(	Observations / Action		Signature with En	np. No.
7/1/2	Evour	ng duty Notes			·
(a)		4			
1200	=> Patient	handling one for	cen from	<u>n</u> , .	
	conshing de	Hy Stuff	,	· •	
		) ,,,		ON,	
12.00	2) P4 - Po	usions & Orienters			
		1			
18.00	>) px+ hoof	a dref	`,		
	/ 1 .		-	<del></del>	
1330	DP+ due	dugs clee give	V 1	AOna	
	7.04	<i>O O O O O O O O O O</i>		Bles	
14.00		Mobilited.	194	•	<del></del>
16.00	DP Nebu	elization is given	יי	<u>,                                    </u>	
1000		1	<u>.</u>		
800	>) p+ 10	chart youtener	• ;	· · · · · · · · · · · · · · · · · · ·	· _
,	2) ()	The following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following th		3	
[8.30	7/4 V)g	united & Kerord	ed :		
19 00	201 1000	Try purt given	<u> </u>		
12.00			<i>99</i> .		
	callingut of	uty Stuff: 1)	· • • · · ·	0201.	
	V			<u> </u>	
		7. p. s.			
		,			
	11.	41. 217. 10.11			
3					
	* 1 · 4	i e	1.		
	Signature	Name'	Emp. No.		Time
Document endorsed by	Nos	e Nalin	2002/4	7M24	do lo







#### Mr.KARUNA GANDHI.A . 56/Malc/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





3/1124 8/0

	PATIE	INT CLINICAL F	IANDOVER F	RECORI	o FOR NU	RSES	*
Date:	7/1/24	Shift: ☐ Morn	ning Evening 🔃	Night			
S	NEWS / F Ventilator Periphera Ryle's Tul Urinary C	s: CAD - TV () PEWS Score: O day: - Left be: Yes No Day catheter: Yes No Day	<i>r</i> :	GCS: (5/1) POD: Central line of VIP Score: (	days: -		
В	Allergies On room	urgery: OPCAB & 3G if any: NKOA	4 HIR	Date of surgo	ery: 3/1/24 ow:		
A	BP: <u>/26</u> Others: Pain Sco Fall Risk Braden S	ns: Temp: A R(°F)   Pulse  (mmHg)   SpO <sub>2</sub> : 9   + (%)   Height!	cms)   Weight: CC / Wong-Bak um High	er FACES Pain Rat k: 14-13 High Risk	ing Scale / NR	S / CPOT	
R	Referral of Pending Pending Pending Critical value Changes	IMENDATION  doctors:  medications:  medication indent:  lab reports / Investigations:  alue alert and its corrections:  in nursing care plan:  follow-up orders:  nstructions if any:  TM R (	: ∽ ⊡No. If Yes, modified	·		_	
Handover g	iven by	Signature	Name		Emp. No.	Date	Time
Handover ta		NIT.	A. ALBINO		0088	8/1/24	7 20
Document of		Now Your	M. Keva s. Nalini	ln j	0084	31134	7.30 8.0

	, N	URSES PROGRESS NOTES				1
Date & Time		Observations / Action		Signatur	e with Er	np. No.
4/1/2A	Ala	MT DUTT NOTES				**)
19.00	Padient hu	undoor taken o	//	D	1	~
	Patront u	s e Casse		•.		
%0.00	pue medito	rations are go	vew.	A.	1-	
22.00	vilal signs	is chedred s	3	di o	68	
600	Plo chart	is paintains	S	di	1	
¥:00	Patrent 12 Gre Morn	andover gwen	to b	A E	ts	
	-		•			
	,					
		•				
Document endorsed by	Signature	Name 8-Nalin	Emp. No.		Date 1/184	Time_ S₩







#### Mr.KARUNA GANDHI.A 56/Malc/MHI202380036

56/Male/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





	PATIE	NT CLINICAL I	IANDOVER RECOR	D FOR NUF	RSES	
Date:	8/1/	Shift: Merr	ing Evening Night	iri k	\$ <b>6</b>	
S	Ventilator Periphera Ryle's Tul Urinary C	S: CAD TVD  PEWS Score:  day:   Il line day: Right: Left  be:  Yes No Day  ratheter:  Yes No Day	Central line	15 days:	, ,	17
B	On room	ROUND  urgery: OPCABX, SUX  if any: UKDA  air Toxygen: RA  nts / New Symptoms in last s	IV fluids on fl		*	14
A	Others: Pain Sco Fall Risk Braden S Pressure Current of	ns: Temp: 976°F)   Pulse O 70 (mmHg)   SpO <sub>2</sub> : 9 ore: O 10 Pain Scale used Score: 50 Fall Risk Pro Score: Minimal Risk: 23-19 [ Ulcer Scale for Healing (PUS	: PIPPS / CRIES / FLACC / Wong-Ballotocol: ☐ Low ☐ Medium ☐ High ☐ At Risk-Mild Risk: 18-15 ☐ Moderate RiSH): ☐ Yes ☐ No ☐ NA Û Wound Drain	ker FACES Pain Ratinsk: 14-13 High Risk:	20.3 kg ing Scale / NP 12-10 □ Sever	
R	Pending Pending Pending Critical va Changes Pending	medications: medication indent: , lab reports / Investigations: alue alert and its corrections:	NUI DNo: If Yes, modified care plan date		(* *	
Handover g	iliyan hiy	Signature	Name	Emp. No.	Date	Time
Handover t		Maly	M. Rovother	0225	08/1/24	12.30
Document (		COOL	R. Nalin		81/134	13:0
		- Vas		4800	י אבויןם	170

	;···· NU	RSES PROGRESS NOTES				1
Date & Time	· · · ·	Observations / Action		Signat	ure with Er	np. No.
08/1/24	HOS	oning dudy vote				,
at						
7.30	= pabont 1	and over taken	to	6.6	)	
	l	duty Staff.		M	<del>*</del>	
		us & oxiented.			-23	
	>> vital	signs chocked &				
	reconded.	361 3414				
Ø.30	=h Pation	nt mad a plabel	t dies	_		
	& Notical	ion given as Poo	1 04	Mil	, .	
	doug chart			ಯ	2	
9.00		od mobilizade No	havo			
	complaints					50
10.00	•	removal done &	Today			
······································	plan duchoog		,	MI	)	
	= Nebuliz	ation was given.		021	<u> </u>	
11.30		t monitored				
	1	gas chocked & yea	ordage			
12-30		e hound along give	, ,	M	2	
	the ovening o			0.	55°	
		J 00				
	Dischan	rge Notes				
	7 7					
19.00	A postion o	Roeminge Summain	iy			
	Siplain +	o the let attente	$\partial \gamma$ .			
19.00	DA TO	bano Lomovo.		-6	201	<u>.</u>
	2 Pt TW D	no Remove				
1-930	Sipt old	Regnest ginen.			<u> </u>	
	DPA Book	L' to Lowe		- 76	Ag	
				<u> </u>	١,٢	
					· .	
	Signature	Name	Emp. No.		Date	Time
Document endorsed by	Nac	s nalm	<i>ထ</i> စ္ဆျ	7.	8 11 24	₩.





# ADULT NURSING CARE PLAN

Mr.KARUNA GANDHI.A

56/Malc/MHI202380036

02/01/2024/IPH2024000014

Dr.RAJESH.V





Every heart beat counts

I				
Initial Date: 2/1/24	Time: 7 66	Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD TVD		
Patient Specific Problems / Needs 4 1	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION  ☐ Keep NPO ☐ Regular Diet	Patient will have adequate nutrition with no nausea and vomiting  Patient will consume daily nutritional	Provide Prescribed diet on time Encourage patient to consume the served meal Record amount of food consumed	M	
Others:	requirements in accordance to his activity level and metabolic needs	Hecord amount of 100d consumed	Е	
			N PT is on let	2088
OXYGENATION  Room Air  Nasal Cannula / High Flow O  BiPAP / CPAP	Patient will have normal O₂ saturation  Patient ABG levels will return to and remain within normal limits  No other respiratory abnormalities  Patient respiratory rate will remains within established limits	Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises  ☐ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order  ☐ Utilise pulse oximetry to check O₂ saturation and pulse rate ☐ If any O₂ abnormalities detected inform immediately to	M	
☐ Tracheostomy ☐ Others:	Patient will indicates, either verbally or through behavior, feeling comfortable when breathing	the concerned physician  Place patient with proper body alignment for maximum breathing pattern  Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis  Note for changes in level of consciousness	E	
		Note for crianges in level of consciousness     Send sputum for culture and sensitivity based on physician order     Maintain clear airway by suctioning or encouraging patient with successful coughing	N SPO2-95%	Ay 5008
FLUID & ELECTROLYTES  Oral Intravenous Enteral Nutrition	Patient will have balanced fluid and electrolytes balance	☐—Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Provide tube feedings ☐ Monitor intake and output	М	
Parenteral Nutrition Others:		Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses     Monitor for possible sources of fluid loss	E	
V	1	☐ Monitor BP for orthostatic changes	N ROOM AIR	A 008

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY  ☐Mobile / Immobile  ☐ Walk with assistance  ☐ Physiotherapy  ☐ Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Patient will use safety measures	Encourage regular ambulation ROM exercise Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance	М	
_ Guiois.	to minimize potential for injury  Patient will demonstrate the use of adaptive devices to increase mobility	(e.g., physical therapy, visiting nurse)  Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	E 1	
		(1 ) (1)	NPH rate of mobilized	2010
ELIMINATION  Catheter, bedpan, urinal  Nasogastric tube Bowel movement Urination	Patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence,	☐ Encourage fluid intake ☐ Encourage fibre diet intake ☐ Encourage early ambulation ☐ Report any abnormalities to physician ☐ Observe voiding accessories as follow's /	M	•
Others:	, and regular elimination patterns	Observe voiding accessories as foley's / silicone catheter	E	
	·	and follow proper protocol  Check for malena / constipation / urinary retention	N PH self-voided	0100
SKIN INTEGRITY  Maintain normal skin integrity Pressure points site assessment HAPI OPI  GRADES OF PRESSURE INJURY.	Patient will maintain normal healing status     Patient will discharge with intact skin integrity	<ul> <li>☐ Minimize / Eliminate friction and shear</li> <li>☐ Minimize pressure (off-loading) with special beds</li> <li>☐ Make sure wrinkles free bed / comfort surfaces and devices</li> <li>☐ Early skin inspection and treatment</li> <li>☐ Keep position changing 2 hourly and manage pain</li> <li>☐ Manage moisture, clean and dry skin</li> </ul>	M	
GRADE 1 GRADE 2 GRADE 3 GRADE 4 Unstageable Deep Tissue Injury Healing Status PUSH Decreased PUSH Increased			E	
☐ Intermittent Assisted ☐ Dermatitis ☐ Pressure injury / blisters site care given ☐ Others:			N Maintain @ Stain	Cy

under the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o

- ===

... **2** 🚁

**Patient Specific** Sign & **Measurable Goals Nursing Interventions Evaluation** Problems / Needs Initials 130 CHA Patient will stay clean and **HYGIENE** Encourage patient to do daily bathing and oral hygiene Bed-Bath well-groomed Change patient's gown daily ☐ Assist-Bath ☐ Patient will demonstrate lifestyle ☐ Encourage hand hygiene ☐ Self-Care ☐ CBD Care changes to meet self-care needs Consider the patient's need for assistive devices Ε (if present) ☐ Patient will recognize individual Apply moisturizing solution ☐ Others: weakness or needs N pt on well groome . . ! A FREEZE SAFETY ☐ Patient will have no life-threatening ☐ Check the identity with ID band before any Check ID Hand interaction with the patient situations ☐ IV care □ EJV ☐ Raise side rails **CENTRAL LINE** ☐ Provide proper invasive line care ☐ Side rails ☐ Keep bed locked and low at all time Ε Others: ☐ Educate care providers to be the patient ☐ Follow restrain policy (if needed) 1D Band N checked Patient will have comfortable sleep
Patient will verbalize / or through COMFORT AND SLEEP Provide clean calm and restful environment Pain Control Provide privacy at all time Sleep Patterns behavior about pain relief and ☐ Monitor pain scale / sleep pattern E Others: adequate sleep ☐ Provide pharmacological and non-pharmacological therapy Carlo Carlo NPW role of Com Forfable OBSERVATION Patient will have normal range Monitor vital signs regularly Uital Signs М of vital parameters Monitor vital signs on ordered time Assess physically for any abnormality
Inform doctor if there is any abnormality ☐ GCS ☐ Blood Sugar Others: Monitor GCS of patient Determine and treat the underlying cause of altered LC Regular blood sugar monitoring as per dectors order Determine and treat the underlying cause of altered LOC Ε N Vitab and Patient will achieve spiritual needs
Patient will be able to control his **PSYCHOLOGICAL** / Pray or encourage the patient to pray М SPIRITUAL SUPPORT ☐ Use inspirational words Spiritual Needs feeling toward his illness Respond to spiritual needs as they arise Beliefs / Values / Customs Patient will maintain normal ☐ Evaluate spiritual needs Anxiety and Copying Pattern ☐ Encourage verbalization of feelings / therapeutic touch psychological pattern Ε ☐ Identify Stressors ☐ Provide empathy and reassurance Others: Ν

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	·	Evaluation		Sign & Initials
COMMUNICATION  Verbal  Non-verbal Sigh language Others:	Patient will communicate effectively with positive feedback	☐ Introduce the care giver ☐ Encourage the use of call bell ☐ Obtain interpreter if needed ☐ No negative speaking about the patient's or prognosis in the patient's presence	condition	M		_
		or prognosis in the patients presence		n pf nell	mades	(31) 510s
SPECIAL INTERVENTIONS  Medication Wound care Intervention	To manage on time	Double check for high alert medication Observe and report any medication reac Provide proper measures of wound care Follow hospital polices and protocols of		м		
<ul> <li>☐ Ostomy Care</li> <li>☐ Blood / Blood products transfusion</li> <li>☐ Fluid tapping</li> <li>☐ DVT Management</li> </ul>	11	and explain to the patient / family  Check for cross matching and typing, to compatibility  Practice strict asepsis while transfusing to blood products and fluids		E		
Others:	At	☐ Monitor DVT score and continue treatme as per doctors order	nt	N Dre m	redia_Hon	Sien
Endorsed by	Name Name	Dhaeraraes.	Emp. ID	5	Date 03/01/24	08:00
	; ; ;		1		;	•
	44 1.46 1. - > 1.45					
				• •	11 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
·	<b>&gt;</b>		•			

도움들다는 기계 이 프로그리아 토리 이 <del>프로</del>스 이 기계를 보는 기계를 보는 것이 되는 것 같습니다.





# Mr.KARUNA GANDHI.A

:02/01/2024/IPH2024000014

Dr.RAJESH.





## **ADULT POST-OPERATIVE NURSING CARE PLAN**

Initial Date: 03(01)	2024 Time: 14130	Modified Date: Time:	·	
Reason for Modification	): ^	Diagnosis: On two		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN Comfortable Position Pain Scale Pain Score Others:	☐ Patient will have less pain	Evaluate location, character, quality and severity of pain Administer pain medication as prescribed and as needed Observe for any changes in vital signs Maintain proper positioning of patient Assist or turn patient every two hours Assess incision area for redness, heat, induration, swelling, separation and drainage Non-Pharmacological therapy	M  E - The Palent  N Allientard due Mediati	acos2
OXYGENATION  Room Air Oxygen Hood Nasal Cannula Nebulizer Ventilator Others:	Patient will have no shortness or difficulty of breathing	Provide well ventilated environment Check oxygen saturation Perform suctioning if needed Ventilator settings as per physician orders Monitor rate, depth of respiration Administer oxygen and nebulizer therapy if needed Encourage spriometry, deep breathing and coughing exercises Monitor amount, viscosity, colour and odour of sputum if present	M  Shugal the paint to  perform spring series  N 8POJ-1007. ON OL  NOSE	Jussa Alani
ANXIETY  Increased Pulse Rate  Anxious Look	Patient will cope properly with his illness and react positively to his surroundings	<ul> <li>□ Explain all procedures to patient or family member in simple language they understand</li> <li>□ Encourage and support patient while increasing anxiety level</li> <li>□ Help patient to cope with outcomes of surgery</li> <li>□ Keep patient in comfortable position in bed to enhance sleep</li> </ul>	M E — N	\(\frac{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
MOBILITY  ☐ Mobile / Immobile ☐ Walk with assistance ☐ Physiotherapy ☐ Others:	☐ Patient will mobilize freely ☐ Patient will perform physical activity independently or within limits of disease ☐ Patient will use safety measures to minimize potential for injury ☐ Patient will demonstrate the use of adaptive devices to increase mobility	□ Apply Anti-Embolic stocking / SCD     □ Evaluate the need for assistive devices     □ Assess the safety of the environment     □ Consider the need for home assistance     (e.g., physical therapy, visiting nurse)     □ Note for progressing thrombophlebitis     (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M  E Pulm is how Don't com  to mohind  N ON book fast	91 2002 Opinis 74

, Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE  Oral Intravenous Enteral Nutrition Parenteral Nutrition Others:	Patient will have balanced fluid and electrolytes balance	☐ Enhance fluid intake unless restricted ☐ Check IV sites and assess if there is any complication ☐ Provide tube feedings ☐ Monitor intake and output ☐ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses ☐ Monitor for possible sources of fluid loss ☐ Monitor BP for orthostatic changes	M —  E Nonthor Intermed and purper Charl  N Trine potent of healthy,  Monitornal The	duss Opisiosta
RISK OF INFECTION  Prevent Infection Others:	The patient will be discharged with no hospital acquired infection	Use aseptic technique in all aspect of patient care  Restrict visitors and use appropriate PPE  Meticulous hand washing before and after patient's care  Inspect wound for signs of infection, purulent drainage or discoloration  Administer antibiotics as ordered  CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons	M -  E une anaptic teathwarin  our aspects of pant coro  N dooptic probation  fallowed.	South
RISK OF FALL  ☐ Giddiness ☐ Independent State ☐ Dependent State	☐ The patient will have safe, free from fall hospitalization	Keep bed on low position Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed Remove clutter, keep items patient needs within reach Avoid movement out of bed after surgery for 46 hours Review patients' medication like narcotics and hypotensive agents Offer urinal or bedpan to the patient if needed	M  E  N  fall yisk production  Allowed:	Olaviyo 44
SKIN &WOUND CARE  Observe REEDA Oozing Foul Smell	The patient will have intact skin while staying in the hospital and on discharge	Check all drains from the operation site more frequently Provide wound care as ordered Minimize pressure Provide adequate nutritional support Report signs of poor healing or trauma to doctor	M E  N Aragin English	Quiso#4
DIET & NUTRITION  ☐ NPO ☐ Soft Diet ☐ Semisolid Diet ☐ Solid Diet ☐ RT Feeds	☐ Patient will have adequate nutrition with no nausea and vomiting	Encourage patient to consume prescribed diet  Record amount of food consumed  Provide high calories, high protein diet as prescribed  Monitor patient's weight  Administer supplemental vitamins and minerals as prescribed  Administer parentral or TPN per protocol if dietary needs are not met through oral intake  Report abdominal distention, large gastric residual volume or diarrhea to doctor	M E POWER ID ON NPO	Oliverty

三年 使 黄





Patient Specific Problems / Needs		Measurable Goals	NAS-20-30-30-30-7-	Nursing Interventions		Evaluation		*Sign & Initials
CARE OF CATHETI DRAINS, ETC.	TERS,	Patient will have pate maintained catheters	nt, properly , drains etc	Check the catheters, drains etc frequent Observe I/O Chart Watch for any symptoms related to kinke blocked tubes Maintain adequate cleaning and dressing	ed or	E clery and	coporo	₩-
DISTURBED BODY	/ IMAGE	☐ The patient will demo initial acceptance and body image		<ul> <li>Note non verbal body language, negative and self talk</li> <li>Note emotional reaction (grieving, deprediction)</li> <li>Acknowledge and accept expression of the of grief and hostility</li> </ul>	ession, anger)	M		V 200-44
OBSERVATION  ☐ Vital Signs ☐ GCS ☐ Blood Sugar ☐ Others:		Patient will have norn of vital parameters	nal range	Monitor vital signs regularly Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient		= Srain u	hemodynany onor,	Son
HEALTH EDUCATION Patient Family / Guardian Diet Disease process Infection control / PP Medication Educate about TAC I and immunosuppres Personal Safety Treatment Regimen Others:	PE level ssant	Patient / Family / Gua Domestic Partner / Ca others will gain adequ knowledge regarding modalities and life sty modifications	are-giver / uate treatment	<ul> <li>□ Provide proper education regarding follo</li> <li>□ Insist on importance of hand hygiene</li> <li>□ Explore action, reactions and adherence</li> <li>□ Provide clear, thorough, and understand regarding safety precautions.</li> <li>□ Explain to perform activities / skin care the by concerned doctor</li> <li>□ Use the teach-back technique to determinate understanding regarding importance of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of the same content of</li></ul>	about medication able explanations nat recommended ine the patient's	M -> Pmd E adwin Y Seenin	egpal ohier e	Jan.
ANY OTHER NEEDS	s					M E N		
Sig	nature		Name		Emp. ID		Date	Time
Endorsed by	4		L	mari-	0003	-	4/1/20	5-w

r kan baar kungakan dan kungan baran dan kungan kungan banggal banggal banggal banggal banggal banggal banggal Banggal banggal banggal banggal banggal banggal banggal banggal banggal banggal banggal banggal banggal bangga





# ADULT NURSING CARE PLAN



	/		<u> </u>	
Initial Date: 3 /1/2 4	Time: 🔊 ◦ 💋 🗢	Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD-7VD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION ☐ Leep NPO	Ratient will have adequate nutrition with no nausea and vomiting	Provide Prescribed diet on time Dincourage patient to consume the served meal	M Pt Keep NPO	Lus
☐ Regullar Diet ☐ Others:	Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	☐ Record amount of food consumed	E	
			N	:
OXYGENATION  Room Air Nasal Cannula / High Flow O <sub>2</sub> Mask BiPAP / CPAP	☐ Patient ABG levels will return to and	☐ Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises ☐ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order ☐ Utilise pulse oximetry to check O₂ saturation and pulse rate ☐ If any O₂ abnormalities detected inform immediately to	M bt on sonw	Lu
☐ Ventilator ☐ Tracheostomy ☐ Others:	Patient will indicates, either verbally or through behavior, feeling comfortable when breathing	the concerned physician  Place patient with proper body alignment for maximum breathing pattern  Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis  Note for changes in level of consciousness  Send sputum for culture and sensitivity based on physician order  Maintain clear airway by suctioning or encouraging patient with successful coughing	E	
·			N	<b>"</b> %(* <sub>4</sub> )
PLUID & ELECTROLYTES ☐ Oral ☐ Intravenous ☐ Enteral Nutrition	☐ Pátient will have balanced fluid and electrolytes balance	Enhance fluid intake unless restricted  Check IV sites and assess if there is any complication Provide tube feedings Monitor intake and output	m repuitoned the	Lus
☐ Parenteral Nutrition ☐ Others:		Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses     Monitor for possible sources of fluid loss     Monitor BP for orthostatic changes	E	
	,		N .	

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY  ☐ Mobile / Immobile ☐ Walk with assistance ☐ Physiotherapy ☐ Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Ptient will use safety measures	☐ Encourage regular ambulation ROM exercise ☐ Apply Anti-Embolic stocking / SCD ☐ Evaluate the need for assistive devices ☐ Assess the safety of the environment ☐ Consider the peed for home assistance	mpd wou rollinged	Dus
Cuters.	to minimize potential for injury  Patient will demonstrate the use of adaptive devices to increase mobility	Consider the need for home assistance (e.g., physical therapy, visiting nurse)  Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	درایای در	
		C141, (C42)	N	
ELIMINATION  Catheter, bedpan, urinal  Nasogastric tube  Bowel movement  Urination	Patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence,	Encourage fluid intake Encourage fibre diet intake Encourage early ambulation Report any abnormalities to physician Observe voiding accessories as foley's /	m pt solf roiding	Dis.
Others:	and regular elimination patterns	silicone catheter Check placement before feeding Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order	E	
		and follow proper protocol  Check for malena / constipation / urinary retention	N	
SKIN INTEGRITY  Maintain normal skin integrity  Pressure points site assessment HAPI OPI  GRADES OF PRESSURE	Patient will maintain normal healing status Patient will discharge with intact skin integrity		m maintennal son	Lus
☐ PUSH Decreased . ☐ PUSH Increased	'i)	Mainage moisture, clean and dry skin   Maintain adequate nutrition and hydration   Proper application of medications and dressing   Follow doctors and TVN order properly   Monitor the healing status   Educate patient and family members about further skin care	E	
☐ Intermittent Assisted ☐ Dermatitis ☐ Pressure-injury / blisters site care given ☐ Others:			N	
	#			<u> </u>



Light metal manager

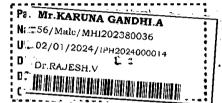
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE  Bed-Bath Assist-Bath Self-Care CBD Care (if present) Others:	Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize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

Patient Specifi Problems / Ne		Measurable Goals		Nursing Interventions			Evaluation	-	Sign & Initials
COMMUNICAT  Verbal  Non-verbal	rion -	Patient will communic with positive feedback	ate effectively	☐ Introduce the care giver☐ Encourage the use of call be☐ Obtain interpreter if needed	II .		m pt us	ellelle	\$ cro
☐ Sigh language ☐ Others:	, <b>'</b>	2.*.		No negative speaking about or prognosis in the patient's p	the patient's presence	condition	E		
		,					N		`
SPECIAL INTE  Medication  Wound care Isolation  Ostomy Care	RVENTIÔNS	☐ To manage on time		Double check for high alert m Dobserve and report any med Provide proper measures of the polices and p and explain to the patient / fa	ication react wound care rotocols of i		M deer	dreg given	Lui
☐ Blood / Blood p transfusion ☐ Fluid tapping		;	; •	☐ Check for cross matching an compatibility☐ Practice strict asepsis while to	d typing, to		E		
☐ DVT Managem☐ Others:	ent	Large Co.	-	blood products and fluids Monitor DVT score and conting as per doctors order	nue treatmer	<b>nt</b>	N		-
	Signature		Name			Emp. ID	1	Date	Time
Endorsed by		Nug	· ·	s-Nalini	-	00	रू <del>।</del>	2/1124	76.500
		ا در در در دو ها این در در در ها این در در در ها این در در در ها این در در در ها این در در در در در در در در د این در در در در در در در در در در در در در	· 1			·			
• • •						<b>i</b>	·	ł	
- - - - -		•	:					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	en e <del>e e</del> En e e e e <sup>e</sup> e
B		·					, 	•	

, The water with the second			<u> </u>	<del>-</del>
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE    Oral     Intravenous   Enteral Nutrition   Parenteral Nutrition   Others:	Patient will have balanced fluid and electrolytes balance	Enhance fluid intake unless restricted Check IV sites and assess if there is any complication Provide tube feedings Monitor intake and output Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses Monitor for possible sources of fluid loss Monitor BP for orthostatic changes	M Emouraged ord fluids  Ender leur le  Faitmied  N No chart  Mantaried	Light College
RISK OF INFECTION  ☐ Prevent Infection ☐ Others:	The patient will be discharged with no hospital acquired infection	☐ Use aseptic technique in all aspect of patient care ☐ Restrict visitors and use appropriate PPE ☐ Meticulous hand washing before and after patient's care ☐ Inspect wound for signs of infection, purulent drainage or discoloration ☐ Administer antibiotics as ordered ☐ CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons	M med auphic penantion en patient come E flatint election N NO Mis R Ob Lindection	A STAN
RISK OF FALL  ☐ Giddiness ☐ Independent State ☐ Dependent State	The patient will have safe, free from fall hospitalization	□ Keep bed on low position     □ Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed     □ Remove clutter, keep items patient needs within reach     □ Avoid movement out of bed after surgery for 46 hours     □ Review patients' medication like narcotics and hypotensive agents     □ Offer urinal or bedpan to the patient if needed	M mud Safety  puearhour  E vseo sorbtery  N No Priste of  Acell	A ST ST ST ST ST ST ST ST ST ST ST ST ST
SKIN-&WOUND CARE	The patient will have intact skin while staying in the hospital and on discharge	Check all drains from the operation site more frequently Provide wound care as ordered Minimize pressure Provide adequate nutritional support Report signs of poor healing or trauma to doctor	M Drawis removed c 1.00 No ognif from draw but  E  N	A. S.
DIET & NUTRITION  NPO Soft Diet Semisolid Diet Solid Diet RT Feeds	Patient will have adequate nutrition with no nausea and vomiting	□ Encourage patient to consume prescribed diet     □ Precord amount of food consumed     □ Provide high calories, high protein diet as prescribed     □ Monitor patient's weight     □ Administer supplemental vitamins and minerals as prescribed     □ Administer parentral or TPN per protocol if dietary needs are not met through oral intake     □ Report abdominal distention, large gastric residual volume or diarrhea to doctor	M Palient Consumed  adjuste amount of dut  E No chart  N No chart  Manufacust	Har House









## **ADULT POST-OPERATIVE NURSING CARE PLAN**

Initial Date: 5 1124	Time: 08 €	Modified Date: — Time: —	-	
Reason for Modification:	·-	Diagnosis: Can-Tun		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN Comfortable Position Pain Scale Pain Score Others:	Patient will have less pain	Evaluate location, character, quality and severity of pain Administer pain medication as prescribed and as needed Observe for any changes in vital signs Maintain proper positioning of patient Assist or turn patient every two hours Assess incision area for redness, heat, induration, swelling, separation and drainage	M Pair Score 400.  E Porn Score 1/10	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA
OXYGENATION  Room Air Oxygen Hood Rasal Cannula Nebulizer Ventilator Others:	Patient will have no shortness or difficulty of breathing	□ Non-Pharmacological therapy      □ Previde well ventilated environment     □ Check oxygen saturation     □ Perform suctioning if needed     □ Ventilator settings as per physician orders     □ Monitor rate, depth of respiration     □ Administer oxygen and nebulizer therapy if needed     □ Encourage spriometry, deep breathing and coughing exercises     □ Monitor amount, viscosity, colour and odour of sputum if present	N Paira Scote %00 M On 02 2 lit Mand pronjs Spo2- 97% E Spo2 994. N SPO2- 97%	The Sta
ANXIETY Increased Pulse Rate Anxious Look	Patient will cope properly with his illness and react positively to his surroundings	<ul> <li>□ Explain all procedures to patient or family member in simple language they understand</li> <li>□ Encourage and support patient while increasing anxiety level</li> <li>□ Help patient to cope with outcomes of surgery</li> <li>□ Keep patient in comfortable position in bed to enhance sleep</li> </ul>	M — — N	
MOBILITY  Mobile / Immobile  Walk with assistance Physiotherapy Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Patient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility	Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance (e.g., physical therapy, visiting nurse) Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M patient mobilis to chant E Pt Dlo chart N Pt Ho chart N Manufator	Pur Pur

Patient Specific Problems / Nee		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
CARE OF CATH DRAINS, ETC.	HETERS,	Patient will have patent, properly maintained catheters, drains etc	Check the catheters, drains etc frequently Observe I/O Chart Watch for any symptoms related to kinked or blocked tubes Maintain adequate cleaning and dressing	M Observed The Sisser All Chart  N CH COD a contract  N Cod and a contract  N Cod Cod a contract  Of cod cod cod cod cod cod cod cod cod cod	
DISTURBED BO	ODY IMAGE	☐ The patient will demonstrate initial acceptance and to newly body image	<ul> <li>Note non verbal body language, negative attitude and self talk</li> <li>Note emotional reaction (grieving, depression, anger)</li> <li>Acknowledge and accept expression of feeling of grief and hostility</li> </ul>	M MA	Distr
OBSERVATION Vital Signs GCS Blood Sugar Others:		Patient will have normal range of vital parameters	☐ Monitor vital signs regularly ☐ Assess physically for any abnormality ☐ Inform doctor if there is any abnormality ☐ Monitor GCS of patient	M Monitoned vitch & ascessed for GCS.  E gate Condito.  N Howadyawacolly State	door days to
HEALTH EDUC Patient Amily / Guardia Diet Disease proces Infection contro Medication Educate about and immunosu Personal Safety Treatment Region	an ss ol / PPE TAC level ppressant	Patient/Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	Provide proper education regarding follow-up diet finsist on importance of hand hygiene Explore action, reactions and adherence about medica Provide clear, thorough, and understandable explanation regarding safety precautions. Explain to perform activities / skin care that recomment by concerned doctor Use the teach-back technique to determine the patient understanding regarding importance of treatment	ded blan.  Driveld props HB  E const dit se	dan Daus
ANY OTHER N	EEDS			M E N	
	Signature	Name	Emp. ID	Date	Time
Endorsed by	N		Anan 00	4/1/24	9. W

ŧ

المراج المناطق المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناس

. .

المناهب مسهيم المحادث ميا معوال

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	S
FLUID & ELECTROLYTE  Oral Intravenous Enteral Nutrition Parenteral Nutrition Others:	Patient will have balanced fluid and electrolytes balance	<ul> <li>□ Enhance fluid intake unless restricted</li> <li>□ Check IV sites and assess if there is any complication</li> <li>□ Provide tube feedings</li> <li>☑ Monitor intake and output</li> <li>□ Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses</li> <li>□ Monitor for possible sources of fluid loss</li> <li>□ Monitor BP for orthostatic changes</li> </ul>	Monistanul Ito energy hour.  E Honour Ito Chart  N Iv line patont of hadley  Monistand Ilo	too
RISK OF INFECTION Prevent Infection Others:	The patient will be discharged with no hospital acquired infection	Use aseptic technique in all aspect of patient care Restrict visitors and use appropriate PPE Meticulous hand washing before and	M followed aceptic preautions.	
		after patient's care  Inspect wound for signs of infection, purulent drainage or discoloration  Administer antibiotics as ordered  CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons	E au cupeu of paraco N despite precontien Adlowed.	ds:
RISK OF FALL  Giddiness Independent State Dependent State	☐ The patient will have safe, free from fall hospitalization	Keep bed on low position  Keep bed on low position  Keep side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed  Remove clutter, keep items patient needs within reach  Avoid movement out of bed after surgery for 46 hours  Review patients' medication like narcotics and hypotensive agents  Offer urinal or bedpan to the patient if needed	M followed roisk fail proceedion.  E  M fall Yisk procedien	hall the
SKIN &WOUND CARE  Observe REEDA  Oozing Foul Smell	☐ The patient will have intact skin while staying in the hospital and on discharge	Check all drains from the operation site more frequently Provide wound care as ordered Minimize pressure Provide adequate nutritional support Report signs of poor healing or trauma to doctor	M All the lines & tubes are insitu.  E  N drain ingitu	Marie Contraction of the Contrac
DIET & NUTRITION  NPO Soft Diet Semisolid Diet Solid Diet RT Feeds	Patient will have adequate nutrition with no nausea and vomiting	Encourage patient to consume prescribed diet  Record amount of food consumed  Provide high calories, high protein diet as prescribed  Monitor patient's weight  Administer supplemental vitamins and minerals as prescribed  Administer parentral or TPN per protocol if dietary needs are not met through oral intake  Report abdominal distention, large gastric residual volume or diarrhea to doctor	M take adequate diet.	100

and <del>the state of the and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the </del>





#### Mr.KARUNA GANDHI.A

56/Male/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





# **ADULT POST-OPERATIVE NURSING CARE PLAN**

	<u> </u>	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon				
Initial Date:	Time: ⊣ w	Modified Date: Time:				
Reason for Modification:		Diagnosis: CAD-TVID				
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials		
PAIN  ✓ Comfortable Position  ☐ Pain Scale  ☐ Pain Score  ☐ Others:	Patient will have less pain	Evaluate location, character, quality and severity of pain Administer pain medication as prescribed and as needed Observe for any changes in vital signs Maintain proper positioning of patient Assist or turn patient every two hours Assess incision area for redness, heat, induration, swelling, separation and drainage Non-Pharmacological therapy	M Provided Comfortable  Position for patent.  E→ Maurin tolaw chy  an ong  N Admitstoral Class  Medication.	Joses Jans och		
OXYGENATION  Room Air Oxygen Hood Nasal Cannula Nebulizer Ventilator Others:	Patient will have no shortness or difficulty of breathing	Provide well ventilated environment Check oxygen saturation Perform suctioning if needed Ventilator settings as per physician orders Monitor rate, depth of respiration Administer oxygen and nebulizer therapy if needed Encourage spriometry, deep breathing and coughing exercises Monitor amount, viscosity, colour and odour of sputum if present	M Provided Or 2 sit.  Maintains mell.  E→ Parned Sprony serm  N ORY-944. ON  YOOM Nir.	1000 A		
ANXIETY  Increased Pulse Rate Anxious Look	Patient will cope properly with his illness and react positively to his surroundings	<ul> <li>Explain all procedures to patient or family member in simple language they understand</li> <li>Encourage and support patient while increasing anxiety level</li> <li>Help patient to cope with outcomes of surgery</li> <li>Keep patient in comfortable position in bed to enhance sleep</li> </ul>	M NA	Signer .		
MOBILITY  Mobile / Immobile  Walk with assistance Physiotherapy Others:	☐ Patient will mobilize freely ☐ Patient will perform physical activity independently or within limits of disease ☐ Patient will use safety measures to minimize potential for injury ☐ Patient will demonstrate the use of adaptive devices to increase mobility	Apply Anti-Embolic stocking / SCD Evaluate the need for assistive devices Assess the safety of the environment Consider the need for home assistance (e.g., physical therapy, visiting nurse) Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Provided Safe environment.  E Pour a my Bris can be much  N ON bad Nast	1265 1202 Opus A		

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign &
CARE OF CATHETERS, DRAINS, ETC.	Patient will have patent, properly maintained catheters, drains etc	☐ Check the catheters, drains etc frequently ☐ Observe I/O Chart ☐ Watch for any symptoms related to kinked or blocked tubes ☐ Maintain adequate cleaning and dressing	M Intake and ordered  E Plo chart  Maintonial  N Flo chart  N Flo chart	A Pota
DISTURBED BODY IMAGE	☐ The patient will demonstrate initial acceptance and to newly	Note non verbal body language, negative attitude and self talk	M NA	
	body image	<ul> <li>Note emotional reaction (grieving, depression, anger)</li> <li>Acknowledge and accept expression of feeling of grief and hostility</li> </ul>	E NA	
			a N n	
OBSERVATION  ✓ Vital Signs  ☐ GCS  ☐ Blood Sugar  ☐ Others:	Patient will have normal range of vital parameters	Monitor vital signs regularly Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient	M Hemodynamichy Stalin E V) & cherreel	Ha Ha
☐ Otners:			n vilal ligge is	
HEALTH EDUCATION  Patient Family / Guardian Diet Disease process	Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style	Provide proper education regarding follow-up diet Insist on importance of hand hygiene Explore action, reactions and adherence about medication Provide clear, thorough, and understandable explanations	M patient famed knowled on dut, pan mangement medicaliate	W LL
☐ Infection control / PPE ☐ Medication ☐ Educate about TAC level and immunosuppressant ☐ Personal Safety	modifications	regarding safety precautions.  Explain to perform activities / skin care that recommended by concerned doctor  Use the teach-back technique to determine the patient's understanding regarding importance of treatment	E due glings	ST. Ora
☐ Personal Safety ☐ Treatment Regimen ☐ Others:			n Health Educati	ion stif
ANY OTHER NEEDS			M ←	
			E ~	
			N .	
Signature	Name	Emp. ID	Date	Time

and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th

Patient Specifi Probl <del>ems</del> / Ne		Measurable Goals	<b></b>	Nursing Interventions	-	Evaluation		Sign & Initials
COMMUNICAT  Verbal  Non-verbal	TION -	Patient will communic with positive feedback	eate effectively	☐ Introduce the care giver☐ Encourage the use of call bell☐ Obtain interpreter if needed		m pt woo	en on	\$w
☐ Sigh language ☐ Others:	*		• •	No negative speaking about the patient's or prognosis in the patient's presence	s condition	E	. •	
						N		` `
SPECIAL INTE  Medication  Wound care Isolation	RVENTIONS	☐ To manage on time		Double check for high alert medication     Observe and report any medication reac     Provide proper measures of wound care     Follow hospital polices and protocols of			dreg	Lui
☐ Ostomy Care☐ Blood p Blood p transfusion☐ Fluid tapping☐ DVT Managem			† †	and explain to the patient / family  Check for cross matching and typing, to compatibility  Practice strict asepsis while transfusing be blood products and fluids		E		
☐ Others:	enii.	Land Time	•	Monitor DVT score and continue treatme as per doctors order	nt	N	,	
	Signature		Name		Emp. ID	. 1	Date	Time
Endorsed by	,	Nus		s-Nalini	Oo	. <del>१</del>	2/1124	76.00
3-4	`	Assessed to	. :		1	'•	+	
!		• -	•				!	
t *					1 +			
	· - ·		• [		,	· ·	• • • • • • • • • • • • • • • • • • •	× - 22 • 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
1.		£		en en en en en en en en en en en en en e	·	4	- engin	
<u> </u>								

the sets

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





### **ADULT NURSING CARE PLAN**

Mr.KARUNA GANDHI.A

56/Malc/MH1202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





(A Unit of United Alliance Healthcare Pvt Ltd) Time: 8 . 00 Initial Date: 6 **Modified Date:** Time: Diagnosis: CAD - TVD Reason for Modification: **Patient Specific** Sign & **Measurable Goals Nursing Interventions Evaluation** Problems / Needs ' Initials Patient will have adequate nutrition Provide Prescribed diet on time NUTRITION ☐ Encourage patient to consume the served meal ☐ Keep\_NPO with no nausea and vomiting Patient will consume daily nutritional Record amount of food consumed Regular Diet Others: requirements in accordance to his activity level and metabolic needs **OXYGENATION** Patient will have normal O, saturation ☐ Encourage chest physio / deep breathing and Room Air ☐ Patient ABG levels will return to and coughing exercise / Spirometry exercises ☐ Nasal Cannula / High Flow O<sub>3</sub> remain within normal limits Provide well-ventilated environment / respiratory ☐ No other respiratory abnormalities medications / Oxygen as per doctors order ☐ Mask ☐ Patient respiratory rate will remains Utilise pulse oximetry to check O, saturation and pulse rate ☐ BiPAP / CPAP \ \ ' ☐ If any O₂ abnormalities detected inform immediately to ☐ Ventilator within established limits the concerned physician ☐ Tracheostomy Patient will indicates, either verbally Others: or through behavior, feeling Place patient with proper body alignment for maximum comfortable when breathing breathing pattern Evaluate skin colour, temperature, capillary refill and central venous peripheral cvanosis Note for changes in level of consciousness Send sputum for culture and sensitivity based on physician order SPO, - 97% Maintain clear airway by suctioning or encouraging patient with successful coughing FLUID & ELECTROLYTES Patient will have balanced fluid and Enhance fluid intake unless restricted 2 electrolytes balance Check IV sites and assess if there is any complication ntravenous Provide tube feedings ☐ Monitor intake and output ☐ Enteral Nutrition . ☐ Measure or estimate fluid losses from all sources such ☐ Parenteral Nutrition as diaphoresis, wound drainage, and gastric losses Others: Monitor for possible sources of fluid loss ☐ Monitor BP for orthostatic changes

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials	
MOBILITY  Mobile / Immobile  Walk with assistance Physiotherapy Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Putient will use safety measures	☐ Encourage regular ambulation ROM exercise ☐ Apply Anti-Embolic stocking / SCD ☐ Evaluate the need for assistive devices ☐ Assess the safety of the environment ☐ Consider the need for home assistance	M Pt Mobilized	5 90	
	to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility	(e.g., physical therapy, visiting nurse)  Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	E . A Mobilital;	OZOK	
			n Pt brobilized well	00%	
ELIMINATION  Catheter, bedpan, urinal  Nasogastric tube Bowel movement	patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence,	☐ Encourage fluid intake ☐ Encourage fibre diet intake ☐ Encourage early ambulation ☐ Report any abnormalities to physician ☐ Observe voiding accessories as foley's /	M Pt Self Worded	5.9	
Others:	r and regular elimination patterns	and regular elimination patterns	silicone catheter  Check placement before feeding  Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol	E pt self voided	Du.
. 1 -		Check for malena / constipation / urinary retention	N Dt self voided	200/8	
SKIN-INTEGRITY  Maintain normal skin integrity  Pressure points site assessment HAPI OPI  GRADES OF PRESSURE INJURY	Patient will maintain normal healing status Patient will discharge with intact skin integrity	<ul> <li>Minimize / Eliminate friction and shear</li> <li>Minimize pressure (off-loading) with special beds</li> <li>Make sure wrinkles free bed / comfort surfaces and devices</li> <li>Early skin inspection and treatment</li> <li>Keep position changing 2 hourly and manage pain</li> <li>Manage moisture, clean and dry skin</li> </ul>	M Pt Skin is N Integrity	5 950	
☐ GRADE 1 ☐ GRADE 2 ☐ GRADE 3 ☐ GRADE 4 ☐ Unstageable ☐ Deep Tissue Injury ☐ Healing Status ☐ PUSH Decreased ☐ PUSH Increased		<ul> <li>☐ Maintain adequate nutrition and hydration</li> <li>☐ Proper application of medications and dressing</li> <li>☐ Follow doctors and TVN order properly</li> <li>☐ Monitor the healing status</li> <li>☐ Educate patient and family members about further skin care</li> </ul>	E PH Som in Trateguity	1000	
☐ Intermittent Assisted ☐ Dermatitis ☐ Pressure injury / blisters site care given ☐ Others:	1 311 h)		N Frei is	Ly deas	

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
☐ Bed-Bath	Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meat self-care needs Patient will recognize individual weakness or needs	Encourage patient to do daily bathing and oral hygiene Change patient's gown daily Encourage hand hygiene Consider the patient's need for assistive devices Apply moisturizing solution	M Pt good hygiene  E Pt good hygiene  I Pt On wood	25 Off 2
SAFETY	Patient will have no life-threatening	Check the identity with ID band before any	M Pt ID Bang	took
☐ Check ID Hand ☐ IV care ☐ EJV CENTRAL LINE ☐ Side rails ☐ Others:	situations	interaction with the patient  Raise side rails  Provide proper invasive line care  Keep bed locked and low at all time  Educate care providers to be the patient  Follow restrain policy (if needed)	E P+ DD borned charked N DD Band 9	The Office of
COMFORT AND SLEEP Pain Control Sleep Patterns	Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep	Provide clean calm and restful environment Provide privacy at all time Monitor pain scale / sleep pattern Provide pharmacological and	M	
☐ Others:	adequate sleep	non-pharmacological therapy	N ,	
OBSERVATION  Vital Signs GCS	Patient will have normal range of vital parameters	Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality	M PETONOOD	2.9
☐ Blood Sugar ☐ Others:		Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per dectors order	E nA v/s chemod	F61.
	· · · · · · · · · · · · · · · · · · ·		N vitals is checked	00/87
PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs	Patient will achieve spiritual needs Patient will be able to control his feeling toward his illness Patient will maintain normal	<ul> <li>□ Pray or encourage the patient to pray</li> <li>□ Use inspirational words</li> <li>□ Respond to spiritual needs as they arise</li> <li>□ Evaluate spiritual needs</li> </ul>	М	
<ul> <li>□ Beliefs / Values / Customs</li> <li>□ Anxiety and Copying Pattern</li> <li>□ Identify Stressors</li> <li>□ Others:</li> </ul>	psychological pattern	Encourage verbalization of feelings / therapeutic touch     Provide empathy and reassurance	E	
		4	N —	

÷ ;

Patient Specific Problems / Nee		Measurable Goals		Nursing Intervention	s	•	Evaluation	* / 6:	Sign & Initials
COMMUNICATION  Verbal  Non-verbal Sigh language Others:	ON	Patient will communic with positive feedback	ate effectively	☐ Introduce the care giv☐ Encourage the use of☐ Obtain interpreter if n☐ No negative speaking or prognosis in the pa	f call bell eeded g about the patient's	s condition	E PH CO	munication vell vell or current	did.
SPECIAL INTER Medication Wound care Isolation Ostomy Care Blood / Blood pi transfusion Fluid tapping DVT Manageme Others:	roducts	To manage on time		Double check for high     Observe and report a     Provide proper measu     Follow hospital police and explain to the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate that the pate	ny medication reacures of wound care and protocols of the stand protocols of the stand protocols of the stand protocols of the stand protocols while transfusing builds and continue treatme	isolation ensure blood or	M Pt Du Jue E Pt	e modicali n liee drys ei ginen drigs	
	Signature	•	Name			Emp. ID		Date	Time
Endorsed by	· · · ·	pud	L.	. Nalini		00	384	6/1124	13:00
		± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±						e Taristii	•





# **ADULT NURSING CARE PLAN**

#### Dolland Dad-ile /Arr Mr.KARUNA GANDHI.A'

56/Malc/MHI202380036 02/01/2024/IPH2024000014

CDr.RAJESH.V





Initial Date: 7/1/24	Time: 7 00	Modified Date: Time:	•		
Reason for Modification:		Diagnosis: CAD - アルカ	Diagnosis: CAD - アルカ		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials	
NUTRITION  ☐ Keep NPO ☐ Regular Diet ☐ Others:	Patient will have adequate nutrition with no nausea and vomiting Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	Provide Prescribed diet on time     Encourage patient to consume the served meal     Record amount of food consumed	MPt had Dm diet  E Pt hoel Dmoliet  N Dt had par  Chief.	100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 10	
OXYGENATION  Room Air Nasal Cannula / High Flow O <sub>2</sub> Mask BiPAP / CPAP	Patient ABG levels will return to and remain within normal limits  No other respiratory abnormalities Patient respiratory rate will remains	Coughing exercise / Spirometry exercises  ☐ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order ☐ Utilise pulse oximetry to check O₂ saturation and pulse rate	pt is on room	1000 F	
☐ Ventilator ☐ Tracheostomy ☐ Others:	within established limits Patient will indicates, either verbally or through behavior, feeling comfortable when breathing	<ul> <li>If any O₂ abnormalities detected inform immediately to the concerned physician</li> <li>Place patient with proper body alignment for maximum breathing pattern</li> <li>Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis</li> <li>Note for changes in level of consciousness</li> </ul>	E PA SPOJAGY.	Asa.	
			N & PO, -95%	6080	
FLUID & ELECTROLYTES Oral Intravenous Enteral Nutrition	Patient will have balanced fluid and electrolytes balance	Enhance fluid intake unless restricted  Check IV sites and assess if there is any complication Provide tube feedings Monitor intake and output	MPt I/o Chart mainlaired	000	
☐ Parenteral Nutrition☐ Others:		Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses     Monitor for possible sources of fluid loss     Monitor BP for orthostatic changes	E pot I To Masot	Star.	
·	·		N I/o chart	och och	

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	
MOBILITY  Mobile / Immobile  Walk with assistance  Physiotherapy  Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Putient will use safety measures to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility	Encourage regular ambulation ROM exercise  Apply Anti-Embolic stocking / SCD  Evaluate the need for assistive devices  Assess the safety of the environment  Consider the need for home assistance (e.g., physical therapy, visiting nurse)  Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	mpt well.  mobilized  E p4 well  popilized  N pt well  N pt well	A
ELIMINATION  Catheter, bedpan, urinal  Nasogastric tube  Bowel movement  Urination  Others:	Patient will have normal elimination pattern Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	Encourage fluid intake Encourage fibre diet intake Encourage early ambulation Report any abnormalities to physician Observe voiding accessories as foley's / silicone catheter Check placement before feeding Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol Check for malena / constipation / urinary retention	MPt normal elemination  pattern  E Pt D Eliminoeffre  pattern  N Pt (N) Elemente	1
SKIN INTEGRITY    Maintain normal skin integrity   Pressure points site / assessment   HAPI   OPI  GRADES OF PRESSURE INJURY   GRADE 1   GRADE 2   GRADE 3   GRADE 4   Unstageable   Deep Tissue Injury   Healing Status   PUSH Decreased   PUSH Increased   Intermittent Assisted   Dermatitis   Pressure injury / blisters site care given   Others:	Patient will maintain normal healing status Patient will discharge with intact skin integrity	Minimize / Eliminate friction and shear Minimize pressure (off-loading) with special beds Make sure wrinkles free bed / comfort surfaces and devices Early skin inspection and treatment Keep position changing 2 hourly and manage pain Manage moisture, clean and dry skin Maintain adequate nutrition and hydration Proper application of medications and dressing Follow doctors and TVN order properly Monitor the healing status Educate patient and family members about further skin care	M	

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE  Bed-Bath Assist-Bath Self-Care CBD Care (if present)	Patient will stay clean and well-groomed  Patient will demonstrate lifestyle changes to meet self-care needs  Patient will.recognize individual weakness or needs	Encourage patient to do daily bathing and oral hygiene Change patient's gown daily Encourage hand hygiene Consider the patient's need for assistive devices Apply moisturizing solution	MPt well groomed  EPT Well groomed  N DE well  groomed	Ba. Sta
SAFETY  Check ID Hand  IV care EJV  CENTRAL LINE  Side rails  Others:	Patient will have no life-threatening situations	Check the identity with ID band before any interaction with the patient  Raise side rails  Provide proper invasive line care  Keep bed locked and low at all time  Educate care providers to be the patient  Follow restrain policy (if needed)	MPt ID Band (P)  E Pt ID bond (P)  N ID Bound (P)	BOOF SHOOK
COMFORT AND SLEEP Pain Control Sleep Patterns Others:	Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep	<ul> <li>□ Provide clean calm and restful environment</li> <li>□ Provide privacy at all time</li> <li>□ Monitor pain scale / sleep pattern</li> <li>□ Provide pharmacological and non-pharmacological therapy</li> </ul>	M	
OBSERVATION  Vital Signs GCS Blood Sugar Others;	Patient will have normal range of vital parameters	Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per dectors order	M Pt VIschecked f recorded  E Pt VIs Chewned & Noewred Notal checked N & seconded	1207 1007 1007 1006
PSYCHOLOGICAL / SPIRITUAL SUPPORT  Spiritual Needs Beliefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others:	☐ Patient will achieve spiritual needs☐ Patient will be able to control his feeling toward his illness☐ Patient will maintain normal psychological pattern	Pray or encourage the patient to pray Use inspirational words Respond to spiritual needs as they arise Evaluate spiritual needs Encourage verbalization of feelings / therapeutic touch Provide empathy and reassurance	M — E ←	

Patient Specific Problems / Nec		Measurable Goals		Nursing Interventions		· ·	Evaluation		Sign & Initials
CØMMUNICAT Verbal Non-verbal Sigh language Others:	ion –	Patient will communic with positive feedback		Introduce the care giver Encourage the use of call be Obtain interpreter if needed No negative speaking about or prognosis in the patient's	the patient's	condition	Dt we	mated microteol unicated	De de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la co
SPECIAL INTE Medication Wound care Isolation Ostomy Care Blood / Blood p transfusion Fluid tapping DVT Manageme Others:	products	To manage on time	· · · · · · · · · · · · · · · · · · ·	Double check for high alert no Observe and report any med Provide proper measures of Follow hospital polices and pand explain to the patient / fa Check for cross matching an compatibility  Practice strict asepsis while the blood products and fluids Monitor DVT score and continus per doctors order	lication react wound care protocols of in mily d typing, to or ransfusing b	solation ensure lood or	M Pt due giver E due o	drugs are	Par Star
, , ,	Signature		Name			Emp. ID	<u> </u>	Date	Time
Endorsed by	,	Need	, ,	- Malihi		0	54	7/1124	(8'0
								\$	
		· · · · · · · · · · · · · · · · · · ·			4 7 34 A	1			1





# ADULT NURSING CARE PLAN

MT.KARUNA GANDHI.A 56/Malc/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V



, t

			· · · · · · · · · · · · · · · · · · ·	
Initial Date: 3/1/2	Time: 7 00	Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - TWO		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION  ☐ Keep NPO ☐ Regular Diet ☐ Others:	Patient will have adequate nutrition with no nausea and vomiting Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	Provide Prescribed diet on time Encourage patient to consume the served meal Record amount of food consumed	MPt had DH diet  E  N	May
OXYGENATION  Room Air  Nasal Cannula / High Flow O <sub>2</sub> Mask BiPAP / CPAP Ventilator Tracheostomy Others:	Patient ABG levels will return to and	Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises  □ Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order  □ Utilise pulse oximetry to check O₂ saturation and pulse rate  □ If any O₂ abnormalities detected inform immediately to the concerned physician  □ Place patient with proper body alignment for maximum breathing pattern  □ Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis  □ Note for changes in level of consciousness  □ Send sputum for culture and sensitivity based on physician order  □ Maintain clear airway by suctioning or encouraging patient with successful coughing	M Pt & On room  air  E	My
FLUID & ELECTROLYTES Oral Intravenous Enteral Nutrition Parenteral Nutrition Others:	Patient will have balanced fluid and lelectrolytes balance	Enhance fluid intake unless restricted  Check IV sites and assess if there is any complication  Provide tube feedings  Monitor intake and output  Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses  Monitor for possible sources of fluid loss  Monitor BP for orthostatic changes	M I/O Charton monitoring  E  N	May -

· '	Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
	MOBILITY  ☐ Mobile / Immobile ☐ Walk with assistance ☐ Physiotherapy ☐ Others:	Patient will mobilize freely Patient will perform physical activity independently or within limits of disease Putient will use safety measures	Encourage regular ambulation ROM exercise  Apply Anti-Embolic stocking / SCD  Evaluate the need for assistive devices  Assess the safety of the environment  Consider the need for home assistance	M Pt 40001 mobilized	M
		to minimize potential for injury Patient will demonstrate the use of adaptive devices to increase mobility	(e.g., physical therapy, visiting nurse)  Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	E '	
	``			N	
	ELIMINATION Catheter, bedpan, urinal Nasogastric tube Bowel movement	pattern  Patient will control of urinary in-continence or urinary retention,	Encourage fluid intake  Encourage fibre diet intake  Encourage early ambulation  Report any abnormalities to physician	M Normal Elimenation Pattean	M
	Others:	control of bowel incontinence, and regular elimination patterns	Observe voiding accessories as foley's /     silicone catheter     Check placement before feeding     Aspirate NG tube, check colour / consistenct     / volume / Hemetemesis as per doctors order	E	
			and follow proper protocol Check for malena / constipation / urinary retention	N	
	SKIN INTEGRITY  Maintain normal skin integrity Pressure points site assessment HAPI OPI  GRADES OF PRESSURE	Patient will maintain normal healing status Patient will discharge with intact skin integrity	Minimize / Eliminate friction and shear Minimize pressure (off-loading) with special beds Make sure wrinkles free bed / comfort surfaces and devices Early skin inspection and treatment Keep position changing 2 hourly and manage pain Manage moisture, clean and dry skin	Maintoin Kornas Skin Intact	De la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la
		12:1	<ul> <li>Maintain adequate nutrition and hydration</li> <li>□ Proper application of medications and dressing</li> <li>□ Follow doctors and TVN order properly</li> <li>□ Monitor the healing status</li> <li>□ Educate patient and family members about further skin care</li> </ul>	E	
	☐ Intermittent Assisted ☐ Dermatitis ☐ Pressure injury / blisters site care given ☐ Others:			N	

**=** ....

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE  Bed-Bath Assist-Bath Self-Care CBD Care (if present) Others:	Patient will stay clean and well-groomed Patient will demonstrate lifestyle changes to meet self-care needs Patient will recognize individual weakness or needs	Encourage patient to do daily bathing and oral hygiene Change patient's gown daily Encourage hand hygiene Consider the patient's need for assistive devices Apply moisturizing solution	MPE 4000's ine E	De la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya della companya de la companya della
SAFETY  Check ID Hand  IV care EJV  CENTRAL LINE  Side rails  Others:	Y cituations	Check the identity with ID band before any interaction with the patient Raise side rails Provide proper invasive line care Keep bed locked and low at all time Educate care providers to be the patient Follow restrain policy (if needed)	MID Bard Present  E  N	NO.
COMFORT AND SLEEP Pain Control Sleep Patterns Others:	Patient will have comfortable sleep Patient will verbalize / or through behavior about pain relief and adequate sleep	Provide clean calm and restful environment     Provide privacy at all time     Monitor pain scale / sleep pattern     Provide pharmacological and     non-pharmacological therapy	M — E /	
OBSERVATION Vital Signs GCS Blood Sugar Others:	Patient will have normal range of vital parameters	Monitor vital signs regularly Monitor vital signs on ordered time Assess physically for any abnormality Inform doctor if there is any abnormality Monitor GCS of patient Determine and treat the underlying cause of altered LOC Regular blood sugar monitoring as per doctors order	M Yital Signs (he(kg)  Grocandod  E	D. Jan
PSYCHOLOGICAL / SPIRITUAL SUPPORT Spiritual Needs Beliefs / Values / Customs Anxiety and Copying Pattern Identify Stressors Others:	☐ Patient will achieve spiritual needs ☐ Patient will be able to control his feeling toward his illness ☐ Patient will maintain normal psychological pattern	Pray or encourage the patient to pray Use inspirational words Respond to spiritual needs as they arise Evaluate spiritual needs Encourage verbalization of feelings / therapeutic touch Provide empathy and reassurance	M - E	

Patient Specifi Problems / Ne		Measurable Goals		Nursing Interventions			Evaluation		Sign & Initials
COMMUNICATION  Verbal  Non-verbal  Sigh language	( *•	Patient will communic with positive feedback	cate effectively \	Introduce the care giver Encourage the use of call bell Obtain interpreter if needed No negative speaking about the	e patient's cond	lition	mp64000	d community	n Mary
☐ Others:				or prognosis in the patient's pr	esence		E	<u>-</u>	,
		-					N		
SPECIAL INTE Medication Wound care Isolation Ostomy Care	ERVENTIONS '	To manage on time		Double check for high alert me Doserve and report any medic Provide proper measures of we Follow hospital polices and proper and explain to the patient / fam	ation reaction ound care otocols of isolatio	on	Modicati	ion, given Loug Choo	1 02/18
☐ Blood / Blood   transfusion ☐ Fluid tapping				☐ Check for cross matching and compatibility ☐ Practice strict asepsis while tra	typing, to ensure		E		, .
DVT Managem Others:	ent - · · ·		• • •	blood products and fluids  Monitor DVT score and continuas per doctors order	e treatment		N ·		
	Signature		Name		Em	p. ID		Date	Time
Endorsed by		Nac	٤.	, Malèni		<b>ర్షా</b> ర	<b>?</b> 4	8/1124	1400
4 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		the second		•	•				
,			· ;						. ,
	** *				• •	•		(3) <del></del>	10 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		i	1		1			•	

ranger of the second of the second of the second of the second of the second of the second of the second of the

. · ÷









128 128 129 129 128 128 128 128 128 128 128 128 128 128	Every heart beat counts	
THE PERSON NAME AND ADDRESS OF THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAME	_	

	BRADEN S	CALE FOR PREDICTI	NG PRESSURE INJUR	- Date:		1	24
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	Completely Limited     Unresponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would Timit ability to feel or voice pain or discomfort		2	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very 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	H	4	
MOBILITY ability to change and control body position	Completely Immobile     Does not make even slight changes in body or extremity position without assistance	2. Very Limited  Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance		1	٠
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation	ч	4	
FRICTION	1. Problem     Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently	2. Potential Problem  Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,	3. No Apparent Problem  Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed		3	3	
& SHEAR	slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down		TOTAL SCORE  Initial & Emp. No. of Staff Nurse:	B	23 4, 00\$	
Score	Interpretation: Minimal Risk: 23 - 19; At Risk	Mild Risk: 18 - 15; Moderate Risk: 14 - 13; F	High Risk: 12 - 10; Severe Risk: 9 - 6	Initial & Emp. No. of Sr. Staff Nurse:	100	NO OF	





Pr... Mr.KARUNA GANDHI.A

Ni... 56/Male/MHI202380036

UI... 02/01/2024/IPH2024000014

DI... Dr.RAJESH.V

DI... Cr.



Every heart beat counts

	BRADEN S	CALE FOR PREDICTION	NG PRESSURE INJUR	Y RISK Time:		6	NY
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	2		
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	٥		
MOBILITY ability to change and control body position	Completely Immobile     Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited  Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2		
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement	3. Adequate Exists over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation	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	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.	3. Ne Apparent Problem Moves in bed and in chair independently strength to lift up completely during move. N or chair	Maintains good position in bed	3		
	frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	Maintains relatively good position in chair or bed most of the time but occasionally slides down	•	Initial & Emp. No. of Staff Nurse:	19		
Score	Interpretation: Minimal Risk: 23 - 19; At Risk /	Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I	High Risk: 12 - 10; Severe Risk: 9 - 6	Initial & Emp. No. of Sr. Staff Nurse:	100	<u>.</u>	





Mr.KARU ANDHI.A (56/Male/MHI202380036 (76) (102/01/2024/IPH2024000014 Dr.RAJESH.V

Consultant:



Date: 21.623 16

	DDADEN O	OALE COD DDEDICTI	AC DRECURE IN IUD	· V DIG		3/104		<u> </u>
	BRADEN S	CALE FOR PREDICTI	NG PRESSURE INJUR	Y KIS	Time:	15;û	200	Poli
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	Respe comma deficit	npairment onds to verbal unds. Has no sensory which would limit o feel or voice pain or fort	1	3	3
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	Skin is	lly Moist usually dry, linen only s changing at routine s	)	2	2
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	Walks of twice a at least	as Frequently outside room at least day and inside room once every two hours waking hours	1	Ì	1
MOBILITY ability to change and control body position	Completely Immobile     Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	Makes	imitation major and frequent es in position without nce	1	2	2
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs	Never Usually more s diary pe	ellent most of every meal. refuses a meal. reats a total of 4 or servings of meat and roducts. Occasionally etween meals. Does uire supplementation	1	2	2
EDICTION	1. Problem     Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently	2. Potential Problem  Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,	3. No Apparent Problem  Moves in bed and in chair independent strength to lift up completely during move. No or chair	ly and h Maintains	as sufficient muscle good position in bed		2	ર
FRICTION & SHEAR	slides down in bed or chair, requiring frequent re-positioning with maximum	chair, restraints or other devices.  Maintains relatively good position in chair	o. o. a.		TOTAL SCORE	b	12	12
	assistance. Spasticity, contractures or agitation leads to almost constant friction	or bed most of the time but occasionally slides down			Initial & Emp. No. of Staff Nurse:	Jan (	AND ST	006
Score	n Interpretation: Minimal Risk: 23 - 19; At Risk	Mild Risk: 18 - 15; Moderate Risk: 14 - 13;	High Risk: 12 - 10; Severe Risk: 9 - 6		Initial & Emp. No. of Sr. Staff Nurse:	2000	a	





# Mr. KARUNA GANDHI.A: (c) 56/Malc/MHI202380036

56/Malc/MHI202380036 02/01/2024/PH2024000014

Dr.RAJESH.V

Cur: .





Every heart beat counts

(A Unit of United All	iance Healthcare Pvt Ltd)			Date		1.1.1	
	BRADEN S	CALE FOR PREDICTION	NG PRESSURE INJUR	Y RISK Time:	#11124 12:00	41/24	11/2·
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	2	4	Ч
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Molst Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	2	2	2
ACTIVITY degree of physical activity	Bedfast  Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	\	1	*
MOBILITY ability to change and control body position	Completely Immobile     Does not make even slight changes in body or extremity position without assistance	Avery Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2_	2	2
NUTRITION usual food intake pattern	1. Very Poor  Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Harely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation		2	2
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or	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		Maintains good position in bed  TOTAL SCORE	2 11	2 13	2 14
Score	agitation leads to almost constant friction  Interpretation: Minimal Risk: 23 - 19; At Risk /	slides down		Initial & Emp. No. of Staff Nurse: Initial & Emp. No. of Sr. Staff Nurse:	Son A	hours	N.





Patient Details (Affix Label here)

#### Mr.KARUNA GANDHI.A

156/Male/MHI202380036 102/01/2024/PH2024000014

Tor.RAJESH.V



Every heart beat counts

#### BRADEN SCALE FOR PREDICTING PHESSURE INJURY RISK

	BRADEN 5	CALE FOR PREDICTION	NG PRESSURE INJUR	Time:	6	M	`
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	Completely Limited     Unresponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities		4	4	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2: Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	2	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	1	4	
MOBILITY ability to change and control body position	Completely Immobile     Does not make even slight changes in body or extremity position without assistance	2. Very Limited  Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2	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 Rately eats a complete meal and generally eats only about 2 of any food offcred. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation	2	A	
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	A.Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices.	3. No Apparent Problem  Moves in bed and in chair independently strength to lift up completely during move. Nor chair	laintains good position in bed	2	3	
	frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	Maintains relatively good position in chair or bed most of the time but occasionally slides down		Initial & Emp. No. of Staff Nurse:	Ly Of	*	
Scoro	Interpretation: Minimal Risk: 23 - 19; At Risk /	Mild Risk: 18 - 15; Moderate Risk: 14 - 13; F	ligh Risk: 12 = 10, Severe Risk: 9 - 6	Initial & Emp. No. of Sr. Staff Nurse:	UB- 24	Ne 24	•





Patient Details (Affix Label here)

#### Mr.KARUNA GANDHI.A

£56/Malc/MHI202380036 £02/01/2024/PH2024000014

For RAJESH.V



. j. .

MHI/NUR/2022/045

Medway

Heart

Institute

Every heart beat counts

Date: 6

	BRADEN S	CALE FOR PREDICTION	NG PHESSURE INJUR	Y RIS	SK Time:	M	ے	á
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	Respo comma deficit	nds. Has no sensory which would limit ofeel or voice pain or	5	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	Skin is u	ly Moist usually dry, linen only s changing at routine s	4	,	4
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	Walks of twice a at least	s Frequently butside room at least day and inside room once every two hours waking hours	1 -	4	4
MOBILITY ability to change and control body position	Completely Immobile     Does not make even slight changes in body or extremity position without assistance	2. Very Limited  Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	Makes	imitation major and frequent es in position without nce		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 diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs	Never Usually more s diary pr eats be	nost of every meal. refuses a meal. eats a total of 4 or ervings of meat and roducts. Occasionally etween meals. Does uire supplementation	7	4	4
FRICTION	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently	2. Potential Problem  Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets,	3. No Apparent Problem  Moves in bed and in chair independent strength to lift up completely during move. No or chair	ly and ha	as sufficient muscle good position in bed	3	3	3
& SHEAR	slides down in bed or chair, requiring frequent re-positioning with maximum	chair, restraints or other devices. Maintains relatively good position in chair			TOTAL SCORE	2-3	SB	
	assistance. Spasticity, contractures or agitation leads to almost constant friction	or bed most of the time but occasionally slides down	,		Initial & Emp. No. of Staff Nurse:	5 <b>D</b>	Buy	001
Score	Interpretation: Minimal Risk: 23 - 19; At Risk /	Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I	High Risk: 12 - 10; Severe Risk: 9 - 6		Initial & Emp. No. of Sr. Staff Nurse:	عور	24	موم مئد





Patient Details (Affiv I obot L. Mr. KARUNA GANDHI.A. II. 56/Male/MHI202380036
II. 102/01/2024/1PH2024000014
II. 201/Dr. RAJESH. V



Every heart beat counts

Date:

# BRADEN SCALE FOR PREDICTING FRESSURE INJURY RISK

					/_	16			
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	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. Parely Moist Skin is usually dry, linen only requires changing at routine intervals	9	4	4		
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4		
MOBILITY ability to change and control body position	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 diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation	A	4	4		
FRICTION	1. Problem     Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently		strength to lift up completely during move. M		3	3	3		
& SHEAR	slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction			Initial & Emp. No.	23 D. C 2207	Q	23 \$ 8 8		
Score	Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6  Initial & Emp. No. of Sr. Staff Nurse:								









Every heart beat counts

Date:

	BRADEN S	CALE FOR PREDICTI	NG PRESSURE INJUR	TRISK Time:	بدم	£	il
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 teel 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 Parely Moist Skin is usually dry, linen only requires changing at routine intervals	4		
ACTIVITY degree of physical activity	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	14		
MOBILITY ability to change and control body position	Completely Immobile     Does not make even slight changes in body or extremity position without assistance	2. Very Limited  Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	24		
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, diary products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR Is on a tube feeding or TPN regimen which probably meets most of nutritional needs	Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation	4		
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or	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	3. No Apparent Problem Moves in bed and in chair independentl strength to lift up completely during move. No rchair	laintains good position in bed	3		
S	agitation leads to almost constant friction  Interpretation: Minimal Risk: 23 - 19; At Risk /	slides down	High Bisk: 12 10: Savara Bisk: 0 6	Initial & Emp. No. of Staff Nurse: Initial & Emp. No.	MA		
acore	interpretation: withina risk. 23 - 19; At Risk )	willy misk. 10 - 10, Wouerale misk. 14 - 15, 1	ingrituan. 12 - 10, devere man. 9 - 0	of Sr. Staff Nurse:	24		





**PAIN RE-ASSESSMENT & MONITORING CHART** 



#### MI.KARUNA GANDHI.A

356/Male/MH1202380036

L02/01/2024/IPH2024000014

Dr.RAJESH.V



MHI/NUR/2022/05



Every heart beat counts

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
2112-3	Plio	No pain	)	<b></b>		200	OF OS
17.00	Olio	wopain	)	,		Sin	C. S.
21.00	Tio	No Pain			·	9 Joseph	B. Y.
2/1/23		No Pain	<u></u>	-		Alfro	W.
£;∞	olid	No Pain	1	~	•	ods.	<b>P</b>
0.00	gw	No pain			· 	Lub	Need
					<i>Y</i>		,
				•			

Date & Time	Pain Score	(dull, achy,	ain Character sharp, stabbing, shooting, referred / radiant pain)	Duration	Location / Site		Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
μ.			<b></b>	1 (i) (i) (i) (ii) (ii) (ii) (ii) (ii) (					
									-
. •.							7		
	<u>,</u> ~,	L. I.			P/	AIN SCALES	. (.	i., .)	15
(28 wee	PIPPS ks to <u>&lt;</u> 3		6 or less = Minimal to no 7 - 12 = Mild pain - Provi >12 = Moderate to seve	de comfort me re pain - Phari	mocological interventi	00.0			<u> </u>
(38 we	CRIES eks - 2 m	T	The CRIES scale is use further pain assessmen	d for infants : t should be u	than or = 38 week indertaken, and anal	s of gestation. A maximal sco gesic administration is indica	ore of 10 is possible. If the CRIES score is > 4 ated for a score of 6 or higher.	9 <sub>1.4</sub> 3	11,000
	LACC Scanning		0: Relaxed & comfortab	le, 1-3: Mild o	liscomfort, 4-6: Mod	erate discomfort, 7-10: Sever	re discomfort / pain / both	1.	1 -
Pair	Wong-Baker FACES Pain Rating Scale (7 years - 12 years)		O 2 No Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 10 Hurts Whole Lot Worst	Numerical Rating Scale (age no no no no no no no no no no no no no	7 8	years)
Observ	Observation Tool (CPOT) (ventilator / comatose)  COMPLIANCE WITH V VOCALIZATION (non-i			- Absence of r NTILATION ( tubated patie Relaxed, 1 - To	novements or normal intubated patients): ints): 0 - Talking on no	position, 1 - Protection, 2 - Re 0 - Tolerating Ventilator or Mov ormal tone or no sound, 1 - Sig ense, Rigid	stlessness / Agitation rement , 1 - Coughing but tolerating, 2 - Fighting ghing, Moaning, 2 - Crying out, sobbing	ventilator (or)	
	pharmaco nterventic		Cutaneous Stimulation Thermal Therapies (no	and massage onger than 15	e: E - Positioning; F - F to 20 minutes): G - C	C - Music; D - Physical and me Rubbing / Massage the skin Cold application; H - Hot applic terferntial therapy   <b>Psycho-</b>	ental exercisers eation; I - Shortwave diathermy social therapy/counselling: K - Individual Coun	seling; L - Famil	y counseling
			Transcutaneous electrions as per doctor's prescri		nulation (TENS): J - Ir	terferntial therapy   Psycho-	social therapy/counselling: K - Individual Coun	seling; L - Famil	y counselin

.







#### Mr.KARUNA GANDHI.A.T.)

56/Malc/MHI202380036 02/01/2024/(PH2024000014

Dr.RAJESH.V

MHI/NUR/2022/052



**Every heart beat counts** 

## **PAIN RE-ASSESSMENT & MONITORING CHART**

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
03/01/02			. 1	1	Assend & CP07	dos	- Prices;
17',00	24:0	sky pan	2104	Sugral.	Phomogram Management duna	Jeor	Moves
19,00	4w	Jery pas	Llue	Dugral Dire	Mon- Phonograd Managent dune!	J2022	- 2003
91.00	1/10	/ /	< 5 Qu	Of Faraway	Pharma rolling in ugragament dow.	Jais ofth	(000)
33.00	1/10		5-10	back	Non pharmocologial management dono.	GOW?	(2500)
1.00 4/1/94	quo			_	patibal is alaping	Auso 4	Coop
3.00	O[w				potion is alaping	Charles At	(200)
B.00	0/10				patient is slaping	Grand of a	2003
4.00	1/10	dull pain	100 Noe	Atemen	Non phormanological management down.	daug Toota	2023

Date & Time	Pain Score	(dull, achy,	ain Cha sharp, sta referred,	racter abbing, shooting, / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
	9:00	D	ull a	ehe	Sec.	Eurojeal Lite	Alon-pharmacological intervention done.	Print	1000)
11,00	2/10	Dul	lacl	) ~	20 Sec.	Surgical Sile	pharmaceological intercention done.	0265	رمور
13,00	1/10	Я	<u>eui</u>	pain	216tec	Surgrail	- Mon- Phermougiel Mouragement done	A 2002	1000)
	2110	· \	chy	Dais	Large	Some	-> Phormougiel Management dons	Lion	Low
				Paul)	-200-	P/	AIN SCALES		
(28 wee	PIPPS ks to <u>&lt;</u> 31	3 weeks)	7 - 12 =	s = Minimal to no Mild pain - Providente Moderate to sever	de comfort me	easures nocological interventi	on		
(38 we	CRIES eeks - 2 m	onths)					s of gestation. A maximal score of 10 is possible. If the CRIES score is $>$ 4 gesic administration is indicated for a score of 6 or higher.	,	1 a -
K.	LACC Sca		0: Rela	xed & comfortabl	e, 1-3: Mild d	liscomfort, 4-6: Mode	erate discomfort, 7-10: Severe discomfort / pain / both		
		,	(60		1 (53		Numerical Rating Scale (age m	ore than 12	years)
Pali	g-Baker F n Rating S ears - 12 y	cale	(%)	2 Hurts	4 Hurts Little	6 Hurts	8 10 0 1 2 3 4 5 6 Hurts Hurts	7 8	9 10
			No Hurt	Little Bit	More	Even More	Whole Lot Worst None Mild Moderate	Ser	/ere
Observ	Critical care Pain COMPLIANCE WITH				Absence of r NTILATION ( tubated patie Relaxed, 1 - Te	novements or normal intubated patients): ints): 0 - Talking on no ense, Rigid, 2 - Very T	position, 1 - Protection, 2 - Restlessness / Agitation  - Tolerating Ventilator or Movement, 1 - Coughing but tolerating, 2 - Fighting armal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing ense, Rigid	ventilator (or)	• •
	Non-pharmacological Cutaneous Stimulatio					e: E - Positioning; F - F is to 20 minutes): G - C	c - Music; D - Physical and mental exercisers lubbing / Massage the skin old application; H - Hot application; I - Shortwave diathermy terferntial therapy   Psycho-social therapy/counselling: K - Individual Counse	seling; L - Famil	y counseling
Pharma	harmacological Interventions as per doctor's pres				otion .			•	Fi







#### Mr.KARUNA GANDHI.A (7)

56/Malc/MHI202380036 02/01/2024/IPH2024000014

Dr.Rajesh.v

CZZ Matematek Heart Institute

MHI/NUR/2022/052

**Every heart beat counts** 

# **PAIN RE-ASSESSMENT & MONITORING CHART**

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
03/01/23					Asserved & CPO7	d:	· Cours
	40		2104	Suggal	Phomogral Management duna	Leon	
19,00			Llue	Sugral	Mon- phonogral Managent dune	7002	- Lour
3/.00	1/10	doll poin	< 5 No	& Formun	Pharma college cal management dow.	Jan Osta	2000
33.00	1/10		5-10	back	/1 /1	Charge The	(J_33)
4/1/24	quo			<del>-</del> -	patibal is alaping	Duis 14	ووركا
z.00	Quo		-		potion is alooping	Charles A	(200).
B.00	0/10		-	_	patient is alonging.	Abyota	2003
4.00	1/10	dull pain	200 Nee	Offermen	Non phormonological management dow.	Slave of	0021

Date & Time	Pain Score	(dull, achy,	ain Character sharp, stabbing, shooting, , referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.		
	910		ull ache	See.	Eurgical	Alon-pharmacological intervention dine.	Price	1000)		
11,00	2/10	Du	Il ache	20 Sec.	Surgical Sile	Pharmaestogical intercention done.	2000	l so		
13:00	1/10	S	bull pain	216tec	Surguid Sline	- Mon- Phermougiel Mouragement done	Jon2	1000)		
16:00	410	· 9	dry boun	y pain Lacoe Sare Pharmongiel Management dono						
	1		J Play,		P#	AIN SCALES	1			
(28 wee	PIPPS ks to <u>&lt;</u> 38	3 weeks)	6 or less = Minimal to no 7 - 12 = Mild pain - Provi >12 = Moderate to sever	de comfort me		on .		•		
(38 we	CRIES eks - 2 m	onths)	The CRIES scale is used further pain assessment	d for infants : t should be u	> than or = 38 weeks ndertaken, and analg	s of gestation. A maximal score of 10 is possible. If the CRIES score is $>$ 4 gesic administration is indicated for a score of 6 or higher.	*	1 · 1		
	LACC Sca		0: Relaxed & comfortab	e, 1-3: Mild d	liscomfort, 4-6: Mode	erate discomfort, 7-10: Severe discomfort / pain / both				
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)		cale	O 2 No Hurts Little Bit	4 Hurts Little	6 Hurts Even More	Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m  Numerical Rating Scale (age m	7 8	years) 9 10		
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 venti 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										
	harmaco iterventio		Cutaneous Stimulation Thermal Therapies (no i	<mark>and massage</mark> onger than 15	e: E - Positioning; F - F to 20 minutes): G - C	C - Music; D - Physical and mental exercisers tubbing / Massage the skin old application; H - Hot application; I - Shortwave diathermy terferntial therapy   Psycho-social therapy/counselling: K - Individual Couns	eling; L - Famil	y counseling		
Pharma	cological	Interventio	ns as per doctor's prescri		. 1		-	71 j		

age to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco









MHI/NUR/2022/052



Every heart beat counts

# **PAIN RE-ASSESSMENT & MONITORING CHART**

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & */ Emp. No.
માનાત્રમ				@ scapida	Non-Pharmagio Maragement	, .	Mil
171:00	2110	Alby pain	41810	legion	-> Will browning of grib.	372	050)
19:00	1)10	Dull Pain	4 مالالا	Surgical	-> Pharmys Management; dung:	Son !	ljus
21:00	Yw	dull-poèn	<15 Qoe	Storacom	Pharmaldogical management down.	Chewle #4	رس
\$3.00	1/10	dall pain	sio Que	drain stb	1	Bull of 4	Ex3
1.00 1.00	-	, <del>,</del> ,	~		Ha ls Maping	Chuis A	Vsisis
3.00	-	:	_	<del>-</del>	He is aloping	Office HA	Row
E.00	-		-	_	He is Maring	Jan 44	Novs
4.00	10	dell pain	10-15 Vac	Staracen	Now pharmedogical management down.	Varia Conta	Kasis
9.00	Yto	Dule pain	10-15 hu	Sternem	Non-phanumo bofical mangement done	#R19	6003

Date & Time	Pain Score	(dull, achy,	<b>ain Charac</b> sharp, stabbir , referred / rad	ng, shooting,	Duration	Location / Site		Interventions		Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
ી હો જો	Yw	D	ill pain	•	LIDE	Sternum	. 1	mpstable god		-fly	J203
15.00	10	ſ	Dull	Pvm	Liger	Sterm	Proceeded	Camfordable.	positim.	盘,	
7.00	1/10		Dull	Dull prin' see Stem Proceded Comfortable position						Da.	٠٠٠,
2(.00	0/10	1 -	No	No Pain							
		,				P	AIN SCALES		·	1	
(28 weel	PIPPS cs to ≤ 38	weeks)	7 - 12 = Mil	Minimal to no d pain - Provid lerate to sever	de comfort me	easures mocological interven	tion	-	1		
. (38 we	CRIES eks - 2 mo	onths)	The CRIES further pair	scale is used assessment	i for infants : should be u	> than or = 38 wee ndertaken, and ana	ks of gestation. A maximal sc algesic administration is indica	ore of 10 is possible. If the Cated for a score of 6 or high	CRIES score is > 4, er.	, 	1
	ACC Scal		0: Relaxed	& comfortabl	e, 1-3: Mild d	liscomfort, 4-6: Mod	derate discomfort, 7-10: Sever	re discomfort / pain / both			1.4.,
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)  O No Hurt			QO Hurts	(OO)  Hurts Little More	6 Hurts Even More	8 10 Hurts Whole Lot Worst	Numerical Rating	g Scale (age mode) 4 5 6 Moderate	7, 8	years) 9 10	
Observa	ical care F ation Tool ator / com	(CPOT)	BODY MOV COMPLIAN VOCALIZA' MUSCLE T	/EMENTS: 0 - ICE WITH VE TION (non-int ENSION: 0 - I	Absence of r NTILATION (I tubated patie Relaxed, 1 - Te	intubated patients):	al position, 1 - Protection, 2 - Re : 0 - Tolerating Ventilator or Mov normal tone or no sound, 1 - Sig Tense, Rigid	ement, 1 - Coughing but tole	rating, 2 - Fighting vit, sobbing	ventilator (or)	,
	harmacol itervention		Cutaneous Thermal Th	Stimulation a	<mark>and massage</mark> onger than 15	e: E - Positioning; F - to 20 minutes): G -	C - Music; D - Physical and me Rubbing / Massage the skin Cold application; H - Hot applic Interferntial therapy   <b>Psycho-</b>	ation; I - Shortwave diathermy	, / K - Individual Couns	eling; L - Famil	y counseling .







#### Mr.KARUNA GANDHI.A

56/Male/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V



MHI/NUR/2022/052



PAI	N RI	E-ASSESSMENT	- & MC	NITORING	CHART	Every heart	beat counts
Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
6 12h	0/10	· No Pain				A Jooks	Nue
500	0/10	No Pain	_	<u>,</u> .	<del></del>	dif ooks	Not 024
11.00	0/10	No pain				500	Nac
1600	%	No pm				A.	wie
64.00	910	No pm	-		-	F.	Nace
21:00	olco	No Pain	_			gy øds	Nac
71.64	0/10	No Pain	_			0080	200
5.0€	Plic	No Parin				Sy	Nad
7.00	0/10	No pair	-			9.C 9307	News

Date &		(dull, achy,	ain Character sharp, stabbing, shooting, referred / radiant pain)	Duration	Location / Site		Interventions		Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
19.0	o opo	)	No pom	·			-		Far.	Noor
19.0	ollo		No prim	-	_		·	· ·	500)	Nus
23.0C	9/10.	17.7%	lo Palin	_				c Meri	25	Nosti
8/1/2	0/10	1.51	No Pain		_			n Pair	1:00 86:	/ Duge
• ,	~ 61			<del></del>	P	AIN SCALES	-		_ 1	
	PIPPS eeks to < 3		6 or less = Minimal to no 7 - 12 = Mild pain - Provides >12 = Moderate to sever	de comfort me		ion			1	1
(38	CRIES weeks - 2 m	onths)	The CRIES scale is used further pain assessment	d for infants : t should be u	than or = 38 week ndertaken, and anal	s of gestation. A maximal so gesic administration is indic	ore of 10 is possible. If the CR ated for a score of 6 or higher.	IES score is > 4,	1	3) N. 31
	FLACC Sca months - 7 y		0: Relaxed & comfortable	le, 1-3: Mild d	liscomfort, 4-6: Mod	erate discomfort, 7-10: Seve	re discomfort / pain / both	3		(1)
Wo Pi (7	ong-Baker F ain Rating S years - 12 y	icale	O 2 No Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 10 Hurts Whole Lot Worst	Numerical Rating  0 1 2 3  None Mild	Scale (age mo	7 8	9 10
Obse	critical care ervation Too ntilator / con	I (CPOT)	COMPLIANCE WITH VE	- Absence of r NTILATION ( tubated patie Relaxed, 1 - To	novements or normal intubated patients): ints): 0 - Talking on no ense, Rigid, 2 - Very T	position, 1 - Protection, 2 - Re 0 - Tolerating Ventilator or Mo ormal tone or no sound, 1 - Si ense, Rigid	estlessness / Agitation vement , 1 - Coughing but tolera ghing, Moaning, 2 - Crying out,	sobbing	entilator (or)	•
No	n-pharmaco Interventio	logical ns	Cutaneous Stimulation Thermal Therapies (no l	and massage onger than 15	e: E - Positioning; F - I is to 20 minutes): G - C	C - Music; D - Physical and me Rubbing / Massage the skin Cold application; H - Hot appli nterferntial therapy   <b>Psycho</b>	ental exercisers cation; I - Shortwave diathermy -social therapy/counselling: K	Individual Counse	eling; L - Family	counseling
Pharn	nacological	Interventio	ns as per doctor's prescri	ption			· · · · · · · · · · · · · · · · · · ·			







#### Mr.KARUNA GANDHI.A

56/Male/MHI202380036; 02/01/2024/IPH2024000014,

Dr.RAJESH.VV.LU



MHI/NUR/2022/052



PAI	N RE	E-ASSES	SMENT	& MC	NITORING	CHART		Every heart	beat counts
Date & Time	Pain Score	Pain Ch (dull, achy, sharp, s burning, referre	naracter stabbing, shooting, d / radiant pain)	Duration	Location / Site		Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
5.00	ofio	No	Pain			(		dif ook	Nac-
9.00	0/10	NO	pain		-	_		M) Oztr	Naa o zy
					•				
					·				

4	
ч	Z
•	

Date & Time	Pain Score	(dull, achy.	Pain Character achy, sharp, stabbing, shooting, ning, referred / radiant pain)  Duration Location / Site Interventions							-		Staff Initial & Emp. No.	Senior Initia Emp.	<b>l &amp;</b>
			<b>T</b>		; ;									
		-												
7.		•								•		•		
ן ר		5. N. J.			·		/.		~	. 23		•		,
	<u></u>				· PA	AIN SCALES					I	<del></del>	<u> </u>	
(28 weel	PIPPS ks to <u>&lt;</u> 38	s weeks)	6 or less = Minimal to no 7 - 12 = Mild pain - Provid >12 = Moderate to sever	de comfort me		on							· · · · · · · · · · · · · · · · · · ·	
(38 we	CRIES eks - 2 m	onths)	The CRIES scale is used further pain assessment							ES score is	> 4,			
	LACC Sca		0: Relaxed & comfortabl	e, 1-3: Mild d	liscomfort, 4-6: Mode	erate discomfort, 7-10:	Severe discom	ort / pain / b	oth		-			
Pair	g-Baker F n Rating S ears - 12 y	cale	O 2 No Hurts Hurt Little Bit	(OO)  Hurts Little More	6 Hurts Even More	8 10 Hurts Whole Lot Worst	O None	umerical F	tating S	decale (ag	6	re than 12 7 8	9 1	     
Observ	tical care ration Too lator / con	(CPOT)	FACIAL EXPRESSION: 0 BODY MOVEMENTS: 0 - COMPLIANCE WITH VE VOCALIZATION (non-int MUSCLE TENSION: 0 - F TOTAL SCORE: 0 - 2: No	Absence of n NTILATION (I Subated patie Relaxed, 1 - Te	novements or normal intubated patients): 0 nts): 0 - Talking on no ense, Rigid, 2 - Very Te	position, 1 - Protection, ) - Tolerating Ventilator ( rmal tone or no sound, ense, Rigid	or Movement, 1 -	Coughing bu			nting ve	entilator (or)		
Non-pharmacological Interventions  Distraction: A - Relaxation-conducive environment; B - TV; C - Music; D - Physical and mental exercisers  Cutaneous Stimulation and massage: E - Positioning; F - Rubbing / Massage the skin  Thermal Therapies (no longer than 15 to 20 minutes): G - Cold application; H - Hot application; I - Shortwave diathermy  Transcutaneous electrical nerve stimulation (TENS): J - Interferntial therapy   Psycho-social therapy/counselling: K - Individual Counseling; L - Family counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counselling: K - Individual Counsel								counselir	ıg					
Pharma	cological	Intervention	ns as per doctor's prescrip	otion										



Mr.KARUNA GANDHI.A

56/Malc/MHI202380036

1 02/01/2024/IPH2024000014







## **DVT RISK ASSESSMENT**

A22	igh a score of 1 if (YES) in parameter nos. 1 to 9,	т		ore or -2	11 (169)	iii parai	neter no	. 10
		2/1/20	3/123					
	Time	13.0	6.00		<u>.</u>			
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	P	Ø					
2	Bedridden recently >3 days or major surgery within four weeks	10	D		<u>-</u>			
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	10	0					
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0					
5	Entire leg swollen (Assess for both legs)	10	0					
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0					·
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	9	0		•			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	Q	0			٠ .		
9	Previously documented DVT (Assess for both legs)	0	D					
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.	R	O					
	FINAL SCORE	1	Ø					
Low R	isk: -2 to 0   Moderate Risk: 1 to 2   High Risk: 3 to 8	Low	Load					
	DVT prophylaxis started	☐ Yes ☑ No	∐Yes ⊒∦າວ	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Signature & Emp. No. of RN	8	A					
	Signature & Emp. No. of Sr. RN	Œ/						





Mr.KARUNA GANDHIA
56/Male/MHI202380036
[02/01/2024/IPH2024000014

Dr.RAJESH.V



## **DVT RISK ASSESSMENT**

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

	ign a score of 1 if (YES) in parameter nos. 1 to 9,	anu assi	igii a sci			<u> </u>	1 1	
	Date	03/01/2			6 124			
	Time	16:00	₹.00	₹,00	6.00	6.00	6.00	
S. No.	PARAMETERS	Ø		•				
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0	0	0	O	φ	
2	Bedridden recently >3 days or major surgery within four weeks	+1	+1	41	+(	+1	+f	
. 3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0	8	0	0	0	
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0	0	Ø	0	Ø	
5	Entire leg swollen (Assess for both legs)	0	0	0	0	0	0	
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0	D	0	0	0	
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0	0	0	0	0	
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0	0	0	0	0	
9	Previously documented DVT (Assess for both legs)	0_	0	0	0	O	0	
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0	0	0	0	0	
	FINAL SCORE	4)	4[	41.	+ 1	41	41	
Low	Risk: -2 to 0   Moderate Risk: 1 to 2   High Risk: 3 to 8		Mod	Mod	7700	nop	DIOD	
	DVT prophylaxis started	☐ Yes ☐ No	✓ Yes	☐ Yes☐ No	☐ Yes ☐ No	☐ Yes	⊟ Yes ⊡ Mố	□ Ye
	Signature & Emp. No. of RN	Do22/	XOU OFA	OPAGA PA	700	100/4	35	
	Signature & Emp. No. of Sr. RN	1	1		Nee	بو.	Negr	
		(S)	ODD	202>		200	17	<u> </u>

# Medway Hospitals

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





Mr.KARUNA GANDHI.A. 56/Male/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V



### MODIFIED MORSE FALL RISK ASSESSMENT CHART

		•		١.				٠.,		<b>*</b> : 3
Variables		, W	21/22	2 ' '		. 4				* . *
1	Time	13,00	2206	\$ .00		. ′.	·	l wat	\$ 10 to \$1.00 \$1.00	, P .
History of falling	No	10	0	س	0 ,	0 1	0.	0	0 1	0
(immediate or within 6 months)	Yes	25	25	25	25	25 ~	25	25	25	25
Secondary diagnosis	No	0	0	0	0	015	0	0 🌣	- 0	. 0
(≥ 2 medical diagnosis)	Yes	15	15	<b>ປ5</b> 7	15	15 4	15	15	15	15
Intravenous Therapy /	No	0	i	سما	0	0	0	0	0	0
Heparin Lock / Tubes Insitu	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID ,	:								12 1	
None / Bed Rest / Nurse Assist -	_	.0.	0	9	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		1	,	:	- g · ",	* 1.0	n	1 1.14	1.0	1 m 1
Normal / Bed Rest / Wheel Chair	i	1	Į.	س	0	0 ,	. 0	0	0	် 0
Weak		10	10	-10	10	10	10	10	<b>.</b> 10	. 10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS	1.	μ.				, b +	<sub>s</sub>		7	
Oriented to own stability		0	e_	70	9 0	o	O	0	0	ຶ <sub>ກ</sub> 0 ັ
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS		ŧ							145	1 .
Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives,	No	0	0	o	0	0	0	0	0	o
immunosuppresent, anticonvulsants,	Yes	15 -	15	457	15	15	15	15	15	15
anti-hypertensives, hypoglycemics and psychotropics	!					C 250			h skizhib)	
Total Score		30	30	30	. ) 10			. 1.0	ra n per gri	د. داناندان
Low Risk (0 - 24)	,	- <del>3</del> 0	30	- + .					_	<u> </u>
1		'	:			ing High			el el e uson	* H .
Medium Risk (25 - 44)	- 1 -	<u> </u>	V	<u> </u>						
High Risk (45 or above)	-	4" !		14	ess chi	100	. 1	٦.	"የ . ፀግ'	, K*
Signature & Emp. No. of RN	-	Do Tol	900	of w	-				- រុះប៉ាល់	, %
Signature & Emp. No. of Sr. RN	er eria t		W.	190	Santa application is		*			
		X	24: Low	Risk: 2	5 - 44: N	/ledium	Risk: 45	or abo	ve: High	Risk

INTERVENTIONS	Date	جزاله	2/1/23	2/1/27			•			7
Tick as per the Risk Score	Time		aroc	2.00	<u> </u>	<del> </del>	1	<del>                                     </del>	ē	
		13,3	A.C.	10	<del>                                     </del>	<del>                                     </del>	+	+	-	<u> </u>
Low Risk Interventions (0 - 24)	nge	4	1~	0			1			
Familiarize the patient with the immediate surroundi		<del>                                     </del>	+	<del>_</del>	<del>                                       </del>	<del> </del>	<b></b>	<del> </del>	<u> </u>	<del> </del>
Remind the patient to use call bell before getting out		<del> </del>	<del>                                     </del>	<del>                                     </del>	<u> </u>	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del> </del>
Keep the two side rails in the raised position at all ti all patients regardless of age	imes for		~	5						
Keep the call bell, bedside table, water, glasses wi	thin the	<del>                                     </del>	<del> </del>	<del>  '</del>	<del>                                     </del>	<del> </del>	+	<del> </del>	+	<del> </del>
patient's easy reach	a I <del>U</del>		/	5		Ī				
Remove excess equipment or furniture to make	a clear	<del>                                     </del>	<del>-</del> -	<del>                                     </del>	<b></b>	†	+	+	<del>                                     </del>	<del>                                     </del>
path	a olcai		1 .	-						
Keep the patient's bed in the low position at all times	except	1,		1		1		<del>†                                      </del>	<del>                                     </del>	
during procedure	-r·	Ľ	1							
Teach fall-prevention techniques, such as sitting u	ıp for a	1						Ì	1	
moment before rising from the bed			V						L	L
Bed wheels should be locked										
Encourage family participation in the patient's care						L				
Ensure that floor of the bathroom is dry and not slipp			V							
Review medications for potential side effects the	nat can							<del>-</del>	1	
promote falls			<u> </u>			<u> </u>	<b></b>	<u> </u>	<u> </u>	
Use safety belts during movement in wheelchair										
The patients are not ambulated by themselves. The	y are to	•		1 7	<u> </u>		_			
be ambulated only with assistance		•		-		[	1		[	
Medium risk interventions (25 - 44)								<b>—</b>		
Apply all the low risk interventions						<u> </u>	<u> </u>	<u> </u>	<u> </u>	
Tie yellow fall risk tag in the bed and Wheel chair / Str		<u> </u>				ļ	<u> </u>		<u></u>	
Make sure that proper transfer precautions are ins		<b>/</b>	ار, ا	1					ļ	
for heavy or debilitated patients in a bed or wheel on a toilet seat	criair or		-	_	' İ	<b> </b>				
Use restraints and bed monitors as ordered by the de	octor	-	5	$\vdash \rightarrow \vdash$			<del> </del>			
Allow the patient to ambulate only with assistance	20101			<del></del>		-	<del>                                     </del>	<del>                                     </del>		<del></del>
Consider peak effects of the medications that effect	ts level		\ \rightarrow\	<del></del>			<del>                                     </del>	<del> </del>	<del></del>	
of consciousness, gait and elimination when pla		1	ا ہے ا	1				{		
patient's care	ω9			-				[		
Do not leave patients unattended in diagnos	stic or									
treatment areas	`	٠,٠,	~				<b> </b>			
Accompany the patient while going to bathroom			<b>S</b>							
Advice the patient to use grab bars near the toilet, ba	athtub,							-		
and shower			~							
Make sure the family and other visitors understand	nd the		レ							
restrictions mentioned above			¹					1		1
High-risk interventions (45 or abovc)		<u> </u>	<b></b>			<del>-</del>		<del> </del>		
Apply all the low and medium risk interventions			<u> </u>				<u> </u>			
Tie red fall risk tag in the bed, wheel chair and stretch		1					<b>  </b>			
Locate the high-risk patients in a room close to the n station	iurses'	1	¹ [							[
station Answer these patients call bells as quickly as possible	<del>-  </del>	<b></b>	·		<del></del>					
Provide a commode at bedside (if appropriate)	-		<b></b>						$\longrightarrow$	
Urinal/bedpan should be within easy reach (if approp	)riate)	<del></del>								
Encourage family members or other visitors to sta		<del></del>	<del></del>		$\longrightarrow$		} <del>-</del>			
them	, •••ui								- 1	
If appropriate, consider using protection devices:	safety	1		$\longrightarrow$	<del></del>			<del></del>		-
belts	v.y	4	` [	<u> </u>	1				. [	ŀ
Signature & Emp. No. o	f PN	<u>&amp;  </u>	HKK	2 wo						
		Son	cole	2 /			<b> </b>			
Signature & Emp. No. of Sr	r. RN	(B)	(B)	199				1		
		15	105	2						
<u> </u>										



# Medway Hospitals

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



#### Mr.KARUNA GANDHI.A

56/Malc/MHI202380036 .... 02/01/2024/IPH2024000014

Dr.RAJESH.V



MHI/NUR/2022/046



## MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables		03/01/25	3/1/2A	मार्थि।	4/1/24		Allen Allen	5/12	5/12	6/1/2
	Time	15:00	20.00	8:50	131,00	20.00	1800	ldvo	22.00	8.00
History of falling	No	ے۔	9	9	9	9	9/	رو	र्	10
(immediate or within 6 months)	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis	No	0	0	0	0	0	0	0	0	n 0 -
(≥ 2 medical diagnosis)	Yes	_15	18	45	15	15	15	15	45	:15
Intravenous Therapy /	No	0	0	0	0	0	0	0 _	0	0
Heparin Lock / Tubes Insitu	Yes	20	20	20	20	20	20	-20	20	. 20
AMBULATORY AID						: /				
None / Bed Rest / Nurse Assist		_0_	9	۵	9	9	0	70/	9	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	9	0	9	<i>J</i> 0′	۵	گار	٥	~·⁄0
Weak ·		104	10	10	10	10	10	10	10	.10
Impaired		20	20	20	20	20	20	20	20	20 ء
MENTAL OTATUO	<u> </u>					ę			<u> </u>	
MENTAL STATUS			_			1 /				
Oriented to own stability		0	0	10-	0	<u>مون</u>	9/	9	0	0
Overestimated or forgets limitations		15	1,5	15	15	15	15	15	15	ı£15
MEDICATIONS										
Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives,	No	0	0	0	0	0	0	0	0	c o
immunosuppresent, anticonvulsants,	Yes	15	18	45	15	15	15	157	15	15
anti-hypertensives, hypoglycemics and psychotropics								′		
Total Score		62	65	50	(FO	60	<b>G</b> 0	50	50	Z-0
Low Risk (0 - 24)						<del></del>				3
Medium Risk (25 - 44)		-			_					
, , High Risk (45 or above)				~						
Signature & Emp. No. of RN		0,0002	MONE SEA	0265	307	Mulita A	Als.	, au	dy	5.B,°
Signature & Emp. No. of Sr. RN		X	×(0)	4)>	7	X	Jan )	ر المحال	val	Nº87
• , , ,	•	03,0-	24: Low		5 - 44: N	/ledium		or abo	ve: High	Risk
			<del></del>		•					

INTERVENTIONS	Date	3/10/12	53/1/24	4/1/24	4/1/24	1/1/24	و المراعة	3/12	5/12	, <u>e</u>
Tick as per the Risk Score	Time	15,00	30.00	8:00	13:00	1 (	08~0	1400	23; C	7.5
Low Risk Interventions (0 - 24)			<b>V</b>					1		*
Familiarize the patient with the immediate surrounce	linas	1	/		_			_		
Remind the patient to use call bell before getting ou									/	
Keep the two side rails in the raised position at all t		<u> </u>	_~		<del> </del> -	<del>                                     </del>				
all patients regardless of age		i	/		<b>∤</b>					
Keep the call bell, bedside table, water, glasses w	ithin the	<b></b>	1					/		
patient's easy reach			~		1				<b>/</b>	
Remove excess equipment or furniture to make	a clear	l				†			_	
	1.3		/							
Keep the patient's bed in the low position at all time									_	
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							/		FV	
Ensure that floor of the bathroom is dry and not slip			//						V	
Review medications for potential side effects t			/			1		-	./	
promote falls			/		_			_ ا		<b>/</b> .
Use safety belts during movement in wheelchair					-	/	1	1	V	
The patients are not ambulated by themselves. The	ev are to	•								
be ambulated only with assistance	-,		[/				/			
Medium risk interventions (25 - 44)			<u> </u>			-			<u> </u>	
Apply all the low risk interventions								1		
Tie yellow fall risk tag in the bed and Wheel chair / S	tretcher								1	
Make sure that proper transfer precautions are in		<u> </u>	/					<b>-</b>		
for heavy or debilitated patients in a bed or wheel						'		/	1	
on a toilet seat			ĺ		_		_			
Use restraints and bed monitors as ordered by the	doctor								~	
Allow the patient to ambulate only with assistance			/			•			1/	
Consider peak effects of the medications that effe	cts level		<del>7</del>					<del>                                     </del>		
of consciousness, gait and elimination when p						`		/		,
patient's care							^	^		
Do not leave patients unattended in diagno	ostic or		<u> </u>		_	<u> </u>	/			
treatment areas						/	_	′		
Accompany the patient while going to bathroom									~	
Advice the patient to use grab bars near the toilet,	bathtub.		<b>–</b>				1			
and shower	ŕ	ł				İ	/			
Make sure the family and other visitors underst	and the		1							
restrictions mentioned above			<b>/</b>						レ	
High-risk interventions (45 or abovc)				ļ ,	<u> </u>	/	,			/
Apply all the low and medium risk interventions			/			/ /		4	, –	
Tie red fall risk tag in the bed, wheel chair and stretc	her			V			/			
Locate the high-risk patients in a room close to the	nurses'	10-		/						
station S		NA						<u></u>	.HA	AN
Answer these patients call bells as quickly as possi	ble	NA	/	NA	<u></u>	1/10	NA	AG	1 P	NA
Provide a commode at bedside (if appropriate)			2014	AIA	ne_	Ne	NA	718	Ala	NP
Urinal/bedpan should be within easy reach (if appre	opriate)		No.	AN	NA	9/11	NA	AL	HA	NA
Encourage family members or other visitors to sthem -'	tay with	NA	140	AL	nc	NA	Ng	NA	NA	NA
If appropriate, consider using protection devices belts	s: safety	/		W				/	\\ \frac{1}{2}	
Signature & Emp. No.	of RN	7007	WAY OF THE	12 is	2002	AK KUN	JB.		Took	5\$
Signature & Emp. No. of			MY.	1	1	17	yon.	3	No	100
Signature & Emp. No. or	JI. 111 <b>7</b>	1 K/K	[   <del> </del>	1 V		<del></del>	نگرخ	1	177	
		822	Jan San San San San San San San San San S	2300	0007	000)	22.22		•	•



The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)





02/01/2024/IPH2024000014 Dr.RAJESH.V





# MODIFIED MORSE FALL RISK ASSESSMENT CHART

•										
Variables	Date	<del>V</del> (	6/1/24	7/104	7/1/24	7/1/24	8/1/24			
	Time	24.00	22-00	8.00	1400	22.00	8.00			
History of falling	No	. 0,	0	0		9	10	0	0	0
(immediate or within 6 months)	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis	No	0	0	0	0	0	0	0	0	0
(≥ 2 medical diagnosis)	Yes	157	15	<b>ر15</b> س	15	<b>45</b>	<b>\15</b> ^	15	15	15
Intravenous Therapy /	No	0	0	0	0	0	0	0	0	0
Heparin Lock / Tubes Insitu	Yes	20	20	_20_	20	20	\20	20	20	20
AMBULATORY AID ,										
None / Bed Rest / Nurse Assist		0	10	0	0/	9	9	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	<i>J</i> Ø	,0	10	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			70	0	0	_و_	10	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS '						,				L.
Includes PCA / opiates, diuretics,	No	0	0	0	0	0	0	0	0	0
laxatives, hypnotics, sedatives immunosuppresent, anticonvulsants,	Yes	. 15	715	15	15	15	15	15	15	15
anti-hypertensives, hypoglycemics and psychotropics		-						1		
Total Score		₹Ø	40	50	50	50	50	-	<u> </u>	,
Low Risk (0 - 24)		<u> </u>		,	. ,		,		:	•
Medium Risk (25 - 44)		<u> </u>		<u> </u>						
High Risk (45 or above)					1	V	1			
Signature & Emp. No. of RN		Ha	201	7-C 207	Topa	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	192	_		
Signature & Emp. No. of Sr. RN		9	عود	M349	100	وفع	Marie		<b>-</b> · ·	
	<del> </del>	1 T CX	24: 1 nu	Risk: 2	5 - 44: N	بريكيد Medium	Risk; 45	or abo	ve: Hial	ı Risk

INTERVENTIONS	ate	lo]1	Blipp	7hb29	1/2	7/124	8/1/24			
	ime	r lado	2.00	8,00	1400	2200	8.00			
Low Risk Interventions (0 - 24)		++	~	0.	<del>                                     </del>	, C				
Familiarize the patient with the immediate surroundings							1	, ,	] .	
Remind the patient to use call bell before getting out of b	_				1		h_			
Keep the two side rails in the raised position at all times				<del>                                     </del>	/	1	1—			
all patients regardless of age	, 101				'			*		
Keep the call bell, bedside table, water, glasses within	the				/				<del> </del>	
patient's easy reach		/:/		<b> </b>	٠,					
Remove excess equipment or, furniture to make a cl	lear	<u></u>		1.			1			
path			- 4		* /	V	<b>1</b>			,
Keep the patient's bed in the low position at all times exc	ept						1.		٠.	
during procedure	· . /*	•		16	1./	1			-	
Teach fall-prevention techniques, such as sitting up for	or a	1	./	1.	1					
moment before rising from the bed		1		1			1			
Bed wheels should be locked	(				7					
Encourage family participation in the patient's care	4		~	/	/		<u> </u>	•		
Ensure that floor of the bathroom is dry and not slippery	-		~		1	-			<u> </u>	·············
Review medications for potential side effects that	can /			-94			<u> </u>			· · ·
promote falls	- [				<i>/</i>					
Use safety belts during movement in wheelchair					1	1/2				
The patients are not ambulated by themselves. They are	e to				1		İ '			
be ambulated only with assistance	-				1 %	V				
Medium risk interventions (25 - 44)	-					<u> </u>				
Apply all the low risk interventions		/				V				
Tie yellow fall risk tag in the bed and Wheel chair / Stretch	her		V							
Make sure that proper transfer precautions are institu	_			~						
for heavy or debilitated patients in a bed or wheel chair										
on a toilet seat							•			
Use restraints and bed monitors as ordered by the doctor	or	• /	V	./	1		1			
Allow the patient to ambulate only with assistance			/							
Consider peak effects of the medications that effects le	evel	/		7						
of consciousness, gait and elimination when plann	ing		/		· /					
patient's care						<i>一</i> .				
Do not leave patients unattended in diagnostic	or	/	<u> </u>							
treatment areas		1. /		,						
Accompany the patient while going to bathroom			• /			~				
Advice the patient to use grab bars near the toilet, batht	ub,			./						
and shower	· · · ·					V		•		
Make sure the family and other visitors understand	the				1					
restrictions mentioned above			ン			~				
High-risk interventions (45 or abovc)		1/		1	<i>V</i>	<u> </u>				*
Apply all the low and medium risk interventions			~			<b>&gt;</b>				:
Tie red fall risk tag in the bed, wheel chair and stretcher				1		5				,*
Locate the high-risk patients in a room close to the nurs	es'	1/		)						
station			~	ľ		<u> </u>				
Answer these patients call bells as quickly as possible			MA							
Provide a commode at bedside (if appropriate)			NΛ	<b>Y</b>	V					
Urinal/bedpan should be within easy reach (if appropriat		4/	λlA	<b>V</b>			<u> </u>			
Encourage family members or other visitors to stay w	vith	0	-/~	,	/					
them		//			<u>/</u>					
If appropriate, consider using protection devices: safe	ety	V., ]	, V		//	/			ī	
belts		$\mathcal{M}$			6			·		
Signature & Emp. No. of Ri	N T	W <sub>10</sub>	XX work	D 20	MAP	Syl	200			
			9	9	V.	SQN .	100			
Signature & Emp. No. of Sr. Ri	<sup>14</sup> \	ــــــــــــــــــــــــــــــــــــــ	V.	V	V	V .	$\mathcal{U}$			







### Mr.KARUNA GANDHI.A

56/Male/MHI202380036 02/01/2024/IPH2024000014 Dr.RAJESH.V





### PATIENT AND FAMILY EDUCATION RECORD

Assessment To be	filled	by con	cern	ed d	isci	plines. L	lse k	ey b	elov	N				
Barriers to	Lea	arning			•	·				Plan t	:o A	ddr	es	s Factors
None		Vision	/ He	arin	g lin	nitations	<u> </u>		Γ	] Use	of I	nterp	rete	er
Limited Reading Abilities		Physic	al b	arrie	rs					Edu	cate	fam	ily	· · · · · · · · · · · · · · · · · · ·
Religious / Cultural Factors		Langu	age	barr	iers					Sim	płe I	Lang	uag	e
Congnitive Limitations - unable to		Low m	otiv	atior	ı / de	esire to	learı	1		Writ	ten	Instu	ctio	ns
understand and follow directions						· ·				$\overline{}$				*
Completed By : DateTin	ne	13,1	هن		lurs	e Signa	ture	: _		0	ia	_		
Learning Record				•										;
Need		Date	,	√isit	1	Date	\	/isit	2	Date	, T	Visit	3	Signature
		alib	┖	Р	0	31	L	Р	0		ī	Р	0	
Disease		O CONTACT												Doctor
☐ Information on														· an
Disease / Diagnostics														1554 1554
Treatment			0	00	D		D	Oδ	У					134
Medications		_	0	DD		·	7	no	У					Doctor / Nurse
☐ Information on Safe and			•				7							Q
Effective use of medicines														2502
Information on drug / drug and														
drug / food interactions			٩	٥Ŋ	1	1	1	Ø	V					
Discharge Medications							Ì							
Surgical Instructions														Nurse
Pre - Operative Instructions			19	05	<u>_</u>	/	10	OD	4					
Post - Operative Instructions	į		ì				<u>'</u>							
(Wound / Dressing Care)					Ц									
Pain Management					,									Nurse
Reporting of pain					Ц		g	8						12
Pain Management							S	8	Ÿ					1024
Safe and effective use of medica	1													Doctor / Nurse
Equipment (if required)					Ц				Ц		_			
Name of Equipment														
Rehabilitation Techniques											Ì			

X. Sari

Need	Date	l١	/isit	1	Date	٧	/isit	2	Date	\	/isit	3	Signature
	<b>,</b> ,	L	Р	0		L	Р	0		L	Р	0	· · · · · · · · · · · · · · · · · · ·
Nutritional Guidance									-				Dietician
Diet Instruction for patients at Nutritional risk		Ú	رکم	9		6	જ	Ų				g	Senior Dietitian
Diet advice for home		2		<u>,</u>		4			<b>-</b>				Nurse
Discharge Planning													
Self care													
Follow up													
Reporting Concerns Immunizations													
Parenting education													
Others													
Risk Factor Reduction													
Smoking Cessation													Doctor
Weight Control	1												
Exercise	1												
Hypertension	1												
Other Risks	<b>-</b>												
•				<u> </u>	<b></b>		,						
Panorts Given	ı			٠,٠	•	-1.:							
Nepojis Given .													
Given Pendir	_	NA/	^						Giver	1	Pei	ndii	ng NA
Given Pendir	_	NA/	<del>-</del>		Advice				Giver	1 	Pei	ndii	ng NA 
Given Pendir Discharge Summary	_	NA/	<del>-</del>		Advice Scan Re				Giver	1 	Pei	ndii	ng NA
Given Pendir Discharge Summary ECG Report		NA /	otin	CT S		port			Giver	n 	Pei	ndiı	ng NA
Given Pendir  Discharge Summary  ECG Report  Doppler Report		NA/	<u>_</u> /0	CT S	Scan Re	port m				<del></del>			ng NA
Given Pendir  Discharge Summary  ECG Report  Doppler Report  X-Ray Report		<b>NA</b> /		CT S CT S	Scan Re Scan Fil IO Repo	port m ort				<del></del>			
Given Pendir  Discharge Summary  ECG Report  Doppler Report		NA/	- \(\frac{1}{2}\)	CT S CT S SCH	Scan Re Scan Fil	port m ort Rep	ort						
Given Pendir  Discharge Summary  ECG Report  Doppler Report  X-Ray Report  X-Ray Film		NA /	- \(\frac{1}{2}\)	CT S CT S SCH	Scan Re Scan Fil IO Repo asound	port m ort Repo	ort ort	nati					











### PATIENT AND FAMILY EDUCATION RECORD

Assessment To be	filled	by cond	ern	ed di	scip	olines. U	se k	ey b	elov	<b>V</b>				
Barriers to	Lea	arning								Plan te	o A	ddr	ess	Factors
None		Vision	/ He	arinç	g lin	nitations				Use	of Ir	iterp	rete	r
Limited Reading Abilities		Physic	al b	arrie	rs			ţ	Ų	Edu	cate	fami	ily	
Religious / Cultural Factors		Langua	age	barri	ers				Ц	Simp	ole L	.ang	uag	e
Congnitive Limitations - unable to		Low m	otiva	ation	/ de	esire to	learr	1		Writ	ten l	nstu	ctio	ns
understand and follow directions														
Completed By : Date <u>D3 ०। २५</u> Tin	me	12/0	0	\	lurs	e Signa	ture	:	2	1 d	My	ury,	lon .	<u> </u>
								•						
Learning Record					_	<b>-</b> .	Г.	<u> </u>					_	1
Need		Date		/isit		Date	<u> </u>	/isit	_	Date	_	/isit	_	Signature
		الااللاف	L	P	0	Halila	ᆣ	Р	0	Sur	L	Р	0	
Disease			*	۱	_		-				_	<u> </u>	ļ	Doctor
Information on														\. B & & \
Disease / Diagnostics			S	B	V		2	bo :	Ŋ		B	OV	Q	1/34
Treatment			<u>_</u>	OD	$\checkmark$		e	ന	<u> </u>		چ	O	$\vee$	
Medications			Ø,	01	<u> </u>		٤	or	7		Ç	<b>e970</b>	ت	Doctor / Nurse
Information on Safe and							Ι,							Obor
Effective use of medicines			2	٥٥	$\gamma$		2	တ	^		ď	<i>p</i> o	U	
☐ Information on drug / drug and												1		
drug / food interactions			<b>-</b>		L		•		_		<u>,</u>	<b>g</b> -	ب	
☐ Discharge Medications			-	l	_		_					٢	4	٨
Surgical Instructions				_								ĺ	J	Nurse Avol
Pre - Operative Instructions			<del></del>	·	_		_	-	- 1		_	-	ر	
Post - Operative Instructions			٩	DD										
(Wound / Dressing Care)			_	Ì			5	<b>0</b> 0	٧		R I	DP.	U	
Pain Management			ره	õ	) <b>~</b>		o	9n			ςΛ	Dp.	ע	Nurse
☐ Reporting of pain			٨	20	Y		J	OD	V		ζ	hp	0	
Pain Management			J	Dr	~~		9	מס	<u>/</u>		3	8	ν	
Safe and effective use of medical	al										,			Doctor / Nurse
Equipment (if required)			_	-	1			$\Box$	<i>f</i>		_	ι	1	
Name of Equipment							_							Y
Rehabilitation Techniques			_	-	_		′¯	Ĵ	-		-	_	_	

Diet Instruction for patients at Nutritional risk  Diet advice for home  Discharge Planning  Self care	3/1/24	L	Р	0	4 lihu	┰	Р	0	11	$\vdash$	Р	То	Signatui
Diet Instruction for patients at Nutritional risk  Diet advice for home  Discharge Planning  Self care		-		-				_		4 -	l L		
Nutritional risk  Diet advice for home  Discharge Planning  Self care				_	1/11/2				2/11		<u> </u>	T	Dietician
☐ Diet advice for home Discharge Planning ☐ Self care										1		١.	s.Al
Discharge Planning  Self care		جع	<b>®</b> √⊂	رح		g	Ør.	2		Ç	S.	0	ria Catherine Internation
Self care						-			1	_ <	1		ͺŇurŝė <sub>aη</sub> ""
¬													
Follow up			<u> </u>							-			
Reporting Concerns Immunizations		_		_					i				
Parenting education				口	-	-		)				-	
Others		_		口									
Risk Factor Reduction					·								
Smoking Cessation						,				F			Doctor
Weight Control					<u> </u>								•
Exercise													
Hypertension					ſ								
Other Risks					~								
EARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I OUTCOME (O) - RD - Return Demonstrati	Demo	onsi	trati	on, \	W- Wri	tter					(	Sta	te Relations
LEARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I OUTCOME (O) - RD - Return Demonstrati	Demo	onsi	trati	on, \	W- Wri	tter					(	Sta	te Relations
LEARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I OUTCOME (O) - RD - Return Demonstrati Written Material given and explained (if a	Demo	onsi	trati	on, \	W- Wri	tter					(	Sta	te Relations
LEARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I OUTCOME (O) - RD - Return Demonstrati Written Material given and explained (if a	Demo	onsi	trati	on, \	W- Wri	tter					(	Sta	te Relations
LEARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I OUTCOME (O) - RD - Return Demonstrati Written Material given and explained (if a	Demo	onsi	trati	on, \	W- Wri	tter					(	Sta	te Relations
LEARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I OUTCOME (O) - RD - Return Demonstrati Written Material given and explained (if a	Demo	onsi	trati	on, \	W- Wri	tter					(	Sta	te Relations
LEARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I OUTCOME (O) - RD - Return Demonstrati Written Material given and explained (if a	Demo	onsi	trati	on, \	W- Wri	tter					(	Sta	te Relations
EARNER (L) - P-Patient, M - Mother, F-F-PROCESS (P)- OD - Oral Discussion, D- IDUTCOME (O) - RD - Return Demonstration of the Material given and explained (if a	Demo	onsi	trati	on, \	W- Wri	tter					(	Sta	te Relations
LEARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I OUTCOME (O) - RD - Return Demonstrati Written Material given and explained (if a	Demo	onsi	trati	on, \	W- Wri	tter				n		Sta	
LEARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I DUTCOME (O) - RD - Return Demonstrati Written Material given and explained (if a	Demo	onsi	/erb	on, \	W- Wri	tter			]	n			
EARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I DUTCOME (O) - RD - Return Demonstrati Nritten Material given and explained (if a	Demo	onsi	/erb	on, \	W- Wri	lers	tanc		]	n			
EARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- D OUTCOME (O) - RD - Return Demonstrati Written Material given and explained (if a	Deme	onsi	/erb	on, \ alize	W- Writed Unc	ders	tanc		]	n			
LEARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- D OUTCOME (O) - RD - Return Demonstrati Written Material given and explained (if a  Reports Given :  Given Pending Discharge Summary ECG Report Doppler Report	Deme	onsi	/erb	on, \ alize	W- Writed Unc	port	tanc		]	n			
LEARNER (L) - P-Patient, M - Mother, F-F PROCESS (P)- OD - Oral Discussion, D- I OUTCOME (O) - RD - Return Demonstrati Written Material given and explained (if a  Reports Given :  Given Pending Discharge Summary  ECG Report Doppler Report	Deme	onsi	/erb	on, \ alize	Advice can Re	port	tanc		]	n			

r1







## . Mr.KARUNA GANDHI.A 56/Malc/MHI202380036 [ 02/01/2024/IPH2024000014



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

### PATIENT AND FAMILY EDUCATION RECORD

Assessment To be filled by concerned disciplines. Use key below															
Barriers to	Le	arning								Plan t	o A	ddr	es	s Factors	
None		Vision	/ He	arin	g lin	nitations	;			Use	of Ir	nterp	rete	er	
Limited Reading Abilities		Physic	al b	arrie	rs				☐ Educate family						
Religious / Cultural Factors		Langu	age	barri	ers				Simple Language						
Congnitive Limitations - unable to		Low m	otiv	ation	ı / d	esire to	learı	า	Ш	] Writ	ten l	n Instuctions			
understand and follow directions															
Completed By : Date 6/1/2. Tir	ne	8,00	.)	\	lurs	e Signa	ture	:_		59	2		-		
Learning Record															
Need		Pate	۷'	,	_	Date	-		_	Date			_	Signature	
Diagona		b( 1 \	_	Р	0	7/1/24	╙	Р	0	8124	L	Р	$  \circ  $		
Disease									<u> </u>	,				Doctor	
☐ Information on Disease / Diagnostics			Þ		۱						6	~	\ 1	1682	
Treatment			٢	ad)	J		P	00	<b>✓</b>		P	$\mathcal{O}$	У	12455	
Medications					$\vdash$		<u> </u>		Н		6	0 E	H	7 / / /	
☐ Information on Safe and			1	$\vdash$			+				P	OP	V	Doctor / Nurse	
Effective use of medicines			P	<b>OD</b> )	ن		D	00			P	OD	<sub> </sub>	5.B	
Information on drug / drug and					$\vdash$		Ш_		H		1		Ť	- OF	
drug / food interactions											Ð	OD	W	•	
Discharge Medications					H						Y	0.2	7		
Surgical Instructions			b	n Y	1		٠,	$\vdash$						Nurse	
Fre - Operative Instructions		:	1'	<del>U 1</del>	۲								П		
Post - Operative Instructions											_				
(Wound / Dressing Care)			P	OB	J		D	OD	<b>~</b>		P	OD	У	•	
Pain Management					Г			ي ت						Nurse 3 B	
Reporting of pain			P	8	ン		•	nD		<u> </u>	Ω	0	у	B	
Pain Management			D	bO			1				6	OP	V		
Safe and effective use of medica	ıl		1											Doctor / Nurse	
Equipment (if required)															
Name of Equipment															
Rehabilitation Techniques															
								L							

Need	Date		/isit	1	Date	\	/isit	2	Date	V	/isit	3	Signature -
		L	Р	0		L	Р	0		L	Р	0	
Nutritional Guidance			-						_				Dietician _
Diet Instruction for patients at Nutritional risk		q.	ત્રે	Ú		5	a S	ာ				ge F	Senior bindian
Diet advice for home				1			7@	၁					Nurse
Discharge Planning													
Self care													
Follow up							Ļ.						
Reporting Concerns Immunizations													
☐ Parenting education								İ					
☐ Others													
Risk Factor Reduction									•				
☐ Smoking Cessation										,			Doctor
☐ Weight Control	,												•
☐ Exercise						<u> </u>							
☐ Hypertension					,					<u> </u>			
☐ Other Risks  LEARNER (L) - P-Patient, M - Mother,		,			•						<u> </u>		
Written Material given and explained (	(if any)		`	t '									
Reports Given :					•						_		;
Given Pendin	g 1 1	A			Advice				Give	n /	rei	ndir	ng NA
Discharge Summary		,						•		_			
ECG Report	- <sub>-</sub>		_		Scan Re		L						
Doppler Report			_		Scan Fil			•	^				— <del></del>
X-Ray Report					O Repo								<del></del>
X-Ray Film				asound	_			·	_				
Compact Disk			_ /	٩ny	Other F	Repo	ort			_			
Name of Attendant / Patient :													



#### Mi.KARUNA GANDHI.A

56/Malc/MHI202380036 02/01/2024/IPH2024000014

Dr.RAJESH.V





# Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 21127	Time: \{	3.00.				
Checklist	Yes	No	NA	A	ction / Remarks	
MEDICAL						
Daily Consultant Visit	. 🗸					
Plan of care discussed					44	
Discharge Planning	7					
Others if any	1					
NURSING			,			1
Safety Precautions Ensured				·		
Care of Lines and Tubes	15					
Infection Control Measures	1					
Skin Care	5					
Response to assistance				,		
Others if any	X					
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						······ <u></u>
Non-Availability of any service			_			
Spiritual Needs (if yes specify)				10-11-10-10-10-11-11-11-11-11-11-11-11-1		***************************************
Others if any						
		In	ter Dis	ciplinary Team Members		
	Signatur	е		Name	Reg. / Emp. No.	Date Time
Doctor	B &	•		Dr. SUJDEH.B	183 873	2/1/24/18/00
Nursing Staff				H. Leina Ivialia Cacilerine John	Óles	2/1/24/1500
Dietician	(Q)	Hrm	<u></u>	Senior Dietitian	( 24pm	2A/24 15:03
Physiotherapist	Q.5'	drag		AKASH-G&	0286	3/1/24 18/00
Patient Care Service Staff						









# **FAMILY COUNSELLING FORM**

CONSU	LTANT-	OR. RAJE	DIAGNOSIS- CAD-TUD	DIAGNOSIS- CAD-JUD								
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN						
3/1/24	# Anderprise	(Dondura	- Foxplained about the condition of the Parrent, Deu Stay,		X	F 112136						
મીતેગ્રમ	RW L. Vardyama (0022)	Mrs Leena Doughter	- Explained whom the Power condain Ju Ltay.	l		211214						
					·							
·												



Mr.KARUNA GANDHI.A;
56/Male/MHI202380036
02/01/2024/IPH2024000014
Di.RAJESH.V



## **IN-HOUSE TRANSFER FORM**

Part A (to be filled by Nurses)												
Date	of Transfer: 5112	ን Time: 【ኒ	Tra	insferred t	from: St	ωтο:_ С	<u>W</u>					
Diag	gnosis: Cap T	4D		. ,,	*	a i						
Vital	Signs: Temp: 97.6 (°F	)   Pulse / HR:_	-99	_ (beats/m	in)   BP: ˈˈʃʃː	<u>≀ lb}</u> (mmHg)   Respi	ration: 22 (breaths/min)					
Part	B (to be filled by Phy	vsicians) p	ny Critica	al Investig	ations:	_						
	Check for			Tran	sferring Docto	r	Receiving Doctor					
Resp	oiratory (Breath sounds)	Clear	Crepitati	ion R	honchi 🔲 Ot	thers:	Yes No					
Abdo	omen	Soft [	Tender	D	oistended Ot	thers:	Yes No					
Hear	t Sound	Normal [	Feeble	Loud			Yes No					
CNS		Consciou	ıs 🗆 Đợi	iented	GCS Sco	re: 15 ft	Yes No					
For S (if ap)	Yes No											
Present Medication (for Medication Reconciliation)												
S. No.	Current Medic	ation	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay					
Į,	3 YP. SUCRALFA	ìE	lout	PD	1-1-1	51123 617.30	[⊒Yes ☐ No					
٠.	NEB. LEVOLINI		0.63m		06H	5/1/23 0 10.00	☑Ýes ☐ No					
3.	J. SPIRONOLA	,	Sama	`_	1-1-0	5/1/23 @ 10.30	☐ Yes ☐ No					
4.	J. PEPLEX FC		IJAS	Po	1-0-0	5/1/23 6 800	☐ Yes ☐ No					
<u> </u>	J. CHOPILEY -		J5 35	, -	0-1-0	14/1/23 C14:00	⊠Yes □ No					
6.	i Alorvasia		Amg	_	0-0-1	Ali23 e 21.00	√Yes □ No					
	J. PARACEJAMO		GARNA	, ,	1-1-1	5/1/23 (8.00	✓ Yes ☐ No					
8.	Syp. CREMAR		IBN	PO	0-0-1	4112302100	. ☐ Yes ☐ No					
9.	J. BYJOR	-	dong	Po	1-1-0	5/1/23 08.00	☐ Yes ☐ No					
٦٥,	J. CARVEDIA	a.L	3.125	ng Po	1-0-1	5/1/2308.00	☑ Yes □ No					
				U			☐ Yes ☐ No					
							☐ Yes ☐ No					
	1					. , /'	☐ Yes ☐ No					
			-				☐ Yes ☐ No					
		•		,		, •	☐ Yes ☐ No					

Additional De	tails (if any):				<del>-</del> -				
·									
			1		-				
Detions Condi		1 0							
Patient Condi	<del></del>		ners:	<del></del>					
Transferring	Sign.	Name	Reg. No.	Date	Time				
Doctor	8	DE DRAWEEN JEHARUMAN	112236	210/57	12.12				
Receiving Doctor	· De	De Drophamedlydom 16500 S/1							
Part C (to be	filled by Nurses)				<del></del>				
Check for		Transferring Nurse		Receivi	ing Nurse				
Drains	Chest A	Abdominal Others:		Yes	s No				
Respiratory	Air Way Type: Oxygen Therap	= :-	rs:li/m	nin Yes	s 🗌 No				
NG Tube / Oral	Yes No	For Feeding Gastric Suction	Fluid Restriction	Yes	8 No				
Foley's Catheter	r Yes No			Yes	s No				
Intravenous Acc	ess Peripheral Li	ine Central Venous Line Others	3:	Yes	s 🗌 No				
Pressure Injury	Yes No	If Yes, give details:		Yes	s 🗌 No				
Score	<u> </u>	WELLS: NEWS / PEWS:		, . Yes	s No				
Patient Belongin	ngs Yes No	If Yes, give details: Hach			s , 🗌 No				
Handover Details	is i	ninistration Record explained: Yes Cic Reports handed over: Yes No		· Yes	s 🗌 No				
Patient Attendan Informed	nt Yes No	If No, give details:	· · · · · · · · · · · · · · · · · · ·	Yes	s 🗌 No				
Additional Det	tails (if any):	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		p. (15.50)	<u> </u>				
			int.	Market Comment	, ,				
		eros to be cheeted to	inodically/i	ere . Tree same	, <u> </u>				
		spor to be cheeled p	S						
				•					
	•		Tall The State	Pergalini (*). *.	i j				
	Sign.	Name	Emp. No.	Date	Time				
Transferring Nurse	A	ARHAL	Do19	5 Puls	120				
Receiving Nurse	5-90	5-Denadhar hi	0211	5/1/24	12.20				

MHI/HOSP/2022/110



Patient Details (Affix Label here)
Name: Mr. Karuena Grandhi
UHID: 564 (M Sex:

Heart Institute

Sex: 2000 Every heart beat counts

### **WOUND ASSESSMENT CHART**

DATE	8/1/24					
SITE OF WOUND	V .					
CHEST						
LEG L/R						
ABDOMEN						
SACRAL REGION						
<u>'1EEL</u>	ļ			<u> </u>	 	 <u> </u>
OTHERS	ļ!					 <u> </u>
SIZE OF THE WOUND	ļ		<u> </u>		 <u> </u>	
SUPERFICIAL / DEEP IN NATURE					 	 <u> </u>
PRESSURE Specify system used :						
RISK FACTORS Specify system used :	DM	HTN	Age	Obesity		
WOUND TISSUE TYPE(S) PRESENT						
necrotic						
slough						
undermining						
granulation	J					
overgranulation						
epithelialisation						
SURROUNDING SKIN TISSUE TYPE(S)						
macerated						
erythema						
oedematous						
cellulitis						
blistered						
bruising						
dry / scaling						
healthy		🗆			🗆	

### **WOUND ASSESSMENT CHART**

EXUDATE AMOUNT								<u>ú</u> .			
none			Ò								
evidence of some moisture		, C									
evidence of significant flow	- O .	_ ·									
EXUDATE											
serous				٠ <sub>□</sub> ِ							
sero - sanguinous				٠' 🗆			. 🗆				
Purulent	J										
ODOUR											
none											
some evidence of odour								_ <b>'</b>			
significantly malodorous											
PAIN AT WOUND SITE						:					
(nil) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (max)											
INFECTION SUSPECTED*											
SWAB SENT											
ANTIBIOTIC THERAPHY											
BLOOD GLUCOSE / URINE ANALYSIS											
PATIENT / CARER TO DO DRESSING	U U										
SIGNATURE	Poper										
*SIGNS & SYMPTOMS OF WOUND INFECT	ΓΙΟN :			<del></del>							
Pytexia	exudate	*SUSF	PECT WOU	ND INFECTI	ON IF:						
licatised pain		• gra	nulation tiss	sue bleeds e	asily •	healing is s	lower than a	anticipated			
erythema	odour	• fra	gile bridge o	f epithelium	occurs •	wound brea	ikdown				
localoedema	eryurema adeur ingress										







Every heart beat counts

### **VIP SCALE (VISUAL INFUSION PHLEBITIS)**

Mr.KARUNA GANDHI.A

PATIENT NAME: 56/Malc/MHI202380036

02/01/2024/IPH2024000014

AGE / SEX:

Dr.RAJESH.V

IP No. / UHID No

Ward / Bed No.

SICU! - (1)

#### ANY SCORE>O SHOULD BE MONITORED IN EVERY SHIFT

DATE	TIME	SITE	SCORE	DESCRIPTION	ACTION	FOLLOW UP	S / N EMP No.
03/01/24	ססימן	RIYUT CUBHAL	0(ન	IN UNBER DATEM	FLUSTIADO FLUSTIADO	DB(BRUPEN DONB	J2002
	& <u>∞</u>	@ Cobilo	POS	IV Gao potont	Aluna	MOSCIND OF PHLE	BUIL GANYOU
				,			$V_{\rm r}$
4/1/24	8:00	CUBITAL	ols	PATENT & HEACTH	PLUSHED NE	ON DESERVATION	Jones .
ا مراز ایک ر	15:00	(D) CUBITEL	015	Dr LINB IS DATED	L No HMTABD	DIO SUM DAPHUS	Joon
	2000	Prebital	05	I live patous	Flushood	No SIGNO OF PHOBITI	, Olawota
5/1/24	00.80	WIBTIAL	0/5	De Come parteur	FWSHED.	NO SIGNLY OF -	- fa
·	14,00	D)	0/5	patout	Thushel	to House	Thi
	22-00	REbilal	0/5-	Paleet	flusted	1 / A D'O - A - A - A	Sty
	8,003	Repeted	0/5	patent	flusher	fallowed	5 D
6/1/24	000	Perbital	0/5	Postrut	Alusha	Tolloud	and.
19 777	22.00	Etibilal	0/5	Palent	flushe	followed	St. S
1.	8.00	ubital	0/5	patent.	flushed	followed	2808 EC
71/24	14,00	cits Hal	015	patent	Llund	Lollowof	alloj.
	22-60	cup dal	0/5	Patent	flushed	followed	Sees
11-1	£.00	Clibital	05	patient	Soushay	followood	Mark
8/1/24				To line	lemo	ed	_,
				4			
				-	,		





### . Mr.KARUNA GANDHI.A

.56/Male/MHI202380036) -02/01/2024/IPH2024000014

Dr.RAJESH.V



MHI/PHARM/2022/028



**Every heart beat counts** 

# **MEDICATION ADMINISTRATION RECORD**

4		1	i		• •	و په خواه در ا	•		X					
Dru	g Chart	:`_of	) <u>(a</u>		Heig	ht (cms):	141 cm	Weigh	t (kg): <u> </u>	050				
		KNOWN MEDICINE AL	LERGIE	S (if NC	ONE is c	onfirmed,	write NKDA ir	1 box 1)						
Drug D	etails		Descrip	otion of	Allergy			Doct	or's Sign:					
							•							
		NKDA			- !			Nam	* Bringh	ones				
		(41.01)				Alia E.		Reg.	No. lugs	roon				
	OCTO	R INSTRUCTIONS	/	. 1				1 .	0 [	65 m				
			1. Check	entries in		tion to avoid	TAFF INSTRUCTION	ZHUN3						
		me when prescribing drug  ( LETTERS, clearly and legibly					art on daily basis s of doctor's presc	ription on	Day 1 only, an	d then				
_		MCI registration no. or apply seal should be altered / overwritten	follow standard timings 4. Standard Timings: Q24hrly: 10:00hrs, Q12hrly: 10:00hrs, 22:00hrs or 06:00hrs, 18:00hrs,											
	•	rmat when writing time	Q8hrly:	: 06:00hrs,	14:00hrs, 2	22:00hrs or 0	9:00hrs, 14:00hrs, 2 00hrs, 06:00hrs, 10:	1:00hrs, Q	6hrly: 05:00hrs,					
		Stat / O	nce O	nly / P	remed	ication	Drugs	ţ		I				
D-4-		<b>.</b>	•	5	,_ · .	Doctor		,	d					
Date	Time	Drug		Dose	Route	Sign.	Reg. No.	' Sign <sub>?</sub>	Emp. No.	Time				
2/1/21	19-1	DO T. PAN		HOM	P/0	icto	- 134 hh	A	0088	20.30				
2/1/24	<b>9.0</b>	O T- ALPRAX.		0.PM	n Flo	1000	134779	A,	0088	20.30				
اداراد	50	T. ALDRAX		0.คพ	u Ph	lobo	1211669	legi	0195	5-00				
<del>11  Z</del>	7/ 6		·	<del></del>	<i>₩ +/∪</i>	·	- GMI/W/	1	1, 1	,				
					,									
									1					
				• •,										
						·		,						
		,			· · · · · · · · · · · · · · · · · · ·	-4		,	7					
					ž >	· • • • • •	*							
			•					1 .	- Aug.	<del>                                     </del>				
		<u> </u>	<u>-</u>	* * *										

Clinical Pharmacist Medway Heart Institute

Clinical Pharmacist Medway Heart Institute

Clinical Pharmacist Medway Heart Institute

Clinical Pharmacist Medway Heart Institute

To be filled by Nursing Staff only. Sign and time given Date → **REGULAR PRESCRIPTIONS**  To be filled in by Doctors only Time **↓ DRUG NAME** 70 T-RANGAE Dose Frequency 1500 Dr. Sign & Reg. No. / Seal / Start Date & Time 14 D(16880) Stop Date & Time 19.00 Additional Info: **DRUG NAME** Route Dose Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Dr. Sign & Reg. No. / Seal Start Date & Time Stop Date & Time Additional Info: **DRUG NAME** Dose Route Frequency Dr. Sign & Reg. No. / Seal Start Date & Time Stop Date & Time Additional Info: Area In-charge **Nurse Signature:** 

Medway Heart Institut

REGU	REGULAR PRESCRIPTIONS		Date →	To be	filled l	y Nurs	ing Sta	off only.	Sign a	nd time	given	
	filled in by Doctor	•	Time <b>↓</b>			-				ć	×	
DRUG NAME							-,	,; , ′		er		,
Dose	Route	Frequency	,						1.1			
Dr. Sign & Reg. N	No. / Seal	Start Date & Time	, , ,									200
		Stop Date & Time		•••	i.			•	ن			Section to 14.
Additional Info:		•(3)										
DRUG NAME		•										
Dose												
Dr. Sign & Reg. N	Dr. Sign & Reg. No. / Seal  Start Date & Time											
	Additional Info											
Additional Info:									<u> </u>			
DRUG NAME												
Dose	Route Frequency											
Dr. Sign & Reg. N	lo. / Seal	Start Date & Time										
		Stop Date & Time										
Additional Info:		· · · · · · · · · · · · · · · · · · ·										
DRUG NAME						• • • • •						
Dose	Route	Frequency										
Dr. Sign & Reg. N	lo. / Seal	Start Date & Time										
		Stop Date & Time										
Additional Info:					••••							
DRUG NAME												
Dose Route Frequency		Frequency										
Dr. Sign & Reg. N	Dr. Sign & Reg. No. / Seal Start Date & Time											
	Stop Date & Time											
Additional Info:	dditional Info:											!   
Area In-charge Nurse Signature												

REGU	LAR PRESCR	IPTIONS I	Date →	To be	filled l	y Nurs	ing Sta	iff only.	Sign a	nd time	given
	filled in by Doct		Time <b>↓</b>								
DRUG NAME	· .										
	1	1_									
Dose	Route	Frequency									
Dr. Sign & Reg. I	No. / Seal	Start Date & Time				ļ		ļ		 	
		Stop Date & Time	,								
Additional Info:											
DRUG NAME				<b></b>							
Dose	Route	Frequency									
Dr. Sign & Reg. I	No. / Seal	Start Date & Time									
		Stop Date & Time				-	ļ <u> </u>				
Additional Info:				ļ							ļ
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. I	No. / Seal	Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME			. ;			ļ		ļ	<u> </u>		
Dose	Route	Frequency									
Dr. Sign & Reg. I	No. / Seal	Start Date & Time									
		Stop Date & Time	<u> </u>								
Additional Info:	·								<b></b> -		<b></b>
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. N	No. / Seal	Start Date & Time									
		Stop Date & Time									
Additional Info:									<b></b>		
Area In-charge Nurse Signature	):		·								

	ANTIMICRO		Date →	Tob	e filled	by Ni	ursing S	taff only	/. Sign	and tir	ne giver
	e filled in by D	octors only 🔻	Time <b>↓</b>							(	
DRUG NAME											
Dose	Route	Frequency		╂—	┿	+	_	-	<u> </u>	<del> </del>	
		requericy		<u> </u>	·				- <del> </del>	<b></b> -	-
Dr. Sign & Reg.	No. / Seal	Start Date & Time			†	†	1	<u> </u>	1	†-	-
		Stop Date & Time									
Additional Info:	<del> </del>		4	ļ	<b></b>				 	<b> </b>	
DRUG NAME			<del>                                     </del>		├─	<del> </del>	<u> </u>	<u> </u>	<u> </u>	—	<u> </u>
DITOG HAME				}	<del> </del>	·}	· <del> </del>	<del> </del> -	ļ	<del> </del>	
Dose	Route	Frequency									-
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
		Stop Date & Time	<del></del>			-	+			-	<del> </del>
Additional Info:			-			}	<del> </del>	<b> </b>			.
DRUG NAME						ļ					
Dose	Route	Frequency		• • • • •							
Dr. Sign & Reg. i	No. / Seal	Start Date & Time									
		Stop Date & Time	<del>-  </del>	· _							-
Additional Info:			1								† <b>-</b>
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. N	No. / Seal	Start Date & Time	-								
•		Stop Date & Time						_	_		
Additional Info:			<u> </u>		-:						
DRUG NAME			-								
Dose	Route	Frequency									
Dr. Sign & Reg. N	lo. / Seal	Start Date & Time									
,		Stop Date & Time						_			
Additional Info:			}-	-							
Area In-charge Nurse Signature											

* * *	ANTIMICRO	BIALS I	Date →	To be	e filled	by Nur	sing Sta	aff only.	Sign a	nd time	e given
	e filled in by Do		Time <b>↓</b>								
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
	•	Stop Date & Time		<u> </u>							
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
Additional Info:		Stop Date & Time									
DRUG NAME		<u> </u>									
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
Additional Info:		Stop Date & Time	<u> </u>								
DRUG NAME		<del></del> .									
·	<del>                                       </del>										
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
Additional Info:		Stop Date & Time	_								
DRUG NAME			-								
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
		Stop Date & Time									
Additional Info:		-									
Area In-charge Nurse Signatur											

ŧ

A	NTIMICROBIAL	.S I	Date →	To be	filled b	y Nurs	ing Sta	ff only.	Sign ar	nd time	given
	filled in by Doctor		Time <b>↓</b>							ŝ.	
DRUG NAME		•									
		<u></u>									
Dose	Route	Frequency									
Dr. Sign & Reg. N	lo. / Seal	Start Date & Time									
		Stop Date & Time	<u> </u>								,
Additional Info:		-									
DRUG NAME						·					
Dose	Route	Frequency									
Dr. Sign & Reg. N	lo. / Seal	Start Date & Time									
		Stop Date & Time									
Additional Info:			1	<b></b>							
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. N	lo. / Seal	Start Date & Time									
		Stop Date & Time			<u> </u>						
Additional Info:										,	
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. N	lo. / Seal	Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency							:		
Dr. Sign & Reg. N	lo. / Seal	Start Date & Time									
		Stop Date & Time									
Additional Info:											
Area In-charge Nurse Signature	):										

Z.

, , ,				<del></del>							
AS REC	വIRED PRF	ESCRIPTIONS	Date →	<del></del>	₃ filled t	y Nurs	ing Sta	aff only.	. Sign a	and time	e giver
AO IILO	#UIII		Time <b>↓</b>	<u> </u>	<u> </u>		<u> </u>				
DRUG NAME					<u> </u>		-		-		-
Dose	Route	Frequency							-		Ţ
Dr. Sign & Reg. N	No. / Seal	Start Date & Time					ļ		<del> </del>	ļ	ļ
		Stop Date & Time		<b> </b>	<u></u>			<u> </u>	<del> </del>		<u> </u>
Additional Info:	-			<del> </del>	<del> </del>	<u> </u>	<del></del>	<del></del>	<del> </del>		—
DRUG NAME									-		
Dose	Route	Frequency	$T_{\perp}$					<u> </u>	<u></u>		
Dr. Sign & Reg. N	No. / Seal	Start Date & Time			ļ				ļ		
Additional Info:	<u> </u>	Stop Date & Time						ļ	<del> </del>		
DRUG NAME				$\vdash$	<del>                                     </del>	<del> </del>	<del></del>	1	+	+	+
				····		·		<del> </del>			···
Dose	Route	Frequency									
Dr. Sign & Reg. N	No. / Seal	Start Date & Time									
1 Pro- al Info		Stop Date & Time							<u> </u>	<u></u>	<u> </u>
Additional Info:  DRUG NAME			-	<del>                                     </del>	<del> </del>	<u>—</u> '	<u> </u>	<del></del>	<del> </del>	<del></del>	<del> </del>
DRUG ITAME			!	<b> </b> !	ļ'	ļJ	<b> </b> !		ļ		
Dose	Route	Frequency									
Dr. Sign & Reg. N	Vo. / Seal	Start Date & Time									
		Stop Date & Time	}	-		$\vdash$	<b></b> -	<del></del> '		<del>  '</del>	<del>                                     </del>
Additional Info:			<del> </del>	f4		ļ <u> </u>			<b> </b>	<del> </del> /	
DRUG NAME											
Dose	Route	Frequency	+			<del></del>					
Dr. Sign & Reg. N	lo. / Seal	Start Date & Time									
		Stop Date & Time	1	$\longrightarrow$	<u> </u>						
Additional Info:	<del></del>		+ 1	r <del> </del>	, <b>-</b>			ı <b>-</b> }	۲		
Area In-charge Nurse Signature:	<b>;</b> :			i		-					

		Intravenous		Rate /		Additive Drug			Do	ctor	Adn	ninistratio	n
Date	Time	Fluid	Volume	Duration	Route	Name	Dose	Range	Sign.	Reg. No.	Start Time	End Time	Sign
				·		•							
													<del>                                     </del>
		<u> </u>						-					<u> </u>
										<u> </u>			
													ļ
							•				į		
											· .	•	<u> </u>
	<del>                                     </del>											,	ir ir

1\

PARENTERAL INFUSION PRESCRIPTION AND ADMINISTRATION RECORD **Additive Drug Doctor** Administration Intravenous Rate / Time Date Volume Fluid Duration Reg. No. Start Time | End Time | Sign. Route Name Sign. Dose Range \* 4  $[x_{-i}, \dots, x_{i'}]$  , so  $\cdot$ 

14 30 . 4 6  $\mathcal{P}^{-1}$ 35. 1 1 1 1

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No
1/24	8Pm	lowsalt, Lowell	000	Bumo	<u> </u>				
112	8 AM	Mapo	vib	13475	<u> </u>				
1,729				:	,				
1						·	·		
					·	_			

Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
	Morning	· .				Morning			
2/1/23	Evening	U. Daile	016_			Evening	· .		
2/1/25	Night	A · ALBINUR	0088	D		Night			
3/1/23			014	5		Morning			
	Evening	8 3	·			Evening			
	Night		·			Night			
	Morning					Morning			
<del></del>	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			3







#### Mr.KARUNA GANDHI.A | 156/Malc/MHj202380036 --- | | 102/01/2024/IPH2024000014 | | Dr.Rajesh.v

Heart Institute

MHI/PHARM/2022/028

Every heart beat count

Alliance Healthcare Pvt Ltd)

### **MEDICATION ADMINISTRATION RECORD**

LUSYAKULTAR

KNOWN MEDICINE ALLERGIES (if NONE is confirmed, write NKDA in box 1)

Drug Details

Description of Allergy

Doctor's Sign:

Name:

Dr. PRAVEEN JEYAKUM/R.

Reg. No:112236

#### **DOCTOR INSTRUCTIONS**

- Use generic name when prescribing drug
- 2. Write in BLOCK LETTERS, clearly and legibly
- 3. Sign and enter MCI registration no. or apply seal
- 4. No prescription should be altered / overwritten
- 5. Use 24-hour format when writing time

#### **NURSING STAFF INSTRUCTIONS**

- 1. Check entries in every section to avoid omissions
- 2. Nurse in-charge should verify drug chart on daily basis
- 3. For new prescription, follow the timings of doctor's prescription on Day 1 only, and then follow standard timings
- 4. Standard Timings: Q24hrly: 10:00hrs, Q12hrly: 10:00hrs, 22:00hrs or 06:00hrs, 18:00hrs, Q8hrly: 06:00hrs, 14:00hrs, 22:00hrs or 09:00hrs, 14:00hrs, 21:00hrs, Q6hrly: 05:00hrs, 11:00hrs, 17:00hrs, 23:00hrs, Q4hrly: 02:00hrs, 06:00hrs, 10:00hrs, 14:00hrs, 18:00hrs, 22:00hrs

#### Stat / Once Only / Premedication Drugs

					-1	Doctor		Administered	<u>, t</u>	
Date	Time	Drug	Dose	Route	Sign.	Reg. No. <sup>Hr.</sup>	Sign.	Emp. No. <sup>3</sup>	<sup>!</sup> Time	
31124	17:00	BUPREGESIC (PATCH)	loneg	T/D	P	111226	4	0012	17:00 A	
3/1/24	12:00	· •	10 meg	560	F	112236	<u>d</u> _	0012	13:00 A	ļ
3/1/24	&11:00	T. ECOSPIEIN	75mg	Po	F	112236	Sour	0014	रा क	
<u>स्त्री। कि</u>	22.30	INT. CALCIUM GLUCOMATE	ion	24	1	112236	Doni	0014	ردي: در	k
4/1/24	17130	TAB. NETAPROLOL	12.5m	plo	8	112236	di	0002	17 130	1
5/1/24	10.30	INJ EMERET	HWJ	Iv	8	112236	Alex	1900	10.30	
5/1 -	13 -07	Inj. Emeset	Ymg	PV.	Or.	165702		e145	13.10	
06 of 24	6:48	INJ PAN	Young.	17	of	184205	Â	@088	4:00	
oclorby	6798	INJ. EMOSET	9mg	N	cel	184205	de	0086	7.00	Į
6/1/24	200	INJ. PAN.	you	N.	pri	183871	Riv	0%01	14.0	
6/1/24	4:000	ZWA- EMESEF	i~	√ *¹	1 M -1	183571	Pad	020	14:42	Ģ
							* · · · · · · · ·	,	7	
		<u> </u>								
							V			

	LAR PRESCRIP	<del>-</del>	Date →	<del></del>	_		-		Sign a	nd tim	e giv
To be	filled in by Doctor	s only 🔻	Time <b>↓</b>	Bliby	4/1/24	5/1/20	Blibi	7/1/2	8/100		
DRUG NAME			Nen		1,00	<u>                                     </u>	ļ	<b> </b>			٠, ١
INI. PAPI	ALETRONO-		1:00		Louis				,		
Dose	Route	Frequency			4.00	1					
lam	DN	a 8th holy	9:00		V.	رر	30	1			]
Dr. Sign & Reg. 1 Dr. PRAVEEN J	lo./Seal	Start Date & Time	<b>1</b>	17:00							
Reg. No:1		Stop Date & Time	מידו	1		,					]
Ψ .		11 24 at 10.00		_							
Additional Info:								[			]
DRUG NAME					7630	73°	A4	17.00	7.30	1	
SUP. SUCRA	LEATE SUSA	PENSION	7:30		1		4.00	10/00	Q-C		]
Dose	Route	Frequency	·		18750	13,00	13.00	12.0€	1900		
RAVEED 1888/100	وام اله	1-1-1	13:30		Ja.	<b>D</b> 2	s.D.	P.	C		1
Dr. Sign & Reg. N	lo. / Seal	Start Date & Time		14.30	19.30	NO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		- FAOY		
- Ur. PKAVEEI	N JEYAKUMAR D:112236	21124 At 19.30	19:20	Law	Jau J	BD		(a/ 10	<u> </u>		1
Keg. N		Stop Date & Time			V	70					
Additional Info:			·								1
DRUG NAME					500	60€	gy4	5.00	5:00		
NEB . LEVO	SALBUTA MOL	<u></u>	5:00	$\overline{}$	Sain	aug .	5.00	0	A		1
Dose	Route	Frequency		· .	10.00	aus	10.00	10.00	10.00		
0.63 ma	JNH	@ bth holy	10:00	7	للا	Jay	S-B	250	PS		
Dr. Sign & Reg. N		Start Date & Time		מטידו	17.00	D.S.	8	30	N KO		
	JEYAKUMAR	8/1/24 at 17:00	נס:דו	Lair	d>				0	[	1
Y Reg. No	:112236	Stop Date & Time		22:00	21.30	29	200	34			
Additional Info:	A 0 -	. 1	22:00	Sair	Osus?	35.0	<b>0</b>	2.00	,		]
DRUG NAME	** £				-		٠,			21	
TAB FRUS	ETMOR I.		8:00		)				_,,		1
Dose	Route	Frequency						L			<u>                                     </u>
Joma	Plo ·	11-1-0		/							
Dr. Sign &⁴Reg. N	lo. / Seal	Start Date & Time	\n. '	[/			, · (	1			
	JEYAKUMAR	Stop Date & Time	16:00								
& Reg. No	:112236 ,	1	<del>_</del>							 	ļ
Additional Info:	1. 500	the the do	a di			j	tre.č	. 75 :		• •	
DRUG NAME	1		· •	<u> </u>	19,20	10,00	1000	10 ec	10.00	<b></b>	ļ
TAR SPIRE	ANDLAIMNE		10:00		ملا	AR.	5.12	C C	Poor	<u> </u>	_
Dose	Route	Frequency						]	ļ	<b> </b>	ļ
atma	Plo	1-10								at ,	_
Dr. Sign & Rég. N Dr. PRAVE	lo. / Seal	Start Date & Time			11.00	Poo		NO.	<u> </u>	 	ļ
Dr. PRAVE	EN JEYAKUMAR No:112236	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	17:00		de	So	1/4		¥		1
7 j jieg.	110.112230	Clop Balo a Timo			<u> </u>		ļ	ļ. <u>.</u>		<b> </b>	ļ
Additional Info:										<u> </u>	_
Area In-charge	,			Ø,	1	4	9	9	109		
Nurse Signature	<b>9:</b>	:	1	203	0003	124	NY.	17%	150	<b>\</b>	

	REGUL	AR PRESCRIP	TIONS I	Date →	To be	filled b	y Nursi	ng Sta	ff only.	Sign a	nd time	given	
٠,		filled in by Doctor		Time <b>↓</b>	HUNH	e//34	61,04	& / Da	8/124				1
	DRUG NAME	LEX FORTE		8:00	300	2 <sup>22</sup>	8.30 59H		9.00		ζζ,		
	Dose	Route	Frequency				<b>કેંગ્રી</b>						Richard Pharmacid
rean	Itab	Plo	1 -0 0	.•	• •			•	ı	وحاجو		,	100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ± 100 ±
Medway rean insum	Dr. Sign & Reg. N Dr. PRAVEEN		Start Date & Time		1.*				ļ				MACO MACO
	Reg. No:	112236	Stop Date & Time							; ;			
ı,	Additional Info:				_								
<u>}</u>	DRUG NAME	DOUBEL + AS	PIRIN										
nstitute	Dose	Route	Frequency		14,00	ING	Jag.	145	14.00		ļ	ļ	# 125 125 125 125 125 125 125 125 125 125
Heart	75)75mg	Plo	0-1-0	14:00	Ø5-	8		$\nabla$	KASKON.	<u> </u>			1
Medway Heart Institute	Dr. Sign & Reg. N Dr. PRAVEEN		Start Pate & Time										tainamen'i Isoinilo Arriani prati va utati
1	Reg. No:	112236	Stop Date & Time										
,	Additional Info:		\$ 129	٠									
	DRUG NAME	# 10 E	,							L			
\$	TAB. ATORY	A STATIN	. •									<u> </u>	1
Medway Heart Institute	Dose	Route .	Frequency									]	
у Неаг	dipma	plo	0-7-1	= -									1 3 E
Medwa	Dr Sign & Reg. N	lo. / Seal	Start Date & Time	-									Cinical Pharmacist
	S Dr. PRAVEEN Reg. No	112236 . , ,	Stop Date & Time	21.00	21.00	प्रभ	2/00	44			ļ		
1	Additional Info:	"A" R"	. '		Jan <sup>2</sup>	21-0E						<del> </del>	ļ
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DRUG NAME	(Eram)		දි :ත		1832 1832	8.30 595		9.00 P.C	 	<del> </del>		
	Dose	Route	Frequency		14.0	+			- Ino				I F
econsy Heart Institute	5 50mg	Plo	1 1 -1 -1	14:00	OV.	10	12	TO V	9960	Ì	1	1	<u> </u>
(p # -0;-	Dr. Sign & Reg. I	··· •	Start Date & Time	20:00	30.10	2000	30.3	20.3					Elocament Isolatio
		No:112236	Stop Date & Time	<b>—</b>	100	100	10261	000	1	<u> </u>	+	+	1
	Additional Info:					╁		ļ <b>-</b>		<b>+</b>	<b>†</b>	:	
ţ	DRUG NAME				1								1
S S	SUP. CRES	MAFRIN DL	US	·	1	1	1	1					
	Dose	Route	Frequency										
nosui 1	15mL	PID	0-0-1							<u> </u>		┸	1
месмау неап ілѕишт	Dr. Sign & Reg.	No. / Seal	Staft Date & Time		ļ					<b> </b>	ļ		
Medw		N JEYAKUMAR o:112236	Stop Date & Time		1/.00	dy	<b>A</b> . 60	97	<u> </u>		1	-	-
	Additional Info:		1	21:00	(X)	20-j	200	21.4	`	†	†		
	Area In-charge	e: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1		0003	N.	2.9	( Jo	180	1			1
	Nuise Signatur	U.S. 1 / 1	' ′ .		00	000>	8	તિઁ	<u>[ } </u>		1		j

Clinical Pharmocist Office Medway Heart Institute

Clinical Pharmacist Medway Head Institute

Clinical Pharmacist A Clinical Pharmacist A Medway Heart Institute

- REC	REGULAR PRESCRIPTIONS To be filled in by Doctors only	PTIONS	Date →	To be	e filled l	oy Nurs	sing Sta	aff only.	Sign a	and tim	e giver	
			Time <b>↓</b>	4/1/24	Elik	6/1/2	1/1/2	X//X				].
Drug NAME TARS: Dose 20 M Dr. Sign & Re	Disor.	- 1	8:00	9.00	7fm 82	8.30 5.D	Q.35	7.00				-
Dose 20 m	Route No	Frequency	1			32					1	
Dr. Sign & Re		Start Date & Time  O 1/01/25/4.01  Stop Date & Time	16:00	8	W.	Po		(A) (A)				-
Additional Inf		1	_		<del> </del>	<del> </del>			<u> </u>		<del> </del>	1
DRUG NAME		LO C	-3;00	<b></b> ;	832	8.30	8.30	9.00 Dec		1.		
Dose 3-125 p	D	Frequency			71/	87						-
Dr. Sign & Re	g. No. / Seal	Start Date & Time		;	- ş-î. ş							
Additional Info		3.55	200,000	Mary 70.30	3001 201							
•	301 NAVSON	ځا <sub>"</sub> ;	7.00	<u> </u>		9.00 5.D	7.30	1.30 At				
Dose 5mg	Route Po	Frequency					ļ <u>`</u>					
Dr. Sign & Re	g. No. / Seal	Start Date & Time	ا وراج ۽	,-,								
Additional Info	· .	Stop Date & Time	19.00-					9				
DRUG NAME	ANDIT	•			<u>,</u>							
Dose  0. 25mg  Dr. Sign & Re	Route	Frequency o ~ o ~ \										P
Dr. Sign & Re	j. No. / Seal	Start Date & Time	· (* )		, .							
112236		Stop Date & Time	90	-		2/18	4				ļ	
Additional Info	): ·		22-60			97X	22.00					
Dose	Route	Frequency						١		a .		
Dr. Sign & Reg	J. No. / Seal	Start Date & Time	জ্ঞানী হৈছে		1							
		Stop Date & Time										
Additional Info		文 (注		_	./\ .	~/		,				$\mathbf{I}$
Area In-charg Nurse Signat		. * C		3	003	3X	37	AN A				

REGU	LAR PRESCI	Date →	To be	filled b	y Nurs	ing Sta	ff only.	Sign ar	nd time	given		
	filled in by Doo		Time <b>↓</b>									
DRUG NAME		• -										_
Door	Route	Fraguency		<u> </u>								\$ 1.75 14
Dose	noute	Frequency		} }				} 				delication of the second
Dr. Sign & Reg.	No. / Seal	Start Date & Time										A Martine
		Stop Date & Time										
Additional Info:												
DRUG NAME				ļ			<u> </u>					
Dose	Route	Frequency										
Dr. Sign & Reg.	No. / Seal	Start Date & Time										
		Stop Date & Time										
Additional Info:								<u> </u>				ļ
DRUG NAME	·				<b> </b>	ļ <b>-</b>					·	
Dose	Route	Frequency										
Dr. Sign & Reg.	No. / Seal	Start Date & Time										]
		Stop Date & Time										
Additional Info:										<u> </u>		┨
DRUG NAME				ļ		ļ					<u> </u>	
Dose	Route	Frequency										
Dr. Sign & Reg.	No. / Seal	Start Date & Time						-				
		Stop Date & Time										
Additional Info:					]							]
DRUG NAME				<b> </b>	<b></b>	ļ			ļ		<u> </u>	
Dose	Route	Frequency				ļ						
Dr. Sign & Reg. No. / Seal Start Date & Time				<b> </b>				<b>†</b>		ļ	ļ	1
	Stop Date & Time									<u> </u>		1
Additional Info:						1				1	1	
Area In-charge Nurse Signatu	e ire:	et.										

Date → To be filled by Nursing Staff only. Sign and time given **ANTIMICROBIALS** 44/1/14 To be filled in by Doctors only Time **↓** 2.30 **DRUG NAME** 2:15 PM - CEFURDAIME SUDIUM Route Frequency Dose  $\mathcal{D}^{\mathbf{i}}$ Shil DV Q12th ho 1.5gm Start Date & Time Dr. Sign & Reg. No. / Seal 14/15 Dr. PRAVEEN JEYAKUMAR 11:41 3/1/24 at 10:15 Stop Date & Time Reg. No:112236 Additional Info: **DRUG NAME** Dose Route Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Route Frequency Dose Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Frequency Dose Route Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: **DRUG NAME** Route Dose Frequency Start Date & Time Dr. Sign & Reg. No. / Seal Stop Date & Time Additional Info: Area In-charge **Nurse Signature:** 

Clinical Pharmacist Medway Heart Institute

la La La La La La La La La La La La La La	NTIMICRO	BIALS I	Date →	To be	filled b	y Nurs	ing Sta	ff only.	Sign a	nd time	given
	filled in by Do	T .	Time <b>↓</b>						i ,		
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
	,	Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
		Stop Date & Time									
Additional Info:											,
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
Additional Info:		Stop Date & Time									
DRUG NAME				-	-	<u> </u>					
DRUG NAME	•										
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
Additional Info:		Stop Date & Time									
DRUG NAME											
	T <sub>2</sub>	T_									
Dose	Route	Frequency									
Dr. Sign & Reg.	Dr. Sign & Reg. No. / Seal Start Date & Time									Ÿ,	
A 1 1111	Stop Date & Time									1,	
	Additional Info:										
Area In-charge Nurse Signatur	e: 										

; **2** 

Δ	IALS	Date →	To be	filled b	y Nurs	ng Stat	ff only.	Sign ar	nd time	given	
	filled in by Do		Time <b>↓</b>							1	,
DRUG NAME			:							,	*
Dose	Route	Frequency			• • • • •						
Dr. Sign & Reg.	No. / Seal	Start Date & Time							<b>-</b>		
	Stop Date & Time										
Additional Info:										_	
DRUG NAME	Marie Carlos California (N. 1994) Process					<b>-</b> -			• • • • •		
Dose	Route	Frequency		Acceptance of the second							
Dr. Sign & Reg.	Pr. Sign & Reg. No. / Seal Start Date & Time										
	Stop Date & Time										
Additional Info:	nal Info:										
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
		Stop Date & Time									
Additional Info:	<u></u> .										
DRUG NAME											
Dose	Route	Frequency							<b>-</b>	<b></b>	
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
		Stop Date & Time									
Additional Info:				_							
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal Start Date & Time											
		Stop Date & Time		<del>                                     </del>							
Additional Info:	·										
Area In-charge Nurse Signatu	'e:										

AC DE		CODIDTIONS	Date →	To be	filled b	oy Nurs	ing Sta	uff only.	Sign a	nd time	given
AS RE	EQUIRED PRE	SCRIPTIONS	Time <b>↓</b>			·	-	•			
DRUG NAME	-										
Dose	Route	Frequency							<b> </b>		
·											
Dr. Sign & Reg.	. No. / Seal	Start Date & Time		ļ					ļ		ļ
		Stop Date & Time				-		<u> </u>			
Additional Info:									<b></b>		
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg.	. No. / Seal	Start Date & Time		ļ							
		Stop Date & Time									
Additional Info:		<u> </u>						ļ			
DRUG NAME				 				ļ			
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time		<u>-</u>							
		Stop Date & Time									
Additional Info:											
DRUG NAME											<b></b> -
Dose	Route	Frequency									
Dr. Sign & Reg.	No. / Seal	Start Date & Time									
-		Stop Date & Time					-				
Additional Info:											
Area In-charge Nurse Signatu	e re:										

1

۱. ۱.

		P	PARENTE	ERAL INFU	SION PI	RESCRIPTION AND ADMI	NISTRA	ATION F	RECOF	RD			
		Intravenous		Rate /		Additive Drug			Do	ctor	Adn	ninistratio	n
Date	Time	Fluid	Volume	Duration	Route	Name	Dose	Range	Sign.	Reg. No.	Start Time	End Time	Sign
العاالة	15:36	KABILYTE	500ml	250ml hr	Ly	•	-		8	112266	15:30	16:20	die
	17:36	KARILYTE	500m	250ml/hr	Iv				۶	11226	17:30	14:30	400
<u> </u>	19:30	KABILITE	500ml	200ml hr	Iv.		_		8	112136	19:30	2:30	400
					·								
. <u></u>													
<u> </u>													<del> </del>
													-
												ļ	_
•						<u> </u>							
						<u>.</u> .							
			-									:#):=- !	

·! ,	Tire	intravenous	Values	Rate /		Additive Drug			Do	ctor	Adr	ninistrațio	n ,
Date	Time	. Fluid	Volume	Duration	Route	. Name	Dose	Range	Sign.	Reg. No.	Start Time	End Time	Sign.
2/1/24	아카테	NC 0.9%	50m)	4-3mlhr	Iv	INS. DOPAMINE	-200 mg	75MUS	8-	112236	W 130	14:30	0021
باوارا ق	l4:20	NS 0.9 %	50ml	2.onl/hr	VL	INJ. NOR-ADRENALINE		10.05W).	8	112236	M;30		Service Const
العاراء	16:20	NS 0.9 %	.50ml	50ml hr	<b>I</b> V	INT. NAGNESIUM SULPHATE	1g m	, <del>-</del> ,-	e	112-24	16:30	17:30	Bur
		•			;		,	1.	1 .	·	* * * * * * * * * * * * * * * * * * *		-
				•	-	4					. •		-1
							•					•	•
-													
		+ 1			τη · , + δ	1							
	ì .	• :			بيدي ۽			·					
		,				1 771			·				
* (1 ) ? ·	1 1	30000		<b>.</b>	,	1137 11-		i					
M.C.		• 3 . 3			·	102.17	ı		٠,		11 637	4 -	
				;		- Barri			, k · .			<b>.</b> #	

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
3/1/24	15:8c	NPO	8	11236	3/1/34	8:00	Normal diel-	k.B	134550
بدارای	20:00	Liquiel diet	E	112236		•	<u> </u>		
4/1/29	8:00	Liquid diel	78	112231	* \$	,			
5/1/2	Q.Q	LOFT DIET	: &:	11224			3		
6/1124	8;00	soft diele	k.85	134559		·			
7/424	8:00	Soft. dier	k.82	134559		. •			14

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	•			71,624	Morning	E Cathrine	0207	£.C
3/124	Evening	SOWNDAR VAM.	1027	a	7/1/24	Evening	pargner	2311	~
3/1/24	Night	CONIA FROMANICE.S.	HOO	Dongs	7 24	Night	PMALAN	0088	A
44 ا ا مد	Morning	Sathive Vani M	B165		81, 21	Morning	I cathrine	020 <del>7</del>	De.
4/1/24	Evening	SDWNDARYAM . L	DD20	of	3/1/24	Evening	B. Vanipo	0198	ay!
411124	Night	PONTA FLORANCES	00A4	Nave	•	Night	1		, ]
5/124		45HA.C."1 11 11	9019	4	v -	Morning	y who are	·	-5
5/1/21	Evening	mane	2333	~		Evening	f 113.75	t	5 1
5/1/234	Night	A ALBINUS	0088	-0	. 91 <b>*</b>	` Night			
6/1/24	Morning	5. Danadharshini	0212	2		Morning	•		1
6420	Evening	1. Nanothini	1 P	A		Evening			9: 3:
al en	Night	R. Vanisi	0195	new		Night/		,	

SPCABX ZURAFIL

HMA-> LAI CUVZ, MG CHVZ



Medway DIZLA Heart nstitute Every heart beat counts

	Mr.KARUNA GANDHI.A 56/Malc/MHI202380036		\ \		М	HI/ICU/2022/076
Name	02/01/2024/iPH202400001 Dr.RAJESH.V					Sheet No.
UHID No.	HE HE END WHI HE HER THE HER HER THE		7	ge	Sex	
Blood Grou	0-40	Height た土しい	^	Weight	BSA ( . Fom	Α

SURGICAL PROCEDURE:

DATE

Medway Hospitals
The way to better health
(A Unit of United Alliance Liver)

(A Unit of United Alliance Healthcare Pvt Ltd)

DATE OF SURGERY: 03/01/2024 200 POST-OP/DAY: **BLOOD GAS VENTILATORS PARAMETERS** MEAN PRESS PCO, PO, HCO, SAT% ΜV ITV ETV FiO<sub>2</sub> **CRITICAL CARE FLOWCHART** 

DATE	TIME	MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO₂		рH	PCO <sub>2</sub>	PO <sub>2</sub>	HCO₂	SAT%	BE
2024	14.30		(	2	၌	MASU				:	blit	16140	1.387	Hb.8	120.2	29,5	98.3	2-5
					· · · · · · · · · · · · · · · · · · ·													
	18;30		0.0	7	VASAL	-	Brond	(,\$			414							
							V											
			-		•													
:																		
					<u> </u>													
					:													
															<u>.</u> _			
					•													

#### **NEURO**

#### **EYES** Spon-4 Opens to speech-3 Opens to pain-2

Remains closed-1

#### **VERBAL**

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

#### **MOTOR**

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

#### **MOTOR ARMS/LEGS**

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

#### **PUPILS SCALE (mm)**

•	•	
1	2	3 4
	5	6
	7	8

#### **PUPILS REACTION**

Br-Brisk
SI-Sluggish
O-Absent

#### **CARDIOVASCULAR**

#### **CAPILLARY REFILL**

**Br-Brisk** SI-Sluggish O-Absent

#### **EDEMA**

**D-Dependent** G-Generalised O-Absent

#### **HEART SOUNDS**

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

#### **NECK VEINS**

JVP N-Normal In-Increased

#### **VALVE CLICK/ SHUNT NUMBER**

Valve Replaced / Shunt +Present O-Absent

#### **PULMONARY**

#### **WORK OF BREATHING**

Ab-Abdominal TA-Thoraco-abdomial L-Laboured

SUCTION	<b>V</b>
ET-Endot	racheal
N-Nasal	
Or-Oral	

#### **BREATH SOUNDS**

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

#### **SECRETIONS CHARACTER COLOUR** M-Moderate **CL-Clear** Sc-Scanty

Y-Yellow Th-Thin Tk-Thick W-White Pk-Pink Cs-Copious R-Red

#### **GASTROINTESTINAL**

#### **BOWEL SOUNDS**

+Present **O-Absent** 

#### **NGT POSITION**

Air injected +Heard in Abd O-Absent

**GA-Gastric contents aspirated Dr-Dependent Drainage** 

#### **ABDOMINAL TONE**

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

### **LIVERSIZE**

N-Normal E-Enlarged

#### **GASTRIC RESIDUAL**

**B-Bleeding** G-Green Y-Yellow C-Coffee ground Medway Hospitals
The way to better health
(A Unit of United Allianea Healthcare Pvt Ltd)



~	Medway Heart
	nstitute t beat count

	Mr.KARUNA GANDHI.A 56/Malc/MHI202380036		]_		М	HI/ICU/2022/076
Name	02/01/2024/IPH2024000014					Sheet No.
UHID No.	Dr.Rajesh.v		Aç	je	Sex	2_
Blood Grou	ip O-ve	Height (中心	$\overline{\ }$	Weight	BSA 1 FOM	Α Α

SURGICAL PROCEDURE	
	•

SVU-DREA

DATE OF SURGERY: 03 01/2024

POST-OP DAY: TOO

CONCIONE	COLD	,	300(	0,00	<b>-</b>		571		O. (OL. (	. 03	رمجزاياه	2 <del>9</del>		, o i - o i - c	···· 1		
			4	,	VENTIL	ATORS P	ARAMET	ERS						BLOOD			
DATE TIME	MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	M∨	ΙΤV	ETV	FiO <sub>2</sub>		pН	PCO <sub>2</sub>	PO <sub>2</sub>	HCO₂	SAT%	BE
BA/1/24 00.39		OH	MAIAL	Pro	193	<b></b>				∝lät							
						·											
<u></u>								:									
									•								
5.30		Oxt	Ro	ba S	1 re				-						,		
6.55		0		port	dir							x.410	37.9	63. <sup>-7</sup>	83.5	92.4	7.1
											-						
						•											<del> </del>

#### **NEURO**

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

#### **VERBAL**

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

#### **MOTOR**

**Br-Brisk** 

SI-Sluggish

O-Absent

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

**CAPILLARY REFILL** 

#### **MOTOR ARMS/LEGS**

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

#### **PUPILS SCALE (mm)**

•	•		١
1	2	3 4	ļ
	5	6	
	7	8	

#### **PUPILS REACTION**

Br-Brisk
SI-Sluggish
O-Absent

#### **CARDIOVASCULAR**

0,	(DOOTIL	
HE	ART SOUNDS	
• .	S2	

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

#### **EDEMA**

D-Dependent G-Generalised O-Absent

#### **NECK VEINS**

JVP N-Normal In-Increased

#### VALVE CLICK/ SHUNT NUMBER

Valve Replaced / Shunt +Present O-Absent

#### **PULMONARY**

<b>WORK OF BREATHING</b>
Ab-Abdominal
TA-Thoraco-abdomial

L-Laboured

#### SUCTION

ET-Endotracheal N-Nasal Or-Oral

**CHARACTER** 

#### **BREATH SOUNDS**

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

### SECRETIONS

COLOUR M-Moderate
CL-Clear Sc-Scanty
Y-Yellow Th-Thin
W-White Tk-Thick
Pk-Pink Cs-Copious
R-Red

#### **GASTROINTESTINAL**

#### **BOWEL SOUNDS**

+Present O-Absent

#### **NGT POSITION**

Air injected +Heard in Abd O-Absent

GA-Gastric contents aspirated Dr-Dependent Drainage

#### **ABDOMINAL TONE**

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

#### LIVERSIZE

N-Normal E-Enlarged

#### **GASTRIC RESIDUAL**

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

Madunmu Umemitele	•
Medway Hospitals	•

(A Unit of United Alliance Healthcare Pvt Ltd)

	Hear
NA BH	Institute
Be Qualett	Every heart beat cou

EVU-DAY,

	Mr.KARUNA GANDHI.A 56/Malc/MHI202380036			М	HI/ICU/2022/076	
Name	02/01/2024/IPH2024000014					Sheet No.
UHID No	Dr.RAJESH.V		A	ge	Sex	3
Blood Gr	oup	Height  井の	ا ا	Weight	BSA € 1.70m²	_ A

SURGICAL PROCEDURE:

DATE OF SURGERY: 03 01 /2024

POST-OP DAY: 7 POD

		VENTILATORS PARAMETERS BLOOD GAS											]					
DATE	TIME	MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO <sub>2</sub>	pН	PCO <sub>2</sub>	PO₂	HCO₂	SAT%	BE	
4/1/24	न :३०		ON	NASA	e P	RONGS					2ut							
											Rik							
								. •										_ 
															-			X
						·											_	SA P
										-								בוב
																		NC.
	16:30		0N		NASAR		pronu	<u> </u>			عللا							CRITICAL CARE FLOWCHART
		J																
								·				, et						

#### **NEURO**

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

#### **VERBAL**

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

#### **MOTOR**

Br\_Brick

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

#### **MOTOR ARMS/LEGS**

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

#### **PUPILS SCALE (mm)**

•	•	• `•
1	• 2	3 4
	5	6
	. 7	8

#### **PUPILS REACTION**

Br-Brisk
SI-Sluggish
O-Absent

#### **CARDIOVASCULAR**

SI-Sluggish O-Absent
HEART SOUNDS

**CAPILLARY REFILL** 

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

#### **EDEMA**

D-Dependent G-Generalised O-Absent

## NECK VEINS JVP N-Normal In-Increased

#### VALVE CLICK/ SHUNT NUMBER Valve Replaced /

Shunt +Present O-Absent

#### **PULMONARY**

	TION
Ab-Abdominal ET-Ei TA-Thoraco-abdomial N-Na L-Laboured Or-Oi	<b>-</b>

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

#### **GASTROINTESTINAL**

**NGT POSITION** 

Air injected

G-Green

Y-Yellow

**B-Bleeding** 

C-Coffee ground

+Heard in Abd O-Absent

BOWEL SC	DUNDS
+Present	
O-Absent	

## GA-Gastric contents aspirated Dr-Dependent Drainage ABDOMINAL TONE GASTRIC RESIDUAL

F-Firm Tn-Tender Ob-Obese D-Distented	
<b>LIVERSIZE</b> N-Normal E-Enlarged	

So-Soft

Mr.KARUNA GANDHI.A

	<u> </u>	56/Malc/MHI20238003			
Sheet No.	Name	02/01/2024/IPH202400	00014	ľ	
Chock Ho.		Dr.RAJESH.V		l	
1	UHID No.	100 MM 1000 MM 1000 MM 1000 MM 1000 MM 1000 MM 1000 MM 1000 MM 1000 MM 1000 MM 1000 MM 1000 MM 1000 MM 1000 MM		Age	Sex
В	Blood Grou	ip	Height	Weight	BSA
Ь		O-Ve	17 ich	n 61.05K	} 1.70m
				(	$\mathcal{I}$







		•		ВІОСНІ	EMISTRY				VITAL PARAMETERS							CARDIA	AC ASSIST	SIST DEVICE		
DATE	TIME	Hb	Na	к	Ca SUGAR	BLOOD	TIME	ETCO <sub>2</sub>	BREATH SOUNDS	Sao <sub>2</sub>	RR/MT	N.BP	TEMP°F	Abd <sup>c™</sup> G	TIME	IABP		PACEMAK	ER SETTING	
		115	1144		<del></del>	52002			SOUNDS	0002	1					RATIO	DURATION	RATE	MODE	
3/1/24	16'40	10.6	136	4.32	0.97		4.30	:	cl	971.	ryint									
							16130		u	100%	tunt									
							16:30		0.1		sellet		939'7							
							141:30		u	/pd/.	solunt									
		:					(B',3c		u	100%	our									
							19:30				2UL									
							30, 30			100%	11/41/		9×68				,			
							11.30		l +	100 %	1 1 1									
	99.30				108		4J.39		d	1001	26 let			·						
	•						<b>)</b> 3339			a81.	silat		Q7.88							

CRITICAL CARE FLOWCHART

u	SHIFT	D	<b>Δ</b> Υ	EVE	NING	NIC	3HT
	TIME			14.30	201,00	00.	
	EYES			2	4		
NEURO	VERBAL			3	<b>۾</b>		
Ä	MOTOR			3	Ь		
	ARMS R/L			we	SIC		
	LEGS R/L			we	St		
PUPILS	R.SIZE/REACTIION			3/137	3/2		
P	L.SIZE/REACTION			8/B1	3/4		
AR A	HEART SOUNDS			8102	5152		
COL	VALVE CLICK						
CARDIO-VASCULAR	CAPILLARY REFILL		•	Br	D		
RDIC	EDEMA			Ø	10		
ి_	NECK VEINS			N	7		
IARY	WORK OF BREATHING			72	-JA		
PULMONARY	SUCTION		<u> </u>				
I D	SECREATIONS						
F	BOWEL SOUNDS			4	+		
STIN	ABDOMINAL TONE			30	Sar	<u> </u>	
INTE	N/G POSITION			-			
GASTRO INTESTINAL	GASTRIC RESIDUAL			_	_		
GA	LIVER			N	$\sim$		

	SHIFT	D.	AY	EVE	VING	NIGHT		
	DESCRIP.OF URINE			4	ષ			
G.U.	PD - FUNCTION			ĺ	1			
	DRAINAGE			f	-			
	PD - SITE			j	_			
	COLOUR			•	1			
	Sx WOUND-CHEST	i		5	$\mathcal{L}$			
	LEG			4	4			
SKN	DRESSING			01	១	_		
	PRESSURE SORE-SITE			Nie	7			
	AREA			1	1		-	
	DRESSING CONDITION			1	ļ			
	POSITION CHANGE			Q241	Q)2 <del>U</del>		!	
MISCELL	CHEST-PHYSIO			NEB	NBB Sprad			
MIS	ACTIVITY			P€	PB		į	
				ABP	野			
	S/N NAME			Deepe	9000			
	TIME			14.30				
	SIGNATURE			COT	Door			

	Mr.KARUN 56/Male/MH	A GANDHI.A				
Sheet No.		/(PH2024000014	T A	ge	Sex	
В	Blood Group	Height	i fam	Weight あいos	BSA	om
_					U	







				ВІОСН	EMISTRY					VITA	L PARA	METERS	S			CARDIA	AC ASSIST	DEVICE		]
DATE	TIME	НЬ	Na	к	Ca SUGAR	BLOOD	TIME	ETCO <sub>2</sub>	BREATH SOUNDS	Sao <sub>2</sub>	RR/MT	NRP	TEMP°F	AbdenG	TIME	_ IABP			R SETTING	1
		110	ING		SUGAR	BLOOD	TIIVIL	L1002					1 - 1 - 1	Abu U	TIIVIL	RATIO	DURATION	RATE	MODE	
A//AA							00.30		d	v00'l-	16 put									
							1.39		cl	100%	25/2R				,					
							7.30		(2)	100 X,	solut		988							
		_					3.30		دا	1007.	NA/he									
							A.30		cl	96%	12/12/	ļ								CALLCAL CARE FLOWCHAR
							6.30		cl		N2/WA		,							Ž
	b, Er	10.3	138	A.56	0.00		6.30		دا		33/1×1		93.6F						Jan Sea	7 5
																:		·	\ \ \	WCD.
																				3
	,																			
																			, 	

п	SHIFT	DA	λΥ	EVE	NING	NIC	ЭНТ
	TIME					00.00	OA-CO
	EYES					A	A .
NEURO	VERBAL			·		6	5
Ä	MOTOR	_				6	6
	ARMS R/L					SF	3E
	LEGS R/L					8E	SE
PUPILS	R.SIZE/REACTIION					2/B"	3/87
<u>a</u>	L.SIZE/REACTION					3/87	3/87
A A	HEART SOUNDS					3192	9/92
CG L	VALVE CLICK					_	_
CARDIO-VASCULAR	CAPILLARY REFILL				1	Br	ക്ഷ
RDIC	EDEMA					0	0
	NECK VEINS					N	N
PULMONARY	WORK OF BREATHING					UP	QB.
WOW	SUCTION						-
P.	SECREATIONS					_	_
AL A	BOWEL SOUNDS		•			+	+
STIN	ABDOMINAL TONE			-		S	3
N	N/G POSITION						_
GASTRO INTESTINAL	GASTRIC RESIDUAL					-	_
GAS	LIVER		<u></u>			N	N

	SHIFT	D	AY	EVE	NING	NIC	SHT
	DESCRIP.OF URINE					cl	cl
G.U.	PD - FUNCTION					1	-
	DRAINAGE					+	-
	PD - SITE					_	
	COLOUR					_	_
	Sx WOUND-CHEST					cl	cl
	LEG					cl	cl
SKN	DRESSING					01	Q,
	PRESSURE SORE-SITE					Nil	Nil
e e	AREA					_	_
	DRESSING CONDITION			 		_	
	POSITION CHANGE				:	DAH	m/h
MISCELL	CHEST-PHYSIO					Meh	18
MIS	ACTIVITY				<u> </u>	p'E	PE
						CVP	POUP
	S/N NAME				·	(Solos	Duis!
	TIME					00.00	04.60
	SIGNATURE					Obus (	Sans
				•	•	<u> </u>	do

		Mr.KARUNA GANDH 56/Malc/MHI20238003	<b>].A</b> 36		
Sheet No.	Name .	02/01/2024/IPH202400	00014		
3	UHID No	Dr.RAJESH.V		Age	Sex
В	Blood Gr	oup O-ve	Height	Weight	BSA 1, 2-om²







					BIOCH	<b>EMISTRY</b>					VITA	L PARAI	METER:	S			CARDIA	AC ASSIST	DEVICE	
P	ATE	TIME	НЬ	Na	К	Ca SUGAR	BLOOD	TIME	ETCO,	BREATH SOUNDS	Sao <sub>2</sub>	RR/MT	NIRD	TEMP°F	∆bd <sup>cm</sup> C	TIME	IABP		PACEMAKE	R SETTING
		ļ		INA		SUGAR	BLOOD	IIIVIL	L1002	SOUNDS	JaU <sub>2</sub>	TXIVIT				TIIVIL	RATIO	DURATION	RATE	MODE
1/2	×							7 '30		વ	95%	21/1		Qb.3°						
								8:30		d	l	30/4							,	
								a 1.30		cl	98%	26/12								
					-			10,30		d		30/mx								
								11:30		Cl		solud		965F						
								12:30		d	1007	pe/md								
								13-30		a	nogs	aglut								
								Jh: 30		a	94j/	salm		96.51						
		·						16:30		U	Q9%	261 nr								
								16:30		u	abx	30/MF								
	``										******									
					:	•														

.h	SHIFT	D.	AY	EVE	NING	NIC	ЭНТ
	TIME	8:00	12:50				
	EYES	4	A				
NEURO	VERBAL	_	5				
W	MOTOR	ک	6				
	ARMS R/L	<u>C</u> f	<del> 2</del>				
	LEGS R/L	St	<u>G</u>				
PUPILS	R.SIZE/REACTIION	3/3	3/2				
PU	L.SIZE/REACTION	3/20	3/2				
A'R	HEART SOUNDS	S, S2	952				
CUL	VALVE CLICK						
CARDIO-VASCULAR	CAPILLARY REFILL	Br	t <del>Z</del> 2-				
RDIC	EDEMA	o	0				
	NECK VEINS	2	4				
IARY	WORK OF BREATHING	TA-	11			,	
PULMONARY	SUCTION						-
<u></u>	SECREATIONS					,	
F	BOWEL SOUNDS	+	+				
STIN	ABDOMINAL TONE	Soft.	Solt				
INTE	N/G POSITION						
GASTRO INTESTINAL	GASTRIC RESIDUAL					. '	
GA	LIVER	7	~				

....

w<sup>a</sup>

.

	SHIFT	D	AY	EVE	NING	NIC	SHT
	DESCRIP.OF URINE	5	C				
G.U.	PD - FUNCTION		•			•	
	DRAINAGE					:	
	PD - SITE						
	COLOUR						
	Sx WOUND-CHEST	2	دا				
	LEG	e)	٠ ح				
SKN	DRESSING	оТ	_01			i	
	PRESSURE SORE-SITE	イル	NK	·			
	AREA						
	DRESSING CONDITION				]		
	POSITION CHANGE	Q2+1	Q2+1+				
MISCELL	CHEST-PHYSIO	Neb Spino	Sejan Geb				
SIE	ACTIVITY	PE	PE				
		ABP CUP	48/20				
	S/N NAME	Colinga	estage				
	TIME	8:50	12/00				
	SIGNATURE	Je.	1				

- ----

	~	-					,	
			)	01	URINB	14	19001	η
30	- TF 4							







	Mr.KARUNA GANDHI.A 56/Malc/MHI202380036		7		М	HI/ICU/2022/076
Name	02/01/2024/IPH202400001 Dr.RAJESH.V					Sheet No.
UHID No.	880 MW 8800 MW 8800 MW 8800 MW 8800 MW 8800 MW 8800 MW 8800 MW 8800 MW 8800 MW 8800 MW 8800 MW 8800 MW 8800 MW		A	ge	Sex	1
Blood Grou	op O-Ve	Height 나누) 스	m	Weight & I · O ≤ I	BSA Car 1.40m²	C
	•				4	

1 2mi 20,02min.

•		UR	INE	1	CI	HEST D	RAINAG	E		GAS	TRIC	LAB S	AMPLE		Vol	UME		USION			7
DATE )	TIME	AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC		G.T.	AMT.	TOTAL	AMT.	1	TOTAL		WAL	(J)OPA	NOPA	7		1
2024	14:30	}																2.0			
į			260		50			, 60	60			3.0	3.0	303	1200		4.2	2.0			2
	16:30	250	<i>6</i> 00		20			80	130							500			MU504 600160		
		1	860		20	i		20	160				4.0		MAI	MIB TO			19m 50.0		
	13:30	l	i	1	20			٥٤	170				4.0	· '	260	1900	4.2	1	1		2
	161.30		260		30	·		30	200				4.0	1064	Kh	1100 SILYVE		ł			֓֞֟֓֓֓֓֟֟֓֓֓֓֟֟֓֓֓֓֟֟
	90. <sub>20</sub>	34	935		10			w	210				4.0			1300		8.0			LOWCHARI
	21.30		1035		30			30	840					1279	200	1500	4.8				] <u> </u>
	32:30	150	1186		lo			lo	VFD			10	5.0	1440	KAE	1LYTE	'	•			
	<b>3</b> 3.30	100	12815						250				5.0	15A0		1400	, -			· ·	

SPECIFIC OBSERVATIONS/PROBLEMS

DATE TIME 16:40

#### GENITOLIDINADY (CII)

GE	NITOURINARY (GU)			SKIN	·
	PD		COLOUR	SURGICAL (SX) WOUND	DRESSING
URINE	FUNCTION	DRAINAGE	Pk-Pink F-Flushed P-Pale	C-Clean Oz-Oozing G-Gaping	B-Betadine Al-Antibiotic Irrigation
CL-Clear T-Turbid	Dr-Draining B-Blocked	CL-Clear BS-Blood	Cy-Cyanotic M-Mottled	Op-Open I-Infected	inigation
Stained HC-High Coloured	SITE .		D-Dusky J-Jaundice		
BS-Blood Stained HA-Haematuria	C-Clean R-Redness BD-Block discoloratio	n	SITE	PRESSURE SORE	DRESSING / Rx
	MISCELLANEOUS		S-Sacrum Sc-Scapular	R-Redness BD-Black discoloration	IR-Infra Red DU-Dueodem
<b>OISITION CHANGE</b>	CHEST PH	IYSIO	Oc-Occiput	BL-Blister SP-Skin Peeling	E-Eptoin dressing B-Betadine dressing
Su-Supine RL-Right lateral LL-Left Lateral	DC-Deep t	percussion breath & cough		D-Deep	EU-Eusol sitz bath ST-Sofra Tulle
ACTIVITY	N-Nebulize		CONDITION		
PE-Passive exercise Am-Ambulated	TRANSDU PARAMET ABP-Arteri		H-Healing SCo-Status quo S-Sloughing		•
	PAP-Puľmo	Arterial Pressure onary Arterial Pressure	LINES / TUBES	•	
	LAP-Left A	rterial Pressure	O-No redness, sv	welling, no leak, no air	

O-No redness, swelling, no leak, no air R-Redness at site Sw-Swelling at site Dr-Draining D/c-Discontinued

P-Positional

HL-Heparin Lock B-Blocked







:	Mr.KARUNA GANDHI.A 56/Male/MHI202380036	ŀ		М	HI/ICU/2022/076
Name	02/01/2024/IPH20240000	l			Sheet No.
UHID No.			je	Sex	2
Blood Group	O-ve	Height 計にか	Weight	BSA	- C
				(J	

		UR	INE		CI	HEST D	RAINAC	SE.		GAS	TRIC	LAB S	AMPLE		Volu	MB	INF	USIONS		
DATE	TIME	AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL	TOTAL OUTPUT		TOTAL	DOP	MORAD 4 50		
AlilaA	00·30	350	1535			30		30	280				5.0	1	l	1800	1 '	1 ' 1		
	01-30		<b>I</b> _						280				į.	1920			1 '			
	J. 30	امرا ما	1785			,			२४०				1	1						
	4.30		1805						980				15.0	2180 2180	100	7000 -115	A.8	0.0		
	A. 30	100	mar			_‰		40	300			5.0	10,0							
	5 <sup>30</sup>	130	<del>  V</del>			20		80	320			1.0	11.0	da F6	100	2,300	4.8	4.0		
	P.30	100	2226						300				į.	2556						
						<u> </u>														<u> </u>
					!														-	

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

CRITICAL CARE FLOWCHART

#### **GENITOURINARY (GU)**

IIIOUKINAKI (GU)	Or thirt						
PD	COLOUR Dk Dink	` '					
FUNCTION	DRAINAGE	F-Flushed	Oz-Oozing				
Dr-Draining B-Blocked	CL-Clear BS-Blood	Cy-Cyanotic M-Mottled	Op-Open I-Infected				
SITE		D-Dusky J-Jaundice	·.				
C-Clean R-Redness			PRESSURE SORE				
BD-Block discoloration		SITE	AREA	[			
ISCELLANEOUS	S-Sacrum Sc-Scapular	R-Redness BD-Black discoloration	[				
CHEST PHY	SIO	Oc-Occiput	SP-Skin Peeling D-Deep				
DC-Deep bro							
PARAMETE	R '						
PAP-Pulmon	ary Arterial Pressure	LINES / TUBES CONDITION					
LAP-Left Art	erial Pressure	O-No redness, swelling, no leak, no air R-Redness at site Sw-Swelling at site Dr-Draining D/c-Discontinued P-Positional HL-Heparin Lock B-Blocked					
	FUNCTION  Dr-Draining B-Blocked  SITE  C-Clean R-Redness BD-Block discoloration  ISCELLANEOUS  CHEST PHY  V-Vibrator CP-Chest per DC-Deep bre N-Nebulizer  TRANSDUC  PARAMETE ABP-Arterial RAP-Right A PAP-Pulmon	FUNCTION DRAINAGE  Dr-Draining CL-Clear B-Blocked BS-Blood  SITE  C-Clean R-Redness BD-Block discoloration  ISCELLANEOUS  CHEST PHYSIO  V-Vibrator CP-Chest percussion DC-Deep breath & cough	FUNCTION DRAINAGE  Dr-Draining CL-Clear B-Blocked BS-Blood P-Pale Cy-Cyanotic M-Mottled D-Dusky J-Jaundice  C-Clean R-Redness BD-Block discoloration  SITE  CHEST PHYSIO  V-Vibrator CP-Chest percussion DC-Deep breath & cough N-Nebulizer  TRANSDUCER ZERO PARAMETER ABP-Arterial BP RAP-Right Arterial Pressure PAP-Pulmonary Arterial Pressure LAP-Left Arterial Pressure LAP-Left Arterial Pressure Dr-Draining D/c-Discontinue P-Positional	PD  COLOUR Pk-Pink C-Clean Pk-Pink C-Clean Oz-Oozing P-Pale G-Gaping Op-Open I-Infected D-Dusky J-Jaundice  C-Clean R-Redness BD-Block discoloration  SITE  C-Clean R-Redness BD-Block discoloration  SITE  CHEST PHYSIO V-Vibrator CP-Chest percussion DC-Deep breath & cough N-Nebulizer  TRANSDUCER ZERO PARAMETER ABP-Arterial BP RAP-Right Arterial Pressure PAP-Pulmonary Arterial Pressure LAP-Left Arterial Pressure LAP-Left Arterial Pressure LAP-Left Arterial Pressure LAP-Discontinued P-Positional HL-Heparin Lock  C-Clean F-Flushed Oz-Oozing P-Pale G-Gaping Op-Open I-Infected D-Dusky J-Jaundice SITE AREA S-Sacrum Sc-Scapular Oc-Occiput SITE AREA S-Sacrum BD-Black discoloration BL-Blister SP-Skin Peeling D-Deep  CONDITION  H-Healing SCo-Status quo S-Sloughing S-Sloughing S-Sloughing LINES / TJBES CONDITION  O-No redness, swelling, no leak, no air R-Redness at site Sw-Swelling at site Dr-Draining D/c-Discontinued P-Positional HL-Heparin Lock			

SKIN

DRESSING
B-Betadine
Al-Antibiotic
Irrigation

**DRESSING / Rx** 

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

IR-Infra Red







	Mr.KARUNA CANDIII.A  56/Malc/MHI202380036	MHI/ICU/2022/							
Name	02/01/2024/PH2024000014					Sheet No.			
UHID No.	Dr.RAJESH.V	ill ·	A	ge	Sex	3			
Blood Gro	. ~	Height )沖(라	ກ	Weight	BSA 1.70m	C			
					77"——				

		UR	INE		CHEST DRAINAGE				GAS	GASTRIC LAB SAMPLE						<u> </u>			
DATE	TIME	AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL	TOTAL OUTPUT			DOPA 200150	NORAD 4 50	
Allea	7:30	75	75											75			4.8		
	8 130	75	150			20		20	20					170			8.14	2.0	
	9:30	100	250			30		30	50					300			3.8	2.0	
	16130	70	320			.30		.30	80					400			<i>2</i> . 8	2.0	
	M:30	100	420						80		5. F			500			28	-	
	12:30	130	550						80			l		630			0.8		
	18.30	100	650	!		3		30	110				-	760			0.1		
	14130	100	760			20		20	130					৪৪০			<i>•</i>		
	16:30						•		130					965			•		
	16:30	100	925			30		30	160				-	(07K					

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME
•	

CRITICAL CARE FLOWCHART

#### **GENITOURINARY (GU)**

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

#### **MISCELLANEOUS**

9.09 4	OISI	TION	CHA	NGE
--------	------	------	-----	-----

Su-Supine RL-Right lateral LL-Left Lateral

#### **ACTIVITY**

PE-Passive exercise Am-Ambulated

#### **CHEST PHYSIO**

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

#### **TRANSDUCER ZERO**

PARAMETER

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

#### SKIN

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

#### **PRESSURE SORE**

SITE	AREA
S-Sacrum	R-Redness
Sc-Scapular	BD-Black discoloration
Oc-Occiput	BL-Blister
•	SP-Skin Peeling
	D-Deen

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

#### CONDITION

.H-Healing SCo-Status quo S-Sloughing

#### **LINES / TUBES CONDITION**

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

Humbl. Oska 1. Hom

STAT DRUGS VICE TIME



PREVIOUS DAY ..... HRS

TOTAL INTAKE:

**TOTAL OUTPUT:** 

**TOTAL BALANCE:** 





	_ F	LUID AS	SSESSMEN	<b>T</b> (contd.)	U			HAEN	/IODYNA	MICS						Blo	od Gr	oup:	0.	-ve		_
DATE	T11.45		INFUSIONS	(contd.)	TOTAL		ORAL	TOTAL	TOTAL	UD/mt	RYTHYM	ST	ABP	MAD	RAP	LAP/	PERI	PP	СО	CI	SVR	
DATE	TIME			Mis	TOTAL	AMT.	TOTAL	INTAKE	BALANCE	TIVIII	KIIIII	31	ABP	MAP	KAP	RAP	PERI	R/L			SVK	
03/01 2024	4130									93	SIMU	, 0 02	61	<b>ান</b>	6		2001	++				
	16:30			2.0	නු <sub>•</sub> නු			202·8	94.2	প্রচ	Sinus	7:02	110/	नन	9		werr	4+				絽
	16:30		•	Q - D	<b>愛・</b> え			517.6	<b>-</b> .				10/62	81	5		War	44				CRITICAL
	17:30			2.0	62.2		•	1116.4	7.6 21.6	9 <del>-2</del> 3 .	Linus	0.06	113	<sup>T</sup> 33	Ь			n 44				CARE
	18137			2.0	8.8			1035.2	111.2	97.	Linus	ם, ם ת	134	9(	5		(News					유
	19120	,		2.0	2.8	60	50	1194	<sup>†</sup> 130	101	SIMM	D, 05	117/57	45	6		uvaa	14				WO W
	<b>30</b> 30			dio	8.8		50	1402.8	4 263.8	103	s inus	0.06	90	62	A		009111	144				FLOWCHART
	g1.30			2.0	8'8	200			+ F32.6		sinus		, ,	4F	6	(	200 rw	++				끅
i	ss.30			ø.0	8.8		×50	1920:A	4.08X+	103	SINU)	0.04	119	#7	#		waru	44				
	13·30			2.0	8.8		250	2029.2	+ 4892	99	BINUS	0.02	108 2	70	8	(	Орти	러				

**DRAINAGE:** 

**URINE:** 

P.T.O.

5 tr 44	DAY	EVENING	NIGHT
PATIENT CARE			
BATH			
ORAL CARE			
EYE CARE			
BACK CARE			
DRESSING/EQUIPMENT			
CHANGED			
WOUND		·	
CEN.LINE			
I.V.SET			
TUBINGS			
HUMIDIFIER H2O			
ELECTRODES			
ALARMS VERIFIED			
VENT - HUMIDIFIER			·
-SETTINGS			0/10
HRT.RATE			1607/16
B.P.			109/10
			Cis vall

		W. •
DATE	TIME	REMARKS / PLAN
	i	
		٧.
		·

		,					
INFUSION PU	MPS						
LINES/TUBES	SITE	INSERTION DATE	DAYS	INFUSION/ DRAINAGE	DAY	EVE	NIGHT
7	44	08/01/24	1			P	P
APT. CINTE	RAD	03/01/24	1	i		P	P
DERI UNLE	RJ CUB	03/01/24	1			P	P
100 EXTA		03/01/24	İ			P	P
to DOME		03/01/24	1			P	9
MEDIA		03/01/24	1		<u> </u>	P	P
DIEURAL	ن	03/01/24	1			P	9
CATH.		03/01/24	1			P	P
8. PUBING		03/01/24	1			P.	P
Oz masce		03/01/24	1_			p	P
N. PRONGS		3/124					P
,		, , ,					
<u>/</u>				•			
		٠,					
						ļ <u>.</u>	
_							

	Mr.KARUNA 56/Malc/MHI2	202380036						
Name	02/01/2024/1 Dr.RAJESH.V					Shee	et No.	
UHID No.				Sex		2		
Blood Group	0-ye	Height Weight  O-Ve 131 CM 61.05 le				[	)	
	FLUID ASSESS	itd.)	J		•	HAEN		
	INFUSI	ONS (contd	.)		N/	G/ORAL	TOTAL	







	i	FLUID ASSESSME	ENT (contd.)				HAEN	<b>IODYNA</b>	MICS						Blo	od Gro	oup:	0-	V.e		_
		INFUSION	IS (contd.)		N/G/	ORAL	TOTAL	TOTAL	LID/	D)/TII/(A)					LAP/	DEDI	PP	-		0.45	
DATE	TIME		Mise	TOTAL	AMT.	TOTAL	INTAKE	BALANCE	HK/mt	RYTHYM	ST	ABP	MAP	RAP	RAP	PERI	R/L	CO	CI	SVR	
A/1/20	00.39		0.0	8,8		250	2138	4318	99 5	sinus	0.03	99	69	3		COAM	44				
	1.30		2.0	8.8		350	2748.8	+3×6.8	93	RUME		125	90	4		COOTE	44				CRITICAL
	d.30		2.0	8.8		2F0	JEFF	×85.6	90	31NU3	0.02	139	92	ห		Mrcol	44				CAL
	g·30	·	2.0	8.8		250	2A6A.	+ 584.4	93	SINUS	Aoro	133	85	6		wru	44	_			CARE
	A.30		4.0	8.8		250	JS 73:	1 168.2	94	sindo)	0.03	128	6A	A	(	MYM	44				E FL
	<u> ე</u> .30		2.0	8.8		250	2682	T 226	93	Supply	0.02	114	45	3	(	שיימי	44			10	) W
	6.30		0,0	8.8		350	93908	J34.8	92	SIMS	0.01	131	84	ゟ		mu	41			60°M	FLOWCHART
												62									7

STAT DRUGS
TIME

PREVIOUS DAY .......HRS

DRAINAGE: TOTAL INTAKE:

URINE: TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.



-P	DAY	EVENING	NIGHT
PATIENT CARE			
ватн			
ORAL CARE			
EYE CARE	·		
BACK CARE			
DRESSING/EQUIPMENT			
CHANGED			
WOUND			
CEN.LINE			
I.V.SET			
TUBINGS			
HUMIDIFIER H2O			
ELECTRODES			
ALARMS VERIFIED			
VENT - HUMIDIFIER			
-SETTINGS			. \.
HRT.RATE			かなかり
B.P.			mo/62
			MMH9

DATE	TIME	REMARKS / PLAN
	l	
		·
	i	
		<i>S</i> .

INFUSION PU	MPS	-	, ,		1		
LINES/TUBES	SITE	INSERTION DATE	DAYS	INFUSION/ DRAINAGE	DAY	EVE	NIGHT
fle	17 T	03/01/24	2				P
ART. CINE	RAD	03/01/24	2				P
DERI CINTE	RT B	03 04/24	2				P
IU Exan		0301/24	2	·			P
TR. DOME		03/01/24	2				P
MEDIA		03/01/24	2			٠	P
PLEURAC	a	Oslovlay	2				P
U-CA-14		03/01/24	2		į		P
Q. Tubinly		0301/24	2				P
N. peonlus		03/01/24	2				P
		.1				ļ <u>.</u>	ļ
					<u> </u>		
							<u> </u>

	Mr.KARUNA C 56/Malc/MHi20	2380036	7.)				
Name	02/01/2024/if				S	heet No.	
UHID No.				Sex		_3	
Blood Group	0-ue	Height	Weight 61.0≤	BSA		D	
				7			







Ű Or ye. **Blood Group:** FLUID ASSESSMENT (contd.) **HAEMODYNAMICS** 

			INFU	SIONS	(contd.	.)		1	ORAL	TOTAL	TOTAL		D) CT II VI I					LAP/		. PP				
D,	ATE	TIME				Nisc	TOTAL	AMT.	TOTAL		BALANCE	HR/mt	RYTHYM	ST	ABP	MAP	RAP	RAP	PERI	R/L	CO	С	SVR	
1/2	ħ	730				2.0	8.8	50	50	58.8	16.2	91	Gyre	501	135	84	5	,	wav	1-4				
		ষ্ট;য়ত			ſ	2.0	8 න	500	lba	117.6	- 152.4	1	gnus	1	131	₽ ₽	4		waen	++				CRITIC,
		9:20			1	2.0	7.8	100	200	2-25.4	74.6		ACT ECTOPIL	0.01	126	BH	b		waim	<b>4-4</b>				ICAI
		16:30				0.هـ	6.8	50	250	282.2	117.8	95	gnus	0.02	155	69	હ		warm	+-				- CARE
		11/30				2.0	4.8	0دا	370	406.7	93,3	104	gaus	000	1717 1717	<i>8</i> 6·	7		wan	<del>-ff</del>				T
		12:30				వై.ల	2.8	100	470	509.8	1202	100	Suns	0.01	岩。	96	Ŋ		azeron	++				MOT
		12-30				2.0	2-1		470	511-9	248.1	102	siny	0-01	69	વા	ę,		luam	4				LOWCHART
		14:30				2.0	2.0	100	570	613.9	26611	105	ZIMU	0:02	169	95	5		ava	41				7
		16 ;30	:			2,0	2,0	100	670	715.9	229.1	103	Sinus	002	189	91	6	(	iolm)	44				
		lb:20				<u> </u>		100	110	816-9.	- 259.1		plrt Bewpa	D·02					wa	4L			<u> </u>	

STAT DRUGS TIME

DRAINAGE: 32041

TOTAL INTAKE: 2790.841

URINE: ANGUL TOTAL OUTPUT: 86564

TOTAL BALANCE: + 234.841

	DAY	EVENING	NIGHT
PATIENT CARE			
ватн	·		
ORAL CARE			
EYE CARE			
BACK CARE			
DRESSING/EQUIPMENT			
CHANGED	:		
WOUND			
CEN.LINE			
I.V.SET			
TUBINGS			
HUMIDIFIER H2O			
ELECTRODES			
ALARMS VERIFIED			
VENT - HUMIDIFIER			
-SETTINGS			
HRT.RATE	99/mt		
B.P	129/13/8	36	

DATE	TIME	REMARKS / PLAN
		11
	i	

INFUSION PU	MPS						
LINES/TUBES	SITE	INSERTION	DAYS	INFUSION/	DAY	EVE	NIGHT
A e	R1 Bysel	03/01/24	2	DRAINAGE	P		
ART. UNLE	IU I	03/01/24	2		Þ		
PERMUNE	1 _ 1	03/01/24	2		P		
IN EXTA		03/01/24	2		₽		
AR. DOME		03/01/24	2		P.		
MEDIA	`	03/01/24	2		P		
PLEURAL	ध	03/01/24	2.		P		
U-CA-1H		03/01/24	2		P		
2. TUBING		03/01/24	2		P		
						ļ	
					<u> </u>		<u> </u>
					<u> </u>		ļ
		·.			ļ <u></u>	ļ	
			:		-	,	
,		· <u>-</u> ·		-	<u> </u>		
					<u> </u>	<del>                                     </del>	
			ļ		<u> </u>	<u> </u>	
i	1						
					1		
1	Į.						

1.5

20







Mr.KARUNA GANDHI.A

02/01/2024/IPH2024000014

56/Male/MHI202380036 TEDIATE CARE FLOWCHART

NAME:

Dr.RAJESH.V 

**UHID NO:** 

AGE:

SEX:

SURGICAL PROCEDURE:

OPCAB × 3 URAPTS

LINA-SHAD SNY-DAY

SVU- DPEA

POSTOP DAY: 2St pod

FLUID REQUIREMENT: 1.2 ( F Day.

DATE	UR	INE	CH	IEST C	RAIN	AGE	TOTAL		I.V. F	LUIDS		ORAL	_/ R.T.	TOTAL	TOTAL
& TIME	H.T.	G.T.		AIR LEAK	H.T.	G.T.	OUTPUT				H.T.	н.т.	G.T.	INTEKE	BALANC
411124 17:30	100	1025				(EO	loth						770	816.9	359.
12/30	ho	1135			30	130	1315						770	316-9	499
19.30	100	10/35			10	190	MOR					50	820	865.9	559.
		1310				190	1600					100	920	965.9	63A
_	40	1380		····		190	1570					100	1020	1065.9	FOA
99:30	60	1440				190	1630	1/0.0	. 65				1020	1065.9	564
<sub>ეგ</sub> . <i>ვ</i> 0	60	1500				190	1690	KABI 50	(y)e				1020	1115.9	574
00.30 /9¥	40	1570	- <u>-</u>	-		190	1760	50					1020	np.d	F9A
1.30	<del>4</del> 6	1645	•		,	190	1835	100					1020	NAFIC	659
J-39	40	1715				190	1905	50					1020	122A·9	649
<b>3</b> 30	100	1815	<del></del> _			190	2005	100					1020	1325.9	679
		1990				190	3080	50					1020	1346.9	FOA
F.390	70	1960				190	2150	100					1020	14460	634.
6.30	wo	2060				190	81 EO					100	1020	1575.9	67A
														: :	

SPECIFIC OBSERVATIONS/REMARKS

6.00-90. CATH RELIDIVED OFDERED BY DR. PRAVEEN JEYAKUMAR.

7.10-7 MEDIFIGURAL AND LEFT PLEURAL
DRAIN REMOVED [DR. PRAVECK]

MEDICATION / DRUGS 12.6mg PLO LTAT UIVEN T. METAPROLUL Blo Dr. Asretha







# INTERMEDIATE CARE FLOWCHART

B

NAME: Mr. Karuna Landhi

UHID NO:

202380036 AGE: 56

SEX: M 5.

BLOOD GROUP: D-Ve

HEIGHT: 1刊(m)

WEIGHT: 61,5kg

B.S.A: 1.7m2

		НА	EMOD	YNAN	IICS	•		RESI	P. PARAMET	ERS		NVESTIG	ATIONS /
TEMP	H.R.	RHY.	ST.	B.P.	R.A.P.	PERI.	P.P.	RR	BREATH	SPO2	_	OTHER	
	lr1	SIMIES	0.02			MD/MY	FlF	31	e	981/-	. ON	Poual	canala eli-
	U15_	SINUS	<u>0.ග</u> _	128 8A	96	mel		26	Ц	વાત્ર			
ર્હ <sup>6</sup> િ	123	SUG.	v		88	warn	FF	2A	cl	95%	CB4	<u>- 114</u>	ng/do.
		SINUS SINUS	0.93	124	101	COMM	F/F	27	cl	9FY.		. **	0
	108	SIMOS	<u>0</u> 50	124	ا ا	<sub>loar</sub> m	F/F	78	cl	96%			
	No	SIMUS	/ j3	113 -83	93	Darm	t/t-	27	્ડ	99 %			
978	108	૭ <b>(</b> ષ્ટ્રી)	√o'3\	:		boanm	<i>E/E</i>	25	cl	99%			
	109	81NUS	6.2	124	97	MYM	FF	26	cl	99%			
	10%	3/1/15	0.32	!		warn	FF	25	cl	100%.			
	10%	31NV3	ó.17	134	10F	wan	F/F	20	cl	96 y.			
97F	IID	SINUS	ó13	, i		war in	p/F	88	cl	97%		,	
	10%	SIMUS	Ó.15	122	96	room	FF	28	cl	987.			
	115	SINUS	<u>0</u> 20	Ů		boarm	FIF	&A	cl	997.	CBG	74 50 m	9.1dl
	120	CIACH,	6.18	136 86	03	000 rm	P/F	20	el	(OD).	-		<u>,</u> , G
					, '								

**PREVIOUS DAY - HOURS** 

DRAINAGE

URINE

**TOTAL INTAKE** 

TOTAL OUTPUT

BALANCE







Mr.KARUNA GANDHI.A

56/Male/MHI202380036 MEDIATE CARE FLOWCHART 02/01/2024/IPH2024000014

NAME:

Dr.RAJESH.V 110 AN 1804 AN 1804 AN 1804 AN 1804 AN 1804 AN 1804 AN 1804 AN 1804 AN 1804 AN 1804 AN 1804 AN 1804 AN 1804 AN

UHID NO:

AGE:

SEX:

**SURGICAL PROCEDURE:** 

OPLAB & BURAFILS HIMA - JLAD SVY-ON LY- DRYA

POSTOP DAY : 11 POD

FLUID REQUIREMENT: 12 CF Hay.

00 00	AIR	н.т.	G.T.	300	KABIUJ 100	٦£		H.T.	H.T. 50 100 150	G.T. 60 (\$0 300 315	150 150 300 475 575	+ 50.0 + 50.0 + 300 + 175 + 293
00				300	GOI	TE.		100	150	(\$0 300 300	300 300 475	+ 150 + 300 - + 175
00				300	GOI	F		100	150	300 300	300 300 475	+ 300
00				300	GOI	7E .		100		300	300 475	300 - + 175
00				300	GOI	YE .		100	75		475	175
-								100	75	375	<u>'</u>	175
					100						545	293
		-										
		_			<b>———</b>		ŀ	1				
			Į.	;								
								-				
					-							
		-										
			RVATIONS/REMARKS				RVATIONS/REMARKS MEDICATION					RVATIONS/REMARKS  O TIL PERDUED BODR PAJESIL









### INTERMEDIATE CARE FLOWCHART

NAME: Mr Karuna handhi

UHID NO: AGE: 564

SEX: Ma.

BLOOD GROUP: 0-ve

HEIGHT: 1714M

WEIGHT: 61,5 kg

B.S.A: 1.7M2

HAEMODYNAMICS '									RESP. PARAMETERS			INVESTIGATIONS /
TEN	<b>ЛР</b> Н	I.R.	RHY.	ST.	B.P.	R.A.P.	PERI.	P.P.	RR	BREATH	SPO2	INVESTIGATIONS / OTHER DATA
94.	10 F (	li3	SIND	0.14	136	112	wan	4	26	· U	89%	ON ROOM AIR
	l	20,	SINUS	0:15	114		cian	+1	19	2	957	02 CONNECTED 247
	h	C.Ł	201112	0.01	135	103	Waw	-)4	23	u	99%	
	q	77	rong	Diol	154	112	wan	- 4+	22	d	90/	ON ROOM AIR
	0	<del>1</del> .8	วงมเร	0:01	112	85	Wan	4	ત્રેપ	0	91/,	ON DE 2 Let
					7.							
										; 'Z		*
	+					,						
				,		,				,		And A transfer of Annual Angular Mariana.

PREVIOUS DAY - HOURS &

DRAINAGE 1904

URINE NO BOW

TOTAL INTAKE 1575.941

TOTAL OUTPUT & & BOM \

BALANCE - 674 MI

## MEDWAY HOSPITALS

## KODAMBAKKAM (HEÄRT)

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai,

Tamilnadu, India

044-2473 4455

care@medwayhospitals.com

Registration No

: MHI202380036

Patient Name

: KARUNA GANDHI.A

Age

56

Gender

: Male

IP Number

MMH/HM/IPH2024000014

Discharge Date

: 08/01/2024 4:28:00PM

Bill No

: MMH/HM/IPH202400049

**Bill Date** 

: 08/01/2024 4:27:06PM

Ward Name

GENERAL WARD

**Bed Name** 

: GW-4

## NO DUE





Checked By